

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) 20091022 <i>gr</i>	3. TIME 1235 <i>gr</i>	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS O3/AD	
8. ORGANIZATION OR ADDRESS HHT, 3RD SQN-61ST CAV REGT, 4IBCT-4ID, APO AE 09354			

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

1. WHAT IS YOUR DUTY POSITION?

I AM THE SQUADRON PHYSICIAN ASSISTANT.

2. HOW LONG HAVE YOU BEEN IN THE ARMY? HOW LONG IN COUNTRY FOR THIS DEPLOYMENT?

I HAVE BEEN IN THE ARMY FOR 13 YEARS ACTIVE DUTY. AND 5 MONTHS IN AFGHANISTAN.

3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? IF SO, WHEN AND WHERE?

I WAS DEPLOYED AT FOB RUSTAMIYAH, BAGHDAD, IRAQ; MAR - DEC 2007.

4. WHERE WAS YOUR BATTLE POSITION ON 3 OCTOBER 2009 AT COP KEATING?

I WAS AT COP KEATING AID STATION (MARKED BY NUMBER "4").

5. WHAT WERE YOUR ACTIONS DURING THE FIGHT?

MY ACTIONS WERE TREATING AND DIRECTING TREATMENT OF CASUALITIES. AT APPROXIMATELY 0600 ON 3 OCT, THE INITIAL ENEMY CONTACT BEGAN. THE TREATMENT TEAM ASSEMBLED IN THE AID STATION AS PLANNED. RADIO TRAFFIC REPORTED AN INJURED SOLDIER WAS EN ROUTE TO THE SHURA BUILDING (CCP- NUMBER "1"). I DIRECTED SSG (b)(3), (b)(6) TO MOVE TO THE CCP TO PROVIDE INITIAL TREATMENT AND EVACUATE TO THE AID STATION AS NEEDED. SHORTLY AFTER SSG (b)(3), (b)(6) DEPARTURE, AN RPG ROUND IMPACTED THE AID STATION ENTRANCE, SENDING SHRAPNEL INTO THE AID STATION CAUSING SHRAPNEL WOUNDS TO SGT (b)(3), (b)(6) SPC (b)(3), (b)(6) AND SPC (b)(3), (b)(6) SGT (b)(3), (b)(6) AND SPC (b)(3), (b)(6) WOUNDS WERE MINOR, SP (b)(3), (b)(6) SUSTAINED DEEP TISSUE WOUND TO HIS CALF WHICH REQUIRED MEDICAL TREATMENT. WHILE SG (b)(3), (b)(6) PROVIDED AID TO SP (b)(3), (b)(6) SSG (b)(3), (b)(6) RETURNED WITH THE CASUALTY (SGT JOSHUA KIRK), FROM THE CCP. IMMEDIATELY UPON SGT KIRK'S ARRIVAL, I ASSESSED A PENETRATING HEAD WOUND WAS PRESENT WITH SEVERE BLOOD LOSS AND RESPIRATORY DISTRESS. SGT KIRK WAS WEARING ACU PANTS, A BROWN T-SHIRT, AND HIS GEAR WAS CUT OFF OF HIM AT THE CCP. WHILE SSG (b)(3), (b)(6) CONTINUED TO ATTEMPT TO CONTROL THE BLEEDING, I ATTEMPTED PERIPHERAL IV ACCESS WITH NO SUCCESS.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(3), (b)(6)	PAGE 1 OF <u>4</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.

STATEMENT OF CPT

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

TAKEN AT FOB Bostick

DATED 2009 10 22

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

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

9. STATEMENT (Continued)

AFTER THE FAILED PERIPHERAL IV ATTEMPT, I OBTAINED STERNAL IO ACCESS WITH A FAST1, AND INITIATED HYPOTENSIVE RESUSCITATION WITH 500CC OF HEXTEND. I LISTENED FOR HEART SOUNDS AND FELT FOR A CAROTID PULSE WITH NEITHER PRESENT. I SECURED SGT KIRK'S AIRWAY WITH A KING LT, DIRECTED SSG (b)(3), (b)(6) TO PROVIDE RESPIRATIONS WITH A BVM WHILE I BEGAN CHEST COMPRESSIONS. AFTER APPROXIMATELY 1 MINUTE OF CPR, I ADMINISTERED 1 DOSE OF EPINEPHRINE AND CONTINUED CHEST COMPRESSIONS. WHILE SSG (b)(3), (b)(6) AND I ATTEMPTED TO RESUSCITATE SGT KIRK, 5 WOUNDED ANA SOLDIERS ARRIVED TO THE AID STATION WITH SGT (b)(3), (b)(6) AND SP (b)(3), (b)(6) PROVIDING TREATMENT TO THEM. IN ADDITION TO THE 5 ANA SOLDIERS ARRIVING, SGT (b)(3), (b)(6) ARRIVED WITH SPC MICHAEL P. SCUSA'S BODY. SPC SCUSA WAS WEARING ACU PANTS, BOOTS, ACH, IOTV, AND A BROWN T-SHIRT. AN ASSESSMENT OF SPC SCUSA'S BODY REVEALED A GSW TO HIS LEFT CAROTID ARTERY WITH NO PULSE OR HEART SOUNDS PRESENT. I PRONOUNCED SPC SCUSA'S TIME OF DEATH AT 0630. AT THIS TIME I PLACED SPC SCUSA'S BODY IN THE EXPECTANT AREA AND PLACED A BODY BAG OVER HIM. I RETURNED TO SGT KIRK AND DETERMINED OUR EFFORTS TO RESUSCITATE HIM WERE UNSUCCESSFUL AND PRONOUNCED HIS TIME OF DEATH AT 0645. WE PLACED HIM IN A BODY BAG AND PLACED HIM IN OUR EXPECTANT AREA. AT THIS TIME, APPROXIMATELY 2 ADDITIONAL US CASUALTIES ARRIVED (TRIAGED AS DELAYED) AND 2 ADDITIONAL ANA CASUALTIES ARRIVED (TRIAGED AS IMMEDIATE). AT THIS POINT THE CASUALTIES WITH EVAC CATEGORY/STATUS WERE AS FOLLOWS: US PENETRATING HEAD WOUND - KIA; US GSW TO NECK - KIA; US SHRAPNEL TO LOWER LEFT LEG - PRIORITY; US SHRAPNEL TO LEFT UPPER ARM AND LEFT UPPER BACK - PRIORITY; US SHRAPNEL TO RIGHT LOWER LEG - PRIORITY; ANA SHRAPNEL TO FACE WITH AVULSION INJURY TO BOTH EYES - URGENT; ANA ABDOMINAL EVISCERATION - URGENT; ANA SHRAPNEL RIGHT ARM - PRIORITY; ANA HEAD LACERATION - PRIORITY; ANA SHRAPNEL RIGHT UPPER CHEST - PRIORITY; ANA SHRAPNEL LEFT LOWER LEG - PRIORITY; ANA LEFT KNEE INTERNAL DERANGEMENT - ROUTINE. DURING THIS PERIOD OF TREATMENT, I DIRECTED MOST OF THE TREATMENT TO THE MEDICS WITH CLOSE OVERSIGHT ON THE CRITICAL PATIENTS, WHICH AT THIS TIME WERE THE ANA ABDOMINAL EVISCERATION AND ANA BILATERAL EYE AVULSION INJURY. WHILE TREATMENT WAS ONGOING, SPC (b)(3), (b)(6) ARRIVED TO THE AID STATION WITH SPC GRIFFIN'S BODY. HE WAS WEARING HIS IOTV, ACH, ACUS. MY ASSESSMENT REVEALED COPIOUS AMOUNTS OF BLOOD, BRAIN MATTER, AND SKULL FRAGMENTS IN HIS ACH. HIS PUPILS WERE FIXED AND DILATED. I LISTENED FOR HEART SOUNDS AND FELT FOR A CAROTID PULSE WITH NEITHER PRESENT. I PRONOUNCED HIS TIME OF DEATH AT 1030, PLACED HIS BODY IN A BODY BAG AND PLACED HIM IN THE EXPECTANT AREA. A SHORT TIME LATER, SPC (b)(3), (b)(6) ARRIVED, WITH A GSW TO HIS LEFT UPPER ARM. I PLACED HIM IN OUR PHARMACY WITH THE 2 OTHER US CASUALTIES THAT WERE STABLE, PROVIDED TREATMENT TO HIM, AND PLACED HIM IN THE PRIORITY EVAC CATEGORY. WHILE PROVIDING TREATMENT TO SPC (b)(3), (b)(6) I RECEIVED RADIO TRAFFIC THAT THE ENEMY HAD BROKEN THROUGH THE COP PERIMETER. I DETERMINED THAT ALL CASUALTIES HAD RECEIVED INITIAL LIFESAVING MEASURES AND WERE IN STABLE CONDITION. I ORDERED SP (b)(3), (b)(6) TO PULL SECURITY ON THE FRONT DOOR WITH THE AIRMAN PULLING SECURITY ON THE BACK DOOR OF THE AID STATION WHILE SSG (b)(3), (b)(6) AND SGT (b)(3), (b)(6) CONTINUED TO MONITOR THE CASUALTIES AND PROVIDE PAIN MANAGEMENT AS NEEDED. APPROXIMATELY 2 HOURS LATER, ISG (b)(3), (b)(6) ARRIVED AND INFORMED ME THAT A SECURITY TEAM WAS IN THE PROCESS OF SECURING THE COP. AROUND 1130 HRS, AN ADDITIONAL ANA CASUALTY WAS BROUGHT TO THE AID STATION. HE PRESENTED WITH PROFUSE BLEEDING FROM THE KNEE WITH OBVIOUS BONE/KNEE JOINT INVOLVEMENT. A TOURNIQUET WAS APPLIED MID FEMUR, PERIPHERAL IV ACCESS WAS OBTAINED, 500 CC OF HEXTEND ADMINISTERED, PAIN MANAGEMENT INITIATED WITH IV MORPHINE, AND IV ANTIBIOTIC THERAPY INITIATED. AROUND 1200 HRS, I RECEIVED RADIO TRAFFIC THAT PFC MACE HAD BEEN SECURED FROM THE GUN TRUCK WITH SERIOUS INJURIES THAT OCCURRED AT APPROXIMATELY 0630 HRS AND HE WAS EN ROUTE TO THE AID STATION. IN PREPARATION OF THE INCOMING LITTER PATIENT, I DIRECTED THE MOVEMENT OF THE 2 ANA LITTER PATIENTS TO OUR OVERFLOW AREA OUT ON THE DECK SURROUNDED BY SANDBAGS. UPON ARRIVAL OF PFC MACE, MY INITIAL ASSESSMENT REVEALED A DISTAL LEFT TIB/FIB FRACTURE, PENETRATING SHRAPNEL WOUNDS TO HIS LOWER LEFT ABDOMEN AND LEFT PELVIC REGION. HE ALSO HAD WOUNDS TO HIS UPPER LEFT THIGH WITH A TOURNIQUET PLACED ON THE PROXIMAL FEMUR WITH BLEEDING CONTROLLED. THERE WERE NO DISTAL PULSES IN HIS UPPER OR LOWER EXTREMITIES. HIS LEVEL OF CONSCIOUSNESS WAS DIMINISHED. OXYGEN WAS ADMINISTERED AT 10 LPM VIA NON REBREATHING MASK. AFTER MULTIPLE ATTEMPTS AT PERIPHERAL IV ACCESS, I DETERMINED THE USE OF A FAST1 TO OBTAIN STERNAL IO ACCESS TO BE THE BEST COURSE OF ACTION. ONCE IO ACCESS WAS ESTABLISHED, 500 CC'S OF HEXTEND WAS

NAME OF PERSON MAKING STATEMENT

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

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

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STATEMENT OF CPT (b)(3), (b)(6) TAKEN AT FOB BOSTIC DATED 2009/10/20 22 (b)(3), (b)(6)

9. STATEMENT (Continued)

UPON COMPLETION OF THE BAG OF HEXTEND, THE IO LINE FAILED. I ATTEMPTED TO ASPIRATE AND FLUSH THE LINE WITH NO SUCCESS. AFTER EVALUATION OF ATTEMPTING ANOTHER PERIPHERAL IV LINE AND CONCLUDING THERE WERE NO VIABLE ACCESS POINTS, I PROCEEDED WITH AN IO LINE USING A MANUAL EZIO IN THE RIGHT PROXIMAL TIBIA. AFTER SUCCESSFUL ASPIRATION AND A SALINE FLUSH, AN ATTEMPT TO ADMINISTER 500 CCS OF NORMAL SALINE WAS MADE. THE ATTEMPT WAS SUCCESSFUL FOR A SLOW DRIP, BUT NOTHING FASTER. AT THIS TIME, SSG (b)(3), (b)(6) WAS SUCCESSFUL IN OBTAINING IV ACCESS IN THE LEFT ARM. BASED ON THE ELAPSED TIME FROM THE LAST BAG OF HEXTEND, AND NO CHANGE IN VITAL SIGNS, I ADMINISTERED A SECOND BAG OF HEXTEND. DURING THE ADMINISTRATION OF HEXTEND, I ALSO ADMINISTERED A 500 CC BAG OF NORMAL SALINE WITH 3 GRAMS OF UNASYN (ANTIBIOTIC) THROUGH THE TIBIAL IO LINE. AT APPROXIMATELY 1430 HRS, I CONFIRMED WITH THE GROUND COMMANDER, ILT (b)(3), (b)(6) THAT A MEDEVAC WOULD BE NO EARLIER THAN 1930 HRS. I BEGAN TO CONSIDER OTHER METHODS OF HYPOTENSIVE RESUSCITATION. AT THIS TIME, A FIRE STARTING ON THE ANA SIDE OF THE COP WAS SPREADING WITH A IMMINENT THREAT TO THE AID STATION CATCHING FIRE. I ORDERED THE MOVEMENT OF ALL THE ANA AMBULATORY PATIENTS TO AN ALTERNATE LOCATION, WHILE HAVING LITTER TEAMS ON STANDBY TO EVACUATE THE 3 LITTER PATIENTS. AS THE BUILDING WAS BEING EVACUATED, SPC (b)(3), (b)(6) CUT DOWN THE TREE WITH A CHAINSAW, PREVENTING THE AID STATION FROM CATCHING FIRE. AFTER CONFIRMING THE AID STATION WAS NOT IN DANGER OF CATCHING FIRE, I REASSESSED PFC MACE'S CONDITION. HIS VITAL SIGNS HAD NOT IMPROVED AND HIS MENTAL STATUS WAS DIMINISHING. AT THIS TIME, I OBSERVED PFC MACE'S ID TAGS AND VERBALLY CONFIRMED THAT HIS BLOOD TYPE WAS A POSITIVE. A QUICK SURVEY OF THE AID STATION PERSONNEL REVEALED 3 PEOPLE WITH A POSITIVE BLOOD, WHICH INCLUDED MYSELF AND 2 MEDICS. I GATHERED THE BLOOD TRANSFUSION KITS AND BEGAN TO PREP THE EQUIPMENT. AFTER COLLECTING 1 UNIT OF BLOOD FROM SPC (b)(3), (b)(6) I BEGAN TO ADMINISTER WHOLE BLOOD AND REALIZED THAT HIS IV LINE WAS REMOVED FROM MOVING AROUND. ANOTHER IV LINE WAS OBTAINED FROM HIS EXTERNAL JUGULAR VEIN BY SGT (b)(3), (b)(6) THE WHOLE BLOOD WAS ADMINISTERED SLOWLY WITH CLOSE OBSERVATION FOR CHANGE IN VITAL SIGNS, MENTAL STATUS OR TRANSFUSION RELATED REACTIONS. AFTER THE FIRST UNIT OF BLOOD WAS COMPLETED, HIS MENTAL STATUS IMPROVED AS HE BEGAN TO MAKE JOKES AND COMPLAIN ABOUT PAIN IN HIS LOWER LEFT LEG. HIS CAROTID PULSE RATE AT THIS TIME WAS 125 BPM AND HIS FEMORAL PULSE WAS PALPABLE AT 125 BPM ALSO. THIS PROCESS WAS REPEATED FOR AN ADDITIONAL 3 UNITS OF WHOLE BLOOD WITH MONITORING OF VITAL SIGNS EVERY 5 MINUTES. AFTER THE 4TH UNIT OF BLOOD, I CHANGED THE EXTERNAL JUGULAR IV LINE TO A BAG OF NORMAL SALINE WITH THE UNASYN FROM THE TIBIAL IO LINE. AT APPROXIMATELY 2015 HRS, I WAS NOTIFIED THAT A MEDEVAC WAS EN ROUTE AND "WHEELS DOWN" WAS IN 15 MINUTES. WE WRAPPED PFC MACE WITH A HYPOTHERMIA KIT, PLACED A 5TH UNIT OF WHOLE BLOOD IN A PRESSURE INFUSER AND HANDED PFC MACE AND THE 2 OTHER ANA LITTER PATIENTS TO THE MEDEVAC HELICOPTER. I WAS INFORMED THE NEXT MEDEVAC WOULD TAKE 5 AMBULATORY PATIENTS. THIS FLIGHT CARRIED THE 4 US CASUALTIES AND THE 1 ANA FACIAL INJURY. THE FINAL MEDEVAC RETURNED AND COLLECTED THE REMAINING 5 ANA AMBULATORY PATIENTS. AFTER ALL PATIENTS WERE EVACUATED, A THOROUGH REFIT OF THE AID STATION OCCURED TO PREPARE FOR ADDITIONAL CASUALTIES. AFTER THE AID STATION WAS PREPPED, I ORDERED THE MEDICS TO CHECK ALL OF THEIR SOLDIERS FOR INJURIES AND BRING THEM TO THE AID STATION FOR TREATMENT. THE FOLLOWING DAY, 2 ASG SOLDIERS REPORTED TO THE AID STATION FOR TREATMENT. THEIR INJURIES INCLUDED A GSW TO THE LEFT UPPER ARM AND SHRAPNEL WOUNDS TO THE ABDOMEN AND LOWER LEGS. AFTER ESTABLISHING BLEEDING CONTROL, INITIATING PAIN MANAGEMENT, AND ANTIBIOTIC THERAPY, A 9 LINE MEDEVAC WAS REQUESTED AND THE PATIENTS WERE MEDEVAC'D. DURING THE ENTIRE EVENT AT COP KEATING, A TOTAL OF 16 US AND ANSF SOLDIERS WERE TREATED AND EVACUATED, AND AN ADDITIONAL 27 US AND ANSF WALKING WOUNDED SOLDIERS WERE TREATED AND RETURNED TO DUTY.

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 4 PAGES

9. STATEMENT (Continued)

6. WHAT VULNERABILITIES DID YOU SEE OR FEEL AT COP KEATING?

THE VULNERABILITIES THAT I FELT AT COP KEATING WERE LOCATION, AND LACK OF PERSONNEL. 7. WHAT WAS FIRST ENEMY ACTION YOU SAW? WHERE WERE YOU, AND WHERE DID YOU MOVE?

7. WHAT WAS FIRST ENEMY ACTION YOU SAW? WHERE WERE YOU, AND WHERE DID YOU MOVE? AT APPROXIMATELY 0600 WAS THE INCOMING ROUND. I JUMPED OUT OF MY BUNK IN THE BACK OF THE AID STATION AND MOVED TO THE TREATMENT AREA. I REMAIN IN THE VICINITY OF THE AID STATION THE ENTIRE TIME (POINT 4)

8. WAS ANYONE NEAR YOU WOUNDED OR KILLED? WHO, AND WHAT WAS THE NATURE OF INJURIES?

THERE WERE 3 SOLDIERS IN THE AID STATION TREATMENT AREA (SGT (b)(3), (b)(6) SP (b)(3), (b)(6) AND SP (b)(3), (b)(6) ALL THREE WERE WEARING THEIR PPE.) WITH ME THAT SUSTAINED SHRAPNEL INJURIES FROM AN RPG THAT LANDED AT THE DOOR. THE INJURIES INCLUDED, 1 SUPERFICIAL SOFT TISSUE WOUND TO LEFT NECK AND CHEST, 1 SUPERFICIAL SOFT TISSUE WOUND TO RIGHT ARMPIT, AND 1 DEEP SOFT TISSUE WOUND TO POSTERIOR CALF.

9. DID YOU HAVE EXPERIENCE WITH THE ANA? HOW EFFECTIVE WAS THE WORKING RELATIONSHIP WITH ASSIGNED ANA/ANP ELEMENTS?

AT MANY TIMES DURING THE CONTACT, NON WOUNDED ANA SOLDIERS WOULD ATTEMPT TO HIDE IN THE AID STATION OR PRESENT WITH WOUNDS THAT WERE NOT PHYSICALLY PRESENT. THIS WAS A POTENTIAL PROBLEM AS IT REQUIRED EFFORT TO REMOVE THEM FROM THE AID STATION, AS WELL AS TAKING UP MUCH NEEDED SPACE FOR THE INJURED.

10. DID YOU INTERACT WITH THE LOCAL COMMUNITY? HOW WERE YOU RECEIVED BY THE LOCALS?

MY INTERACTION WITH THE LOCALS OCCURED WHEN THEY SOUGHT MEDICAL TREATMENT. THE LOCALS I DID COME IN CONTACT WITH WERE THANKFUL FOR THE MEDICAL CARE WE PROVIDED THEM. MY ACTIONS WERE WELL RECEIVED ON EACH ENCOUNTER.

11. DID YOU EXPERIENCE ANY WEAPON SYSTEM FAILURE DURING THE INCIDENT? NO.

AFFIDAVIT

I, CPT (b)(3), (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE (b)(3), (b)(6) 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, (

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22nd day of October, 2009 at FOB BOSTICK, AFGHANISTAN, APO AE 09354

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

(Signature of Person Administering Oath)

CPT

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

JA

(Typed Name of Person Administering Oath)

Article 136 UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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