



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

17 June 2006

ZI hmd

MEMORANDUM THRU Comptroller, 4th Infantry Division

FOR Chief of Staff, 4th Infantry Division

SUBJECT: Type of Condolence Payment (Death & Property Damage) 1-10-182 (008-A)

1. NAME OF RECIPIENT: (b)(6)
2. DATE OF INCIDENT: 19 November 2005
3. LOCATION OF INCIDENT: Ghazaliya
4. DESCRIPTION: On or about 19 November 2005, as the claimant's husband traveled on the Ghazaliya Highway, US Forces (b)(2)High. Some of the shots struck her husband's vehicle, causing it to crash into the highway's median divider. While the Soldiers transported the injured man to a nearby hospital, he later died as a result of his injuries. 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: \$4,000.00 (Death & Property Damage)
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
Brigade Judge Advocate

CENTCOM 013153

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 17 Jun 06 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 |
|-------------------------|-----|------------|------------|
| Death & Property Damage | | | \$4,000.00 |
| | | | |
| | | | |
| | | | |

AGENCY NAME AND BILLING ADDRESS*
 P 230th FINANCE BATTALION
 A APO AE 09344
 Y
 O
 R

TOTAL \$4,000.00
 DISCOUNT TERMS
 DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
 CPT (b)(3),(b)(6) LJC (b)(3),(b)(6)
 PURPOSE AND ACCOUNTING
 (b)(2)High
 (b)(2)High \$50,000.00

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

RECEIVED (b)(3),(b)(6)
 TITLE (b)(3),(b)(6) DATE 21 Jun 06
 wit
 REQUESTED
)
 SUBMITTED
 SEL (b)(6) DATE
 Sigr
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 pay
 \$4,
 DIFFERENCES
 NONE
 ACCOUNT VERIFIED
 CORRECT FOR
 BY (b)(3),(b)(6)

PAID BY (CASH) DATE PAID VOUCHER NO.
 OR
 (Check No.)

*PLEASE INCLUDE

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

Foreign Language