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BALTIMORE, MD. 21201

GEORGE W. P. WHIP
1884-1961
ROBERT E. COUGHLAN, JR.
1899-1971
CABLE ADDRESS
"LORDWHIP"
TELEPHONE
LEXINGTON 9-5881

December 6, 1972

25X1A

[REDACTED]
Assistant General Counsel
Central Intelligence Agency
Washington, D.C. 20505

25X1A

RE: [REDACTED]

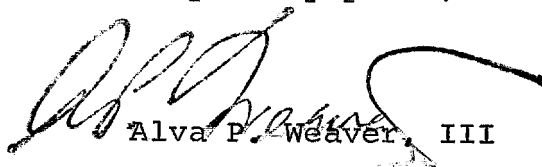
STATINTL

Thank you for yours of November 27, 1972. I will be pleased to call the action in the District Court of Maryland for Anne Arundel County in [REDACTED] to be dismissed prior to the trial date in light of your letter which acknowledges responsibility and your phone discussion to me indicating to me that payment would be forthcoming. STATINTL

I am enclosing herewith the claim for damage form which you sent to me together with the supporting documents indicating that the U.S.F.&G. paid \$705.98 and that there is a \$100.00 deductible due to the Whalen Company, making the total claim \$805.98.

I will look forward to receiving from you the check in payment of this claim by return mail. Thank you very much for your cooperation.

Very truly yours,


Alva P. Weaver, III

APW/mam

Enclosures

CO.	B.O.	AGY. CODE	LINE	I M Y	E M Y	LOCATION STATE TERR.	P. F.	CLASS PRIMARY	SEC. CLASS D. R.	CATAS. NO.	P.D. AGE SYM. LIM.	CAUSE	DED.	ACCL. CODE	PK. CODE
1	05	7927	5410	1071	1072	19						00			
TRADE NAME						TYPE		AUTO APPRS. FEE -03				ALLOC. EXP. -91			
'69 Chrysler												S			
PREVIOUS PAYMENTS	NO. WKS. OR MOS.	TOTAL DISABILITY		PARTIAL DISABILITY		MEDICAL REIMB.		SURGICAL		SPEC. IND. OR PRIN. SUM		ADJ. FEE -02			
		SHORT TERM	LONG TERM									S			
PAYING												ATTY. FEES -91			
												S			
TOTAL															

PROMPTLY
DETACH
THIS
SECTION
AND
CASH
DRAFT

361568

COPY OF LETTER OF ADVICE

FOR LOCAL CLAIM FILE OR ATTACH TO CLOSING PAPERS. GLASS AND NO FACER CASES. FORWARD TO H.O. WEEKLY.
 CLAIM NO. 0500 APD 12312 LINE 5410 ISSUED AT Balto., Md. June 29, 1972
 POLICY - BOND NO. ICC-451051 INSURED - PRINCIPAL The Whalen Co. INJURED - OBLIGEE [REDACTED] CO. B.O. AGY CODE 1 05 7927

STATINTL

LOSS PAYMENT						DATE OF ACCIDENT OR LOSS		CLOSED CODE
FIRST -71	SUPP. -72	MEDICAL -81	ATTY. FEES -91	FIRST -91	SUPP. -92	ADJ. FEE -02		
\$705.98	S	S	S	S	S	S	5/3/72	

** PAYING FROM

The Whalen Co.
 P. O. Box 38
 Laurel, Maryland 20810

\$705.98*

John A. Hayes
 Anna Frank

Claim (Gen.) 25



Approved For Release 2001/11/01 : CIA-RDP75-00793R000100190003-6
CLAIM FOR DAMAGE OR INJURY

(Use additional sheets if necessary)

95-103

Use ink or typewriter. See reverse side for instructions and additional information required.

1. NAME OF CLAIMANT (Please print full name) U. S. Fidelity & Guaranty Company		2. AGE	3. MARITAL STATUS & Whalen Company	8. AMOUNT OF CLAIM	
4. ADDRESS OF CLAIMANT (Street, city, zone, State) 34 Commerce Street, Baltimore, Maryland 21202				PROPERTY DAMAGE	\$ 805.98
5. NAME AND ADDRESS OF SPOUSE, IF ANY -----				PERSONAL INJURY	\$
6. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) Savage Rd. (St. Rt. 32) at Dennis Rd. Anne Arundel Co., Md.				TOTAL	\$ 805.98
7. DATE AND DAY OF ACCIDENT Wednesday, May 3, 1972		TIME (A.M. or P.M.) 8:30 a.m.			
9. DESCRIPTION OF ACCIDENT—STATE BELOW, IN DETAIL, ALL KNOWN FACTS AND CIRCUMSTANCES ATTENDING THE DAMAGE OR INJURY, IDENTIFYING PERSONS AND PROPERTY INVOLVED AND THE CAUSE THEREOF					

Attached is a copy of the Military Police Traffic Accident Investigation which gives all the requested details.

10. PROPERTY DAMAGE	
NAME OF OWNER, IF OTHER THAN CLAIMANT Whalen Company	ADDRESS OF OWNER, IF OTHER THAN CLAIMANT Brockbridge Rd., Laurel, Maryland
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE. SEE INSTRUCTIONS ON REVERSE SIDE FOR METHOD OF SUBSTANTIATING CLAIM Motor vehicle property damage. An estimate of repair is attached along with a copy of the USF&G check to Whalen Co. (less the \$100 deductible) and a copy of the subrogation receipt.	
11. PERSONAL INJURY STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM	

12. WITNESSES	
NAMES	ADDRESSES
See Military Police Traffic Accident Investigation.	
CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001.) CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See R.S. §3490, 5438; 31 U.S.C. 231.)	
13. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE DESCRIBED. I AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.	
SIGNATURE OF CLAIMANT Alva P. Weaver, III, Attorney	
DATE OF CLAIM November 29, 1972	

NOTE: Signature used above should be used in all future correspondence.

In order that your claim for damages may receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

INSTRUCTIONS

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically reparable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated at the top of the other side of this form.

INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle:

DO YOU CARRY COLLISION INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER United States Fidelity & Guaranty Company Policy No. XXXXXXXXXX
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STATINTL

HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE? Yes. Claim No. XXXXXXXXXX	IF DEDUCTIBLE, STATE AMOUNT \$100.00
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IF SUCH CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PROPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

The USF&G is making claim herewith.

DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE COVERAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE NAME OF INSURANCE CARRIER United States Fidelity & Guaranty Company
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SIGNATURE OF CLAIMANT

Alva P. Weaver, III, Attorney