(b)(6)

2-4-2005

CENTCOM 006120

DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-TAHREER, IRAQ
APO AE 09344

REPLY TO ATTENTION OF:

April 18, 2005

Claims Office

SUBJECT: Claim # 816-4

(b)(6)

Dear (b)(6)

You have submitted a claim seeking compensation for damages allegedly caused by U.S. Forces. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA), Title 10, United States Code §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Allow me to express my sympathy for your loss, however, in accordance with the cited references and after investigating your claim, I find that your claim is **not compensable** for the following reason: Loss Resulted from a Combat Operation. Accordingly, your claim must be denied.

If you are dissatisfied by this action, you may request reconsideration of the decision in accordance with AR 27-20. Any such request must be based on new or additional evidence and should be forwarded to this office. While there is no prescribed format for such a request, it must describe the legal and/or factual basis for relief. Any request for reconsideration should be made in writing within 30 days of your

Deny – combat

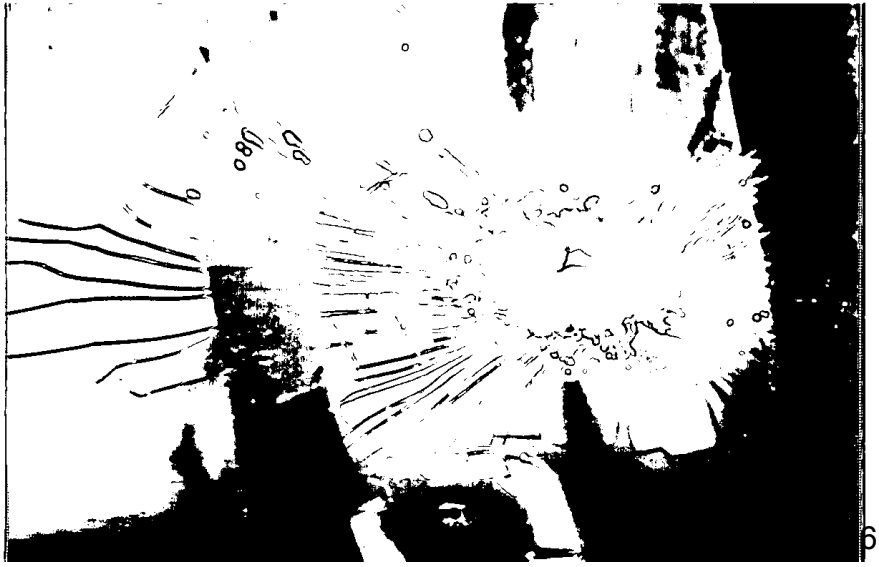
(b)(3),(b)(6)

Major, U.S. Army
Foreign Claims Commission

Page 4 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
Illegible Text, Nonresponsive, (b)(6)

(b)(6)

CENTCOM 006125



6126

816-4
2-4-2005

General Information Center in Al-Radhwanya GICR

Government Information Baghdad Al-Rawaa
مركز المعلومات الـ

Claims Form

To: United States Army Foreign Claims Commission
From: **Nam**
Addr (b)(6)

I am

a. A citizen and national of: Iraq
b. A permanent resident of: (b)(6)
c. Employed by: (b)(6)
d. Check one ( ) An insurer (X) Not an insurer
e. Check one (X) A subrogee( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

Multi National Forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) (b)(6)

My claim arose at: Tajee (Town) Baghdad (City) Iraq (Country)

My claim arose on: March (Month) 10th (Day) 2005 (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

On March, 10th, 05 my husband (b)(6) was Comming by his Car, Brijio, bus, model (b)(6) from Al Tajee to Baghdad, at that time the weather was rainy and the vision degree was limited and suddenly my husband got shote from behind by the Multi National Forces ~~and~~, by the time when my husband got injury there was an Iraqi doctor who tried to save my husband life and he talked to the patrol soldiers whom shote my husband, after that they took him by helly Chapter to Ibn Sina hospital and there he died ten days later.

Describe nature and extent of property damage or personal injury sustained as result as a result of the above incident.

My husband got killed by the M. N. National Forces and his car, Brigia, model (b)(6) got damaged

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item		Amount
1- For Killing my husband Mr.	(b)(6)	$ 5000
2-		
3- For the Damages of the Car, Brigia, bus		$ 2000
4-		
5-		
6-		

Total: $ 7000

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) **(Address)**

I claim as damages: (Indicate amoun[illegible] nd local currency)

$ 7000 [illegible]0,150,000 I-D

(b)(6)

(Sig[illegible]nt)

Subscribed before me this 2nd day of April, 2005.

(Print Name) (b)(6)

(Signature)

CENTCOM 006130

GENERAL INFORMATION CENTAR,
AL-RADHWANYA, BAGHDAD, IRAQ.

"THE CLAIM'S CONTAINS"

The Claimant name:-. (b)(6)

- 3 photographs showing the accidant
- Memorandum from (b)(3),(b)(6)
  to access to the green zoon.
- Witness statment ((b)(6)) support
  and proved the shooting and U.S. army helpful
  to transfare the claimant wife to the hospital
- Hospital documants proved the death man
  is have been shotten by U.S. army
- Traffic police report clear the damages
  in the death man car
- Car card proved that the death man ownership
- four receipts showing the value of repairing the car
- Death man Civilian card & nationality card
  and ration card & Resid card.
- Claimant Civilian card

(b)(6)

General Information Center/Al-Radhwanya
Date:- 3 APRIL 2005

CENTCOM 006132

Page 14 redacted for the following reason:
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(b)(6), Foreign Language

CENTCOM 006134

Page 16 redacted for the following reason:
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(b)(6), Foreign Language

Foreign Language Text, (b)(6)

CENTCOM 006138

DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE [illegible]
CAMP LIBERTY
BAGHDAD, IRAQ

FIVA-25[illegible]-BDB-CM

12 March 2005

MEMORANDUM FOR RECORD

SUBJECT: Access to the Green Zone

1. Please allow (b)(6) and (b)(6) passage into the Green Zone for the purpose of retrieving their nephew (b)(6) who was a patient at the Cash who is now deceased. His patient # is (b)(6)

2. POC for this memorandum is SFC(b)(3),(b)(6) DSN

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

SFC, USA
BN S-5 NCOIC

CENTCOM 006140

Page 22 redacted for the following reason:
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(b)(6), Foreign Language

CENTCOM 006142

Page 24 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
(b)(6), Foreign Language

CENTCOM 006144

Radiology Form 332 E[illegible]G **NAME** (b)(3),(b)(6)

Phone 443-8527 **Social Security Number** (US only) - -

Army 529-7812 **NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN**

time (ICU patients only): hrs **Date** (Month/Day/Year)⇨ 11 Mar 05

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#____

if none of above, enter name of clinic and phone number here:

History: (circle one of following or list below) IED Mortar Gunshot MVA ☑ETT ☑Central Line ☑NG/OG-Tube

to Neck

Provider who will get these results: (b)(3),(b)(6)

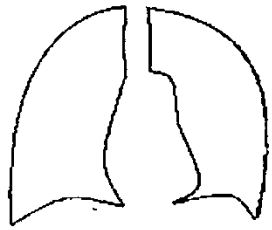
Exam Requested circle here if portable (Emergency, PACU only)⇨ **PORTABLE**

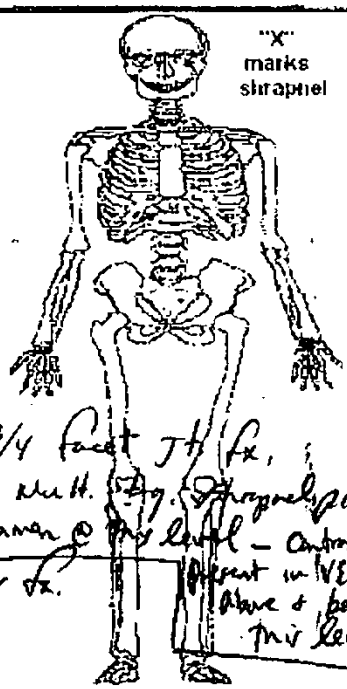
Chest X-Ray	Cervical Spine	c IV Other (Specify)	RT	LT	CLAVICLE
KUB	Thoracic Spine		RT	LT	SHOULDER
Pelvis	Lumbar Spine		RT	LT	HUMERUS
Do Not Request CT or Ultrasound on same form as Plain Film		*(use separate form)*	RT	LT	ELBOW
CT scan of the		**Ultrasound of the**	RT	LT	FOREARM
Head	Face	Testicles	RT	LT	WRIST
Cervical Spine		Legs (DVT study)	RT	LT	HAND
Abdomen/Pelvis		RUQ	RT	LT	FEMUR
CT Other:		**US Other:**	RT	LT	KNEE
DO NOT WRITE BELOW THIS LINE		DO NOT WRITE BELOW THIS LINE	RT	LT	TIB/FIB
			RT	LT	ANKLE
			RT	LT	FOOT

Time Processed: 0159 hrs ☐ Findings Continued on Back if Checked

Findings: **Normal** **See-Below** **Better** **Worse** **Unchanged**

Device	"Check" means Position Adequate			
ETT/Trach	☐	Heart	Normal	See Below
Subclav Line	☐	Lungs	Normal	See Below
IJ Line	☐			
NG/Feed Tube	☐	Pneumo Thorax?	No	Yes
Chest Tube	☐			





"X" marks shrapnel

C1: NML

C2: Min. displaced Lt. Lamina fx.

C3: Lt. Lamina, transverse process, + pedicle fx's. Lt. 3/4 facet JT fx, comminuted, ē numerous shrapnel frags. in region. Multi. Shrapnel pieces laterally in SPI. Shrapnel occupying Lt. Vert. foramen @ this level – contact present in VERT Art. Above + below this level.

C4: Lt. Lamina fx, min. displaced; and spinous process fx.

C5: NML

C6: NML

C7: NML

(b)(3),(b)(6) Radiologist

(b)(3)(b)(6) MAJ, USAF MC (b)(3),(b)(6)

Rev 10-2005 FIRM (41 CFR) 101-11.808-8

CENTCOM 006145

Pages 27 through 28 redacted for the following reasons:
- -
Already Reviewed and Redacted for Release

Radiology Form [redacted]DG **NAME** [redacted] (b)(6)

Phone 443-8527 **Social Security Number** (US only) [redacted]

Army 529-7812 **NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN**

time (ICU patients only): hrs **Date** (Month/Day/Year)⇨ 11 / MAR / 05

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 (ICU-2) ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (circle one of following or list below) IED Mortar Gunshot MVA ☑ETT ☑Central Line ☑NG/OG-Tube

flex/ext C-spine

CT: C5/6 spin pr. fxs.
C4 ② lam fx ext. to ① C3/4 facet
+ ② transv. foramen C3

Provider who will get these results:

Exam Requested circle here if portable (ER/ICU/PACU only)⇨ **PORTABLE**

Chest X-Ray	Cervical Spine	Other (Specify)
KUB	Thoracic Spine	
Pelvis	Lumbar Spine	

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

CT scan of the	Ultrasound of the
Head Face	Testicles
Cervical Spine	Legs (DVT study)
Abdomen/Pelvis	RUQ
CT Other:	US Other:
DO NOT WRITE BELOW THIS LINE	DO NOT WRITE BELOW THIS LINE

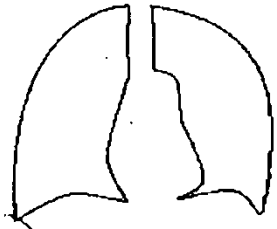
RT	LT	CLAVICLE
RT	LT	SHOULDER
RT	LT	HUMERUS
RT	LT	ELBOW
RT	LT	FOREARM
RT	LT	WRIST
RT	LT	HAND
RT	LT	FEMUR
RT	LT	KNEE
RT	LT	TIB/FIB
RT	LT	ANKLE
RT	LT	FOOT

Time Processed: hrs [ ] Findings Continued on Back if Checked

Findings: **Normal** **See-Below** **Better** **Worse** **Unchanged**

Device "Check" means Position Adequate

ETT/Trach	[ ]	Heart	Normal	See Below
Subclav Line	[ ]	Lungs	Normal	See Below
IJ Line	[ ]			
NG/Feed Tube	[ ]	Pneumo	No	Yes
Chest Tube	[ ]	Thorax?		



"X" marks shrapnel

(fxs as above in hx.)
Passive flex/ext views
C-sp s̄ evid of lig. instability.

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

(b)(3),(b)(6) Signature (b)(3),(b)(6) Radiologist
Capt, USAF MC

Pages 30 through 31 redacted for the following reasons:
- -
Already Reviewed and Redacted for Release

(b)(6)

PROGRESS NOTES

DATE	
11 MAR 05 0350h	NURSING: Pt admitted via ER with GSW to back of neck as per MO note. Pt log rolled, wound cleaned with N/Saline and dressing applied. New C-collar applied. Pt's back washed.
	NEURO: GCS 15, Pupils 2 PEARL. SANSATION & MOVT AS PER MO Note.
	RESP: SaO_2 100% on O2 2L via NC. BS clear bilaterally
	CVS: NAD. GIT: NPO except sippt H_2O; BNO. RENAL: Foley patent; 600cc from ER. PIV x 1 L) AC FOSSA / PIV x 1 R) Forearm with maint @ 100 cc/hr (N/Saline) —
	* For complete 'C' spine precautions * — (b)(3),(b)(6)
11 Mar 05 0730	RN Note: Assumed care pt on c-spine precaution, supine on bed, HOB 30° good alignment, c-collar in place. Neuro: AOx3, GSC 15. Marked weakness to RLE RUE, ∅ movement to LUE + LLE. CV: BP + HR stable, PIV access x2. Pulm: lungs clear, O_2 sat 100% on 2c/nc. GI BS(+), & NV. GU foley to gravity. ∅ clear urine. Plan: Neuro checks, maintain c-spine precautions —
0840	c-spine xrays done, Report to ward nurse — (b)(3),(b)(6) USAF

STANDARD FORM 808 (REV. 7-91) BACK

CENTCOM 006151

Pages 33 through 34 redacted for the following reasons:
- -
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(b)(6)

PROGRESS NOTES

DATE
11 MARCH 05
0245hrs

ICU Admission

CNS GSW back of neck tonight.
Via interpreter:-

S - Driving bus near Balad tonight when shot - does not know by whom.
General health good. No allergies.

O - Conscious, oriented, cooperative. Pupils EQUAL D/C
Vital signs stable.
Small, 1cm entrance wound at base of neck posteriorly - some bleeding.
Weakness & numbness in (L) arm.
↓ Power (L) leg, but not completely flaccid.
No dissociated anaesthesia (JPS, pain)
Reflexes ↓ both arms, present both legs ? L > R.
CT scan ⇒ bullet to (L) of spinal cord, likely nerve root damage.
Plantars ↓↓

A - Stable A, B, C.
P - Neuro obs. Maintain Cx collar
Flexion/extension Cx spine views in AM (per Dr (b)(3),(b)(6)
Other orders as charted.

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

MD

STANDARD FORM 508 (REV. 7-91) BACK

Pages 36 through 37 redacted for the following reasons:
- -
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MEDICAL RECORD	PROGRESS NOTES
DATE	
11 March 05	Received from ICU. Pt c̄ dressing back of neck. PT A+O X3 Nauro ✓ done (L) side ~~pt~~ JT (−) movement. RUE weak. RLU Normal movement. Lungs sounds clear. Resp even and unlabored. B/S X4. 14G Heplock R forearm. 18G Heplock in LAC. USS stable. HOB at 30° C-Collar D/C'd per D/s order. PT resting quietly at this time (b)(3),(b)(6)
11 Mar 05 1550	Recvd care of pt @ Δ of shift; see systems review sheet for assessment; adm meds per MD order; pt weak; pupils reactive sluggish; cont to monitor; Cont c̄ POC (b)(3),(b)(6)
12 MAR 05 @ 0415	Received care of pt @ 2300 11 MAR 05. See systems review sheet for nursing assessment. See MAR for meds. See flowsheet for V/S, neuro V's, I/O. Pt medicated for c/o pain @ 0400. Pt reports unable to move either arm at this time. Pt c̄ (+) CMS (R) LE, (+) CS c̄ minimal M. to (L) LE. Pt c̄ drsg to back of neck, CDI. Will cont to monitor (b)(3),(b)(6)
3/12/05 @0800	Pt awake, HOB 30° A+O X3, USS. ∅ Resp distr. Pt on R/A NAD. Pt turned to (R) side. Pt (+) CMS, movement weak to (R) side arm (+) strong (R) side leg; (L) weak mod (L) ∅ movt to (L) leg (+) dsgt movt. Dsgd to back of neck CDI will cont to mont
	(b)(3),(b)(6)

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

(b)(6)

STANDARD FORM 509 (REV. 7-91) (EG)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Pages 39 through 40 redacted for the following reasons:
- -
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SYSTEM	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
	11 Mar 05 1600	11 Mar 05 1550	3/12/5		
1. Neurological: Alert and oriented to person, place, and time. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial)(3),(b)(6	Normal @0000 YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial	Normal YES / NO * Initial
2. Cardiovascular: Pulse is regular and rate is within range for age. No dependent edema. Nail beds and mucous membranes pink. No calk tenderness. Calk tones normal.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
3. Pulmonary: Respirations are within normal rate; quiet and regular. Depth is regular, no cough. No abnormal breathe sounds.	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial (3),(b)(	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial	Normal YES / NO * Initial
4. GI: Abdomen soft and non distended. BS active. No N/V/pain while eating, no problems shewing or swallowing. Denies constipation, diarrhea or rectal bleeding.	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial	Normal YES / NO * Initial
5. GU: Reports no dysuria, retention, urgency, frequency, nocturia. Urine is clear, yellow/amber. No unusual discharge.	Normal Foley YES / NO * Initial	Normal Foley YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
6. Musculoskeletal: Normal muscle development & mass for age. No deformities. No assistive device needed. Normal active ROM w/o pain. No joint swelling, tenderness, weakness, or parasthesia.	Normal L side Dimension YES / NO * R side weakness Initial (3),(b)	Normal L side Dimension YES / NO * L side weak Initial (3),(b)	Normal L side Dimension YES / NO * R side weak Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
7. Skin: Warm, dry, intact. Good turgor and blanching. No rashes or irritation over bony prominences. Mucous membranes moist. Implement Braden scale?	Normal Assessing back neck YES / NO * Initial)(3),(b)(	Normal dry back neck YES / NO * Initial)(3),(b)(	Normal Dry body YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
8. Pain: No complaints of pain or descomfort. Pain managed with medications appropriately. Document on nursing notes.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Initial	Normal YES / NO * Initial
9. Psychosocial: Behavoir is appropriate to situation. Calm and cooperative with normal affect. Interacts appropriately with others.	Normal YES / NO * Initial)(3),(b)(	Normal YES / NO * Init (b)(3),(b)(6)	Normal YES / NO * (b)(3),(b)(6)	Normal YES / NO * Initial	Normal YES / NO * Initial

* Note: Any abnormal findings must be documented on Nursing Notes.

SSN / PT #

Name: (b)(6)

Rank:

332nd EMDG FORM 20041014

SYSTEM	Date & Time 11 Mar 2005 1000	Date & Time 11 Mar 05 1550	Date & Time 3/12/5	Date & Time	Date & Time
1. Neurological: Alert and oriented to person, place, and time. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal 0000 YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
2. Cardiovascular: Pulse is regular and rate is within range for age. No dependent edema. Nail beds and mucous membranes pink. No calf tenderness. Calf tones normal.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
3. Pulmonary: Respirations are within normal rate; quiet and regular. Depth is regular, no cough. No abnormal breathe sounds.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
4. GI: Abdomen soft and non distended. BS active. No N/V/pain while eating, no problems chewing or swallowing. Denies constipation, diarrhea or rectal bleeding.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
5. GU: Reports no dysuria, retention, urgency, frequency, nocturia. Urine is clear, yellow/amber. No unusual discharge.	Normal (b)(3)(b)(6) YES / NO * Initial	Normal (b)(3)(b)(6) YES / NO * Initial (3),(b)	(b)(3)(b)(6) Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
6. Musculoskeletal: Normal muscle development & mass for age. No deformities. No assistive device needed. Normal active ROM w/o pain. No joint swelling, tenderness, weakness, or parasthesia.	Normal YES / NO * Initial (3),(b)	No (b)(3)(b)(6) YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
7. Skin: Warm, dry, intact. Good turgor and blanching. No rashes or irritation over bony prominences. Mucous membranes moist. Implement Braden scale?	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
8. Pain: No complaints of pain or discomfort. Pain managed with medications appropriately. Document on nursing notes.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial	Normal YES / NO * Initial
9. Psychosocial: Behavoir is appropriate to situation. Calm and cooperative with normal affect. Interacts appropriately with others.	Normal YES / NO * Initial (3),(b)	Normal YES / NO * Initial (b)(3),(b)(6)	Normal YES / NO * (b)(3),(b)(6)	Normal YES / NO * Initial	Normal YES / NO * Initial

*** Note:** Any abnormal findings must be documented on Nursing Notes.

SSN / PT #

Name: (b)(6)

Rank:

332nd EMDG FORM 20041014

Page 43 redacted for the following reason:
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Already Reviewed and Redacted for Release

DATE: 11 JAN 05 CHIEF COMPLAINT: Vital Signs

TIME OF INJURY: 2330

TIME OF ARRIVAL:

ATTENDING PHYSICIAN (b)(3)(b)(6)

INJURY DE

BP 114/92 Pulse 100 O2 Sat 100

TRIAGE CATEGORY: ☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant

(AB)rasion
(AMP)utatio (b)(3)(b)(6)
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)chymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain

L L R

GSW

Patient
Se Stu
Pe Pal
Dr Doy
A=Abs (b)(6)

☐ GSW/Bullet ☐ CBRNE
☐ Blunt trauma ☐ Blast
☐ Single fragment ☐ Burn
☐ Multi-fragment ☐ Crush
☐ MVC ☐ Fall
☐ Aircraft crash ☐ IED
☐ Knife/edge (stab) ☐ Other____
☐ Mortar/RPG/Grenade

Transfer Bagdad for CT neck s/p neuro deficit & follow penetrating neck trauma

HISTORY/PHYSICAL

Head & Neck: GSW posterior (L) neck
Tym Membranes ☐ R Clear ☐ ☐ R Blood ☐
☐ C-Collar ☐ Intubate ☐ Cantholotomy
☐ Airway (oral/ nasal) ☐ CRiC ☐ Cantholysis
☐ Oral ☐ Nasal
☐ Chest tube
☐ R ☐ L ☐ Air ☐ Blood ☐ Needle decompression

Chest: equal
☐ Pulmonary Contusion
☐ Pulmonary Hematoma

Abdomen: soft & rebound/rigidity
☐ FAST
☐ DPL Neg
☐ NG/OG
☐ Pelvic Binder
☐ Foley

Pelvis: stable

Upper Extremities: nontender
☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Long Bone Splint
☐ Tourniquet Type_____ Time on:____ Time off:____

Lower extremities: nontender
☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Long Bone Splint
☐ Tourniquet Type_____ Time on:____ Time off:____

Neuro: LS
GCS:
Sphincter Tone: ↓tone
C-Spine Tender ☐ Yes ☐ No
Skin: Burn: 1st 2nd 3rd %TBSA
weakness (L) LE > UE
normal motor/sens (F)

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size 2 mm 2 mm

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Intraosseus ☐ Bair Hugger ☐ Level 1
☐ Central Line ☐ Chill Buster
☐ A-Line ☐ Cooling Blanket

DAMAGE CONTROL

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No I ☐ II ☐ III ☐ IV ☐ ☐ Yes ☐ No

DIFFERENTIAL DIAGNOSIS

☐ Cardiac ☐ GI ☐ Injury, MVA ☐ Nephrology ☐ Psychiatric, Stress
☐ Dermatologic ☐ Heat/Cold ☐ Injury, Work/Training ☐ Ob/Gyn ☐ Pulmonary
☐ Endocrine ☐ Infectious Disease ☐ Injury, Other ☐ Ophthalmologic ☐ STDs
☐ Fever, Unexplained ☐ Injury, Rec./Sports ☐ Neurologic ☐ Psychiatric, Mental ☐ All Other Medical/Surgical

DISPOSITION

☐ Routine
☐ Priority
☐ Urgent
☐ OR, ICU, ICW _____
☐ Level III, Level IV, Host Nation, Coalition Facility _____
☐ RTD Unit _____
☐ Deceased (see below)

Time of Death (hr,dd,mm,yy)

CAUSE OF DEATH

Anatomic:
☐ Airway ☐ Head ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Extremity(Upper/ Lower) ☐ Other, specify:

Physiologic:
☐ Breathing ☐ CNS ☐ Hemorrhage ☐ Total Body Disruption ☐ Sepsis ☐ Multi-organ Failure ☐ Other, specify:

PATIENT NAME

SSN/ID: (b)(6)

Physician Sign (b)(3),(b)(6)

Printed or type

Pages 45 through 47 redacted for the following reasons:
- -
(b)(6), Foreign Language
Already Reviewed and Redacted for Release

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Pages 49 through 62 redacted for the following reasons:
- -
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Foreign Language
Foreign Language, (b)(6)

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Page 64 redacted for the following reason:
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