

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

UNITED STATES OF AMERICA

CRIMINAL NO. 3:12CR238(JBA)

v.

WILLIAM POMPONI

July 6, 2016

**GOVERNMENT’S UNOPPOSED MOTION TO DISMISS CASE  
AGAINST WILLIAM POMPONI AND TO RELEASE SECURITY**

The Government moves the Court to dismiss the case against William Pomponi, while leaving unaffected the case against any other defendant. In support of this motion, the Government represents the following:

1. On April 30, 2013, a grand jury sitting in New Haven, Connecticut, returned a ten-count superseding indictment against William Pomponi and Frederic Pierucci. On July 29, 2013, Mr. Pierucci pleaded guilty to Counts One and Two of the superseding indictment.

2. On July 30, 2013, a grand jury sitting in New Haven, Connecticut, returned a twelve-count second superseding indictment against William Pomponi and Lawrence Hoskins. The second superseding indictment charged the defendants with conspiring to violate the Foreign Corrupt Practices Act (“FCPA”), in violation of 18 U.S.C. § 371, substantive violations of the FCPA, in violation of 15 U.S.C. § 78dd-2, conspiring to launder money, in violation of 18 U.S.C. § 1956(h), and substantive money laundering, in violation of 18 U.S.C. § 1956(a)(2)(A).

3. On July 17, 2014, the defendant William Pomponi pleaded guilty to Count One of the Second Superseding Indictment, charging him with conspiring to violate the Foreign Corrupt Practices Act (“FCPA”), in violation of 18 U.S.C. § 371. Mr. Pomponi had not yet been sentenced as of the time of his death.

4. On May 24, 2016, Mr. Pomponi died of pneumonia and emphysema.

5. A redacted copy of the death certificate is attached as Exhibit A. The unredacted version is available for the Court's review upon request.

6. The Government has consulted with Mr. Pomponi's counsel, who does not object to this motion.

WHEREFORE, the Government moves, pursuant to Rule 48(a) of the Federal Rules of Criminal Procedure, for the dismissal of the above-captioned case pending against William Pomponi, while leaving unaffected the case against any other defendant. The Government also requests removal of any bond security in which Mr. Pomponi granted an interest in assets in favor of the United States.

Respectfully submitted,

ANDREW WEISSMANN  
CHIEF, FRAUD SECTION  
Criminal Division  
United States Department of Justice

/s/

DANIEL S. KAHN  
DEPUTY CHIEF  
Fraud Section, Criminal Division  
U.S. Department of Justice  
1400 New York Avenue, N.W.  
Washington, D.C. 20005  
Tel. (202) 616-3434  
Federal Bar No. phv04243

MICHAEL J. GUSTAFSON  
FIRST ASSISTANT U.S ATTORNEY  
District of Connecticut

/s/

DAVID E. NOVICK  
ASSISTANT U.S. ATTORNEY  
157 Church St., 25<sup>th</sup> Floor  
New Haven, Connecticut 06510  
Tel. (203) 821-3700  
Federal Bar No. phv02874

CERTIFICATION OF SERVICE

This is to certify that on July 6, 2016, a copy of the foregoing Motion was filed electronically and served by mail on anyone unable to accept electronic filing. Notice of this filing will be sent by e-mail to all parties by operation of the Court's electronic filing system or by mail on anyone unable to accept electronic filing as indicated on the Notice of Electronic Filing. Parties may access this filing through the Court's CM/ECF System.

/s/ David E. Novick \_\_\_\_\_  
DAVID E. NOVICK  
ASSISTANT UNITED STATES ATTORNEY

Shaded Area to be completed by the Medical Certifier.

VS-4 REV. 1/04 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

Unshaded Area to be completed by Funeral Director or Embalmer.

Boxes 36-40 to be completed for Nurse pronouncements.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>William Lawrence Pomponi, II</b>				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) <b>May 24, 2016</b>	4. ACTUAL OR PRESUMED TIME OF DEATH <b>7:54</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
5. AGE LAST BIRTHDAY <b>67</b>	6. UNDER 1 YEAR Mo. Days	7. DATE OF BIRTH (MM/DD/YYYY) <b>REDACTED 1948</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Bronxville, New York</b>			
9. RESIDENCE (State) <b>Connecticut</b>		10. RESIDENCE (County) <b>Hartford</b>		11. RESIDENCE (City or Town) <b>North Granby</b>		12. RESIDENCE (Street and No.) <b>REDACTED</b>
14. ZIP CODE <b>06060</b>	15. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage) <b>N/A</b>		
18. FATHER'S NAME (First, Middle, Last) <b>William Lawrence Pomponi</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Agnes Frances Johnson</b>			
20. INFORMANT'S NAME <b>William L. Pomponi, III</b>		21. INFORMANT'S RELATIONSHIP TO DECEDENT <b>Son</b>		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>REDACTED West Granby, CT 06090</b>		
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		25. FACILITY NAME (If not institution, give street & number) <b>REDACTED</b>		
26. CITY OR TOWN OF DEATH <b>North Granby</b>		27. COUNTY OF DEATH <b>Hartford</b>		28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		
29. DISPOSITION (Name of cemetery, crematory, other place) <b>REDACTED</b>		30. LOCATION (city/town, state) <b>Windsor, Connecticut</b>		31. DATE (MM/DD/YYYY) <b>05/27/2016</b>		
32. WAS BODY EMBALMED? *If yes, Name of Embalmer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. FUNERAL FACILITY (Name and Address) (City, State, Zip Code) <b>REDACTED</b>		34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <b>REDACTED</b>		
35. LICENSE NUMBER OF SIGNED IN BOX 34 <b>REDACTED</b>		36. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>05/24/2016</b>		37. TIME PRONOUNCED <b>7:54 PM</b>		
38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print) <b>REDACTED</b>		39. PRONOUNCER'S SIGNATURE <b>REDACTED</b>		40. DATE SIGNED <b>REDACTED</b>		
41. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>		
<p><b>CAUSE OF DEATH</b></p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) <b>pneumonia</b></p> <p>Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (b) <b>emphysema</b></p> <p>(c) _____</p> <p>(d) _____</p> <p>45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>diabetes</b></p> <p>46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p> <p>47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>48. CERTIFIER (Check only one box) <input checked="" type="checkbox"/> Pronouncing &amp; Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge and belief the cause(s) and manner stated occurred at the time, date and place, and due to the cause(s) stated. <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge and belief the cause(s) and manner stated occurred at the time, date and place, and due to the cause(s) stated.</p> <p>Certifier Name (Type of Print) <b>Soheen Maglic</b> Certifier Signature <b>[Signature]</b> Title of Certifier <b>MD</b> Date Certified <b>05/25/2016</b></p> <p>49. MAILING - CERTIFIER (Street) <b>REDACTED</b> (City or Town) <b>Granby, CT</b> (State) <b>06035</b> (Zip)</p>						
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: <b>May 26, 2016</b>		BY <b>Karen Abgen</b> REGISTRAR				
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input checked="" type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)		52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)		
53. DECEDENT'S USUAL OCCUPATION <b>Vice President / International Sales</b>		54. KIND OF BUSINESS/INDUSTRY <b>Alstom Power</b>		55. SOCIAL SECURITY NUMBER <b>REDACTED</b>		

William Pomponi, II  
For use by Physician or Institution  
Name of Decedent

I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD

ATTEST: **Karen Abgen** REGISTRAR  
GRANBY, CT

CERTIFIED COPY