

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER
ORDER NO.

DATE OF ORDER
10/11/2005 8:40:25 AM

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] 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]

TITLE

CONDOLENCE PAY AGENT

DATE 9 Nov 05

PAYMENT RECEIVED \$2,000.00

SELLER
PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER

[REDACTED]

DATE

9 Nov 05

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

Authorized certifying officer

PAID BY

[REDACTED]

CPT

VOUCHER NO.

OR

(Check No.)

9 Nov 05

*PLEASE INCLUDE

STANDARD FORM 49A (Rev. 10-83)

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-II8-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

I concur with the payment

[REDACTED]
LTC, JA
Deputy Staff Judge Advocate

001494

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED] (DECEASED) ID#: [REDACTED] ← Claimant
ADDRESS: _____ CITIZENSHIP: _____
OCCUPATION: _____

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 CORNOR.

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

DRIVER = KHIDER MISJEL

UNIT INVOLVED: 1/184

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

TOTAL AMOUNT CLAIMED: \$ 3000

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]

(DATE)

(Signature of Claimant)

001495