

STATEMENT OF

TAKEN AT

DATED

9. STATEMENT (Continued)

[Redacted Statement Content]

AFFIDAVIT

I, (b)(3)(b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL

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

(Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 29 day of July, 2005 at BIAP, Baghdad, Iraq

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

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Asst 136 UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)

REQUIREMENT CONTROL SYMBOL
CSOCS-308

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

1. TIME & DATE OF ACCIDENT a. Yr: 05 b. Mth: 07 c. Day: 29 11 Time: 1530		2. PERIOD OF DAY <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night		3. ACCT CLASS: A		4. ACDT OCCURRED DURING: <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Noncombat	
5. UNIT IDENTIFICATION		a. UIC (6-digit Code): WXXEYTD		b. Name of Unit: HHC 612 th EN BN (C)(M)		c. Unit's Branch: EN	
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed to local site): One mile from Midland Gate		b. Type Location: B3		d. MACOM: 36 th GP	
7. STATE / Country:		<input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Camp Liberty		7. EXPLOSIVES / AMMO		a. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. MISSION		a. Briefly describe the mission: Transport personnel to and from BIAP		Material Failure / Malfunction Information		b. METL Task? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. VEHICLE / EQUIPMENT INVOLVED		a. Type of Item (Nomenclature)		b. Model #		c. Ownership	
#1: TRK CGO 2.5 T		M107BA1		DA		d. Estimated Cost of Damage	
#2:						e. Vehicle Collision	
						1	
10. WHY DID THE MATERIAL FAIL / MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure / malfunction)		LEADER		STDS / PROCEDURES		SUPPORT	
a. (Not ready / willing to enforce standards)		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip / Material improperly designed		<input type="checkbox"/> Equip / Material not provided	
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip / Material not provided		<input type="checkbox"/> Inadequate Maintenance	
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> FM <input type="checkbox"/> None exists		<input type="checkbox"/> Inadequate Facilities / Services		<input type="checkbox"/> Other	
<input type="checkbox"/> Higher Command supervision							
11. NAME (Last, First, MI) (Include Address & UIC if different than Bks 5a & b.)		12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION:		14. MOS: 21B	
a. <u>9</u>		<u>9</u>		a. AGE: 21 17. SEK: M		15. DUTY STATUS: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty	
b. <u>3</u>		<u>9</u>		18. PAY GRADE: E-4		19. FLIGHT STATUS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				16. AGE: 21 17. SEK: M		c. Body Part: Q d. Cause: E	
				18. PAY GRADE: E-4			
				19. FLIGHT STATUS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				c. Body Part: Q d. Cause: E			
21. DAYS HOSPITALIZED		22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK	
1		1		p		Provide code (from list in instructions) and describe in space below H (2)	
a. Lost: 9		b. Restricted: 0					
25. PERSONAL PROTECTIVE EQUIPMENT		26. ALCOHOL / DRUGS CAUSED / CONT		27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Bk 9a.)			
a. Required		Unk					
b. Type Equip		c. Available		d. Used		28. LICENSED TO OPERATE EQUIP	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No	
#1: a		#1: Yes		#1: Yes		ON DUTY	
#2: b		#2: Yes		#2: Yes		SLEEP	
						8	
						8	
						TRAINING	
						a	
						32. TYPE TRAINING FACILITY	
						TRAINING	
						33. LAST TRAINING	
						34. FIELD TRAINING EXERCISE	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						35. NIGHT VISION SYSTEM USED	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Bk a, indicate if individual made a mistake. If yes provide the code (from instructions) in Bk b, and describe in Bk c.	
a. Mistake						c. Tell what the mistake was and how it caused / contributed to the accident.	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
b. Code							
97							

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37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) (Check the root cause(s) in Bk a. In Bk b. tell how the root cause(s) led to the mistake.)		INDIVIDUAL (Mistake due to own personal factors)	
LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in Content/Amount)	STDS / PROCEDURES (Not clear / Not practical)	SUPPORT (Shortcoming in type, capability, amount, or condition of equip, supplies, services, or facilities)
<input type="checkbox"/> Direct Supervision <input type="checkbox"/> Unit Command Supervision <input type="checkbox"/> Higher Command Supervision	<input type="checkbox"/> School <input type="checkbox"/> Unit <input type="checkbox"/> Experience, OJT	<input type="checkbox"/> AR <input type="checkbox"/> TM <input type="checkbox"/> FM <input type="checkbox"/> SOP <input type="checkbox"/> Other <input type="checkbox"/> None exist	<input checked="" type="checkbox"/> Equip / Material improperly designed <input type="checkbox"/> Equip / Material not provided <input type="checkbox"/> Inadequate Facilities / Services <input type="checkbox"/> Inadequate Manufacture <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Other
b. Describe root cause(s) and tell how it / they caused the mistake Stretch of highwayway is busy due to closeness of airport. Curve is sharp and hard to see on coming traffic. Edge of road dips in both directions and is narrow. This curve has had four accidents in the past month.		38. ENVIRONMENTAL CONDITIONS a. Present #1: A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk #2: G <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3: N <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
39. PROVIDE BRIEF SYNOPSIS OF ACCIDENT (Use additional sheets if required.) (Explain sequence of events, tell how accident happened) SPC <u>(1)</u> was tasked to <u>(2)</u> H <u>(2)</u> This was at 1500. SPC <u>(1)</u> and SPC <u>(1)</u> got HQ110, an <u>(2)</u> H <u>(2)</u> from the motor pool. They put on kevlar and seat belts. They left the motor pool and traveled west on the main highway. They turned left at ECP 3 and traveled south to Barrier Wall. They turned right and headed west through Midland Gate. The road makes a sharp left turn. SPC <u>(1)</u> started into the curve and saw a crane coming east bound. He moved to the shoulder of the road when the LMTV hit a dip. The LMTV and the crane hit each other on the driver's side. After crash, SPC <u>(1)</u> got out to find help.			
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED. (b)(6)			
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT a. Name (Last, First, MI): <u>(1)</u> Sfc <u>(1)</u> b. Telephone # <u>(1)</u> DSN: 242-4376 42. COMMAND REVIEW a. Name: <u>(1)</u> <u>(1)</u> (Original Signed) c. Rank: CPT d. Date: 01 August 2005 COM: <u>(1)</u> b. Signature _____ 43. SAFETY OFFICE REVIEW a. Name _____ b. Date _____			

REVERSE OF DA FORM 285 - AB - R, JUL 94

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EN_1_(CIR_BLUE_2_REPORT)_TF IC SH2 200700JUN05

LINE 1: Unit reporting: 612th En Bn

LINE 2: Incident: Traffic Accident

LINE 3: Date/time group (DTG) incident occurred: approx 291600JUL05

LINE 4: Location of incident: Enroute to Biap

LINE 5: Personnel involved 2 x HHC soldiers, 1 x LN

<u>Name</u>	<u>Rank</u>	<u>Unit</u>	<u>SSN</u>	<u>Sex</u>	<u>Age</u>	<u>Race</u>
(b)(3)(b)(6)	SPC	HHC	(b)(3)(b)(6)	M		Cauc
	SPC	HHC		M		Cauc

LINE 6: Summary of incident:

An LMTV (Bumper Number HQ-110), HHC/612 was traveling to BIAP driven by two 612th EN BN Soldiers, SPC(b)(3)(b)(6)(Driver) and SPC(b)(3)(b)(6)(TC). The LMTV was driving through a curve in the road when it collided with a Civilian Crane. The collision caused the LMTV to spin around. The LMTV driver's side cabin sustained major damage. Also, the civilian crane cabin suffered heavy damage. The LN driver was killed as a result of the accident and the LN passenger walked away without injuries. The LMTV sustained heavy damage to driver's door causing SPC b)(3)(b)(6) to be trapped in the driver's seat. The driver's side door was cut off in order to get SPC b)(3)(b)(6) out of the vehicle. The two Soldiers were ground MEDEVACd to EMEDS. SPC b)(3)(b)(6) sustained lacerations to his lower legs and minor lacerations to his hands. SPC b)(3)(b)(6) sustained no injuries.

LINE 7: 1 x WIA, SPC b)(3)(b)(6), lacerations to lower legs and hands
1 x Deceased LN
Damage to LMTV driver's door
Damage to the civilian crane cabin

LINE 8: Commander reporting: (b)(3)(b)(6) 612th EN BN



ACCIDENT - 07/29/05 16:15.
SIGACT IN reported a vehicle accident between an US LMTV
and a contractor crane taking place west of ECP5. The 447 AEG
(Air Force) responded. The driver of the crane was taken to EMEDDS
and was DOA. Killed contractor worked for 77 Construction Group.

(b)(2)High

) (2) Hi
ACCIDENT - 07/29/05 16:15,
 reported a vehicle accident between an US LMTV and a contractor crane taking place
 west of ECP5. The 447 AEG (Air Force) responded. The driver of the crane was taken
 to EMEDDS and was DOA. Killed contractor worked for 77 Construction Group.) (2) Hi
 was the TCN. His supervisor's phone number is) (2) Hi
 were injured and evacuated to EMEDDS. 1x soldier is RTD and 1x soldier is awaiting X-ray
 results for a possible broken leg. They are assigned to the 612 EN BN. Summary: 1x
TCN KIA, 2x US MIA

BIAP FIRE RESCUE

Electronic Fire Notification

TYPE OF INCIDENT: Vehicle Accident

BASE: BIAP, Baghdad, Iraq REPORT #: 05-032

DATE: 07/29/05 TIME: 1559

VEHICLE NUMBER OR BUILDING NUMBER: Vehicle #1. (b)(6), (b)(2)High HQ-

110 Additional Markings: (b)(2)High, (b)(6)

Vehicle #2 20 Ton Crane (b)(6), (b)(2)High

LOCATION: Highway #1 North of Sather Air Base (b)(2)High

NUMBER OF FATALITIES: 1

NUMBER OF INJURIES: 3

DOD LOSS: \$50K

OTHER THAN USAF LOSS: \$150K

CAUSE OF ACCIDENT: Loss of Control of Vehicle

SUMMARY OF INCIDENT:

Faire Alarm Communications Center received notification via phone that EMEDS was responding to an MVA on Hwy #1 at 1559

VEHICLE	Number of Personnel
Chief 1 (command)	
C-9 (P-19, Aircraft Rescue Fire Fighting (ARFF))	(b)(2)High
Rescue 6 (P-10 Rescue vehicle)	
Chief 2 (operations and safety)	
Total Number of Personnel	10

Responding units arrived to find a Military vehicle (vehicle #1) positioned at the south end of the scene facing eastward perpendicular to the long axis of the road. One person was inside the vehicle in the driver's position. This individual was alert and oriented and was pinned within the vehicle. The windshield of the vehicle was on the road. There was significant damage to the left front of the vehicle and there was approximately 18 inches intrusion into the driver's compartment. The driver was entrapped by the dash of the vehicle and steering wheel.

Vehicle #2 was a "KATO" 20 ton crane located approximately 20-25 meters to the north of the first vehicle facing north-north west, at an angle to the long axis of the road. This vehicle had sustained extreme intrusion into the driver's compartment. The driver was pinned within the wreckage and had expired. The crane operator's compartment at the rear of the vehicle was unoccupied on our arrival.

Multiple debris were scattered about the scene to include the hydraulic reservoir for the crane. This had ruptured and there was approximately 40-50 gallons of hydraulic fluid on the pavement and roadside.

A cordon was established and non essential/operational personnel were excluded. The vehicles were made safe. A fire attack line was manned and placed adjacent to the accident scene. Medics from three different agencies attended the victim during operations. The victim was evaluated and a cervical collar was applied with manual positioning maintained. O2 was administered via a non-rebreather mask and an 18 gauge IV was established. Extrication was accomplished using power hydraulics to remove the driver's door, steering wheel, and roll the dash back from the victim. KBR Fire Rescue units offered some assistance in this operation. The victim was removed from the vehicle using spinal and orthopedic injury considerations and placed onto a long spine board he was then delivered to the care of 447th EMEDS for transport and further evaluation.

A third and fourth victim were identified and required no treatment at the scene. They were transferred to the care of 447th EMEDS for transport and evaluation. Both were stable without obvious injury and in no acute distress.

Hydraulic fluid, diesel fuel and battery acid were diluted and washed to the side of the road for scene safety and to diminish road hazard. Vehicles #1 and #2 were made safe and the scene was turned over to Special Agen (b)(3)(b)(6) MNC-I CID.

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

CMSGT, USAF

Fire Chief West BIAP
447th ECES Fire Rescue
318-453-0704

Pages 9 through 10 redacted for the following reasons:

Previously Released



DEPARTMENT OF THE ARMY
HEADQUARTERS, 36TH ENGINEER COMBAT GROUP (MEB)
CAMP LIBERTY, BAGHDAD, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF

AFVK-CO

30 July 2005

MEMORANDUM FOR CPT (b)(3)(b)(6), 612th Engineer Battalion, Camp Liberty, Iraq, APO
AE 09344

SUBJECT: Appointment as Investigating Officer

1. You are hereby appointed as Investigating Officer pursuant to AR 15-6 and AR 600-8-1 paragraph 40-8 to investigate the circumstances surrounding the accident involving a 612th Engineer Battalion LMTV which collided with a civilian crane causing the death of a local national on 29 July 2005. You will specifically investigate and document the following and take sworn statements from anyone who witnessed the accident.

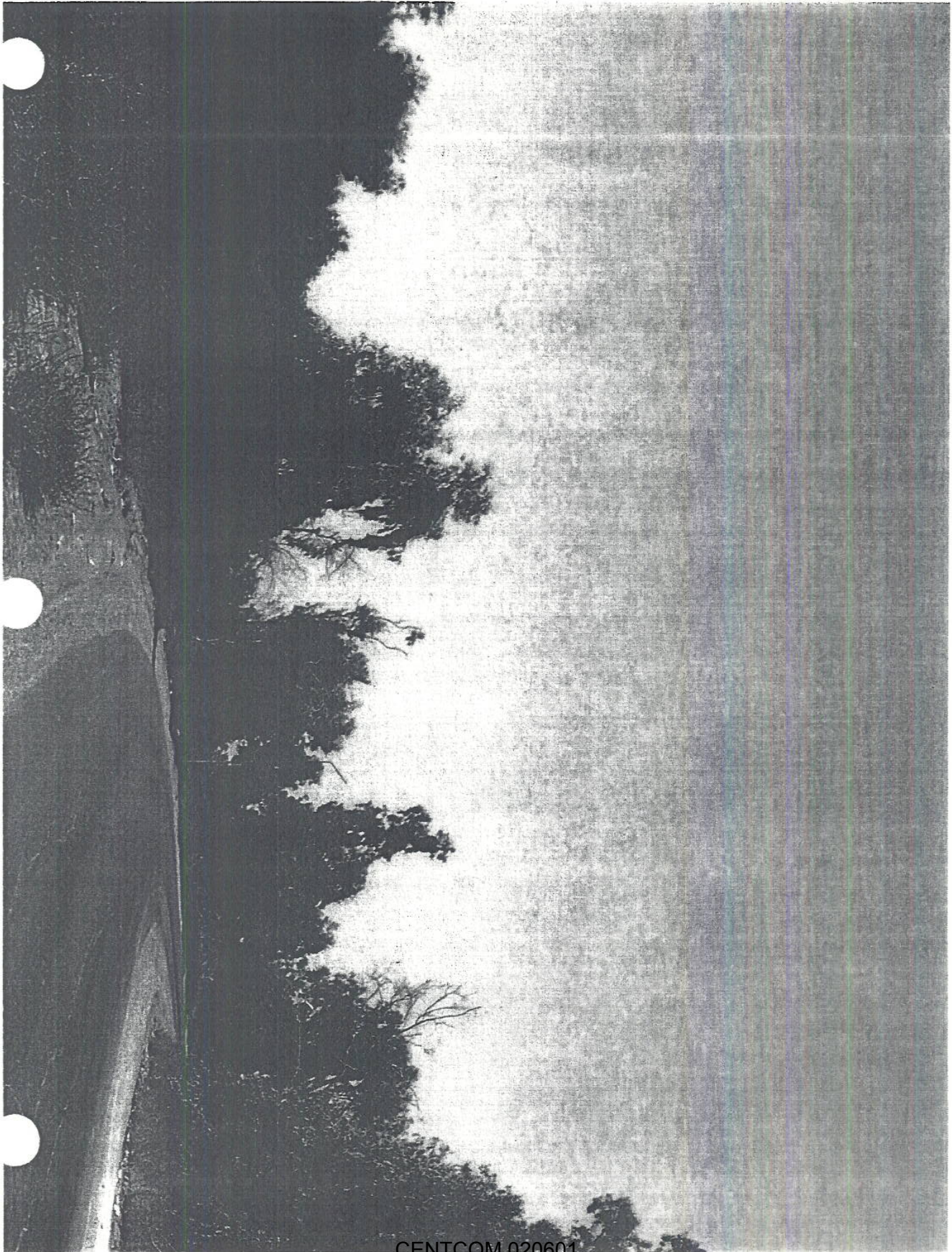
- a. If the accident was a result of negligence
- b. Name of driver and TC, and if both the operator and TC were properly licensed on the LMTV
- c. If the accident could have been avoided; if drugs or alcohol were involved in the accident
- d. Speed of the vehicle at the time of the accident; if speeding contributed to the accident
- e. If mechanical faults or improper loading contributed to the accident
- f. What the unit can do to avoid future accidents of this nature

2. Prior to the beginning of your investigation, you will consult CPT (b)(3)(b)(6) for a legal brief. In your investigation, use informal procedures under AR 15-6. You will make recommendations as to whether there is any evidence to support the allegations. If in the course of your investigation, you come to suspect others, you must advise them of their rights under UCMJ, Article 31, or the Fifth Amendment, as appropriate. Additionally, you must provide them a Privacy Act Statement before you solicit any information.

3. Submit your findings and recommendations in memo format to Commander, 36th Engineer Combat Group NLT COB on 5 Aug 2005.

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

COL, EN
Commanding



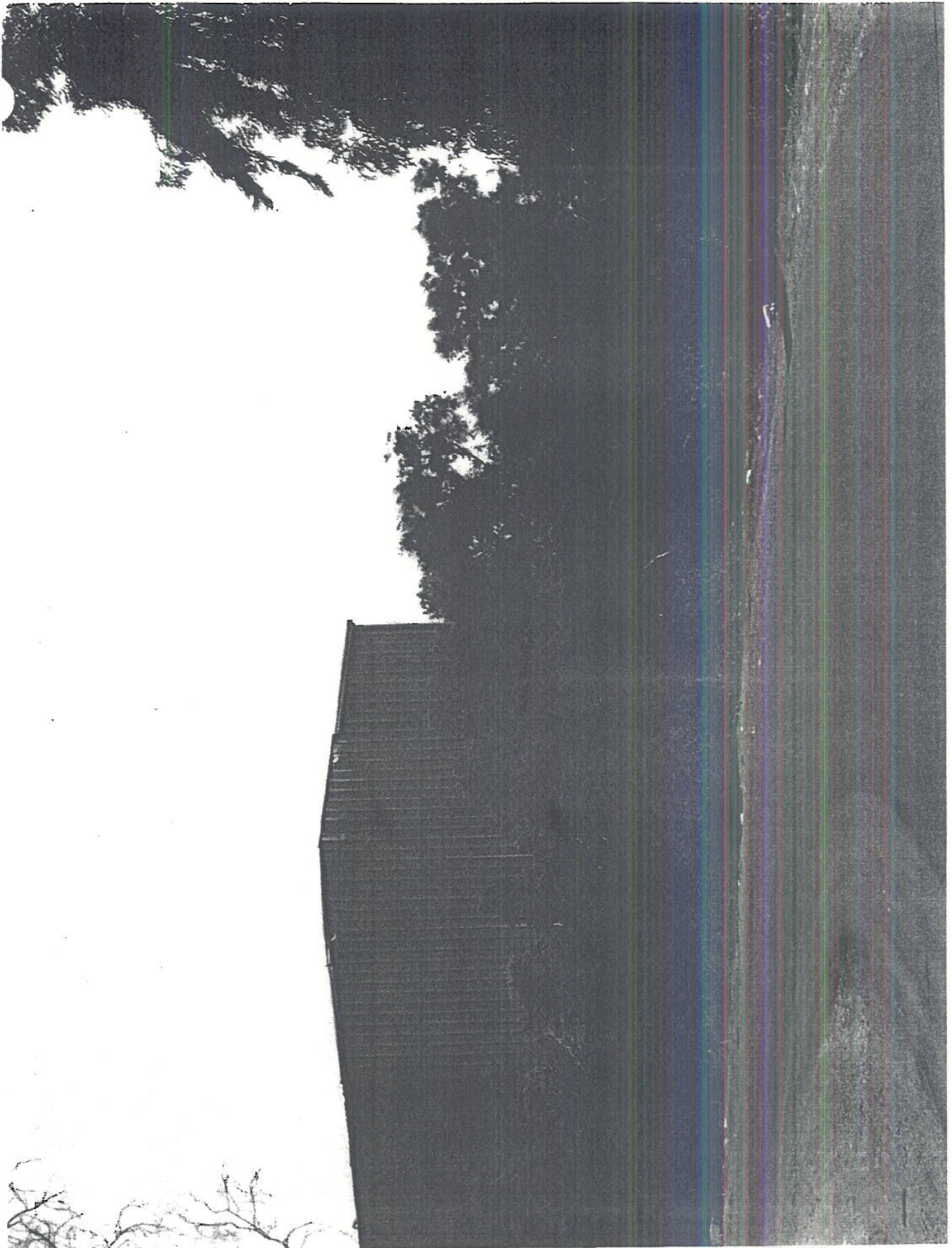
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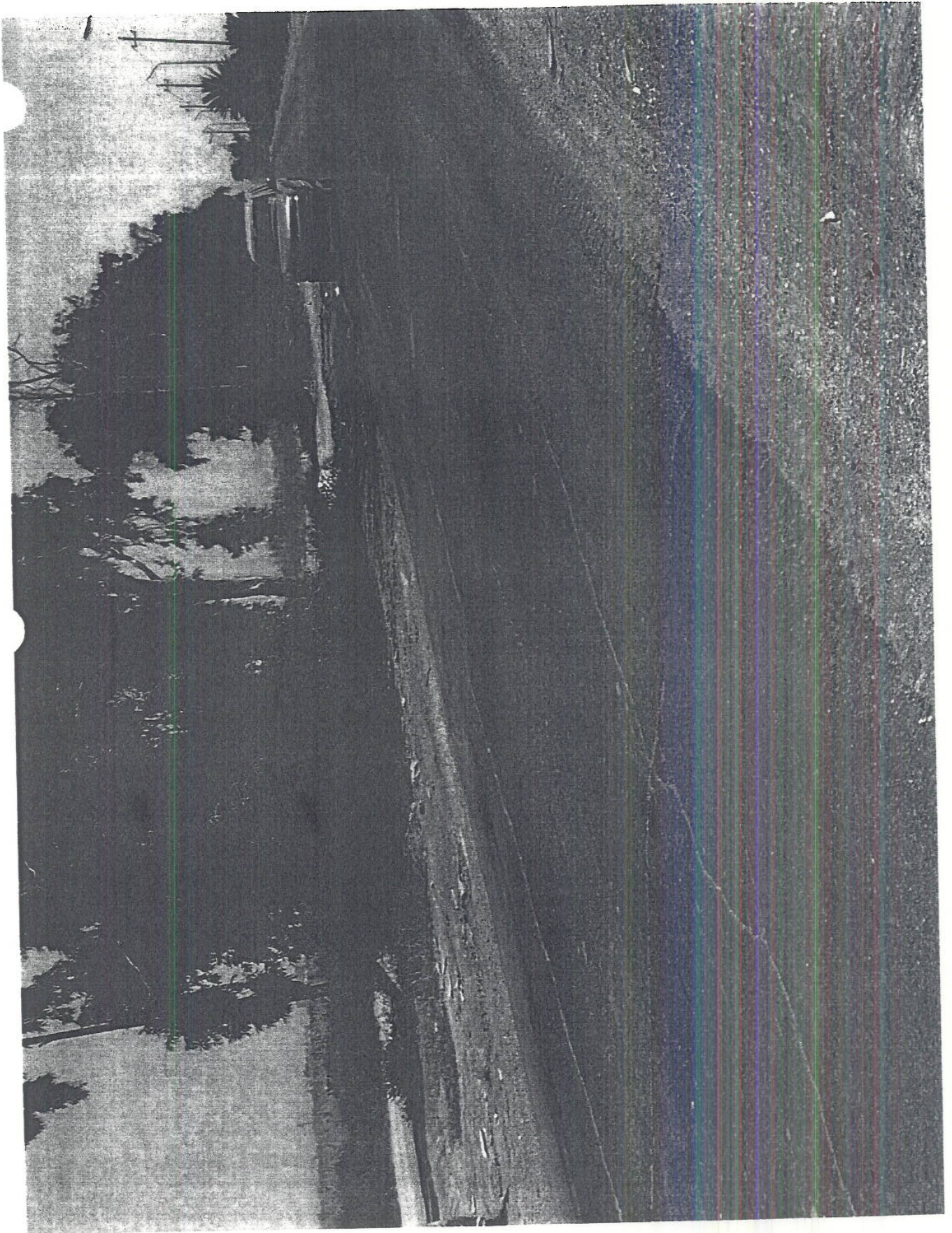
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