

CARLOS RIOSVALLE

Resident alien never served in any military - ever

Phony vet claims to have served with the famous "American Volunteer Group" in China



"Volunteer Group of America".

To Whom It May Concern at the Veteran's:

My name is Carlos Rios. My date of birth is [REDACTED] My social security number is [REDACTED] I cannot find my DD214 and I am applying for veteran's benefits.

I was born in Peru, and I was a cadet in the Peruvian Naval Academy in 1938. I served in the United States Navy from 1938 to January 1962.

I started out my military career in 1938 when I volunteered with the "Volunteer Group of America". I was hired by General Clarence

Chennault. I was assigned to Major Boington, who was an army pilot. I

went to Annapolis Military School from 1938 to 1940. I was

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OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

STATEMENT IN SUPPORT OF CLAIM

Department of Veterans Affairs

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21-22. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

Carlos Riosvalle

The following statement is made in connection with a claim for benefits in the case of the above-named veteran.

Veteran wishes to file original claim for service connected issues related to being shot down while a pilot during WWII. The Veteran also wishes to be considered for pension as he has a very limited income. Please find attached completed form 21-526 which lists service connected disabilities of lower back injury and scar, and secondary left leg issues. Veteran has made many attempts at collecting copies of his service in the Navy, but has been unsuccessful. He has misplaced his on personal file of these records in the 42 years since he left the Navy. The veteran respectfully requests assistance in the gathering of this information and the processing of his claim. Medical release forms are completed and attached to demonstrate continued medical care for the afore mentioned disabilities. The Veteran is unaware of any other records that might exist and has no recollection of ever being seen at a VA Facility. Thank you.

shot down while a pilot during WWII.

FRAUD

RECEIVED

SEP 21 2005

V.F.W.
PORTLAND

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

09/21/05

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138 JUN 2000

EXISTING STOCKS OF VA FORM 21-4138 APR 1994. WILL BE USED

SECTION III Tell us about your active duty

14a. I entered active service first time... 09/00/1938 mo day yr

14b. Place: Annapolis, MD

1. Enter complete information for all periods of service. If more space is needed use Item 29 "Remarks"

14c. I left this active service... 11/00/1962 mo day yr

14d. Place: Washington DC

2. Attach your original DD214 or a certified copy to this form. (We will return original documents to you.)

14e. I entered my second period of active service... mo day yr

14f. Place: 14g. Branch of service: USN 14h. Grade, rank, or rating: 14i. My service number was...

Department of Veterans Affairs VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION VA Form 21-526, Part A: General Information

Please read the attached "General Instructions" before you fill out this form.

14a. I entered active service first time... 09/00/1938 mo day yr

14b. Place: Annapolis, MD

10. What is your date of birth?

month / day / year 1924

FRAUD

OWCP used to be called the U.S. Bureau of Employees Compensation

Street address, rural route, or P.O. Box Portland, OR 97233 USA

City State ZIP Code

8. What are your telephone numbers? Daytime Evening

10. What is your date of birth? month / day / year 1924

11. Where were you born? Lima, Peru City State Country

12. When was the claim filed? month year

12c. What disability are you receiving benefits for?

13. What is his/her telephone number? Daytime Evening

13b. What is this person's address?

13d. How is this person related to you? Case Mgr. DHS

VA FORM 21-526 JUN 2004

SUPERSSEDES STOCKS OF VA FORM 21-526, APR 2003 WHICH WILL NOT BE USED.

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U.S. DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL