## DATE OF ORDER DATE OF ORDER ORDER NO. APF 3ID 51510274 PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone) PA Y Muhmudiyah E OS-IJ8-T070

	<u> </u>			
Furnish Supplies or Services to (1	lame and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT	
Death	1		\$2500	
Personal Injury	0		\$0	
Property Damage	0		<b>\$0</b>	
		<u>.                                     </u>		
AGENCY NAME AND BILLING AD A 15TH FIN BN O NORTH VICTORY R ORDERED BY (Signature and title)		TOTAL \$2500 DISCOUNT TERM DATE INVOICE R		
TT, CI	26EB 83 G3CV AP		•	
TITLE CONDOLENCE PAY AGENT	SELLE		k 05	
PAYMENT RECEIVED	PAYMEN \$2500	IT REQUESTED		
SELLER Keream Abass Radi	URTHER INVOICE N	EED BE SUBMITTED DATE		
certify that this account is correct and pro- imount of	oper for payment in the	DIFFERENCES		
\$2500		NONE ACCOUNT VERFIED CORRECT FOR		
(Check No.)				

ZIP CODE

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



## DEPARTMENT OF THE ARMY 3D INFANTRY DIVISION (FORWARD) APO-AE 09352

AFZP-CoS

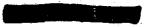
26 May 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T070

1. NAME OF RECIPIENT:



2. DATE OF INCIDENT OR DAMAGE: 2/13/2005

3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah

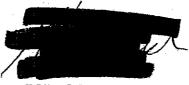
4. DESCRIPTION: Claimant's son was exiting a gas station when he was shot and killed by a passing US convoy. Claimant does not know the details of the incident. Death certificate indicates that deceased was born in 1984. Incident could not be confirmed in SIGACT's

- 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: \$2500

7. POINT OF CONTACT: CPT VOIP 242-4568.

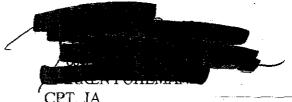


@id3.army.mil



COL, GS Chief of Staff

I concur with the payment



CPT, JA

Administrative Law Attorney

001115

	Claims Form طلب نظام
Name: 0	
Address	
I am	
a. A national citizen of:	Much mu dia
b. A permanent resident of:	
A Sept. 18	
c. Employed by:	
I hereby make a claim against the United Organization, Military Department, Addr	l States Government for damages or injuries caused by: (Name, ress, and Telephone Number)
The property damaged is owned by: (If the attorney or other evidence of authority an	ne claim is made as an agent, parent, or guardian, attach a power of and fill in the form below for party sustaining the damage or
injuries.)	and the second
	The same of the sa
•	
My claim arose at: <u>Hahmudu</u>	
My claim arose at: <u>Hahmudu</u> (Town)	(City) (Country)
	001116

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laver have not) previously in	ted a claim relating	o me incident deseri	bed above.	13
the best of my knowledge, a	nother claim (has/ h	as not) been filed rela	ating to the incid	lent described
	**			•
		. Edition of the second		
TE: BY SIGNING BELOW	, YOU ARE SWEA	RING THAT THE II	NFORMATION	PROVIDED IN
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