



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

REPLY TO
ATTENTION OF:

AFZP-CoS

12 August 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T480

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 7/9/2005
3. LOCATION OF INCIDENT OR DAMAGE: Al Rashid
4. DESCRIPTION: Claimant's 77 year old wife was driving with her nephews toward Mahmudiyah when she was shot and killed by U.S. forces. The incident occurred after their car failed to stop at a U.S. checkpoint and a BFV engaged the vehicle. The two nephews were uninjured.
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: \$2000
7. POINT OF CONTACT: CPT [REDACTED] st, [REDACTED]@id3.army.mil, VOIP 242-4568.

[REDACTED]
COL, FA
Acting Chief of Staff

I concur with the payment

[REDACTED]
LTC, JA
Acting Staff Judge Advocate

001511

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

DATE OF ORDER
13 September 2005

ORDER NO.
APF 3ID 52560828

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

P [REDACTED] 05-IJ8-T480, 199m
A
Y Mahmudiyah
E
E

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	2		\$2000
Personal Injury	0		\$0
Property Damage	0		\$0

AGENCY NAME AND BILLING ADDRESS*

P
A 3rd Finance Company, 3rd Soldier Suport Battalion
O APO-AE 09352
R

TOTAL \$2000

DISCOUNT TERMS

DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC [REDACTED], PPO [REDACTED], SFC, PPO

PURPOSE AND ACCOUNTING DATA

214222000000 762084 P136 19800 26EB 83 G3CV APF3ID5256082 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY

[REDACTED] TT, CPT

TITLE
CONDOLENCE PAY AGENT

DATE 14 SEP 05

SELLER

PAYMENT RECEIVED

PAYMENT REQUESTED

\$2000

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER Jassim Mohammed Hamid

DATE

14 SEP 05

Signature

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

\$2000

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer

PAID BY CASH [REDACTED]

DATE PAID

VOUCHER NO.

OR (Check No.)

14 SEP 05

*PLEASE INCLUDE
ZIP CODE

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

001512

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: 
ADDRESS: A MAHMUDIYAH ID#: _____
OCCUPATION: RETIRED CITIZENSHIP: IRAQ

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: Al RASHID DATE OF INCIDENT: _____

DESCRIPTION OF INCIDENT: Wife was with 2 nephews driving on the Al Rashid highway when she was shot by US forces.

Americans directed US forces to stop but car kept moving - Bradley followed + engaged vehicle, killing claimant's wife

Claimant ~~is~~ 1931 was born in 1931 wife was born in 1927

UNIT INVOLVED: UNIK

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: \$ 15,000

INSURED?: Y / N AMOUNT: _____

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.



10 AUG 05
(DATE)


(Signature of Claimant)

001513