

Claim # 100 M
USARCS# 05-118-T- (b)(6)
Claimant's Name _____
Date Received: _____
Date Closed _____

U.S. GOVERNMENT
PURCHASE ORDER, INVOICE-VOUCHER

DATE OF ORDER 13 September 2005 | ORDER NO. (b)(2)High

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

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 Y O R 3 rd Finance Company, 3 rd Soldier Support Battalion APO-AE 09352	TOTAL \$2000
	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

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

RECEIVED BY (b)(3), (b)(6) CPT (b)(3), (b)(6)
TITLE CONDOLENCE PAY AGENT
DATE 14 SEP 05

SELLER

PAYMENT RECEIVED | PAYMENT REQUESTED \$2000

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) | DATE 14 SEP 05

Signature
I certify that this account is correct and proper for payment in the amount of \$2000

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

DIFFERENCES	
NONE	
ACCOUNT VERIFIED CORRECT FOR	
BY	

PAID BY CASH | DATE PAID 14 SEP 05 | VOUCHER NO.

OR (Check No.)

*PLEASE INCLUDE ZIP CODE | STANDARD FORM 44A (Rev. 10-83) PRESCRIBED BY GSA FAR (48 CFR) 53.213(c)



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: (b)(6)
2. DATE OF INCIDENT OR DAMAGE: 7/9/2005
3. LOCATION OF INCIDENT OR DAMAGE: Al Rashid
4. DESCRIPTION: Claimant's (b)(6) 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 (b)(3), (b)(6) @id3.army.mil,
VOII (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 003390

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: _____ (b)(6)
 ADDRESS: _____ ID#: _____
 OCCUPATION: RETIRED CITIZENSHIP: IRAQ

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: AL RASHID DATE OF INCIDENT: _____

DESCRIPTION OF INCIDENT: Wife was with (b)(6) 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 (b)(6) wife was born in (b)(6)

UNIT INVOLVED: UNK

CLAIM INFORMATION

OWNER OF PROPERTY: <u>NA</u>	BREAKDOWN OF CLAIM:	<u>ITEM</u>	<u>AMOUNT</u>
TOTAL AMOUNT CLAIMED: <u>\$ 15,000</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.

10 AUG 05
 (DATE)

(b)(6)

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

Pages 6 through 7 redacted for the following reasons:

(b)6 Foreign Language

(b)(6)

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
<small>FED USE OF THIS FORM, SEE AR 600-2. THE PROPRIETARY AGENCY IS OFFICE OF THE SURGEON GENERAL.</small> <small>Instructions: Medical Officers in attendance will: Prepare, in two copy only, Items 1 through 10 and sign Item 11. Print or type entries. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</small>					
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)	2. TIME OF DEATH (Hour day month year)	3. MEDICAL EXAMINER/ CORONER'S CASE			
1790	0923 9 Jul 2004	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	4. RELIGION	5. CHAPLAIN NOTIFIED			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (It does not cover the mode of death, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of)				
	Gunshot wound Chest		unknown		
7b. IMMEDIATE CAUSES (Immediate conditions, if any, giving rise to the above case; state the underlying condition last)	DUE TO (or as a consequence of)				
	(1) Hemorrhage		unknown		
	(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, IF NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.				
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
9 July 04	(b)(3), (b)(6) MAJ	(b)(3), (b)(6)			
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. USCG AGENCY OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. FED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (if yes, give date and place)				21. AUTOPSY ORDERED BY (Signature)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
22. PROFESSIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY			
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR			

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2 01

TO: COMMANDER (b)(3), (b)(6)

THIS WOMAN WAS KILLED BY (b)(6) ON ROUTE (b)(2) High
 COMPENSATION FOR THIS IS YOUR RESPONSIBILITY. PLEASE
 ACT ON THIS AND CONFIRM WITH ME WHEN COMPLETE.
 DNUY 3607-301 LTCOL (b)(3), (b)(6)
 CO 3/2 CENTCOM 003394

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Nom du défunt, (Habit et prénom)) (b)(6)		ETHNICITY (Race)	BRANCH OF SERVICE (Arme)	SOCIAL SECURITY NUMBER (Numéro de l'Assurance Sociale)	
ORGANIZATION (Organisation)		NATIVITY (e.g., United States) (Pays)	DATE OF BIRTH (Date de naissance)	SEX (Sexe) <input type="checkbox"/> MALE (Masculin) <input type="checkbox"/> FEMALE (Féminin)	
RACE (Race)		MARITAL STATUS (État Civil)		RELIGION (Culte)	
CAUCASOID (Caucasique)	SINGLE (Célibataire)	DIVORCED (Divorcé)	PROTESTANT (Protestant)	OTHER (Specify) (Autre (Spécifier))	
NEGROID (Négréoïde)	MARRIED (Marié)	SEPARATED (Séparé)	CATHOLIC (Catholique)		
OTHER (Specify) (Autre (Spécifier))	WIDOWED (Veuf)	JEWISH (Juif)			
NAME OF NEXT OF KIN (Nom du plus proche parent)			RELATIONSHIP TO DECEASED (Parenté du décédé avec le susdit)		
STREET ADDRESS (Domicile à (Rue))			CITY OF TOWN AND STATE (Include ZIP Code) (Ville (Code postal compris))		
MEDICAL STATEMENT (Déclaration médicale)					
CAUSE OF DEATH (Enter only one cause per line) (Cause du décès (N'indiquer qu'une cause par ligne))					INTERVAL BETWEEN ONSET AND DEATH (Intervalle entre l'attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Maladie ou condition directement responsable de la mort)			Gunshot wound Chest		unknown
ANTECEDENT CAUSES (Symptômes précurseurs de la mort)	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE (Condition morbide, s'il y a lieu, menant à la cause primaire)	Hemorrhage			unknown
OTHER SIGNIFICANT CONDITIONS (Autres conditions significatives)					
MODE OF DEATH (Condition de décès)	AUTOPSY PERFORMED (Autopsie effectuée) <input type="checkbox"/> YES (Oui) <input type="checkbox"/> NO (Non)		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES (Circonstances de la mort suscitées par des causes extérieures)		
NATURAL (Mort naturelle)	MAJOR FINDINGS OF AUTOPSY (Conclusions principales de l'autopsie)				
ACCIDENT (Mort accidentelle)					
SUICIDE (Suicide)	NAME OF PATHOLOGIST (Nom du pathologiste)				
HOMICIDE (Homicide)	SIGNATURE (Signature)		DATE (Date)	AVIATION ACCIDENT (Accident à l'avion) <input type="checkbox"/> YES (Oui) <input type="checkbox"/> NO (Non)	
DATE OF DEATH (Hour, day, month, year) (Date de décès (l'heure, le jour, le mois, l'année))		PLACE OF DEATH (Lieu de décès)			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. (J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus)					
NAME OF MEDICAL OFFICER (Nom du médecin militaire ou du médecin sanitaire) (b)(3), (b)(6)			TITLE OR DEGREE (Titre ou diplôme) MD		
GRADE (Grade) O-4	M OR ADDRESS (Installation ou adresse) 31st CSH Baghdad				
DATE (Date) 9 July 04	SIGNATURE (Signature) (b)(3), (b)(6)				
<p>¹ State disease, injury, or complication which caused death ² State conditions contributing to the death, but not related ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.</p>					

DD FORM 2064, APR 1977

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PASI), 26 SEP 1975, WHICH ARE OBSOLETE.

USAPA V1.00

CENTCOM 003395

31069

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

CENTCOM 003396



MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of (b)(6) to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

القوات المتعددة الجنسية - العراق تتقدم بكل الأمانة والأعتداف لفقدان احبابكم و تتمنى ان تقدم
Foreign Language Text, (b)(6) ترجع اليكم البقايا الادمية الخاصة بالمرحوم
الى نسب اهله القريب الاولى اليه. مع العلم بان البقايا الادمية تم معاملتها بحس الاحترام والالطف التي
تتطلبها تقاليد وعادات الديانة الاسلامية او الديانة المسيحية و تمت معاملتها بنفس المعاملة التي
تأها الموتى من قوات التحالف الشخص المتسلم للبقايا الادمية يدرك جيدا بان قوات التحالف قامت
بالعمل اللازم و بكل اساليب الاجترام التامة
و في حالة وجود او ادراك أية انتهاك للعادات و التقاليد المحلية فبكل الاسف انه ليس عمدا و غير
مقصود. كليا من جانب قوات التحالف
مع العلم جميع المتاع الشخصية التي وجدت مع البقايا سوف ترجع اليكم بالقائمة المرفقة.

(b)6 Foreign Language

اسم الشخص للتأكد و اثبات البقايا الادمية
Person verifying identity

(b)6 Foreign Language

اسم الشخص المتسلم
Person receiving remains

(b)6 Foreign Language

العلاقة بالمرحوم
Relationship to deceased

(b)6 Foreign Language

التاريخ
Date

Pages 12 through 21 redacted for the following reasons:

(b)(6)

(b)6 Foreign Language