

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

DATE OF ORDER 15 August 2005	ORDER NO.
--	------------------

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

PA
A
Y
E
E

[Redacted] 05-IJ8-T362, 987-5R
Baghdad

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1	\$2400	\$2400
Personal Injury			\$
Property Damage	1	\$1100	\$1100

AGENCY NAME AND BILLING ADDRESS* P A Y O R 3 rd Finance Company, 3 rd Soldier Support Battalion APO-AE 09352	TOTAL \$	3500
	DISCOUNT TERMS	
	DATE INVOICE RECEIVED	

ORDERED BY (Signature and title) [Redacted] PPO

PURPOSE AND ACCOUNTING DATA

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

RECEIVED BY	[Redacted] CW2	DATE	22 Aug 05
TITLE	CONDOLANCE PAY AGENT		

SELLER	
PAYMENT RECEIVED <input type="checkbox"/>	PAYMENT REQUESTED <input type="checkbox"/> \$

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER	DATE
[Redacted]	22 Aug 05

Signature X

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

\$ 3,500

DIFFERENCES	
NONE	
ACCOUNT VERIFIED CORRECT FOR	
BY	

Authorized Certifying Officer [Redacted] CW2

PAID BY	DATE PAID	VOUCHER NO.
[Redacted] CASH		
OR	(Check No.)	

*PLEASE INCLUDE ZIP CODE

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

001477



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 48TH BRIGADE COMBAT TEAM
3RD INFANTRY DIVISION
CAMP STRIKER, IRAQ
APO-AE 09372

GAHC-JA

28 July 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T362

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 5/14/2005
3. LOCATION OF INCIDENT OR DAMAGE: Radhwanyia
4. DESCRIPTION: Claimant's husband was shot and killed by US forces. A sworn statement was provided by another man who witnessed the incident. A note was provided by a CPT [REDACTED] from India Troop, 3/3 ACR, along with a picture of the deceased man.
5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community it's sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$3500
7. POINT OF CONTACT: CW2 [REDACTED], [REDACTED]@us.army.mil, VOIP 242-4377.

[REDACTED]
BG, LINE, USA
Commanding

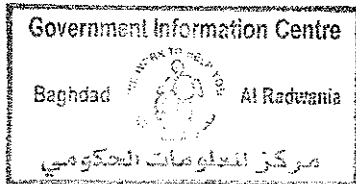
I concur with the payment

[REDACTED]
MAJJA
STAFF JUDGE ADVOCATE

001478



**GENERAL INFORMATION CENTAR,
AL-RADHWANYA, BAGHDAD, IRAQ**



1060-6
22-June-005

Sub/Appeal request

I am... [redacted]
I had made a claim in No....~~9.8.7.5~~ At~~26.5.20.5~~ and the case was rejected,
I would like you to appeal my case and I offer a new evidences to support my case:-

1. there is a statment from a witness was with
2. the man who had killed.
- 3.
- 4.
- 5.

[redacted signature]
The claimant signature

[redacted name]
The claimant name

The date:- 22-jun 2005.



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3rd INFANTRY DIVISION (FORWARD)
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP LIBERTY, IRAQ

REPLY TO
ATTENTION OF:

June 12, 2005

Claims Office

SUBJECT: Claim # 05-IJ8-T362
987-5R

[REDACTED] d
Baghdad

Dear [REDACTED] ed:

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Death resulted from a combat operation. Investigation reveals that claimant's story is inaccurate. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your receipt of this letter. Thank you for your kind attention.

Sincerely,

[REDACTED]
Captain, U.S. Army
Foreign Claims Commission

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987-5
26-MAY-2005

Government Information Centre

Baghdad



Al-Radwania

مركز المعلومات الحكومي

Claims Form

To: United States Army Foreign Claims Commission

From: Name: [REDACTED]

Address: Baghdad [REDACTED]

I am

- a. A citizen and national of: Iraqi & Arabic
- b. A permanent resident of: the address hereabove
- c. Employed by:
- d. Check one () An insurer (X) Not an insurer
- e. Check one (X) A subrogee () Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

multination forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at: Radhwania 17 SWIB Baghdad Iraq
(Town) (City) (Country)

My claim arose on: May 14 2005
(Month) (Day) (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On 14th May 2005 my husband was driving his car (Corona) Toyota at 2000 on Radhwaniah main street. Multination Humvee (Patrol) coming from opist side 2 Humvee passed. The third one moved forward him. To avoid him he drive his car outside street fall down on the smol river a solidre came to him and shooted him. The person who was with my husband they arrested him and pull out my husband body out. They call for Translator then they brought him to the my house. Then they dilevered as a memorandum about the accident. In the mean time the witnesses said that the rest of solidre was very angry because of killing my husband. I claim for with for compensation of my husband death and damages his car with my respect.

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Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

my husband death and damages
in his car

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount	
1- <u>my husband death</u>	<u>5000/00</u>	\$
2-		
3- <u>expenses of repairing and painting</u>	<u>1600/00</u>	\$
4- <u>and clothes and covering seats of</u>		
5- <u>my husband car</u>		
6-		

Total: 6600/00 \$

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 6600/00 local 9290000/-



(Signature of Claimant)

Subscribed before me this 25 day of May, 2005



(Print Name)



(Signature)

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