

### SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

#### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).  
**PRINCIPAL PURPOSE:** To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.  
**ROUTINE USES:** Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.  
**DISCLOSURE:** Disclosure of your SSN and other information is voluntary.

1. LOCATION FOB BOSTICK, AFGHANISTAN	2. DATE (YYYYMMDD) 2009/10/23	3. TIME 1233	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E-5/RA	
8. ORGANIZATION OR ADDRESS 759th FST (ABN) TF MED , Fob Bostick, APO AE 09354			

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. WHAT IS YOUR DUTY POSITION? Operating Room NCOIC/Surgical Tech.
2. HOW LONG HAVE YOU BEEN IN THE ARMY? 5 years HOW LONG IN COUNTRY FOR THIS DEPLOYMENT? 7 months
3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? No IF SO, WHEN AND WHERE?
4. BRIEFLY DESCRIBE YOUR ACTIONS ON 3 OCT 09, WHO DID YOU TREAT, WHAT WERE THEIR WOUNDS, WHERE DID THE SOLDIER GO AFTER YOU WERE DONE TREATING THEM?  
During the MASCAL I was in the operating room with SPC Mace. I am the surgical tech on the Forward Surgical Team. He arrived after 13 hours from the time of injury as the landing zone for the medevac helicopter was too dangerous. He had internal injuries from a gunshot wound or shrapnel. Either way, we stopped the bleeding to his descending aorta, which was repaired with a suture since it was a tear. We resected (cut and stapled) some of his bowels that were perforated. We stopped the bleeding from the mesentary (tissue that covers most of the organs in the belly). When we first started the exploratory Laparotomy (we opened his abdomen) we noticed that his insides were dusky. This would indicate eschemia(loss of oxygen to the organs) and hypoxia (lack of oxygen). His vitals (as they were not stable even before we started the surgery) would not stabilize so we did a thoracotomy( opened his chest on the left side where the heart resides) and performed open heart massage and CPR. We did this for over an hour , treating with lifesaving drugs and performing CPR and commenced to shock his heart with the defibrillator. SPC Mace did not make it. Time of death was approximately 2240 if I can recall. I cleaned up the body and sutured him the best I could to prepare the body for transport.

END OF statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(3), (b)(6)	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

9. STATEMENT (Continued)

THIS PAGE NOT USED

**AFFIDAVIT**

I, (b)(3), (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT

\_\_\_\_\_  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of oct, 2009 at FOB BOSTICK, AFGHANISTAN, APO AE 09354

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(b)(3), (b)(6) \_\_\_\_\_  
ministering Oath)

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(b)(3), (b)(6) SFC, USA  
(Typed Name of Person Administering Oath)  
ARTICLE 136, UCMJ  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES