

Submit for Condolence. 26 Aug 05

Submit for Condolence

2500	for Death
<u>1000</u>	Property Damage
\$3500	

Page 2 redacted for the following reason:

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(b)(5)



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

REPLY TO  
ATTENTION OF:

GAHC-JA

29 August 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IM5-T-004

1. NAME OF RECIPIENT: (b)(6)

2. DATE OF INCIDENT OR DAMAGE: 4/15/2005

3. LOCATION OF INCIDENT OR DAMAGE: (b)(6)

4. DESCRIPTION: Claimant advised her husband was driving up to a check point when the tire blew on his vehicle. Multinational forces opened fire, killing her husband and damaging the vehicle. An investigation was conducted by the Abu Grab Police department. A copy of a death certificate and medical report verifies the victim was shot in the head on April 15 2005. A police report and photo's of the vehicle are included with this claim.

5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community it's 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

7. POINT OF CONTACT: CW2

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

VOIP (b)(2)High

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

BG, LINE, USA  
Commanding

I concur with the payment

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

MAJ, JA  
STAFF JUDGE ADVOCATE

CENTCOM 001877

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 9 September 2005	ORDER NO. APF 3ID 51760350
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P  
A  
Y  
E  
E  
  
(b)(6) 05-IM5-T-004, 1090-6

10 # (b)(6)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$2500
Personal Injury			\$0
Property Damage	1		\$1000

AGENCY NAME AND BILLING ADDRESS* P A Y E R 3 <sup>rd</sup> Finance Company, 3 <sup>rd</sup> Soldier Support Battalion APO-AE 09352	TOTAL \$3500 DISCOUNT TERMS DATE INVOICE RECEIVED
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b)(2)High

ORDERED BY (Signature and title) (b)(3),(b)(6) *[Signature]*

PURPOSE AND ACCOUNTING DATA (b)(2)High \$50,000.00

PURCHASER - Title		Signature
RECEIVED BY (b)(3)(b)(6), CW2	(b)(3),(b)(6)	
TITLE CONDOLENCE PAY AGENT	(b)(3),(b)(6)	05

PAYMENT RECEIVED  PAYMENT REQUESTED  \$3500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) <i>[Signature]</i> (b)(6)	DATE SEP 19 2005
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I certify that this account is correct and proper for payment in the amount of  \$3500	DIFFERENCES	
	NONE	
	ACCOUNT VERIFIED CORRECT FOR	
	BY	

Authorized certifying officer (b)(3),(b)(6) PAID BY CASH	CW2	DATE PAID	VOUCHER NO.
OR (Check No.)			

\*PLEASE INCLUDE ZIP CODE

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

CENTCOM 001878

1179 - 7  
31-7-2005



GENERAL INFORMATION CENTAR,  
AL-RADHWANYA, BAGHDAD, IRAQ.



Foreign Language Text

Sub/Appeal requ

I am..

(b)(6)

I had made a claim in No. 10.20.16. At 29 June 2005 and the case was rejected, I would like you to appeal my case and I offer a new evidences to support my case:-

1. Death certificate No 1125 dated 15 APRIL 05
2. Support the claimant's husband killed by shot in his head.
- 3.
4. 2 - Medical report dated 6 June 2005 support that the death caused by shooting fire
5. 14 yards in the head and the bullet throw the head and The shooting was by U.S army

(b)(6)

\_\_\_\_\_  
The claimant signature

(b)(6)

\_\_\_\_\_  
The claimant name

The date:- 31 July 2005

CENTCOM 001879

Page 6 redacted for the following reason:

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Foreign Language, (b)(6)

Claimant Name:-

(b)(6)

Appeal No. = 1879-7

Document

① Car card No

(b)(6)

support

the car No.

For the victim

Her husband Mrs.

(b)(6)

② There is a Bill No. 440201125/6/05  
For car damage reaches to \$2000

Foreign Language Text

CENTCOM 001882

Foreign Language

21 July 2005

05-IM5-T-004  
1090-6

Foreign Language

(b)(6)

: (b)(6)

Foreign Language

Lack of Evidence- No US Nealliance.

Foreign Language

Foreign Language

(b)(6)

(b)(6)

2-10<sup>th</sup>  
242-4084  
3IO Main

CW2, AV  
Foreign Claims Commission

CENTCOM 001883



1090 - 6  
29 - JUN - 2005

### Claims Form



To: United States

From: Name: \_\_\_\_\_ (b)(6)

Address: Baghdad \_\_\_\_\_ (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: The above address
- c. Employed by: \_\_\_\_\_
- d. Check one ( ) An insurer (  ) 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)

\_\_\_\_\_ M.N.I.F \_\_\_\_\_

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.) \_\_\_\_\_ (b)(6)

My claim arose at: 4 15 2005  
(Town) (City) (Country)

My claim arose on: \_\_\_\_\_  
(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 15-4-2005 while my husband (b)(6)  
driving his car, the tire of the car blow up  
the soldiers of opaval thought that it is a bomb  
they shoot him and killed him at once,  
I demand for compensation with my respect.

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

her husband died by M.W.F

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.)

<u>Item</u>	<u>Amount</u>
1- <u>Death of her husband</u>	<u>5000 \$</u>
2-	
3-	
4-	
5-	
6-	

Total: 5000 \$

I was insured to the following extent against the damager 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)

\$ 5000 local 7250000 RD

(b)(6)

(Signature of Claimant)

Subscribed before me this 29 day of 6, 2005

(Print Name)

(b)(6)

(Signature)



GENERAL INFORMATION CENTAR,  
AL-RADHWANYA, BAGHDAD, IRAQ.



"THE CLAIM'S CONTAINS"

The Claimant name:-.....

(b)(6)

- 1 • one photo of the car
- 2 • Death certificate of Alaa Kadem Jawad
- 3 • Investigation papers from A.D. 9.1.0.1.0. Police station
- 4 • ID, Certificate of ID, Resident card for Baghdad and her husband and her children



Foreign Language Text

General Information Center/Al-Radhwanya

Date:-..... 3/6/2005

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Foreign Language  
Foreign Language, (b)(6)

CENTCOM 001893

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Foreign Language, (b)(6)

CENTCOM 001898

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Foreign Language

CENTCOM 001900

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(b)(6)

Foreign Language

Foreign Language, (b)(6)



GENTOGVICO

