



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st BRIGADE COMBAT TEAM
10TH MOUNTAIN DIVISION (LI) AND FORT DRUM
CAMP LIBERTY, IRAQ
APO AE 09376

AFZS-LI-Z

9 December 2005

Pat
28 June 06

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 1-10-093

1. NAME OF RECIPIENT: The Family of (b)(6)
2. DATE OF INCIDENT: 8 November 2005
3. LOCATION OF INCIDENT: Sword House
4. DESCRIPTION: A US Forces' patrol engaged alleged insurgents on or about 8 November 2005, resulting in the death of claimant's family member. While the engagement was consistent with the ROE, the patrol later found the deceased to be a friendly local national. The loss is not compensable under the FCA due to the combat nature of the operation.
5. JUSTIFICATION: This payment will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: **\$2,500.00 (Death)**
7. POINT OF CONTACT: CPT (b)(3),(b)(6) Claims Judge Advocate
(b)(3),(b)(6), (b)(2)High

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

Commanding

I concur with the payment.

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

MAJ, JA
Command Judge Advocate

CENTCOM 013146

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
14 Dec 05

ORDER NO.

(b)(2)High

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

P
A
Y
E
E

**THE FAMILY OF
HAWK, CMOC**

(b)(6)

Furnish Supplies or Services to (Name and address)

| SUPPLIES AND SERVICES | QTY | UNIT PRICE | AMOUNT |
|-----------------------|-----|------------|-----------|
| Death | | | \$2500.00 |
| | | | |
| | | | |
| | | | |

AGENCY NAME AND BILLING ADDRESS*

~~3d FC, 3d SSB~~ 230r Frame
NORTH VICTORY
APC AE 09344

TOTAL \$2500.00

DISCOUNT TERMS

DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

MAJ (b)(3),(b)(6) LTC

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

PURPOSE AND ACCOUNTING D.

(b)(2)High

(b)(2)High

(b)(2)High \$50,000.00

After delivery of items

REC

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

TITLE

DATE
28 June 06

PAYMENT RECEIVED

PAYMENT REQUESTED

\$ 2500.00

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER

(b)(6)

DATE

Signature

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

DIFFERENCES

\$ 2500.00

NONE

ACCOUNT VERIFIED
CORRECT FOR

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

BY

VOUCHER NO.

OR
(Check No.)

*PLEASE INCLUDE

STAND
PRESC
FAR (4)

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

Foreign Language

Page 3 redacted for the following reason:

Previously Released