

ROBERT M. ST. JOHN  
JOSEPH J. MULLINS  
MARK K. ADAMS  
BRUCE HALL  
JOHN P. SALAZAR  
WILLIAM S. DIXON  
JOHN P. BURTON  
REX D. THROCKMORTON  
JONATHAN W. HEWES  
RICHARD C. MINZNER  
W. ROBERT LASATER, JR.  
MARK C. MEIERING  
CATHERINE T. GOLDBERG  
TRAVIS R. COLLIER  
EDWARD RICCO  
W. MARK MOWERY  
PATRICK M. SHAY  
NANCY J. APPLEBY  
ELLEN T. SKRAK  
TRACY M. JENKS  
HENRY M. BOHNHOFF  
CHARLES K. PURCELL  
ANDREW G. SCHULTZ  
JOHN M. BRANT  
SCOTT D. GORDON  
DEWITT M. MORGAN  
MARK A. SMITH  
R. NELSON FRANSE  
THERESA W. PARRISH  
PAUL R. KOLLER  
JAMES P. BIEG  
CHARLES J. VIGIL

THOMAS L. STAHL  
DAVID W. BUNTING  
LESJIE MCCARTHY APODACA  
SUSAN BARGER FOX  
MacDONNELL GORDON  
WILLIAM J. ARLAND  
JAMES A. ASKEW  
JEFFREY M. CROASDELL  
SUNNY J. NIXON  
JEFFREY L. LOWRY  
DEBORAH E. MANN  
R. TRACY SPROULS  
DONALD B. MONNHEIMER  
ALAN HALL  
BRIAN H. LEMATTA  
JULIE P. NEERKEN  
THOMAS A. OUTLER  
SETH L. SPARKS  
NELSE T. SCHRECK  
KARLA K. POE  
LISA A. CHAVEZ  
JOCELYN C. DRENNAM  
MICHAEL J. BRESCIA  
MICHELLE HENRIE  
DEBORAH S. GILLE  
AARON C. VIETS  
KIMBERLY N. BELL  
KURT B. GILBERT  
BRENDA M. MALONEY  
MATTHEW S. WERMAGER  
LARRY J. MONTANO  
JESSICA M. HERNANDEZ

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.  
COUNSELORS AND ATTORNEYS AT LAW  
ALBUQUERQUE PLAZA  
201 THIRD STREET NW, SUITE 2200  
ALBUQUERQUE, NEW MEXICO 87102

P.O. BOX 1888  
ALBUQUERQUE, NEW MEXICO 87103  
WEB-SITE: WWW.RODEY.COM  
E-MAIL: INFO@RODEY.COM

TELEPHONE (505) 765-5900  
FACSIMILE (505) 768-7395

OF COUNSEL  
JACKSON G. AKIN  
JOHN D. ROBB  
JAMES C. RITCHE  
JO SAXTON BRAYER  
ROBERT G. MCCORKLE  
PABLO PRANDO

BERNARD S. RODEY (1856-1927)  
FEARCE C. RODEY (1889-1958)  
DON L. DICKASON (1906-1999)  
WILLIAM A. SLOAN (1910-1993)

SANTA FE OFFICE  
MARCY PLAZA  
123 EAST MARCY STREET, SUITE 101  
SANTA FE, NEW MEXICO 87501-2034  
P.O. BOX 1357  
SANTA FE, NM 87504-1357  
TELEPHONE (505) 954-3900  
FACSIMILE (505) 954-3942  
WRITER'S DIRECT NUMBER

August 20, 2003

768-7217

VIA FEDERAL EXPRESS

Mr. Kenneth R. Feinberg  
Special Master  
September 11th Victim Compensation Fund of 2001  
Suite 900  
1900 "K" Street NW  
Washington, D.C. 20006

COPY

Re: Douglas F. Copp  
VCF Claim 212-000907

Dear Mr. Feinberg:

I enclose two items that essentially complete Douglas F. Copp's claim on the September 11th Victim Compensation Fund of 2001. The first is the original certification of Dr. Timothy J. Smith's updated medical records; we previously submitted a copy. (Please see attachment 10 to the Personal Injury Compensation Form.) The second is a collection of newly received medical bills – and bills for expenses related to medical care – along with a spreadsheet that we have revised accordingly. (The spreadsheet replaces attachment 12 to the Personal Injury Compensation Form, while the bills supplement attachment 13.) Please note that although we believe that the medical-expense figures we submitted with last week's package are reasonably accurate, we have been unable thus far to document all of them. Therefore, at least for present purposes, the enclosed materials necessitate the following amendments to the claim:

(1) The last paragraph on page 4 of my August 12 cover letter to you (under the heading "Medical Loss") should now read as follows: "To date, Doug has incurred approximately \$88,000 in medical and related expenses attributable to the injuries he sustained at the World Trade Center.

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.

Mr. Kenneth R. Feinberg  
August 20, 2003  
Page 2

Of this total, around \$80,000 is related to Doug's exposure injuries; and of that total, Doug has paid out of pocket – or remains indebted for – approximately \$68,000. (Please see the attached itemization of medical bills.)”

(2) On page 8 of the Personal Injury Compensation Form, the figure in the blank above the “Medical Expenses Loss to Date” box should be \$67,620, rather than \$70,843. Please note that the new figure includes an \$826.36 expense that could alternatively be categorized as the cost of a replacement service. It was in fact cited as an example of such a cost, and was estimated to amount to \$900, on page 9 of the Personal Injury Compensation Form.

Thanks for your attention to these matters. As always, I would be happy to address any questions your office may have.

Sincerely,



Charles K. Purcell

Enclosures

cc: Doug Copp



ROBERT M. ST. JOHN  
JOSEPH J. MULLINS  
MARK K. ADAMS  
BRUCE HALL  
JOHN P. SALAZAR  
WILLIAM S. DIXON  
JOHN P. BURTON  
REX D. THROCKMORTON  
JONATHAN W. HEWES  
RICHARD C. MINZNER  
W. ROBERT LASATER, JR.  
MARK C. MEIERING  
CATHERINE T. GOLDBERG  
TRAVIS R. COLLIER  
EDWARD RICCO  
W. MARK MOWERY  
PATRICK M. SHAY  
NANCY J. APPLEBY  
ELLEN T. SKRAK  
TRACY M. JENKS  
HENRY M. BOHNHOFF  
CHARLES K. PURCELL  
ANDREW G. SCHULTZ  
JOHN M. BRANT  
SCOTT D. GORDON  
DEWITT M. MORGAN  
MARK A. SMITH  
R. NELSON FRANSE  
THERESA W. PARRISH  
PAUL R. KOLLER  
JAMES P. BIEG  
CHARLES J. VIGIL

THOMAS L. STAHL  
DAVID W. BUNTING  
LESLIE MCCARTHY APODACA  
SUSAN BARGER FOX  
MCDONNELL GORDON  
WILLIAM J. ARLAND  
JAMES A. ASKEW  
JEFFREY M. CROASDELL  
SUNNY J. NIXON  
JEFFREY L. LOWRY  
DEBORAH E. MANN  
R. TRACY SPROULS  
DONALD B. MONNHEIMER  
ALAN HALL  
BRIAN H. LEMATTA  
JULIE P. NEERKEN  
THOMAS A. OUTLER  
SETH L. SPARKS  
NELSE T. SCHRECK  
KARLA K. POE  
LISA A. CHAVEZ  
JOCELYN C. DRENNAN  
MICHAEL J. BRESCIA  
MICHELLE HENRIE  
DEBORAH S. GILLE  
AARON C. VIETS  
KIMBERLY N. BELL  
KURT B. GILBERT  
BRENDA M. MALONEY  
MATTHEW S. WERMAGER  
LARRY J. MONTARO  
JESSICA M. HERNANDEZ

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.  
COUNSELORS AND ATTORNEYS AT LAW  
ALBUQUERQUE PLAZA  
201 THIRD STREET NW, SUITE 2200  
ALBUQUERQUE, NEW MEXICO 87102

P.O. BOX 1888  
ALBUQUERQUE, NEW MEXICO 87103  
WEB-SITE: WWW.RODEY.COM  
E-MAIL: INFO@RODEY.COM

TELEPHONE (505) 765-5900  
FACSIMILE (505) 768-7395

OF COUNSEL  
JACKSON G. AKIN  
JOHN D. ROBB  
JAMES C. RITCHE  
JO SAXTON BRAYER  
ROBERT G. MCCORKLE  
PABLO PRANDO

BERNARD S. RODEY (1856-1927)  
PEARCE C. RODEY (1889-1958)  
DON L. DICKASON (1906-1999)  
WILLIAM A. SLOAN (1910-1993)

SANTA FE OFFICE  
MARCY PLAZA  
123 EAST MARCY STREET, SUITE 101  
SANTA FE, NEW MEXICO 87501-2034  
P.O. BOX 1357  
SANTA FE, NM 87504-1357  
TELEPHONE (505) 954-3900  
FACSIMILE (505) 954-3942  
WRITER'S DIRECT NUMBER

August 12, 2003

768-7217

VIA FEDERAL EXPRESS

Mr. Kenneth R. Feinberg  
Special Master  
September 11th Victim Compensation Fund of 2001  
Suite 900  
1900 "K" Street NW  
Washington, D.C. 20006

Re: Douglas F. Copp  
VCF Claim 212-000907

Dear Mr. Feinberg:

I enclose with this letter a Personal Injury Compensation Form that formalizes – and largely completes – Douglas F. Copp's claim on the September 11th Victim Compensation Fund of 2001. Pursuant to the instructions that accompany the form, we have tried to avoid duplicating information that attorney James Braden submitted to the Fund on November 5, 2002, in connection with Doug's application for advance medical benefits. Thus, the enclosed form should be read in conjunction with that earlier submission. But at the risk of repeating some what your office already knows, the following paragraphs provide an overview of Doug's case and an update since November 2002.

**I. Background Facts and Doug's Injuries**

For more than fifteen years before September 11, Doug Copp had devoted his life to saving the lives of others. As Rescue Chief of the American Rescue Team International – an organization he founded in 1985 – Doug directed or assisted with rescue operations at the epicenters of hundreds of major disasters around the world, including earthquakes, tornados, hurricanes, floods, landslides,

COPY



Mr. Kenneth R. Feinberg

August 12, 2003

Page 2

mudslides, avalanches, explosions, firestorms, mining accidents, airplane crashes, ship sinkings, and similar cataclysms. Drawing on his background as a demolition specialist, he explored hundreds of collapsed structures in search of survivors, at great risk to his own safety. Additionally, local authorities and national governments the world over came to rely on his logistical expertise and level-headed thinking under pressure – as Indian authorities did in the aftermath of a major earthquake in February 2001, when Doug and his American Rescue Team volunteers concentrated their efforts on repairing the water system and delivering potable water in the meantime, thereby avoiding the potential catastrophe of water-borne disease. All told, through personal courage and practical know-how, Doug has had a hand in saving thousands of lives in this country and others.

Doug was living in Sandia Park, New Mexico, when the World Trade Center towers fell. After receiving special clearance from the Federal Aviation Administration, Doug and his team members made their way to New York as fast as they could, and Doug quickly assumed primary responsibility for exploring the subterranean areas of Ground Zero. Day and night Doug searched for survivors in a place where day and night were indistinguishable – in underground ruins where very few others dared to go. There were no survivors to be found. But with the aid of equipment that Doug himself had invented, he and his fellow American Rescue Team volunteers ultimately managed to locate the remains of 40 deceased victims.

He became, in the process, another casualty of the September 11 attacks. Working for hours on end in severely confined spaces, in what the attached report of Dr. Timothy J. Smith terms a “toxic soup” of smoke and dust, Doug began developing respiratory symptoms within a few days after his arrival. Breathing difficulties landed him in a Santa Fe emergency room later that month. During the twelve months that followed, Doug – who had enjoyed excellent health before September 11, despite the dangerous and demanding nature of his work – became chronically short of breath. He repeatedly sought emergency care at hospitals and doctors’ offices in New Mexico, where physicians regarded his problems as asthma or bronchitis and thus prescribed inhalers, antibiotics, and steroids. Steroid use led to complications of its own, including a 50-pound weight gain.

In September 2002, Doug became a patient of Dr. Timothy Smith, who began treating him specifically for the multiple fungal and chemical exposures he had suffered at the World Trade Center. Testing undertaken at Dr. Smith’s direction soon confirmed that the exposures were by no means conjectural. For instance, a hair assay performed in October 2002 – and a heavy-metal challenge test conducted in December 2002 – revealed that Doug was carrying concentrations of lead fifteen times higher than the upper limit of normal, as well as elevated levels of bismuth (30 times higher than the upper limit of normal), arsenic, cadmium, gallium, barium, mercury, nickel, and antimony. (Please see the enclosed report from Dr. Robert D. Friedman.)

As Dr. Smith’s report explains, Doug’s exposures to multiple toxins have profoundly affected his health in several interrelated ways. First, the substances that deposited themselves in Doug’s lungs and on his skin stimulated the mass production of antibodies, as a result of which Doug now



Mr. Kenneth R. Feinberg

August 12, 2003

Page 3

experiences allergic hypersensitivity reactions whenever he comes into contact with contaminants similar to those he encountered at the World Trade Center. His immune system, as Dr. Smith puts it, is on "hair trigger." Severe asthmatic-type reactions to small quantities of air-borne substances – quantities that would be innocuous and even unnoticeable to most of us – are a constant danger. Tissue damage caused by previous attacks, and ongoing inflammation, have reduced his lung capacity to a totally disabling degree.

Another by-product of Doug's hypersensitivity reactions is even more alarming than his recurrent sensation of suffocation: cerebral inflammation and edema have caused Doug to suffer chronic headaches, blurred vision, confusion, and even dementia. His compromised cognitive functioning is vividly documented in the enclosed report of Dr. Tony Kreuch, a neuropsychologist. Dr. Kreuch, after administering an extensive battery of tests to Doug in April of this year, identified deficits in Doug's "attention, concentration, processing speed, working memory, and acquisition, storage, and retrieval, in addition to executive conceptualization and flexibility of cognition," "most likely related to a toxic exposure within a previously high functioning individual." The recent addition of Diamox to Doug's daily laundry list of medications has begun alleviating his headaches, but substantial cognitive impairment remains. He is no longer capable of the quick thinking and sustained concentration that were essential to his work as an expert in rescue and disaster management.

Since the submission of his application for advance medical benefits late last year, Doug has battled a bewildering array of symptoms and medication side effects. It is no exaggeration to say that he has been engaged in a daily struggle for survival. Allergic hypersensitivity reactions – touched off by a whiff of gasoline at the pump, or of cleaning solution in an office building, or of cigarette smoke on the wind – lead to paroxysms of coughing, disorientation, impaired speech, and even loss of consciousness; and in an effort to avoid such episodes, Doug (who previously traveled the globe to perform physically and emotionally draining work under the most precarious conditions imaginable) has adopted a reclusive existence, retreating to the handful of environments that he stands a reasonable chance of controlling. One such environment is the northern tip of Nova Scotia, where Doug is currently staying – in exile from his wife and home – to escape the warm temperatures that heightened his respiratory distress last summer. (Even in northern Nova Scotia, however, secondhand cigarette smoke is sometimes unavoidable, and summertime temperatures occasionally rise above the 70-degree level that tends to strangle him.) Crushing and relentless headaches, incompatible with most activities of daily living, have only lately been brought under control. Immune-system breakdowns have produced chronic diarrhea. Intravenous chelation therapy, designed to flush heavy metals out of Doug's system, has precipitated frightening bouts of dementia, in addition to leaving Doug with a collection of collapsed veins. Merely swallowing and keeping track of the hundreds of prescribed pills that Doug must take each day has proved exhausting.

As the foregoing paragraphs suggest – and as the attached reports of Dr. Smith and Dr.



Mr. Kenneth R. Feinberg  
August 12, 2003  
Page 4

Michael E. Rosenbaum, and the previously submitted report of vocational rehabilitation specialist Harry A. Whiting, Jr., confirm – Doug’s massive exposure to toxins at the World Trade Center has totally and permanently disabled him from the arduous work he once performed. His respiratory difficulties, of course, preclude serious physical labor of any sort. His hypersensitivity to ambient pollutants disqualifies him from most ordinary workplaces, not to mention disaster sites. But his intellectual injuries are perhaps the most significant of all. As rescue chief of the American Rescue Team, Doug prided himself on bringing order out of chaos and complexity; today, he often finds himself befuddled by the simplest of tasks. In situations of high drama and high pressure, Doug once thrived; now the smallest obstacles unnerve him. (A recent example: when Doug tried to weigh himself on a balance scale at a doctor’s office, he slid the weights without producing any movement in the balance, until someone reminded him that he needed to stand on the scale first.) Considering the totality of his physical and mental impairments, Doug’s doctors and vocational consultant have concluded that he is completely disabled not only from the work he was doing at the time of the September 11 attacks, but from any other gainful employment as well. Although everyone hopes that Doug will recover at least some of his former functioning – and although his medical care is geared toward improvement rather than mere palliation – his prognosis is uncertain at best. (See, for example, Dr. Smith’s report, under the heading “Immune System Sensitization, Activation, and Hyperreactivity.”) There is no reason to believe that Doug will get better in the foreseeable future.

By letter dated March 3, 2003, the Fund notified Doug that he had been found “eligible” for compensation. Fund representative Matthew Connelly subsequently explained during a phone conversation that although Doug had suffered a back injury as well as exposure injuries at the World Trade Center, the exposure injuries were the only compensable ones, because the back injury had occurred on September 18, beyond the 96-hour period that the Fund’s regulations define as the “immediate aftermath” of the terrorist attacks. Doug’s current submission includes a few records concerning his back injury for the sake of completeness, but his application does not turn on that injury – which, in any event, is largely resolved. The exposure injuries are independently devastating.

## II. Damages

### A. Medical Loss

To date, Doug has incurred approximately \$90,000 in medical expenses attributable to the injuries he sustained at the World Trade Center. (A definitive accounting must await our receipt of more than \$4000 worth of bills for intravenous therapy that Doug recently underwent in Nova Scotia, as well as documentation of certain travel costs associated with Doug’s medical care in California, all of which we should be able to forward to the Fund within the next few days.) Of this total, around \$83,000 is related to Doug’s exposure injuries; and of that total, Doug has paid out of pocket – or else remains indebted for – approximately \$70,000. (Please see the attached itemization of medical bills.)



Mr. Kenneth R. Feinberg  
August 12, 2003  
Page 5

Expenses incurred to date, however, are but a small part of Doug's anticipated medical loss. Without any comprehensive health or accident insurance or other dependable sources of medical funding, Doug has been forced to forego much of the medical care he desperately needs. The attached report of Dr. Smith outlines those needs – including, among other things, extensive treatment at the Environmental Health Center in Dallas – and estimates their costs. The total price tag approaches two million dollars. (Please see also footnote 1 to the attached report of economist Allen Parkman.)

B. Loss of Earnings

There were many heroes who sacrificed their lives or their health in the hope of saving others at the World Trade Center. Many of them, of course, were killed or injured in the line of duty. They had chosen careers in which their compensation was presumably commensurate with the risk that they would one day be called upon to make that ultimate sacrifice; and thanks to the creation of the Fund, they and their survivors may even improve upon the bargains they originally struck.

To observe that firefighters and police officers braved death and disability while doing their jobs is not to minimize their heroism, but to place the actions of Doug Copp in proper perspective. Doug went to the World Trade Center – went to considerable lengths to get there from New Mexico – not because he had to, not because he was expected to, but because he wanted to, and because he had good reason to believe that he could make a difference. He plunged headlong into the most perilous work that remained to be done after the towers had fallen. He did it with skill and courage, as he had in the wreckage of almost 900 collapsed buildings before. And he did it, as he had throughout his career as a rescuer, without any expectation of recompense. The question, now that Doug has paid the price, is whether his compensation will remain strictly psychic.

As a teenager in the early 1970s, Doug spent a year at a German research institute, where he helped design and build an electronic trigger for a satellite. He graduated from college in 1975 with a degree in philosophy and extensive course work in engineering; and, after a brief stint as a police patrolman, he developed a lucrative expertise in structural demolition. When he founded American Rescue Team International in 1985, he gave up the trappings of his career as a demolition specialist, but not his qualifications for it. Indeed, his education and experience were crucial to his success as a rescuer, because he was intimately familiar with the ways in which buildings collapse and leave life-preserving voids in their ruins, and because he could consider problems logically and solve them scientifically.

As a leading expert in rescue and disaster mitigation, Doug became accustomed to directing vast relief efforts involving millions of dollars' worth of manpower and materiel. Doug himself, however, took a virtual vow of poverty to do the work he did. For example, during 2000 – the first of the three years for which the Fund, according to its July 7 letter to Doug, wished to see tax returns – Doug earned income of \$20,373. In 2001, his income dropped to \$11,371. In 2002, paradoxically,



Mr. Kenneth R. Feinberg  
August 12, 2003  
Page 6

it rose to \$15,904 – \$13,404 of which apparently represented a draw against the dwindling resources of American Rescue Team. Because Doug, whose efforts produced those resources in the first place, is no longer able to work, the “consulting income” line item on his tax return is likely to vanish in the near future. Thus, economic analysis that took account of nothing more than the requested tax returns might lead to the conclusion that Doug lost income of only about \$9000 in 2001, \$4500 in 2002, and \$20,000 (or a figure gradually rising to \$20,000) in each of the remaining years of his expected work-life.

That approach, however, would calculate only a fraction of the true economic loss. In the first place, Doug’s wage-earning capacity was plainly far greater than the pittance he accepted from American Rescue Team. As the attached report of economist Allen Parkman demonstrates, whether the analysis focuses on the expected earnings of a police captain (a position that Doug could easily have attained had he remained a policeman), a fire chief (a position for which Doug was qualified, and to which he was actually named by the government of Peru), or simply a 52-year-old college graduate, the loss of earning power amounts to at least \$55,000 for each remaining year of his anticipated work-life. And because his World Trade Center injuries have completely disabled him from all gainful employment, that analysis makes considerable sense. After all, Doug did not let his talents lie fallow; he put them to extraordinarily good use at every rescue operation he conducted. He merely foreswore careers in which he would have been financially rewarded for them. Had he only twisted a knee in a way that foreclosed future rescue work, he might well have chosen to serve out his work-life in an administrative or executive position for which his education and experience amply equipped him. The totally disabling nature of his injuries has deprived him of that option.

Yet even average-earnings data fail to capture the totality of Doug’s economic loss. For example, outside the three-year period for which the Fund has requested tax returns, several income items deserve mention. In 1999, Doug settled a lawsuit for unpaid commissions stemming from demolition work that he had referred to the defendants in 1994 and 1995; his share of the \$75,000 settlement, after deduction of litigation expenses, was \$47,000. In 1998 and 1999, in exchange for lending his name and likeness to an advertising campaign for a Casio wristwatch, Doug received \$17,000 and 400 watches with an approximate retail value of \$300 each. And earlier this year, Doug received \$270,000 (minus litigation expenses) in settlement of a lawsuit stemming from the defendants’ unauthorized use of his name to promote a portable water filtration system during the first half of 2001.

The Casio contract and the recent lawsuit illustrate an important facet of Doug’s economic loss. Because Doug performed life-and-death work under dramatically dangerous conditions at the scenes of high-profile disasters – and because he was a highly knowledgeable and articulate interview subject whose compassion shone through on camera – he was becoming an increasingly recognizable media presence. His name and likeness had genuine commercial worth, for which advertisers were willing to pay him. His file footage and first-person commentary were valuable commodities in a television age. Indeed, before September 2001, he had already been the featured



Mr. Kenneth R. Feinberg  
August 12, 2003  
Page 7

subject of eight television documentaries, which were broadcast and re-broadcast hundreds of times throughout the world. One award-winning maker of documentaries believes that Doug could have earned millions of dollars over the next fifteen years from television activities alone. (See the attached letter from Richard Burke-Ward.) However skeptically one may regard such figures, it should at least be clear that Doug had exceptional earning potential, which he had already begun to realize before September 11. It should be equally clear – from the attached letters of Mr. Burke-Ward and Fox News anchor Rita Cosby – that his injuries have stripped him of that potential. In his present condition, Doug possesses neither the stamina nor the mental acuity that live television or even canned documentaries demand. And while his film library undoubtedly retains some small residual value, it depreciates rapidly as Doug fades from public view.

C. Replacement Services

Though Doug's rescue work was all-consuming and around the clock when disaster struck, he also enjoyed substantial time at home between missions. He estimates that he spent an average of 20 hours a week on automotive and other mechanical maintenance around the house and various home improvement projects. For example, Doug made and repaired furniture; he constructed a boat (which serves as his living quarters whenever he visits his doctors in San Francisco); and he even dabbled in homebuilding. Today, his respiratory difficulties, his allergic hypersensitivity to a variety of substances (including many commonly used in construction), and his cognitive deficits combine to prevent him from performing any such household services.

D. Non-Economic Loss

Doug's injuries are substantial and enduring, his disability apparently permanent. His pain and suffering result not only from the day-to-day exigencies of his current condition – the unremitting headaches, the blackouts, the weird allergic reactions, the fight just to breathe – but also from his acute awareness of what he has lost. This is a case deserving of the highest possible award for non-economic damages.

III. Collateral Sources

Doug Copp, who has spent most of his adult life saving others, is without any safety net himself. When the seriousness of his World Trade Center injuries could no longer be denied, Doug investigated the possibility of Social Security disability and was told that he did not currently qualify. (The Social Security Administration did not attempt to determine whether Doug was in fact disabled.) Nor is he eligible for workers' compensation. Not until several months after September 11 did Doug and his wife even secure a policy of health insurance. Although the policy covered some of Doug's medical expenses, Doug and his wife eventually canceled it because it was paying for very little of Doug's current treatment, particularly in relation to the high monthly premiums necessary to keep it in force.



Mr. Kenneth R. Feinberg

August 12, 2003

Page 8

Without governmental or private insurance, Doug has depended largely on the generosity of various doctors – including his principal physician, Dr. Tim Smith – who have agreed to defer their charges pending an award from the Fund. Another godsend has been Doug's share of the proceeds of a lawsuit alleging commercial misappropriation of his name (see "Loss of Earnings," above), which he received in the wake of the Fund's rejection of his claim for advance medical benefits. Doug has used those monies to pay for stopgap care out of his own pocket. But even though he has foregone needed treatment in order to conserve his resources, he is burning through those resources at a rapid pace. And when the settlement monies are gone, there will be nothing to take their place. Doug and his wife face bankruptcy – and, much worse, a loss of access to the medicines and medical services that are essential to Doug's survival – unless the Fund intervenes.

\*\*\*\*\*

When Doug Copp was healthy, few people were willing – or able – to walk in his shoes. Fewer still would trade places with him now. The last two years of Doug's remarkable life have been, in their own way, as unimaginable as the previous fifteen. None of us, aside from a handful of Doug's fellow victims, can fully appreciate what this man has been through since September 11.

Congress's creation of the Victim Compensation Fund affords our nation an unprecedented opportunity to do right by Doug and others like him. As one of the best and bravest rescue workers in the world, Doug is irreplaceable. But if the Fund cannot restore Doug to the world, it can at least try to make Doug himself whole.

Please contact this office if we can answer any questions, or supply any additional information, about Doug's application. And thanks again to you and the rest of the Fund's representatives for your vital work.

Sincerely,



Charles K. Purcell

Attachments

cc: Hon. Jeff Bingaman (w/o att.)  
Hon. Tom Udall (w/o att.)  
Ms. Rita Cosby (w/o att.)  
Doug Copp





September 11th Victim Compensation Fund of 2001  
**Personal Injury Compensation Form**  
**Part I - Eligibility and Application for Advance Benefits**

OMB 1105-0078

Victim's SSN or Nat'l ID #: 0 4 6 - 4 6 - 1 6 9 2

**PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING IN CAPITAL LETTERS**

If you have previously submitted an *Eligibility Form and Application for Advance Benefits*, please enter your Claim Number here [ Claim # 212-000907 ] and proceed directly to Part II.

**Part I. a - General Victim Information**

C O P P  
 Victim's Last Name

D O U G L A S F I N L E Y  
 First Name Middle Name

Street Address Line 1

Street Address Line 2

Apartment Number City State/Province

ZIP/Postal Code Country

Passport Country (if not U.S.) Passport Number (if not U.S. and if available)

Country of Citizenship Victim's Date of Birth (mm/dd/yyyy)

Telephone Number (day) Telephone Number (evening)

**Part I. b - Information about Victim's Circumstances on September 11, 2001**

Was the Victim a rescue worker? Yes  No

Location of the Victim at time of injury (choose one)

- Pentagon
- World Trade Center
- Public Street near WTC (Please provide address/cross-streets)

Other

Date and Time of Injury

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_     A.M.   
 P.M.   
 Date (mm/cc/yyyy) Time (hour)



September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #: 0 4 6 - 4 6 - 1 6 9 2

**Part I. c - Information About the Victim's Physical Injury**

Was the Victim treated by a medical professional within 24 hours of being injured or rescued?

Yes  No

If No, was the victim treated within 72 hours?

Yes  No

Please provide an explanation for the delay in treatment if not treated within 24 hours:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Victim's injury require hospitalization for at least 24 hours?

Yes  No

If Yes, how many days?

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Did the physical injury cause incapacity?

Yes  No

Did the physical injury cause disfigurement?

Yes  No

Did the physical injury cause disability?

Yes  No

If yes, is the disability partial or total?

Partial  Total

Is the disability temporary or permanent?

Temp.  Perm.

Please briefly describe the nature of the Victim's physical injuries and attach certified copies of all supporting medical records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: if you need more space to answer Part I.c, check the box and continue on another copy of this page





# September 11th Victim Compensation Fund of 2001 Personal Injury Compensation Form Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #: 

0	4	6	-	4	6	-	1	6	9	2
---	---	---	---	---	---	---	---	---	---	---

### Part I. d - Information About the Victim's Guardian (If Applicable)

If someone other than the injured Victim is submitting this claim as a guardian or other authorized legal representative, please complete the following (please read the detailed instructions for more information):

Representative's Social Security or National ID Number:

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Representative's relationship to Victim:

Guardian  Other explain \_\_\_\_\_

Representative's Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

Apartment Number \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ Telephone Number (evening) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Do you want to allow this person to discuss this claim with the Special Master and/or the Victim Compensation Fund and receive related correspondence? Yes  No

### Part I. e - Information about the Victim's Attorney or Other Authorized Individual (If Applicable)

If an attorney or other authorized individual is assisting the Victim with this claim, please check the applicable box and fill out the information below:

Attorney  Other Individual If other, explain \_\_\_\_\_

P U R C E L L  
Attorney's Last Name \_\_\_\_\_

C H A R L E S K  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

R O D E Y L A W F I R M  
Firm Name (if applicable) \_\_\_\_\_

2 0 1 T H I R D S T R E E T N W  
Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

2200 A L B U Q U E R Q U E N M  
Suite Number \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

8 7 1 0 2 U S A  
Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

5 0 5 7 6 8 7 2 1 7  
Telephone Number (day) \_\_\_\_\_

Telephone Number (evening) \_\_\_\_\_

Do you want to allow this person to discuss this claim with the Special Master and/or the Victim Compensation Fund and receive related correspondence? Yes  No



September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part I. f - Advance Benefits Election**

Eligible injured Victims may apply for Advance Benefits of \$25,000 if the physical injury required hospitalization for one week or more.

Do you wish to apply for Advance Benefits?

Yes  No

If Yes, please continue below. If No, please skip to Part II.

- I hereby certify that I need the Advance Benefit to alleviate financial hardship, I am a physically injured Victim or Guardian of a physically injured Victim and I have not yet received an amount in excess of the Victim's lost wages plus out-of-pocket medical expenses from other sources, such as government programs or employer-provided benefits (excluding monies received from privately funded charities).

**Method of Payment of Advance Benefits**

The payment will go to the Victim. Check one of the boxes below (direct deposit is generally the quickest way to receive payment).

- Check - Note that the check will be mailed to the address listed in Part I. a
- Direct deposit/electronic fund transfer (Available for U.S. banks only) - Note that payments will be wired to the account of the Victim only. Please attach a copy of a voided check and fill out the information below.

Account Number

- Savings
- Checking

ABA Routing Number

ABA Routing Number - This number can be obtained by contacting your Financial Institution or can be located at the bottom of your checks. (Nine digit number preceding your account number.)

Name of Financial Institution

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Telephone Number





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part I - Eligibility and Application for Advance Benefits

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Acknowledgement of Waiver of Rights (for Advance Benefits)**

I hereby acknowledge that by submitting a substantially complete *Part I - Eligibility and Application for Advance Benefits Form* and requesting Advance Benefits, I am **waiving** the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.

Please note this Waiver of Rights could apply to the rights of individuals other than the injured Claimant. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

Signature of Claimant

Date (mm/dd/yyyy)

**Supporting Documentation - Please see the Supporting Documentation Checklist at the end of this form to identify the documents you need to send with your claim.**



September 11th Victim Compensation Fund of 2001  
**Personal Injury Compensation Form**  
**Part II - Compensation**

CMB 1105-0078

Victim's SSN or Nat'l ID #: 0 4 6 - 4 6 - 1 6 9 2

The information requested in this part will help determine the value of the compensation award. Please answer each question in full. Use additional paper if you need more space. If you do so, please add the Victim's SSN or National ID # to each page as well as the Part number to which information is being added.

**Part II. a - Selection of Claims Processing Track**

Please select one of the adjudication tracks described below by checking a box. (Note that you must submit a completed claim package regardless of which track you choose.)

Track A - This Track includes two steps. In step 1, the claim is reviewed and a presumed award is calculated by the Special Master. In step 2, the Victim may, at his/her option, accept the award or request a hearing to review the presumed award and to present additional information.

Track B - In this Track, a hearing will be held to determine the amount of the award.

**Part II. b - Victim's Employment History**

Please provide your employment history from January 1999 to the present. Please note any changes in employer, job title, and/or job description during this period. If self-employed, write Self-Employed in the Employer Name and Address box.

**Employment Since September 11, 2001:**

Date Range	Employer Name and Address	Employer Phone #
09/11/01 to 09/07/03	SELF-EMPLOYED, BUT DISABLED SINCE 9/01	
<b>Job Title and/or Description</b>		
FOUNDER AND EXECUTIVE DIRECTOR OF AMERICAN RESCUE TEAM INTERNATIONAL, P.O. BOX 534, SANDIA PARK, NM 87047, 505-281-7877 -- RESCUE WORKER AT MAJOR DISASTERS AROUND THE WORLD.		

**Employment between January 1, 1999 and September 11, 2001:**

Date Range	Employer Name and Address	Employer Phone #
01/01/99 to 09/11/01	SELF-EMPLOYED	
<b>Job Title and/or Description</b>		
PLEASE SEE SAME BOX ABOVE.		
<hr/>		
/ / to / /		
<b>Job Title and/or Description</b>		
<hr/>		
/ / to / /		
<b>Job Title and/or Description</b>		

Note: if you need more space to answer Part II.b, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

CMB 1105-0078

Victim's SSN or Nat'l ID #: 0 4 6 - 4 6 - 1 6 9 2

**Part II. c - Dependents**

Please attach a copy of your 2000 Federal/National Tax return (if you filed one) showing dependents listed.

Also, please list below any qualifying dependents that were not listed on your 2000 Federal/National Tax Return (such as children born or adopted after December 31, 2000 or children listed on the spouse's separately-filed return) and explain their relationship to the Victim.

Dependent's Name (First Middle Last)	Date of Birth (mm/dd/yyyy)	SSN or National ID Number	Relationship to Victim
PAULINA ELIAS COPP	03/27/1960	560-45-0095	SPOUSE

Note: if you need more space to answer Part II.c, check the box and continue on another copy of this page

**Part II. d - Insurance Information**

Please provide information on any insurance, health care or disability benefits under which the injured Victim is covered.

Insurance Type	Name of Carrier	Group or Individual	Policy or ID #
Major Medical		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Union Benefits		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Medicare		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Medicaid		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Disability Income Insurance		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Workers Compensation		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Other (please describe)		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Other (please describe)		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Other (please describe)		Group <input type="checkbox"/> Individual <input type="checkbox"/>	
Other (please describe)		Group <input type="checkbox"/> Individual <input type="checkbox"/>	

Note: if you need more space to answer Part II.d, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II.e - Victim's Medical Loss**

What amount of medical expenses directly attributable to the Victim's injury from the September 11th attacks were not paid for or reimbursed?

(Please provide currency if other than US Dollars \_\_\_\_\_)

70,843

**Medical Expenses Loss To Date** - Please describe below any medical expenses not paid for or reimbursed including rehabilitation treatment, vocational training, home modification, assisted living and other such expenses.

PLEASE SEE ATTACHED ITEMIZATION OF MEDICAL EXPENSE.

**Future Medical Expenses** - Please describe below any anticipated future medical expenses that will not be paid for, reimbursed, or provided by a health care program (such as VA).

PLEASE SEE THE AUGUST 10, 2003 REPORT OF DR. TIMOTHY J. SMITH (ATTACHED), WHICH ITEMIZES ANTICIPATED FUTURE MEDICAL EXPENSES.

Note: if you need more space to answer Part II.e, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. f - Victim's Loss of Earnings To Date**

**Loss of Earnings** - Please describe below any loss of earnings and/or other benefits from work already missed as a result of the injury (i.e. work missed for which you were not or will not be compensated). Attach documentation regarding uncompensated absences from work as a result of injury sustained on or as a result of the September 11th air crashes.

SINCE SEPTEMBER 2001, I HAVE BEEN COMPLETELY DISABLED FROM PERFORMING MY NORMAL WORK AS AN EXPERT IN RESCUE AND DISASTER MANAGEMENT (ALTHOUGH I HAVE MADE SEVERAL UNSUCCESSFUL ATTEMPTS TO RESUME SUCH WORK). WHEN I WAS ABLE TO DO THE WORK, I NEVER DID IT FOR THE MONEY. INSTEAD, I CONSISTENTLY DIRECTED INCOME TOWARD AMERICAN RESCUE TEAM INTERNATIONAL ("ARTI"), THE 501(C)(3) CORPORATION I ORGANIZED IN 1985. MY FINANCIAL CONTRIBUTIONS TO ARTI FUNDED RESCUE OPERATIONS THROUGHOUT THE WORLD. I PURPOSELY KEPT MY OWN COMPENSATION AT MINIMAL LEVELS, THOUGH AT ANY TIME I COULD HAVE DONE OTHERWISE.

REVENUES PAID TO ARTI, BUT ATTRIBUTABLE TO MY OWN EFFORTS, FLUCTUATED FROM YEAR TO YEAR. (BY "REVENUES," I DO NOT MEAN IN-KIND CONTRIBUTIONS TO ARTI'S WORLDWIDE RESCUE OPERATIONS -- SUCH AS AIRLINE TICKETS AND GROUND TRANSPORTATION TO THE SCENES OF MAJOR DISASTERS, FOOD AND LODGING IN THE VICINITY OF THOSE DISASTERS, THE PROVISION OF MANPOWER AND MATERIEL BY HOST COUNTRIES, AND SO FORTH -- THE TOTAL VALUE OF WHICH HAS AMOUNTED TO MANY MILLIONS OF DOLLARS DURING ARTI'S EXISTENCE.) SUCH REVENUES INCLUDED HONORARIA FOR MY TRAINING OF RESCUE WORKERS, FEES FOR MY TELEVISION APPEARANCES, PROCEEDS FROM THE SALE OF FILM FOOTAGE PERTAINING TO MY RESCUE ACTIVITIES, AND CONSIDERATION FOR MY ENDORSEMENTS OF VARIOUS PRODUCTS.

IN 1999, FOR EXAMPLE, I SPENT TWO TO THREE WEEKS PROVIDING DISASTER AVERSION

**Replacement Services** - Please describe below any household services to date that you have not been able to perform as a result of the injury. Include information about the cost of obtaining replacement services.

I ESTIMATE THAT BEFORE SEPTEMBER 2001, I SPENT AN AVERAGE OF 20 HOURS A WEEK PERFORMING HOUSEHOLD SERVICES. I WAS MECHANICALLY INCLINED, AND I ENJOYED WORKING WITH MY HANDS. THUS, FOR EXAMPLE, I MAINTAINED AIR CONDITIONING UNITS AND HOUSEHOLD APPLIANCES; I ECONOMIZED BY PURCHASING 20-TO-30-YEAR-OLD VEHICLES THAT I COULD REPAIR ON MY OWN; AND I BUILT FURNITURE FOR SOME OF THE HOUSES IN WHICH MY WIFE AND I PREVIOUSLY LIVED. IN FACT, BEFORE RESCUE WORK CAME TO DOMINATE MY LIFE, I BUILT NOT ONLY THE FURNITURE, BUT THE HOUSES THEMSELVES. I ALSO BUILT A BOAT, WHICH SERVES AS MY LIVING QUARTERS WHEN I HAVE APPOINTMENTS WITH MY PHYSICIANS IN THE SAN FRANCISCO AREA.

TODAY, MY RESPIRATORY CONDITION PREVENTS ME FROM ENGAGING IN OUTDOOR LABOR, ESPECIALLY IN THE HOT SUN OF NEW MEXICO. I HAVE SEVERE ALLERGIC HYPERSENSITIVITY REACTIONS TO A VARIETY OF SUBSTANCES. AND EVEN IF I WERE PHYSICALLY CAPABLE OF PERFORMING THE HOUSEHOLD SERVICES I ONCE PERFORMED, I FIND MYSELF COMPLETELY UNABLE TO CONCENTRATE ON THEM. FOR INSTANCE, I RECENTLY SPENT SEVERAL FRUSTRATING DAYS TRYING TO MAKE A HEADLIGHT REPAIR THAT MIGHT HAVE TAKEN ME HALF AN HOUR TO COMPLETE IN THE DAYS WHEN I WAS COMPETENT. FOR THE MOST PART, INSTEAD OF PURCHASING REPLACEMENT SERVICES THAT MY WIFE AND I CANNOT AFFORD, I HAVE (FOR EXAMPLE) SIMPLY LET VEHICLES BECOME INOPERABLE, ALLOWED WEEDS TO TAKE OVER OUR YARD, AND SO FORTH. WITHIN THE PAST FEW WEEKS, HOWEVER, I WAS FORCED TO PAY A MECHANIC ABOUT \$900 FOR TRANSFER-CASE REPAIRS THAT I PREVIOUSLY MANAGED MYSELF AT

Note: if you need more space to answer Part II.f, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. f - Victim's Loss of Earnings To Date**

**Loss of Earnings** - Please describe below any loss of earnings and/or other benefits from work already missed as a result of the injury (i.e. work missed for which you were not or will not be compensated). Attach documentation regarding uncompensated absences from work as a result of injury sustained on or as a result of the September 11th air crashes.

TRAINING TO MEMBERS OF THE TAJIKISTAN STATE COMMITTEE OF EMERGENCIES, FOR WHICH ARTI WAS PAID ABOUT \$4500. MY ASSIGNMENT WAS ESSENTIALLY TO HELP REBUILD THE COUNTRY'S FIREFIGHTING AND EMERGENCY RESPONSE CAPABILITIES FROM THE GROUND UP. (PLEASE SEE ATTACHED CONTRACT AND INVOICES.) ALSO IN 1999, I GAVE AN INTERVIEW AND FURNISHED FILE FOOTAGE FOR A TELEVISION DOCUMENTARY ENTITLED "THE WORLD'S DEADLIEST EARTHQUAKES," AS A RESULT OF WHICH ARTI RECEIVED \$5000. (PLEASE SEE ATTACHED LETTER.) IN THAT SAME YEAR, PURSUANT TO A NOVEMBER 1998 CONTRACT UNDER WHICH I AGREED TO ENDORSE A CASIO "G-SHOCK" WATCH, ARTI RECEIVED THE \$2000 BALANCE OF A \$17,000 ADVANCE, PLUS 400 WATCHES WITH AN APPROXIMATE RETAIL VALUE OF \$300 EACH. (PLEASE SEE ATTACHED MERCHANDISING LICENSE AGREEMENT.)

MY TAX RETURN FOR 2000 REFLECTS EARNED INCOME OF \$20,373 FROM MY SALES OF FILM FOOTAGE, TELEVISION INTERVIEWS, AND CONSULTING ACTIVITIES. (PLEASE SEE ATTACHED RETURN.) OF COURSE, FOR THE RESCUE AND DISASTER-MITIGATION WORK THAT OCCUPIED THE VAST MAJORITY OF MY TIME THAT YEAR, I WAS NOT DIRECTLY COMPENSATED. MY TAX RETURNS FOR 2001 AND 2002 REFLECT SUBSTANTIALLY REDUCED EARNINGS. PLEASE SEE THE ATTACHED REPORT OF ALLEN PARKMAN.

OF SPECIAL RELEVANCE TO MY EARNINGS AND EARNING POWER BEFORE SEPTEMBER 2001 ARE THE PROCEEDS OF A RECENTLY SETTLED LAWSUIT ENTITLED "AMERICAN RESCUE TEAM INTERNATIONAL AND DOUGLAS F. COPP V. NIKKEN INC., [ET AL.]," NO. CIV-02-0224

**Replacement Services** - Please describe below any household services to date that you have not been able to perform as a result of the injury. Include information about the cost of obtaining replacement services.

A COST OF ABOUT \$20 FOR A REPLACEMENT PART FROM A JUNK YARD. SUFFICE IT TO SAY THAT WHILE I PREVIOUSLY PRIDED MYSELF ON BEING RESOURCEFUL AND SELF RELIANT, I HAVE BECOME VIRTUALLY USELESS AROUND THE HOUSE.

Note: if you need more space to answer Part II.f, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
 Personal Injury Compensation Form  
 Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. f - Victim's Loss of Earnings To Date**

**Loss of Earnings** - Please describe below any loss of earnings and/or other benefits from work already missed as a result of the injury (i.e. work missed for which you were not or will not be compensated). Attach documentation regarding uncompensated absences from work as a result of injury sustained on or as a result of the September 11th air crashes.

LH/LFG (D.N.M. FILED FEB. 26, 2002), IN WHICH I ALLEGED THAT THE DEFENDANTS HAD MISAPPROPRIATED MY ENDORSEMENT OF A PORTABLE WATER FILTRATION SYSTEM BY USING THE ENDORSEMENT IN EARLY 2001 TO PROMOTE A DIFFERENT PRODUCT ALTOGETHER, WITHOUT MY KNOWLEDGE OR CONSENT. IN FEBRUARY OF THIS YEAR, I SETTLED THE CASE AGAINST THE PRINCIPAL DEFENDANT FOR \$300,000, OF WHICH \$30,000 WAS PAID TO ARTI. (PLEASE SEE THE ATTACHED COMPLAINT AND SETTLEMENT AGREEMENT.) THIS SUM, I BELIEVE, EXEMPLIFIES MY EARNING CAPACITY IMMEDIATELY BEFORE SEPTEMBER 2001, WHEN MY TELEVISION APPEARANCES AND PRODUCT ENDORSEMENTS STILL HAD REAL COMMERCIAL VALUE BECAUSE I MYSELF WAS ACTUALLY AND ACTIVELY AND ALMOST SINGLE-MINDEDLY ENGAGED IN SAVING LIVES, AND BECAUSE I WAS IN FACT THE WORLD'S LEADING EXPERT IN MY FIELD. TODAY, IN MY TOTALLY DISABLED STATE, I CAN NO LONGER PERFORM THE WORK TO WHICH I HAD DEVOTED MY LIFE -- NOR, FOR THAT MATTER, CAN I EVEN TRUST MYSELF TO GIVE AN INTELLIGENT INTERVIEW ABOUT THE WORK I DID IN THE PAST. MY CREDIBILITY AS THE PREEMINENT AUTHORITY ON RESCUE AND DISASTER MANAGEMENT -- AND THUS MY COMMERCIAL APPEAL -- HAVE VANISHED.

I AM DISABLED NOT ONLY FROM MY USUAL OCCUPATION, BUT FROM ALL GAINFUL EMPLOYMENT. BEFORE I TURNED TO RESCUE WORK IN 1985, I WAS A DEMOLITION SPECIALIST; AND EVEN AFTER FOUNDING ARTI, I OCCASIONALLY HAD A HAND IN DEMOLITION JOBS. (PLEASE SEE THE ATTACHED LETTER FROM ATTORNEY JAMES M. BRADEN, WHICH DESCRIBES THE 1999 COMPROMISE SETTLEMENT -- FOR \$75,000 -- OF A DISPUTE OVER THE COMPENSATION I WAS OWED FOR

**Replacement Services** - Please describe below any household services to date that you have not been able to perform as a result of the injury. Include information about the cost of obtaining replacement services.

Note: if you need more space to answer Part II.f, check the box and continue on another copy of this page



September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. f - Victim's Loss of Earnings To Date**

**Loss of Earnings** - Please describe below any loss of earnings and/or other benefits from work already missed as a result of the injury (i.e. work missed for which you were not or will not be compensated). Attach documentation regarding uncompensated absences from work as a result of injury sustained on or as a result of the September 11th air crashes.

DEMOLITION WORK DONE IN 1994 AND 1995.) STILL EARLIER IN MY WORK LIFE, I WAS A POLICE OFFICER. AND BEFORE SEPTEMBER 2001, I HAD ALSO BEEN A LONGTIME INVENTOR. IN 1971, FOR INSTANCE -- WHILE STILL A TEENAGER -- I WAS INVITED TO SPEND A YEAR AT THE DEUTSCHES FORSCHUNGS UND VERSUCHSANSTALT FUR LUFT UND RAUMFAHRT, WHERE I HELPED DESIGN AND CONSTRUCT AN ELECTRONIC TRIGGER FOR A SATELLITE. I GRADUATED FROM DALHOUSIE UNIVERSITY IN 1975 WITH A DEGREE IN PHILOSOPHY, BUT WITH EXTENSIVE ENGINEERING COURSEWORK AS WELL. I WENT ON TO INVENT VARIOUS DEVICES USEFUL IN MY RESCUE WORK, INCLUDING (AMONG OTHERS) A CASUALTY LOCATOR.

FOR A MORE COMPLETE ANALYSIS OF MY ECONOMIC DAMAGES SINCE SEPTEMBER 2001, PLEASE SEE THE ATTACHED REPORT OF ALLEN PARKMAN.

**Replacement Services** - Please describe below any household services to date that you have not been able to perform as a result of the injury. Include information about the cost of obtaining replacement services.

[Empty box for Replacement Services]

Note: if you need more space to answer Part II.f, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. g - Victim's Loss of Future Earnings**

Complete Part II.g only if you are suffering an ongoing disability or are seeking compensation for loss of future earnings.

**1) Medical Condition - Disability**

If you claim permanent disability, ongoing temporary disability or if due to an incapacity you anticipate a loss of future earnings, please: 1) describe the nature of the disability or incapacity, and 2) state whether any government agency, insurer, or physician has made a determination with respect to your disability. Please attach any determination of your capacity to work in the future.

I AM TOTALLY AND PERMANENTLY DISABLED BY IMMUNE SYSTEM DYSFUNCTION AND A HOST OF SYMPTOMS THAT HAVE RESULTED FROM THAT CONDITION. ALLERGIC HYPERSENSITIVITY REACTIONS HAVE CAUSED CHRONIC AND DEBILITATING HEADACHES, COMPROMISED COGNITIVE FUNCTIONING, AND SEVERE ONGOING RESPIRATORY DISTRESS. THE ATTACHED REPORTS OF TIMOTHY J. SMITH, M.D., AND MICHAEL E. ROSENBAUM, M.D., EXPLAIN THE DISABLING NATURE OF MY INJURIES. THE REPORT OF HARRY A. WHITING, JR. -- WHICH WAS SUBMITTED TO THE FUND ON DECEMBER 17, 2002 -- CONFIRMS MY DISABILITY FROM THE PERSPECTIVE OF AN EXPERT IN VOCATIONAL REHABILITATION.

**2) If you had a decrease in compensation due to the injury, please describe below:**

I HAVE BECOME COMPLETELY UNABLE TO EARN A LIVING. PLEASE SEE MY ANSWER TO PART II (F), "LOSS OF EARNINGS," ABOVE, AS WELL AS THE ATTACHED REPORT OF ALLEN PARKMAN, AND THE COVER LETTER ACCOMPANYING THIS APPLICATION.

Note: if you need more space to answer Part II.g, check the box and continue on another copy of this page



September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

- 3) **Loss of Future Earnings** - If you suffer from an ongoing disability or incapacity, please describe below any anticipated loss of future earnings as a result of the injury. Please describe how this disability will affect your job in the future. Please also explain whether you were able to return to your previous employment or any other employment.

I HAVE BECOME COMPLETELY UNABLE TO EARN A LIVING. PLEASE SEE MY ANSWER TO PART II(F), "LOSS OF EARNINGS," ABOVE, AS WELL AS THE ATTACHED REPORT OF ALLEN PARKMAN, AND THE COVER LETTER ACCOMPANYING THIS APPLICATION.

- 4) **Loss of Future Replacement Services** - Please describe below any future household services that you will be unable to perform as a result of the injury.

PLEASE SEE MY ANSWER TO PART II(F), "REPLACEMENT SERVICES," ABOVE. I HAVE NO REASON TO BELIEVE THAT THE SITUATION WILL IMPROVE IN THE FUTURE.

Note: if you need more space to answer Part II.g, check the box and continue on another copy of this page





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

Victim's SSN or Nat'l ID #: 0 4 6 - 4 6 - 1 6 9 2

5) Compensation Information for Disabled Claimants

If you are disabled and anticipate a loss of future earnings from your injury, please provide your complete compensation history below. Compensation typically includes base salary and wages as well as other sources of earned income such as commissions, bonuses, incentive pay, etc. Please note that passive sources of income, such as income from rental properties or investments, are not considered in the calculation. For salaried Victims please provide base salary at the end of each year. If the Victim was both employed and self-employed complete both lines. In addition, please provide copies of all tax return information (including W-2 forms and other attachments) for the 2000 tax year.

Compensation Amount  
(Please provide currency if other than US Dollars \_\_\_\_\_)

Was the Victim self-employed? If yes, enter total yearly compensation amount here.	2002	2001	2000	1999
	15,904	11,371	20,373	24,888
If not self-employed, enter Base Salary/Wage information here.	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y
Indicate whether figure provided is a yearly, monthly, bi-weekly, weekly, or hourly figure.	_____	_____	_____	_____

**Additional Compensation** - Please provide information for all other compensation including, but not limited to, incentive pay, bonuses, overtime, tips, commissions, shift differentials, longevity, and honoraria.

For Victims who were in the armed forces - Please include housing, subsistence, TAD, re-enlistment, and other compensation by each category. However, if you want the Special Master to rely on published compensation and benefit scales please check the box at the end of this statement. If you do so, there is no need to complete this section, but please attach a copy of the Victim's Military Leave and Earnings Statement indicating the pay level and benefit information.

I wish to rely on published data regarding U.S. military compensation.

Other Compensation (Please describe)	2002	2001	2000	1999
LAW SUIT SETTLEMENT	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	47,000
Other Compensation (Please describe)	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y
Other Compensation (Please describe)	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y
Other Compensation (Please describe)	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y
Other Compensation (Please describe)	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y	Y   Y   Y   Y   Y



**September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation**

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**6) Employer Provided Benefit Information**

In addition to the compensation information provided above, the compensation award for loss of future earnings will be based on certain employment benefits provided to the Victim by his/her employer. Please provide details on employer provided benefits received during the years 2000 and 2001.

	Total Benefits <small>(Please provide currency if other than US Dollars)</small>																																																																																																																									
	2001	2000																																																																																																																								
<p><b>1. Health Benefits</b> - Payroll deduction or cost of employer-provided health benefits to employee and any other covered persons (indicate who was covered):</p> <p><input type="checkbox"/> Victim only or <input type="checkbox"/> Victim and One Dependent or <input type="checkbox"/> Victim and Family</p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																													<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																												
<p><b>2. Pension Benefits</b> - Attach (a) pension plan or pension section from employee handbook and (b) recent pension statement. Check one:</p> <p><input type="checkbox"/> Defined Benefit Plan (monthly pension payable at retirement) <small>(indicate victim's hire date at last employer: ___/___/___)</small></p> <p><input type="checkbox"/> Defined Contribution Plan (employer contribution each pay period) <small>(indicate employer contribution as % of salary: ___%)</small></p>	<p>_____ %</p>																																																																																																																									
<p><b>3. Employer Matching Contribution to 401(k)/403(b)</b></p> <p>Employer matching contributions as a percent of pay: _____ %</p> <p>Actual dollar amount of employer matching contribution:</p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p><b>4. Employer-provided transportation subsidy or company car</b></p> <p><small>If car was provided, please specify % of personal use</small></p>	<p>_____ %</p>																																																																																																																									
<p><b>5. Employer-provided club dues, memberships</b></p> <p><small>Indicate whether figure is yearly, monthly, weekly, hourly, etc.</small></p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p><b>6. Housing allowance (Non-military)</b> (Military allowances should be included on previous page.)</p> <p><small>Indicate whether figure is yearly, monthly, weekly, hourly, etc.</small></p> <p><small>Was the allowance permanent or temporary?</small></p> <p><small>If temporary, when did it end?</small></p>	<p>_____ %</p> <p><input type="checkbox"/> Permanent    <input type="checkbox"/> Temporary</p>																																																																																																																									
<p><b>7. Other employer-provided benefit (please describe)</b></p> <p>_____</p> <p><small>Indicate whether figure is yearly, monthly, weekly, hourly, etc.</small></p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p><b>8. Other employer-provided benefit (please describe)</b></p> <p>_____</p> <p><small>Indicate whether figure is yearly, monthly, weekly, hourly, etc.</small></p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. h - Collateral Source Compensation**

**Social Security and Worker's Compensation Programs** - Please identify and describe any payments that the Victim has received, is receiving or has applied to receive from the Social Security Administration or from worker's compensation programs as a result of the Victim's injury. (Include uniformed service benefits similar to Social Security or worker's compensation.) Attach any pending applications and determinations.

WITH ASSISTANCE FROM THE OFFICE OF SENATOR JEFF BINGAMAN, I CONTACTED THE SOCIAL SECURITY ADMINISTRATION IN LATE 2001 AND WAS INFORMED THAT I DID NOT QUALIFY FOR DISABILITY PAYMENTS. NOR AM I COVERED BY WORKERS' COMPENSATION.

**Other Payments** - Please identify and describe any other payments, including medical payments, that the Victim received as compensation for or in response to the injury (excluding charitable contributions).

SOME OF MY MEDICAL EXPENSE HAS BEEN COVERED BY A BLUE CROSS / BLUE SHIELD POLICY (YEI560450095) THAT MY WIFE AND I PURCHASED IN DECEMBER 2001. PLEASE SEE THE ATTACHED ITEMIZATION OF MEDICAL EXPENSES. PURSUANT TO THE FUND'S REGULATIONS, I DO NOT SEEK TO RECOVER ANY OF THE EXPENSES PAID BY INSURANCE. BUT I HAVE ATTEMPTED TO ITEMIZE ALL MY MEDICAL EXPENSES, WHETHER OR NOT COVERED BY INSURANCE, TO CONVEY AS COMPLETE A PICTURE AS POSSIBLE OF MY MEDICAL NEEDS.

MY WIFE AND I RECENTLY DECIDED TO CANCEL THE BLUE CROSS POLICY, BECAUSE THE POLICY'S SCOPE OF COVERAGE AND ITS REIMBURSEMENT RATES WERE WHOLLY INADEQUATE. THE POLICY WAS PAYING FOR ONLY A SMALL FRACTION OF THE CARE I NEED ON AN ONGOING BASIS, WHILE THE MONTHLY PREMIUMS WERE DIFFICULT TO AFFORD. I DO NOT LIKE TO GO WITHOUT HEALTH INSURANCE, BUT MY STRAITENED CIRCUMSTANCES LEAVE ME LITTLE CHOICE.

Note: if you need more space to answer Part II.h, check the box and continue on another copy of this page



September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part II - Compensation

OMB 1105-0078

Victim's SSN or Nat'l ID #:

0 4 6 - 4 6 - 1 6 9 2

**Part II. i - Other information (optional)**

Please use the area below (and any additional pages) to provide any other information that you believe may be relevant to the individualized circumstances of your claim and the calculation of the economic and non-economic loss as well as collateral offsets. You may also attach any additional documents not already requested that you believe might be relevant.

PLEASE SEE THE ATTACHED REPORT OF ALLEN PARKMAN, THE LETTER ACCOMPANYING THIS APPLICATION, AND ADDITIONAL DOCUMENTS ATTACHED HERETO, INCLUDING (AMONG OTHERS) THE LETTER FROM RITA COSBY.

Check here if you need more space to answer Part II.i and are attaching additional pages.

**Supporting Documentation - Please see the Supporting Documentation Checklist at the end of this form to identify the documents you need to send with your claim.**





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part III - Attestations and Certifications

OMB 1105-0018

Victim's SSN or Nat ID #: 0 4 6 - 4 6 - 1 6 9 2

**Part III. a - Privacy Act Notice**

The Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, 115 Stat.230 ("Air Transportation Safety and System Stabilization Act"). The information you submit in your claim is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under your claim to the Victim Compensation Fund. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

**Part III. b - Certification of Dismissal of any Legal Action**

Have you or any dependent, spouse, or beneficiary of the Victim filed a civil action (or been a party to an action) in any Federal or State court relating to or arising out of damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 (other than civil actions to recover collateral source obligations or a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act)?

Yes  No  If Yes, has such action been dismissed as of March 21, 2002? Yes  No

Initial here \_\_\_\_\_

(please attach proof of dismissal if applicable)

**Part III. c - Acknowledgment of Waiver of Rights**

I hereby acknowledge that by submission of a substantially complete Personal Injury Compensation Form I am waiving the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001

Please note this Waiver of Rights could apply to the rights of individuals other than the claimant. This waiver does not apply to a civil action to recover collateral source obligations or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act.

X *[Handwritten Signature]*  
Signature of Claimant

10/8/03 12:00:31  
Date (mm/dd/yyyy)





September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part III - Attestations and Certifications

Case 1105-078

Victim's SSN or Natl ID #

0 4 6 - 4 6 - 1 6 9 2

**Part III - Authorization for Release of Information**

I authorize the U.S. Department of Justice to obtain any information relating to my claim under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals, employers, hospitals, medical service providers, other federal, state or local agencies including the Social Security Administration and the Internal Revenue Service, or other sources having information relating to my claim. This information may include, but is not limited to, medical, employment, and financial information about me or the victim whom I represent.

I further authorize the U.S. Department of Justice to disclose any records or information relating to my Compensation Fund claim to: agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies, including the Department of the Treasury; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.

I further authorize the U.S. Department of Justice to publish my name as the claimant filing a claim and the name of the Victim for whom compensation is sought.

I further authorize the release of information relating to my claim, where such information indicates a violation or potential violation of law, including submission of fraudulent claims, to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

I further authorize individuals having information pertinent to my claim to release such information to a duly accredited representative of the Department of Justice during the review of my claim to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

I further authorize the Special Master, the United States Department of Justice or agency contractors assisting in the administration of the Compensation Fund to contact my attorney or other persons authorized to act on my behalf (if identified in Part I d or I.e) if the Special Master needs additional information or clarification about my claim.

I certify that I am the person named below (claimant to the Compensation Fund) and I authorize the release of information listed above.

Signature of Claimant

*[Handwritten Signature]*

Signature of Claimant

10/31/08 | 200803

Date (mm/dd/yyyy)

**Part III - Notarized Certification of Accuracy of Information**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. Further, I understand that false statements or claims made in connection with this application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government.

*[Handwritten Signature]*

Signature of Claimant (Sign in the presence of Notary Public)

10/31/08 | 200803

Date (mm/dd/yyyy)

Official Notarization - Please have this page certified by a Notary Public (or equivalent for non-U.S. Personal Representatives). The Notary Public should apply seal to this page.

*[Handwritten Signature]*

Signature of Notary Public

10/31/08 | 200803

Date (mm/dd/yyyy)

CHARLES READ LORWAY, QC  
A NOTARY PUBLIC FOR  
THE PROVINCE OF NOVA SCOTIA

*My Commission does not expire  
next is, rather, at the pleasure  
of Her Majesty the Queen*







**September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part IV – Supporting Documentation Checklist**

Victim's SSN or National ID # 

0	4	6	4	6	1	6	9	2
---	---	---	---	---	---	---	---	---

In order to process your claim, we need certain supporting documents to substantiate information you provided. This checklist has been developed to help you compile those documents. Please submit it with your claim.

<b>Supporting Documentation for Part I (continued)</b>	<b>Attached ?</b>	<b>For Internal Use Only</b>
<p><b>Other Documentation (optional)</b></p> <p>Other documentation you have included in support of Part I:</p> <p style="margin-left: 40px;">Other (please describe) _____</p> <p style="margin-left: 40px;">Other (please describe) _____</p> <p style="margin-left: 40px;">Other (please describe) _____</p> <p style="margin-left: 40px;">Other (please describe) _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Part I.f – Advance Benefits Election (only if requesting direct deposit)</b></p> <p style="margin-left: 40px;">Copy of voided check</p>	<p><input type="checkbox"/></p>	<p>_____</p>

<b>Supporting Documentation for Part II (Compensation)</b>	<b>Attached ?</b>	<b>For Internal Use Only</b>
<p><b>Part II.c – Dependents</b></p> <p style="margin-left: 100px;">Copy of 2000 Federal/National Tax Return</p>	<p><input checked="" type="checkbox"/></p>	<p>_____</p>





September 11th Victim Compensation Fund of 2001  
**Personal Injury Compensation Form**  
 Part IV – Supporting Documentation Checklist

OMB 1105-0078

Victim's SSN or National ID # 

0	4	6	4	6	1	6	9	2
---	---	---	---	---	---	---	---	---

**Supporting Documentation for Part II (Compensation)**

	Attached ?	For Internal Use Only														
<p><b>Part II.e – Victim's Medical Loss (required)</b></p> <ul style="list-style-type: none"> <li>• Documentation of all claimed medical expenses not-reimbursed.</li> <li>• Documentation of all claimed future medical expense that will not be reimbursed.</li> <li>• Insurance information:  Documentation of your health insurance coverage(s)</li> </ul>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<hr/> <hr/> <hr/> <hr/>														
<p><b>Part II.f – Victim's Loss of Earnings to date</b></p> <ul style="list-style-type: none"> <li>• Documentation of current loss of earnings (number of days lost that were not reimbursed and related compensation lost)           <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 10px;">Number of Days _____</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding-right: 10px;">Affidavit from employer</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Pay stubs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Salary letter</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">End of year pay statement</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Other (please describe) <u>TAX RETURNS</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Other (please describe) <u>REPORT OF ALLEN PARKMAN</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> </li> </ul>	Number of Days _____		Affidavit from employer	<input type="checkbox"/>	Pay stubs	<input type="checkbox"/>	Salary letter	<input type="checkbox"/>	End of year pay statement	<input type="checkbox"/>	Other (please describe) <u>TAX RETURNS</u>	<input checked="" type="checkbox"/>	Other (please describe) <u>REPORT OF ALLEN PARKMAN</u>	<input checked="" type="checkbox"/>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Number of Days _____																
Affidavit from employer	<input type="checkbox"/>															
Pay stubs	<input type="checkbox"/>															
Salary letter	<input type="checkbox"/>															
End of year pay statement	<input type="checkbox"/>															
Other (please describe) <u>TAX RETURNS</u>	<input checked="" type="checkbox"/>															
Other (please describe) <u>REPORT OF ALLEN PARKMAN</u>	<input checked="" type="checkbox"/>															



September 11th Victim Compensation Fund of 2001  
**Personal Injury Compensation Form**  
 Part IV – Supporting Documentation Checklist

OMB 1105-0078

Victim's SSN or National ID # 0 4 6 4 6 1 6 9 2

**Supporting Documentation for Part II (continued)**

	Attached ?	For Internal Use Only
<b>Part II.g – Victim's Loss of Future Earnings</b>		
<ul style="list-style-type: none"> <li>• Future loss of earnings (expected duration and related compensation that will be lost)               <ul style="list-style-type: none"> <li>Duration <u>PERMANENT</u></li> <li>Bonus letter <input type="checkbox"/></li> <li>End of year benefit statement <input type="checkbox"/></li> <li>End of year pay statement <input type="checkbox"/></li> <li>Other (please describe) <u>REPORT OF DR. TIMOTHY J. SMITH</u> <input checked="" type="checkbox"/></li> <li>Other (please describe) <u>REPORT OF ALLEN PARKMAN</u> <input checked="" type="checkbox"/></li> <li>Other (please describe) <u>PLEASE SEE OTHER ATTACHMENTS.</u> <input checked="" type="checkbox"/></li> </ul> </li> </ul>		
<b>Compensation Information for Disabled Claimants (base salary/wages)</b>		
<p>Please attach written proof of the Victim's base salary/wages for 2002, 2001, 2000, and 1999. Examples of the types of proof to include are listed below. You do not need to attach all of these documents for each year. All that is needed is a single supporting document for each year - one that you believe best substantiates the compensation information you provided in the form:</p>		
Year-end pay statement	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pay stubs	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Salary letter	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other (please describe) <u>TAJIKISTAN TRAINING CONTRACT</u>	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Other (please describe) <u>TELEVISION DOCUMENTARY CONTRACT</u>	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Tax information/returns (Federal/National, State, local, other)	<input checked="" type="checkbox"/>	





**September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part IV – Supporting Documentation Checklist**

Victim's SSN or National ID # 

0	4	6	4	6	1	6	9	2
---	---	---	---	---	---	---	---	---

**Supporting Documentation for Part II (continued)**

	Attached ?	For Internal Use Only
<p><b>Compensation Information for Disabled Claimants (additional compensation)</b></p> <p>Please attach written proof of additional sources of compensation the Victim received in 2002, 2001, 2000, and 1999. Examples of the types of documents to include are listed below. <b>You do not need to attach all of these documents for each year.</b> All that is needed is a single supporting document for each year -one that you believe best substantiates the additional compensation information you provided in the form:</p>		
End of year pay statement	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Bonus letter	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Commission letter	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Overtime stubs	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Other (please describe) <u>CASIO WATCH PROMOTION CONTRACT</u>	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	_____
Other (please describe) <u>LETTER RE LAWSUIT SETTLEMENT</u>	'02 '01 '00 '99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	_____
Other (please describe) <u>NIKKEN LAWSUIT MATERIALS</u>	'02 '01 '00 '99 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<p><b>Employer-Provided Benefits</b></p> <p>Please attach written proof of employer-provided benefits in 2001 and 2000. Examples of benefits are listed below. Please check the ones that apply and for which you have attached documentation:</p>		
Documentation on Health Benefits	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Pension plan description(s)	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Pension plan statement(s)	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Employer-provided transportation	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
401k documentation	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Employer-provided club dues	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Non-military housing allowances	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Other (please describe) _____	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Other (please describe) _____	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____
Other (please describe) _____	'01 '00 <input type="checkbox"/> <input type="checkbox"/>	_____



**September 11th Victim Compensation Fund of 2001  
Personal Injury Compensation Form  
Part IV – Supporting Documentation Checklist**

CMB 1105-0073

Victim's SSN or National ID #

0	4	6	4	6	1	6	9	2
---	---	---	---	---	---	---	---	---

**Supporting Documentation for Part II (continued)**

	<b>Attached ?</b>	<b>For Internal Use Only</b>
<p><b>Part II.h – Collateral Source Compensation (required)</b></p> <p>Please attach documentation for all collateral sources of compensation the Victim has or is entitled to receive. Examples of collateral sources of compensation are listed below. Please check the ones that apply and for which you have attached documentation.</p> <p style="text-align: right;">Short-term disability insurance <input type="checkbox"/></p> <p style="text-align: right;">Long-term disability insurance <input type="checkbox"/></p> <p style="text-align: right;">Worker's compensation insurance <input type="checkbox"/></p> <p style="text-align: right;">Social Security <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p> <p>Other (please describe) _____ <input type="checkbox"/></p>		
<p><b>Part II.i – Other Information (optional)</b></p> <p>Please list any additional documents that you have included with the Compensation Form that you believe will assist the Special Master in reviewing your claim and considering your individual circumstances in deriving a compensation award for economic and non-economic harm.</p> <p><u>LETTER FROM RITA COSBY</u> <input checked="" type="checkbox"/></p> <p><u>LETTER FROM RICHARD BURKE-WARD</u> <input checked="" type="checkbox"/></p> <p><u>NEW MEDICAL RECORDS AND OTHER MATERIALS - SEE LIST</u> <input checked="" type="checkbox"/></p>		

**Supporting Documentation for Part III  
(Attestations and Certification)**

	<b>Attached ?</b>	<b>For Internal Use Only</b>
<p><b>Part III.b – Certification of Dismissal of Legal Action</b></p> <p>Proof of dismissal (<i>only if applicable</i>)</p>	<input type="checkbox"/>	



September 11<sup>th</sup> Victim Compensation Fund of 2001  
Exhibit A to the Personal Injury Compensation Form  
Authorization for Release of Medical Records

Instructions for Claimant - please list all doctors and medical care providers who were involved in diagnosing and treating your injury in Section 1. Please copy this page and complete if you need to list more than four health care providers. Then, please print your name and address and sign in the block in Section 2.

Section 1 - Name and telephone number for doctors and health care providers

I hereby authorize the person or carrier or other provider listed below to disclose confidential information about the claimant listed below:

- Doctor/Provider SOUTHWEST PULMONARY SPECIALISTS 505.842.5105
- Doctor/Provider ROBERT FRIEDMAN, M.D. 505.438.4848
- Doctor/Provider X-RAY ASSOCIATES OF NEW MEXICO 505.998.3089
- Doctor/Provider TONY J. KREUCH, PSY.D. 505.342.1992

Section 2 - Claimant information and signature

Copp Douglas Finley  
 Victim's Last Name First Name Middle Name  
0 4 6 4 6 1 6 9 2 0 8 / 0 3 / 1 9 5 1  
 Victim's Social Security Number Victim's Date of Birth  
P.O. BOX 534  
 Address  
SANDIA PARK  
 Address  
USA NM 87047  
 City State/Province Zip/Postal Code  
 Country

I understand that this authorization is voluntary, and that the information to be disclosed may be protected by law. I authorize the following entity to receive confidential information pertaining to me:

The September 11<sup>th</sup> Victim Compensation Fund of 2001  
P.O. Box 18698  
Washington, DC 20036-8698

[Signature]  
Victim's Signature

Information to be disclosed to the Victim Compensation Fund includes application or enrollment information, eligibility information, claims records, claim status, and patient medical records.

Disclosure requested will include otherwise confidential information. If the records include claims or other information pertaining to chronic diseases, behavioral health conditions, including alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information, these records will be included in the information made available to the Victim Compensation Fund

Type of coverage to which this authorization applies (the doctor or health care provider will check all that apply)

- Medical
- Disability
- Pharmacy
- Long Term Care
- Other (please specify) \_\_\_\_\_

September 11<sup>th</sup> Victim Compensation Fund of 2001  
Exhibit A to the Personal Injury Compensation Form  
Authorization for Release of Medical Records

Case 1:05-cv-00778

Instructions for Claimant - please list all doctors and medical care providers who were involved in diagnosing and treating your injury in Section 1. Please copy this page and complete if you need to list more than four health care providers. Then, please print your name and address and sign in the block in Section 2.

Section 1 - Name and telephone number for doctors and health care providers

I hereby authorize the person or carrier or other provider listed below to disclose confidential information about the claimant listed below:

- Doctor/Provider MICHAEL E. ROSENBAUM, M.D. 415.927.2596
- Doctor/Provider TIMOTHY J. SMITH, M.D. 510.548.3022
- Doctor/Provider ANESTHESIA ASSOCIATES OF NEW MEXICO 505.260.4343
- Doctor/Provider \_\_\_\_\_

Section 2 - Claimant information and signature

Copp Douglas Finley  
 Victim's Last Name First Name Middle Name  
0 4 6 4 6 1 6 9 2 0 8 / 0 3 / 1 9 5 1  
 Victim's Social Security Number Victim's Date of Birth  
P.O. BOX 534  
 Address  
SANDIA PARK NM 87047  
 Address City State/Province Zip/Postal Code  
USA  
 Country

I understand that this authorization is voluntary, and that the information to be disclosed may be protected by law. I authorize the following entity to receive confidential information pertaining to me:

The September 11<sup>th</sup> Victim Compensation Fund of 2001  
P.O. Box 18698  
Washington, DC 20036-8698

[Signature]  
Victim's Signature

Information to be disclosed to the Victim Compensation Fund includes application or enrollment information, eligibility information, claims records, claim status, and patient medical records. Disclosure requested will include otherwise confidential information. If the records include claims or other information pertaining to chronic diseases, behavioral health conditions, including alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information, these records will be included in the information made available to the Victim Compensation Fund.

- Type of coverage to which this authorization applies (the doctor or health care provider will check all that apply)
- Medical
  - Disability
  - Pharmacy
  - Long Term Care
  - Other (please specify) \_\_\_\_\_