

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER

10/11/2005 8:40:25 AM

ORDER NO.

APF3ID52830001

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

P
A
Y
E
E

05-IJ8-T574

351M

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,000.00

AGENCY NAME AND BILLING ADDRESS*

P
A
Y
O
R

TOTAL \$2,000.00

DISCOUNT TERMS

DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC [REDACTED] PPO [REDACTED] SFC, PPO

PURPOSE AND ACCOUNTING DATA

216202000000 762084 P136 19800 26EB 83 G3CV APF3ID52830001 G3CV 83 S09076

PURCHASER *To sign below for over-the-counter delivery of items*

RECEIVED BY [REDACTED]

CPT [REDACTED]

DATE

9 Nov 05

TITLE CONDOLENCE PAY AGENT

SELLER

PAYMENT RECEIVED \$2,000.00

PAYMENT REQUESTED

SELLER [REDACTED] NO FURTHER INVOICE NEED BE SUBMITTED

SELLER [REDACTED] DATE [REDACTED]

Signature

I certify that this account is correct and proper for payment in the amount of

\$2,000.00

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

VOUCHER NO.

Authorized certifying officer [REDACTED] CPT [REDACTED]

PAID BY [REDACTED]

PAID

OR:
(Check No.)

9 Nov 05

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-63)

001493



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
CAMP LIBERTY, IRAQ
APO-AE 09352

REPLY TO
ATTENTION OF:

AFZP-CoS

26 September 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T574

1. NAME OF RECIPIENT: [REDACTED]

2. DATE OF INCIDENT OR DAMAGE: 18 August 2005

3. LOCATION OF INCIDENT OR DAMAGE: Al Doura Highway

4. DESCRIPTION: Claimant's father was killed while driving a large cargo truck in Al Doura. He encountered a U.S. cordon and attempted to drive along the shoulder of the road but was engaged by U.S forces and killed. U.S. forces searched the vehicle and found that it did not contain contraband. Deceased was from the Diwanyia region of Iraq and may not have been familiar with U.S. cordons.

Incident confirmed in SIGACT 18 1045.

5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community its sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: \$2,000

7. POINT OF CONTACT: CPT [REDACTED], christopher.glascott@id3.army.mil, VOIP 242-4568.

[REDACTED]
COL, GS
Chief of Staff

[REDACTED]
LTC, JA
Deputy Staff Judge Advocate

I concur with the payment

001494

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED] (Deceased) *Claimant*
ADDRESS: _____ ID#: _____
OCCUPATION: _____ CITIZENSHIP: _____

INCIDENT INFORMATION

TYPE OF CLAIM: Vehicle Accident SAF Raid Detainee Property
 Occupied Land Other

LOCATION OF INCIDENT: *Highway* DATE OF INCIDENT: *18 August*

DESCRIPTION OF INCIDENT: *FATHER, DRIVER OF CARGO TRUCK, KILLED BY US FORCES WHEN HE BROKE CORDON.*

DRIVER IS FROM S. IRAQ - NOT FAMILIA W/ AO

DRIVER = KIDNER MISSEL

UNIT INVOLVED: *1/184*

CLAIM INFORMATION

OWNER OF PROPERTY:	AMOUNT
<i>NA</i>	<i>A</i>
TOTAL AMOUNT CLAIMED: <i>\$300</i>	

INSURED?: Y / N AMOUNT: *~*

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N

LOCATION AND OUTCOME: _____

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

(DATE)

(Signature of Claimant)

001495