

Claim # 198 M  
USARCS# 05-118-T-474  
Claimant's Name (b)(3)  
Date Received 30 MAY 05  
Date Closed \_\_\_\_\_



U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 10/11/2005 8:43:29 AM ORDER NO (b)(2)High

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)  
P  
A  
Y  
E  
E (b)(6)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$700.00

AGENCY NAME AND BILLING ADDRESS\* P  
A  
Y  
O  
R  
TOTAL \$700.00  
DISCOUNT TERMS  
DATE INVOICE RECEIVED

ORDERED BY (Signature and title) SFC (b)(3), (b)(6) PPO (b)(3), (b)(6) *SFC, PPO*  
PURPOSE AND ACCOUNTING DATA (b)(2)High

RECEIVED BY PURCHASER - To sig (b)(3), (b)(6)  
(b)(3), (b)(6) CPT  
TITLE CONDOLENCE PAY AGENT *9 Nov 05*

SELLER  
PAYMENT RECEIVED  \$700.00 PAYMENT REQUESTED  
NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) DATE *9 Nov 05*  
Signature X  
I certify that this account is correct and proper for payment in the amount of \$700.00  
DIFFERENCES  
NONE  
ACCOUNT VERIFIED CORRECT FOR  
BY (b)(3), (b)(6)  
CPT

Authorized PAID BY (b)(3), (b)(6) CPT VOUCHER NO.  
OR (Check No) *9 Nov 05*

\*PLEASE INCLUDE STANDARD FORM 44A (Rev. 10-83)



REPLY TO  
ATTENTION OF:

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

12 August 2005

AFZP-CoS

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T474

1. NAME OF RECIPIENT: (b)(6)
2. DATE OF INCIDENT OR DAMAGE: 5/30/2005
3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah
4. DESCRIPTION: Claimant's son was exhumed by NCIS for a double murder investigation involving the Marines. The claimant was given a claim card and directed to file a claim at FOB St. Michael for compensation regarding the exhumation.

The family of the second victim has already been paid a CERP/ condolence payment for the same incident.

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: \$700

7. POINT OF CONTACT: CPT (b)(3), (b)(6) , (b)(3), (b)(6) @id3.army.mil,  
VOIP (b)(2)High

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

COL, FA  
Acting Chief of Staff

I concur with the payment

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

LTC, JA  
Acting Staff Judge Advocate

CENTCOM 003366

198M-00004

**MAHMUDIYAH CLAIMS FORM**

**CLAIMANT INFORMATION**

NAME: \_\_\_\_\_ (b)(6)  
 ADDRESS: \_\_\_\_\_ (b)(6) ID#: \_\_\_\_\_  
 OCCUPATION: ? \_\_\_\_\_ CITIZENSHIP: IRAQ

**INCIDENT INFORMATION**

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

LOCATION OF INCIDENT: MAHMUDIYAH DATE OF INCIDENT: 30 MAY 05

DESCRIPTION OF INCIDENT: SON WAS EXHUMED BY NCIS FOR MURDER INVESTIGATION

UNIT INVOLVED: NCIS

**CLAIM INFORMATION**

OWNER OF PROPERTY: <u>NA</u>	BREAKDOWN OF CLAIM:	<u>ITEM</u>	<u>AMOUNT</u>
TOTAL AMOUNT CLAIMED: <u>\$2500</u>		_____	_____
INSURED?: Y/ <input checked="" type="checkbox"/> N	AMOUNT: <u>—</u>	_____	_____

**CLAIMANT ATTESTATION**

HAS CLAIM BEEN FILED BEFORE?: Y/N LOCATION AND OUTCOME: NA

**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 أسفل هذا التظلم فإن تقسم على أن كل المعلومات المقدمة في هذا التظلم هي صحيحة وحقيقية. أي شخص يحاول تقديم تظلم كاذب أو مقلد أو يزور التظلم ضد حكومة الولايات المتحدة الأمريكية سوف يواجه عقوبات جنائية حادة ويحاكم من قبل السلطات.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Signature of Claimant)  
(توقيع التظلم) الرجاء كتابة الاسم والتوقيع

CENTCOM 003367

198M-00005

(b)(3), (b)(6) **CPT 3ID SJA**

**From:** (b)(3), (b)(6) @NCIS.NAVY.MIL  
**Sent:** Monday, August 08, 2005 10:16 AM  
**To:** (b)(3), (b)(6) CPT 3ID SJA  
**Subject:** RE: Another Exhumation Claim

Yes, both of these bodies were buried next to each other. They were (b)(6) and both alleged victims in the (b)(6) case. These are the only exhumations that I completed while I was there. Only two claims should be paid, (b)(6) and (b)(6) .

Thank you more than you know for taking care of this for me. It means the world to me. I wish I could have finished this while I was there, but my time line got short at the end. Please tell the families that I still think about them and pray for them.

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

-----Original Message-----

**From:** (b)(3), (b)(6) CPT 3ID SJA [mailto:(b)(3), (b)(6) @id3.army.mil]  
**Sent:** Saturday, August 06, 2005 3:53 AM  
**To:** (b)(3), (b)(6)@ncis.navy.mil  
**Subject:** Another Exhumation Claim

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

A local lawyer gave me two more exhumation claims. The first one was for (b)(6) and we already paid that one but the second one was for the exhumation of (b)(6) . There was another card with your name on it so I assume it was legitimate.

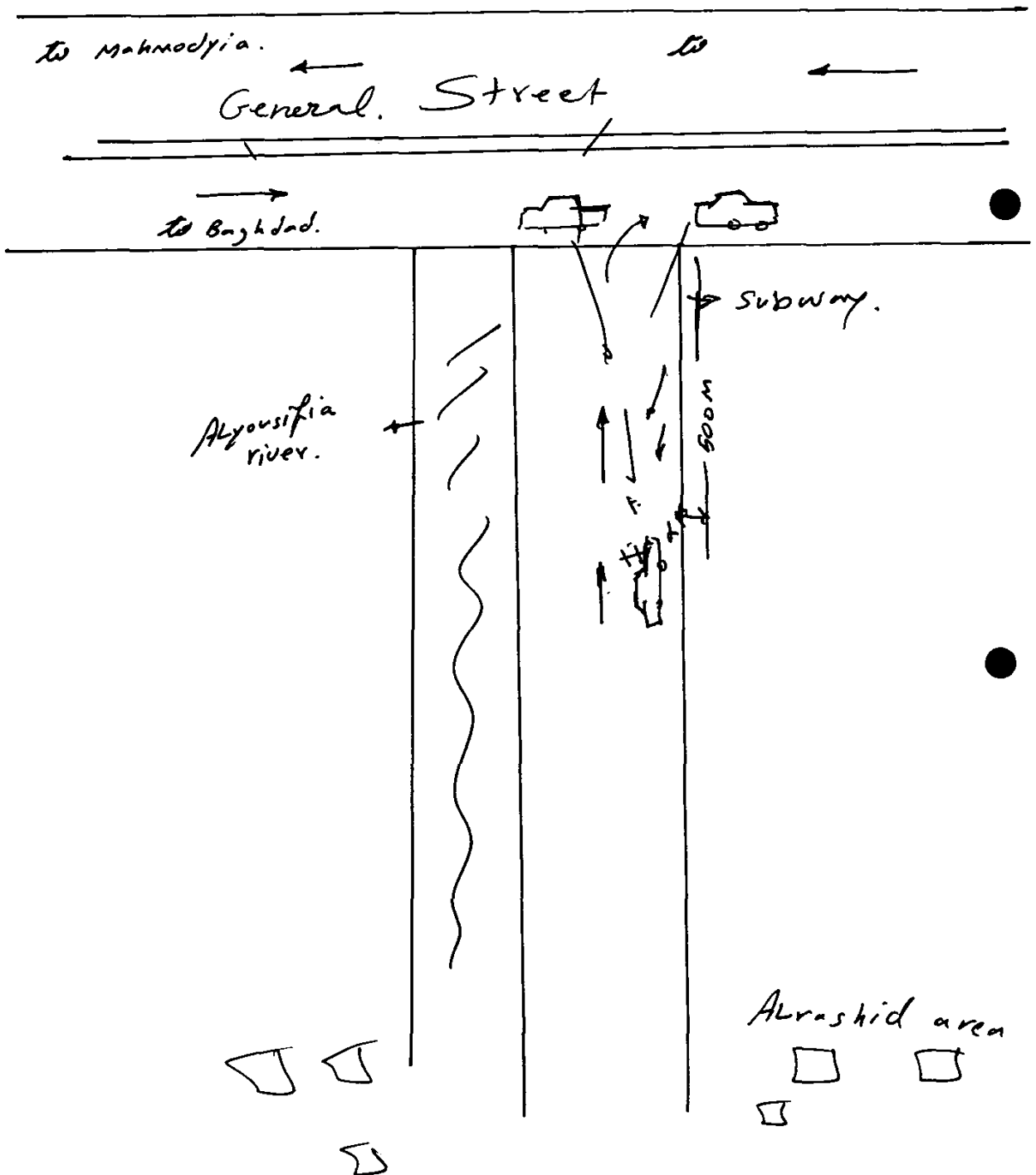
Are these the only two exhumations or are there more?

Thanks

CPT (b)(3), (b)(6)  
Chief of Claims  
OSJA, 3ID

deogram.

AL Rashid area.



**US FORCES**

**CLAIMS CARD**

We may pay claims to Iraqi civilians for damage, injury and death caused by US Forces.

Fill out the required information below.

Give this card to the Iraqi civilian, or other appropriate person in the case of death.

Direct claimant to the nearest Government Information Center or the Iraqi Assistance Center. Do not promise them anything.

4. Upon return to your FOB, complete DA Form Describe the incident completely and forward to legal office. NOTE: This information is NOT liability by the soldiers involved and will be substantiate a claim against the US Army.

UNIT NCIS (SA Val)

DATE 30 MAR 05

LOCATION Sad Aqlah

TYPE OF INCIDENT claim



**FORCE  
DEAD  
IN CLAIMS CARD**

لشلام عليكم ورحمة الله وبركاته

أخي المواطن الكريم: مقبل الأضرار التي لحقت بك، سواء كانت  
أضرار جسدية من أصيبت في لقره، أو موت لا سماح الله لأحد  
العربين، وكان السبب وراء تلك القوات الأمريكية، فقد يكون لك الحق  
في التعويض.

للتقدم ببلاغ والمطالبة بحكك الرجاء احضر الآتي: هذه البطاقة وهويتك  
المدنية مع كل الأوراق الرسمية المتعلقة بهذا الأمر والتي تدعم الموضوع  
مثل (صور للحدث، شهادة الشهود، تقرير الشرطة، ووصول بالإنشام  
أو التسليم، وثبات الملكية لما حطم أو تضرر ولما تحاول أن تحصل  
على تعويض عنه، وخصمة المسألة أن كنت تحمل رخصة).

الرجاء احضر هذه المستندات في مراكز المساعدة الفردي في معسكر  
القناحي (Camp Tajj)، بويجة كتر (Cunner Gate)، أو أحد  
المراكز الحكومية: الثورة - نوسان - القاطمية - الرشيد - المنصور -  
فرشوقية - قاعدة دهوك - الفرج - الأحمديّة - القرقة - سيج قبور.

وشكراً لتعاونكم معنا

Pages 10 through 24 redacted for the  
following reasons:-----

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(b)6 Foreign Language