

COMBINED
OPERATIONS
SECTION

Date Received 24 SEP 02
DRAFTED

CENTCOM 004242

31379



IRaqi CLAIMS POCKET CARD

The Army may pay claims to Iraqi civilians for property damage, injury, and death caused by US forces.

1. Fill out the required information below. Where appropriate document incident with photographs.
2. Give the second page of this form to the Iraqi civilian or other appropriate person in the case of death.
3. Direct them to the Iraqi Assistance Center (IAC) located at the Baghdad Convention Center. Do not promise anything.
4. Upon return to your FOB, complete DA Form 2823 describe the incident and forward to the 4th Brigade Legal Office. Please note that this information is not an admission of liability by the soldiers involved, it will be used only to substantiate a potential claim against the US Army.

UNIT: Co D, 1ST BN, 184TH INF (AASLT)

DATE 24 Aug 2005

LOCATION Predators

INCIDENT shooting of vehicle

CENTCOM 004243

31380



IRAQI CLAIMS POCKET CARD

لأنك ترى الحصول على التعويض عن
الأضرار، الأصلية
أو الموت الذي تسبب به القوات الأمريكية
عليك أن تجلب الكارت الذي يعطيه لك الجندي الأمريكي
أثناء الحادث أو أي دليل يتعلق بالحدث مثل الصور، أفاده
الشهود

أوراق تحقيق الشرطة، ثبات الملكية أو الوصلات
إلى مركز المساعدات العراقية الواقع في قصر
المؤتمرات

وذلك ما بين الساعة التاسعة صباحاً والساعة الثالثة
عصرًا
طيلة أيام الأسبوع لرفع قضيائكم وشكرا لكم

CENTCOM 004244
31381

CLAIMS CHRONOLOGY SHEET

Claimant's Name: 351M (b)(6) USARCS Number: 05-IJ8-T574
Claim Number: 351M Date Claim Filed: 21 SEP 05 Amount Claimed: \$ 5000
Date of Incident: 18 AUG 05 Location of Incident:

CENTCOM 004245

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER

10/11/2005 8:40:25 AM

ORDER NO.

High(2)(q)

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

P
A
Y
E
E

(9)(q)

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*		TOTAL \$2,000.00	
P A Y O R		DISCOUNT TERMS	
		DATE INVOICE RECEIVED	

ORDERED BY (Signature and title)

SFC (9)(q) PPO
PURCHASE AND ACCOUNTING DA

(b)(3), (b)(6)

SFC, PPO

(b)(2)High

RECEIVED BY	PURCHASED BY	very of items
(9)(q), (b)(6)	CPT	(b)(3), (b)(6)
TITLE CONDOLENCE PAY AGENT		4 Nov 05
PAYMENT RECEIVED	X \$2,000.00	PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER	DATE
(9)(q)	9 Nov 05
Signature	
I certify that this account is correct and proper for payment in the amount of	DIFFERENCES
\$2,000.00	;
	NONE
(9)(q), (b)(6)	ACCOUNT VERIFIED CORRECT FOR
	BY

AUTHORIZED PAID BY	DATE PAID	VOUCHER NO.
	CPT	
OR (Check No.)	9 Nov 05	

PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 004246

31383



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: (9)(q)

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 Diwania region of Iraq and may not have been familiar with U.S. cordons.

Incident confirmed in SIGACT (b)(2)High

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 (9)(q) '(E)(q) @id3.army.mil,
VOIP (b)(2)High (9)(q)

(9)(q) '(E)(q)

COL, GS
Chief of Staff

(9)(q) '(E)(q)

I concur with the payment

LTC, JA
Deputy Staff Judge Advocate

CENTCOM 004247

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: _____ (9)(q) *<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 CURB.*

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

DRIVER = _____ (9)(q) _____

UNIT INVOLVED: *1/184*

CLAIM INFORMATION

OWNER OF PROPERTY: *NA* BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: *\$ 300*

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.

ملاحظة: بالتوقيع أسلف هذا النظم فأن نقسم على أن كل المعلومات المقدمة في هذا النظم هي صحيحة وحقيقة . أي شخص يحاول تقديم نظم كاذب أو مختلق أو يزور النظم ضدحكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات .

(DATE)

(Signature of Claimant)
(توقيع النظم) الرجاء كتابة الأسم والتواقيع

CENTCOM 004248

Page 8 redacted for the following reason:

CENTCOM 004250

31387

Pages 10 through 23 redacted for the following reasons:

Foreign Language

, (b)(6)

(b)(6) Foreign Language

(b)(6), Foreign Language

Foreign Language, (b)(6)

CENTCOM-004265
31389

Pages 25 through 43 redacted for the following reasons:

Foreign Language
(b)(6) Foreign Language
(b)(6), Foreign Language
(b)6 Foreign Language
Foreign Language
Foreign Language, (b)(6)