

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 1320	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS CPT/RA	
8. ORGANIZATION OR ADDRESS 759th FST/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? Critical Care Nurse 759th FST

2. HOW LONG HAVE YOU BEEN IN THE ARMY? HOW LONG IN COUNTRY FOR THIS DEPLOYMENT? I have been in the Army since 21MAY2005. I have been in country since 27JUN2009

3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? IF SO, WHEN AND WHERE? No

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?
 On 3OCT2009 I began treating an ANA soldier. When SPC Mace arrived at 2015 he was pale and his blood pressure was 75/12. I moved over to his table because it was clear that his injuries were severe and he was quickly decompensating. I worked with the other members of the FST and moved him back to the OR. I worked with SP (b)(3), (b)(6) setting up the Belmont which is a machine that rapidly transfuses blood. SPC Mace was prepped for surgery and sedated. Moments after D (b)(3), (b)(6) made his first incision we lost SPC Mace's pulse. I immediately started chest compressions. We followed ACLS protocol by doing 2 minute cycles of CPR. Medications were given according to ACLS standards. After doing CPR for several minutes SPC Mace's pulse returned. The surgery continued and I focused my attention on the blood transfusions. We had initiated the whole blood drive in the Aid Station. I made numerous trips from the OR to the backup OR in the aid station where the whole blood drive was taking place. I gave all the units of blood to SP (b)(3), (b)(6) who was running the Belmont and transfusing the blood. When there was not a unit of whole blood available I gave SP (b)(3), (b)(6) unit of O Positive blood from our supply, which was compatible with SPC Mace's blood type. There was always a unit of blood transfusing to support SPC Mace's vital signs. We lost his pulse again in the middle of the case and initiated CPR. I ran the defibrillator and monitored those doing CPR. When CPR was no longer effective a surgical PA who was assisting in the OR opened SPC Mace's chest to do internal cardiac massage. I rotated places with the surgical PA to prevent fatigue so we could provide the most effective cardiac massage. After 2 minutes we rotated back. During the rest of the case SPC Mace's vitals were unstable. I continued to run the defibrillator as others rotated to continue cardiac massage. Despite all our efforts SPC Mace continued to decompensate. ACLS protocol was continued until D (b)(3), (b)(6) determined that nothing else could be done. D (b)(3), (b)(6) called time of death at 2235. We cleaned up his body and placed him in a body bag. His body was carried out of the FST by members of 3-61.

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(3), (b)(6)	PAGE 1 OF 2 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, _____ DEMENT.

(b)(3), (b)(6)
(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)
(Signature of Person Administering 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)

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