**U.S. GOVERNMENT**

**PURCHASE ORDER- INVOICE- VOUCHER**

**DATE OF ORDER**
15 August 2005

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

Baghdad

**DATE OF ORDER**
15 August 2005

**ORDER NO.**

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

**AGENCY NAME AND BILLING ADDRESS**

3rd Finance Company, 3rd Soldier Support Battalion
APO-AE 09352

**TOTAL** $3500

**DISCOUNT TERMS**

**DATE INVOICE RECEIVED**

**ORDERED BY** (Signature and title)

**PURPOSE AND ACCOUNTING DATA**

**RECEIVED BY**

**TITLE**

**DATE** 22 Aug 05

**CONDOLENCE PAY AGENT**

**SELLER**

Payment Received [ ] Payment Requested [ ]

**SIGNATURE**

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

$3520

**AUTHORIZED CASHIER**

**DATE PAID**

**VOUCHER NO.**

*PLEASE INCLUDE ZIP CODE

STANDARD FORM 44A (Rev. 10-03)

PRINTED BY GSA

FAR (48 CFR) 53.213(c)

001477
DEPARTMENT OF THE ARMY
HEADQUARTERS, 48TH BRIGADE COMBAT TEAM
3RD INFANTRY DIVISION
CAMP STRIKER, IRAQ
APO-AE 09372

GAHC-JA

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 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 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: $3500


BG, LINE, USA
Commanding

I concur with the payment

MAJ, JA
STAFF JUDGE ADVOCATE

28 July 2005
Sub/Appeal request

I am... I had made a claim in No... At 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 statement from a witness was with the man who had killed.
2. 
3. 
4. 
5. 

The claimant signature

The claimant name

The date:- 22-Jun 2005
June 12, 2005

Claims Office

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

Baghdad

Dear [redacted]:

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

001480
I am
   a. A citizen and national of: Iraq
   b. A permanent resident of: Baghdad
   c. Employed by:
   d. Check one ( ) An insurer (X) Not an insurer
   e. Check one ( ) 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)

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 Street, 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 the May 2005 my husband was driving his car (Toyota) Toyota at 2:00 on Radhwania main street. Multinational forces (Patriot) coming from opposite side 2 Hummers passed the third one moved forward to avoid him he drive his car outside street fell down on the road stop a soldier came to him and shouted him the person who was with my husband they arrested him and pull out my husband head out. They call for translator then they brought him to the army house. Then they did not lie a misunderstanding about the accident. In the mean time the witness said that the rest of soldier was very angry because of killing my husband. I claim forthwith for compensation of my husband death and damages his car with my respect.
Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$5000.00</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>$1600.00</td>
<td></td>
</tr>
</tbody>
</table>

Total: $6600.00

I was insured to the following extent against the damages 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 98900001

(Signature of Claimant)

Subscribed before me this 25 day of May, 200 _

(Print Name) (Signature)