

Pages 1 through 2 redacted for the following reasons:

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nonresponsive

nonresponsive

, (b)(2)High



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 2D BRIGADE COMBAT TEAM  
3D INFANTRY DIVISION  
FOB KALSU, IRAQ  
APO AE 09312



REPLY TO  
ATTENTION OF:

AFZP-VB-JA

6 December 2007

MEMORANDUM FOR Commander, 2d Brigade Combat Team, 3d Infantry Division, FOB Kalsu, Iraq APO AE 09312

SUBJECT: Legal review of CERP Condolence Payments Made by 1-30 IN BN

1. IAW MND-C CERP SOP, dated 14 June 2007, I have reviewed 1-30 IN BN's CERP condolence payments. I find the payments legally sufficient.
2. Discussion:
  - a. IAW MND-C CERP SOP, dated 14 June 2007, section F, paragraph 5c, CERP condolence payments can be paid to express sympathy and to provide urgently needed humanitarian relief to individual Iraqis and the Iraqi people in general. Condolence payments are different from claims and are not an admission of fault by the U.S. Government. Condolence payments are symbolic gestures, rather than to compensate someone for a loss. CERP condolence payments are not solatia payments and will not be referred as such. In addition, condolence payments are only for coalition/US Forces caused incidents.
  - b. In this case, the unit has complied with the above provision. The unit's CERP condolence payments were made for deaths of two Iraqi nationals, damage to crops, and the killing of two dogs and a calf all caused by U.S. forces. Therefore, these CERP Condolence payments comply with the legal provisions of the rewards program.
3. Recommendation: I recommend that you approve the clearing of the CERP condolence money submitted by 1-30 IN BN in the amount of \$6191.00.
4. The POC is the undersigned at SVOIP: (b)(2)High

(b)(3), b(6)

— MIAJ, JA  
Brigade Judge Advocate

CENTCOM 004527

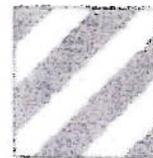
Pages 4 through 13 redacted for the following reasons:

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nonresponsive



**DEPARTMENT OF THE ARMY**  
 HHC, 1<sup>ST</sup> BATTALION, 30<sup>TH</sup> INFANTRY REGIMENT  
 3<sup>RD</sup> INFANTRY DIVISION (MECHANIZED)  
 FOB FALCON, IRAQ  
 APO AE 09361



WAQETO

13 AUG 2007

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated January 2007, I have approved the below individual for receipt of a Condolence payment from 1<sup>st</sup> Battalion 30<sup>th</sup> Infantry, MND-C in the amount indicated.

- a. NAME OF PAYEE: (b)(6)
- b. DATE OF ORIGINAL INCIDENT: 12 AUG 2007
- c. INCIDENT LOCATION: PB RED EXIT (b)(2) High
- d. INCIDENT DESCRIPTION: LN Male did not comply to EOF measures that were in place by D Co. 1-30 IN, causing tower guards to fire 1x 5.56 round striking LN in the chest. LN was treated at the site, and ground evacuated to PB Murray, where he was pronounced DOA. After the body was identified and returned to the family, his wife reported that (b)(6) man had a (b)(6)
- e. APPROVED PAYMENT AMOUNT:

|                   |                |
|-------------------|----------------|
| Death of Husband: | <u>\$1,000</u> |
| Total             | <u>\$1,000</u> |

2. POINT OF CONTACT: The POC for this request is SSG. (b)(3), b(6) PPO. POC can be reached at VOIP: (b)(2)High EMAIL: (b)(3), b(6)

(b)(3), b(6)

COL, AR  
 Commanding



DEPARTMENT OF THE ARMY  
D COMPANY, 1ST BATTALION, 30TH INFANTRY REGIMENT  
3d INFANTRY DIVISION  
FOB FALCON, IRAQ



AFZP-VBK-D

17 JULY 2007

MEMORANDUM FROM: CDR D CO, 1-30 IN BN, FOB FALCON, IRAQ

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Receipt

1. The following memorandum states that on approximately 271200AUG2007, the following individual received a condolence payment from Delta Company, 1-30 IN:

(b)(6)

2. This individual received payment in the amount of \$1,000 for the death of her husband who was killed during an escalation of force incident at PB RED.

3. She did not want to sign an official receipt due to fear of putting her name on an official US Military Document would jeopardize her safety.

4. I fully acknowledge the receipt of this condolence payment in full by (b)(6)

5. Point of contact for this memorandum is the undersigned.

(b)(3), b(6)

Commanding

CENTCOM 004539

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

|   |  |                                    |                       |
|---|--|------------------------------------|-----------------------|
| DATE OF ORDER<br><b>12 AUG 07</b>   |  | ORDER NO.<br><b>CERPMNDL046620</b> |                       |
| SELLER (Number, Street, and State)*<br><b>(b)(6)</b>  |  |                                    |                       |
| Furnish Supplies or Services to (Name and address)<br><b>E<br/>E</b>  |  |                                    |                       |
| SUPPLIES OR SERVICES  | QTY  | UNIT PRICE                         | AMOUNT                |
| <b>CONDOLENCE PAYMENT</b>   |  |                                    | <b>\$1,000.00</b>     |
|   |  |                                    |                       |
|   |  |                                    |                       |
| AGENCY NAME AND BILLING ADDRESS*  |  |                                    | TOTAL                 |
| <b>P 15<sup>TH</sup> FINANCE BN</b><br><b>A FOB FALCON, IRAQ</b><br><b>Y Liberty</b><br><b>R APO AE 09344</b> |  |                                    | <b>\$1,000.00</b>     |
|   |  |                                    | DISCOUNT TERMS        |
|   |  |                                    | ..... %               |
|   |  |                                    | ..... DAYS            |
|   |  |                                    | DATE INVOICE RECEIVED |
| ORDERED BY (Signature and title)  |  | (b)(3), b(6)                       |                       |
| <b>CPT</b>  |  |                                    |                       |
| PURPOSE AND ACCOUNTING DATA   |  |                                    |                       |
| (b)(2) High   |  |                                    |                       |
| PURCHASER - To sign below for over-the-counter delivery of items  |  |                                    |                       |
| RECEIVED  | (b)(3), b(6)                               |                                    |                       |
| <b>SFC</b>  |  |                                    |                       |
| TITLE   | DATE                                       |                                    |                       |
| <b>PAY AGENT</b>  | <b>12 AUG 07</b>                           |                                    |                       |
| SELLER - Please read instructions on Copy 2   |  |                                    |                       |
| <input type="checkbox"/> PAYMENT RECEIVED   | <input type="checkbox"/> PAYMENT REQUESTED |                                    |                       |
| <b>\$1,000.00</b>   |  |                                    |                       |
| <b>NO FURTHER INVOICE NEED BE SUBMITTED</b>   |  |                                    |                       |
| SELLER  |  | DATE                               |                       |
| Signature   |  | <b>12 AUG 07</b>                   |                       |
| I certify that this account is correct and proper for payment in the amount of                                |  | DIFFERENCES                        |                       |
| <b>\$1,000.00</b>   |  |                                    |                       |
| (b)(3), b(6)  |  | ACCOUNT VERIFIED                   |                       |
|   |  | CORRECT FOR                        |                       |
| Authorized certifying officer   |  | BY                                 |                       |
| PAY BY  | DATE PAID                                  | VOUCHER NO.                        |                       |
| <b>SFC</b> (b)(3)(b)(6) <input checked="" type="checkbox"/> CASH  | <b>12 AUG 07</b>                           |                                    |                       |
| OR ..... (Check No.)  |  |                                    |                       |

\*PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE  
(See instructions on Copy 2)

STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)



DEPARTMENT OF THE ARMY  
 HHC, 1<sup>ST</sup> BATTALION, 30<sup>TH</sup> INFANTRY REGIMENT  
 3<sup>RD</sup> INFANTRY DIVISION (MECHANIZED)  
 FOB FALCON, IRAQ  
 APO AE 09361



WAQETO

06 JUL 2007

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated January 2007, I have approved the below individual for receipt of a Condolence payment from 1<sup>st</sup> Battalion 30<sup>th</sup> Infantry, MND-C in the amount indicated.

- a. NAME OF PAYEE: (b)(6)
- b. DATE OF ORIGINAL INCIDENT: 05 JULY 2007
- c. INCIDENT LOCATION: Arab Jabour (b)(2) High
- d. INCIDENT DESCRIPTION: Coalition forces dropped a J-DAM to reduce a Deep Buried IED. Shrapnel from this J-DAM killed a civilian woman in the area.
- e. APPROVED PAYMENT AMOUNT:

Death of Daughter: \$2,350  
 Total \$2,350

2. POINT OF CONTACT: The POC for this request is SSG (b)(3), b(6) PPO. POC can  
 be reached at VOIP: (b)(2)High, EMAIL: (b)(3), b(6)

(b)(3), b(6)

COL. AR  
 Commanding

CENTCOM 004541



DEPARTMENT OF THE ARMY  
 Bravo Company, 1<sup>st</sup> Battalion, 30<sup>th</sup> Infantry Regiment  
 2<sup>nd</sup> Brigade, 3<sup>d</sup> Infantry Division  
 APO, AE 09361



REPLY TO  
 ATTENTION  
 OF:

AFZP-VBK-BC

4 DEC 07

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment

1. This memorandum serves to document that the condolence payment below was paid to (b)(3), b(6) on or about 16 July 07. The money was paid to (b)(3), b(6) personally, by me undersigned.

(b)(3), b(6)

- a. NAME OF PAYEE: (b)(3), b(6)
- b. DATE OF INCIDENT: 03 JULY 2007
- c. INCIDENT LOCATION: ARAB JABOUR MB 5196 7022
- d. INCIDENT DESCRIPTION: Coalition Forces dropped a J-DAM to reduce a Deep Burried IED. Shrapnel from this J-Dam killed a civilian woman in the area.
- e. PAYMENT AMOUNT:

Death of Daughter: \$2,350

Total: \$2,350

2. Mr (b)(3), b(6) did not want to sign an official receipt (SF 44) due to fear that putting his name on an official US Military Document would jeopardize his safety.

3. The point of contact for this memorandum is the undersigned at (b)(3), b(6)  
 of (b)(3), b(6)

(b)(3), b(6)

CF 1, IN  
 Commanding

**U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

|   |  |                                    |                   |
|---|--|------------------------------------|-------------------|
| DATE OF ORDER<br><b>5 JUL 07</b>  |  | ORDER NO.<br><b>CERPANAL046620</b> |                   |
| PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)*<br><b>(b)(6)</b>  |  |                                    |                   |
| Supplier supplies or services to (Name and address)<br><b>E<br/>E</b>   |  |                                    |                   |
| SUPPLIES OR SERVICES  |  | QTY                                | UNIT PRICE        |
| <b>CONDOLENCE PAYMENT</b>   |  |                                    | <b>\$2,350.00</b> |
|   |  |                                    |                   |
|   |  |                                    |                   |
|   |  |                                    |                   |
| AGENCY NAME AND BILLING ADDRESS*  |  | TOTAL                              |                   |
| <b>P 15<sup>TH</sup> FINANCE BN<br/>Y <del>FOB FALCON, IRAQ</del><br/>O <del>CAMP LIBERTY, IRAQ</del><br/>R APO, AE 09344</b> |  | <b>\$2,350.00</b>                  |                   |
|   |  | DISCOUNT TERMS                     |                   |
|   |  | ..... %.                           |                   |
|   |  | ..... DAYS                         |                   |
|   |  | DATE INVOICE RECEIVED              |                   |
| ORDERED BY<br><b>CPT</b>  | <b>(b)(3), b(6)</b>                        |                                    |                   |
| PURPOSE AND ACCOUNTING USE  | <b>(b)(2) High</b>                         |                                    |                   |
| <b>PURCHASER - To sign below for over-the-counter delivery of items</b>   |  |                                    |                   |
| RECEIVED BY<br><b>SFC</b>   | <b>(b)(3), b(6)</b>                        |                                    |                   |
| TITLE<br><b>PAY AGENT</b>   | DATE                                       | <b>5 JUL 07</b>                    |                   |
| <b>SELLER - Please read instructions on Copy 2</b>  |  |                                    |                   |
| <input type="checkbox"/> PAYMENT RECEIVED   | <input type="checkbox"/> PAYMENT REQUESTED |                                    |                   |
| <b>\$2,350.00</b>   |  |                                    |                   |
| <b>NO FURTHER INVOICE NEED BE SUBMITTED</b>   |  |                                    |                   |
| SELLER  |  | DATE                               |                   |
| Signature   |  | <b>5 JUL 07</b>                    |                   |
| I certify that this account is correct and proper for payment in the amount of<br><b>\$2,350.00</b>                           |  | DIFFERENCES                        |                   |
| <b>(b)(3), b(6)</b>   |  |                                    |                   |
|   |  | ACCOUNT VERIFIED                   |                   |
|   |  | CORRECT FOR                        |                   |
|   |  | BY                                 |                   |
| PAID BY<br><b>SFC</b>   | <input checked="" type="checkbox"/> CASH   | DATE PAID                          | VOUCHER NO.       |
| OR<br><b>(b)(3), b(6)</b>   |  | <b>5 JUL 07</b>                    |                   |
| (Check No.)   |  |                                    |                   |

\*PLEASE INCLUDE ZIP CODE      1. SELLER'S INVOICE      STANDARD FORM 44A (Rev. 10-83)  
(See instructions on Copy 2)      PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

Pages 20 through 22 redacted for the following reasons:

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nonresponsive