

STATEMENT OF

TAKEN AT

DATED

9. STATEMENT (Continued)

(b)(3)(b)(6) **AFFIDAVIT**  
 \_\_\_\_\_, 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

(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 SIAP, 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

Act 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 | Time: 1530 | Night 2. PERIOD OF DAY  Day  Night 3. ACDT CLASS: A 4. ACDT OCCURRED DURING:  Combat  Noncombat

5. UNIT IDENTIFICATION a. UIC (6-digit Code): WXEY10 b. Name of Unit: HHC 612<sup>th</sup> EN BN (C)(M) c. Unit's Branch: EN d. MACOM: 36<sup>th</sup> GP

6. LOCATION OF ACCIDENT a. Exact Location (Detailed to local site): One mile from Midland Gate b. Type Location: B3

c. State / Country: d.  Off Post  On Post Name: Camp Liberty e. Present  Yes  No f. Involved  Yes  No

8. MISSION a. Briefly describe the mission: Transport personnel to and from BIAP b. METL Task?  Yes  No

9. VEHICLE / EQUIPMENT INVOLVED

a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted
#1: TRK CGO 2.5 T	M1078A1	DA		1						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
#2:										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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. and explain why (root cause).)

LEADER (Not ready / willing to enforce standards)	STDS / PROCEDURES (Not clear / Not practical)	SUPPORT (Shortcomings in type, acceptability, amount, or condition of equip / supplies / facilities)
<input type="checkbox"/> Direct Supervision	<input type="checkbox"/> AR <input type="checkbox"/> SOP	<input type="checkbox"/> Equip / Material improperly designed
<input type="checkbox"/> Unit Command Supervision	<input type="checkbox"/> TM <input type="checkbox"/> Other	<input type="checkbox"/> Equip / Material not provided
<input type="checkbox"/> Higher Command supervision	<input type="checkbox"/> FM <input type="checkbox"/> None exists	<input type="checkbox"/> Inadequate Facilities / Services
		<input type="checkbox"/> Other

11. NAME (Last, First, MI) (include Address & UIC if different than Biks 5a & b.) 3 12. SOCIAL SECURITY # 9 13. PERSONNEL CLASSIFICATION: a 14. MOS: 21B 15. DUTY STATUS  On-duty  Off-duty

16. AGE: 21 | 17. SEX: M | 18. PAY GRADE: E-4 | 19. FLIGHT STATUS  Yes  No

20. MOS: 1 21. DAYS HOSPITALIZED 1 22. WORKDAYS 1 23. CODE p 24. SPECIFIC DESCRIPTION OF ACTIVITY / TASK HE (2)

25. PERSONAL PROTECTIVE EQUIPMENT

a. Required	b. Type Equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
<input checked="" type="checkbox"/> Yes	#1: a	#1: Yes	#1: Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8	8	HE	HE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> No	#2: b	#2: Yes	#2: Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No							

26. ALCOHOL / DRUGS CAUSED / CONT  Yes  No  27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Bik 9a.) Link

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED / CONTRIBUTED TO ACCIDENT? In Bik a. indicate if individual made a mistake. If yes provide the code (from instructions) in Bik b. and describe in Bik c.

a. Mistake  Yes  No

b. Code 97

c. Tell what the mistake was and how it caused / contributed to the accident.

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)		LEADER		TRAINING		STDS / PROCEDURES		SUPPORT		INDIVIDUAL							
		<i>(Not ready, willing to enforce standards)</i>		<i>(Insufficient in Content / Amount)</i>		<i>(Not clear / Not practical)</i>		<i>(Shortcoming in type, capability, amount, or condition of equip, supplies, services, or facilities.)</i>		<i>(Mistake due to own personal factors)</i>							
<input type="checkbox"/>	Direct Supervision	<input type="checkbox"/>	School	<input type="checkbox"/>	AR	<input type="checkbox"/>	SOP	<input checked="" type="checkbox"/>	Equip / Material Improperly designed	<input type="checkbox"/>	Poor / Bad attitude	<input type="checkbox"/>	Fatigue				
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/>	Unit	<input type="checkbox"/>	TM	<input type="checkbox"/>	Other	<input type="checkbox"/>	Equip / Material not provided	<input type="checkbox"/>	Overconfident	<input type="checkbox"/>	Alcohol, Drugs				
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/>	Experience, OJT	<input type="checkbox"/>	FM	<input type="checkbox"/>	None exist	<input type="checkbox"/>	Inadequate Facilities / Services	<input type="checkbox"/>	In a hurry	<input type="checkbox"/>	Fear / Excitement				
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						b. Caused / Contributed					
						#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 <sup>(2)</sup> was tasked to <sup>(2)</sup> This was at 1500. SPC <sup>(2)</sup> and SPC <sup>(2)</sup> got HQ110, an <sup>(2)</sup> from the motor pool. They put on kevlars 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 <sup>(2)</sup> 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 <sup>(2)</sup> 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): <sup>(2)</sup> Sfc						b. Telephone # DSN: 242-4376											
42. COMMAND REVIEW a. Name: <sup>(2)</sup>						b. Date											
b. Signature						c. Rank: CPT											
(Original Signed)						d. Date: 01 August 2005											
43. SAFETY OFFICE REVIEW a. Name						b. Date											

LINE 1: Unit reporting: 612<sup>th</sup> 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 612<sup>th</sup> 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) 612<sup>th</sup> EN BN



) (2) Hig  
**ACCIDENT - 07/29/05 16:15.**  
 ) (2) Hig  
**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.  
 ) (2) Hig

(b)(2)High

(b)(2)High

**ACCIDENT - 07/29/05 16:15,**

(b)(2)High

**, SIGACT**

(b)(2)High

**IN**

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(b)(6) was the TCN. His supervisor's phone number is (b)(6). 2x US soldiers 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 WIA**

# ***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 447<sup>th</sup> 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 447<sup>th</sup> 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  
447<sup>th</sup> ECES Fire Rescue  
318-453-0704

Pages 9 through 10 redacted for the following reasons:

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Previously Released



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 36<sup>TH</sup> 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) . 612<sup>th</sup> 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 612<sup>th</sup> 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, 36<sup>th</sup> Engineer Combat Group NLT COB on 5 Aug 2005.

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

COL, EN  
Commanding







