

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
12/15/2005 6:00:21 AM

ORDER NO.
APF3ID5333073

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

PAYEE
[REDACTED]
Al Jihad
06-IJ8-T653
370M

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$4,500.00

AGENCY NAME AND BILLING ADDRESS*

PAYOR

TOTAL \$4,500.00
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

[REDACTED] PPO [REDACTED]

PURPOSE AND ACCOUNTING DATA

216202000000 762084 P136 19800 26EB 83 G3CV APF3ID53330073 G3CV 83 S09076

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

RECEIVED BY [REDACTED] CPT [REDACTED]

TITLE CONDOLENCE PAY AGENT DATE 21 DEC 05

SELLER

PAYMENT RECEIVED \$4,500.00

PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER **Khalida Kathum Abdul Sahib**
Signature [REDACTED]

DATE 21 DEC 05

I certify that this account is correct and proper for payment in the amount of \$4,500.00

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer [REDACTED] CPT

PAID BY CASH

DATE PAID

VOUCHER NO.

OR (Check No.)

21 DEC 05

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

000907



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

REPLY TO
ATTENTION OF:

AFZP-CoS

25 November 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T653

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 13 September 2005
3. LOCATION OF INCIDENT OR DAMAGE: Al Jihad, CP 542
4. DESCRIPTION: Claimant was driving on the highway in Al Jihad when an unknown U.S. convoy opened fire on her vehicle. Witnesses state that a Humvee fired a single .50 caliber round through the back window that struck claimant's husband in the neck, killing him. The vehicle then ran into a light pole. A patrol from A TRP 6-8 CAV noticed the stopped vehicle and provided medical treatment. Patrol also took photographs and interviewed witnesses before handing over the scene to Iraqi Police.
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: \$4,500 (\$2,500 for death of husband, \$2,000 for damage to vehicle)
7. POINT OF CONTACT: CPT [REDACTED], [REDACTED], VOIP 242-4568.

[REDACTED]
[REDACTED]
COL, GS
Chief of Staff

[REDACTED]
[REDACTED]
COL, JA
Staff Judge Advocate

I concur with the payment.

000908

FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED] (wife)
ADDRESS: Baghdad - Al-Jehad q. ID#: _____
OCCUPATION: _____ CITIZENSHIP: _____

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: AL Jehad DATE OF INCIDENT: 13 SEP 05

DESCRIPTION OF INCIDENT: US Forces open fire on vehicle
claimant traveling down hwy around BIAP Area Al Jehad
children 2x sons, father killed - [REDACTED]
many claims card provided (SSG Derrick on card)

UNIT INVOLVED: ATRP C/8 CAV

CLAIM INFORMATION

OWNER OF PROPERTY: [REDACTED] " " BREAKDOWN OF CLAIM:

ITEM	AMOUNT
<u>CAR</u>	<u>8,000</u>
<u>SON 2x</u>	_____
<u>Husband</u>	_____

TOTAL AMOUNT CLAIMED: \$8,000

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.

[REDACTED SIGNATURE]

9 NOV (DATE) [REDACTED] (Signature of Claimant) (A)

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