

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 FENTY, JALALABAD, AFGHANISTAN	2. DATE (YYYYMMDD) 2009/10/2	3. TIME 16	4. FILE NUMBER (b)(3), (b)(6)
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS O3	
8. ORGANIZATION OR ADDRESS HHC BDE, 4IBCT, 4ID			

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

1. The following is a timeline of the initial MEDEVACs of casualties from Keating/Fritsche according to what was reported via mIRC chat on 03 OCT 2009 (all times Zulu):

- 0144: 9-Line MEDEVAC Request: 1x US at Keating (Priority)
- 0156: Casualty Reporting Update: 2 reported casualties, 1x US at Keating (Priority) + 1x US at Fritsche (Urgent)
- 0202: Casualty Reporting Update: 3 reported casualties, 2x US at Keating (1xUrgent, 1xPriority), 1x US at Fritsche (Urgent)
- 0208: MEDEVAC DO25 w/u JAF (FL08 chase). 24min launch time, 12min from 1st urgent request to launch
- 0226: AH-64 suppressing AAF at Keating, PH reports MEDEVAC to hold at Bostick pending AH-64 availability to escort DO into the Kamdesh. HLZ not secure, unsafe for MEDEVAC.
- 0237: Casualty Reporting Update: 5 reported casualties, 3x US at Keating (3xUrgent), 2x US at Fritsche (2xRoutine)
 - Casualty 1: Hero, no injury detail
 - Casualty 2: Breathing with bag & mask, no injury detail
 - Casualty 3: Shrapnel to face, missing one eye
 - Casualty 4 & 5: Both minor, shrapnel to arm & shrapnel to head
- 0240: MEDEVAC DO25 w/d BOS, awaiting TIC to clear and AH-64 escort availability. HLZ still not secure, unsafe for MEDEVAC.
- 0440: Casualty Reporting Update: 11 reported casualties, 5x US at Keating (2xKIA, 1xUrgent, 2xPriority), 4x US at Fritsche (all minor, RTD), 6x ANA at Keating (6xUrgent). HLZ still not secure, unsafe for MEDEVAC.
- 0706: Casualty Reporting Update: 19 reported casualties, 8x US at Keating (5xKIA, 1xUrgent, 2xPriority), 5x US at Fritsche (all minor, RTD), 6x ANA at Keating (6xUrgent). HLZ still not secure, unsafe for MEDEVAC.
- 0831: Casualty Reporting Update: 20 reported casualties, 9x US at Keating (6xKIA, 1xUrgent, 2xPriority), 5x US at Fritsche (all minor, RTD), 6x ANA at Keating (6xUrgent). HLZ still not secure, unsafe for MEDEVAC.
- 1339: MEDEVAC still unable to go into Keating. HLZ still not secure, unsafe for MEDEVAC.
- 1508-1546: Break in TIC, first opportunity for MEDEVAC. MEDEVAC DO23 w/u BOS enroute to KEA @ 1508 (b)(2)High (b)(2)High). w/d KEA 1532. w/u KEA 1537. w/d BOS 1546. 3 urgent casualties transferred to BOS FST. 1x US Urgent with a left leg and pelvic fracture, in shock (SPC Mace). 2x ANA Urgent: 1x GSW R leg/knee and 1x penetrating abdominal wound.
- 1550-1613: Non-Standard MEDEVAC FL77 – BOS-KEA-BOS (1st turn, 1st aircraft). 6 Heros.
- 1550-1631: Non-Standard MEDEVAC FL74 – BOS-KEA-BOS (1st turn, 2nd aircraft). Other non-urgent casualties (see list).
- 1630-1649: Non-Standard MEDEVAC FL77 – BOS-KEA-BOS (2nd turn, 1st aircraft). Other non-urgent casualties (see list).
- 1650-1736: Non-Standard MEDEVAC FL74 – BOS-KEA-BOS (2nd turn, 2nd aircraft). Other non-urgent casualties (see list).
- 1651: MEDEVAC DO23 w/u BOS enroute ABAD & JAF with 2x Urg ANA transfers.
- 1704: MEDEVAC DO23 arrives at ABAD. 1x Urg ANA transfer to ABAD FST OR.
- 1725: MEDEVAC DO23 arrives at JAF. 1x Urg ANA transfer to JAF FST OR.
- 1810-1930: ERQS PD33 & PD34 transfer 6x US Heros, BOS-BAF.
- Later, time unknown: CH-47 backhall transfer 2x US Heros, BOS-BAF.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	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 1600 DATED 2009/10/27

9. STATEMENT (Continued)

2. The following is a by-name list of casualties sustained at Keating/Fritsche on 03 OCT 2009 as reported to BDE MEDOPS:

RANK	NAME	SSN	AFFIL	BN	LOC	TYPE	INJURIES / UPDATES
SPC			US	3-61	KEA	WIA	Shrapnel to L calf. Initially evacuated to BAF. 04OCT RTD.
SPC			US	3-61	KEA	WIA	GSW to L shoulder; fracture of shoulder bone (acromium) & outer clavicle (stable). EVACUATED TO CONUS.
PV1	(b)(3), (b)(6)		US	3-61	KEA	WIA	L arm & thigh shrapnel wounds. L thumb fracture with small fragments. EVACUATED TO CONUS.
SPC			US	3-61	KEA	WIA	Shrapnel R calf and both thighs. RTD.
SPC			US	3-61	KEA	WIA	No Injuries - RTD.
SGT			US	3-61	KEA	WIA	Initially RTD. Then possible mild TBI symptoms. EVACUATED TO CONUS.
PFC	MACE, STEPHAN		US	3-61	KEA	DOW	Left Leg & Pelvic Fx, Shock. Given whole blood. 1900L: BP 150/60, R 20. 2100L: To OR (BOS). 2150: CPR. Return of spontaneous circulation. 2232: DOW in OR. BAF via CH-47 backhall.
SGT	HARDT, JOSHUA		US	3-61	KEA	KIA	BAF CH-47 backhall. Specific Injuries Unknown.
SGT	MARTIN, VERNON	(b)(6)	US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
SPC	SCUSA, MICHAEL		US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
SGT	KIRK, JOSHUA		US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
SGT	GALLEGOS, JUSTIN		US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
PFC	THOMSON, KEVIN		US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
SPC	GRIFFIN, CHRISTOPHER		US	3-61	KEA	KIA	ERQS Txfr w/u BOS 2240, w/d 2359. Specific Injuries Unknown.
1LT			US	3-61	FRI	WIA	Shrapnel wound R hand, RTD
SPC			US	3-61	FRI	WIA	Grazing GSW R arm, RTD
PFC	(b)(3), (b)(6)		US	3-61	FRI	WIA	Grazing GSW to head, RTD
SSG			US	3-61	FRI	WIA	GSW L arm, RTD
CPL			US	3-61	FIR	WIA	Shrapnel to L thigh, RTD
-			US	CIV	KEA	WIA	Near blast. Headache. Hip pain. RTD.
-	Unknown	-	AF	ANSF	KEA	WIA	GSW R Leg/Knee, to OR (ABAD), rhabdo (dead muscle), shattered femur, txfr to JAF, to OR (JAF) for R leg amputation. Transferred to BAF on ventilator, critical condition. Outcome unknown.
-	Unknown	-	AF	ANSF	KEA	WIA	ICU 12. Frag to L abdomen, to OR (JAF), small bowel resection, pancreatic tear, collapse lung, liver laceration, abdomen open. Transferred to BAF on ventilator, critical condition. Outcome unknown.
-	Unknown	-	AF	ANSF	KEA	WIA	ICU 1. Frag to face, both eyes injured. Frag to R hand and forearm. Underwent evaluation at BAF by Ophtho & Ortho. Outcome unknown.
-	Unknown	-	AF	ANSF	KEA	WIA	ICW 15B. R leg and L arm fragment wounds. Transferred to BAF for further care. Outcome unknown.
-	Unknown	-	AF	ANSF	KEA	WIA	R Hand fragment wound with fracture. Will remain at BOS. Transferred to LN healthcare facility. RTD.
-	Unknown	-	AF	ANSF	KEA	WIA	minor only. RTD.
-	Unknown	-	AF	ANSF	KEA	WIA	minor only. RTD.
-	Unknown	-	AF	ANSF	KEA	WIA	minor only. RTD.
-	Unknown	-	AF	ANSF	KEA	KIA	-
-	Unknown	-	AF	ANSF	KEA	KIA	-

US MIL: 11 WIA, 7 KIA, 1 DOW US CIV: 1 WIA ANSF: 9 WIA, 2 KIA

- Neither I nor the FST Surgeons evaluated the 7 Soldiers that were KIA at COP Keating prior to evacuation. I do not know their specific injuries. At this time autopsies is pending but no results are available. Their remains were examined by the CJTF Command Surgeon, LTC (b)(3), (b)(6) who may be able to provide further details about the specific injuries sustained. His contact information is

(b)(3), (b)(6), (b)(2) DSN (b)(2)

INITIALS OF PERSON MAKING STATEMENT

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

STATEMENT OF CPT (b)(3), (b)(6) _____ TAKEN AT 1600 DATED 2009/10/27

9. STATEMENT (Continued)

3. The following is a summary of the injuries and medical treatment for the U.S. casualties injured at Keating on 03 OCT 2009 that survived to arrival at BOS FST and were not returned-to-duty:

SPC Stephan Mace (b)(6) : sustained life-threatening injuries early in the attack on COP Keating, including a left lower abdominal wound, left femur fracture, and open left lower leg fracture. A 9-line MEDEVAC request was initially submitted at 0144 and his status reported as urgent at 0202. Due to the ongoing enemy attack and very high threat to aircraft, MEDEVAC was unable to proceed to COP Keating. SPC Mace was treated by combat medics and CPT (b)(3), (b)(6) PA-C, for approximately 14 hours until MEDEVAC could be performed. Please see CPT(b)(3), (b)(6) statement for complete details of the on-scene medical care provided, which was reported to include tourniquet placement, 4 liters of crystalloid IV fluid and, when death from hypotension became likely, 7 units of fresh whole blood. MEDEVAC was first able to arrive at COP Keating at 1532, at which time SPC Mace was awake, alert, and protecting his airway adequately. Vital signs demonstrated significant blood loss with a blood pressure of 58/24 and a HR of 136. He was transported to the Bostick Forward Surgical Team (FST), arriving at 1546. Upon arrival he was quickly taken to the operating room by (b)(3), (b)(6) Surgeon and the team. He was sedated and placed on a ventilator. There was very poor blood flow to the left leg, much of his bowel was swollen and no longer alive, and there was old blood in the back of the left abdomen (retroperitoneum). His left colon was removed and abdomen explored for other treatable injuries. Unfortunately, his vital signs progressively worsened and his heart stopped. All efforts to resuscitate him including thoracotomy and Advanced Cardiac Life Support protocols were attempted for 30-60 minutes, without success. SPC Mace died of his wounds at 1805. The medical treatment SPC Mace received at all levels was appropriate for the injuries sustained, and heroic measures employed at all levels of care. MEDEVAC was immediately available, but due to the ongoing enemy attack, completion of this MEDEVAC was significantly delayed with a total-mission-time of 14 hours, 2 minutes. Had immediate MEDEVAC been possible, his chance of surviving his life-threatening injuries would have been increased.

SGT (b)(3), (b)(6) : sustained a gunshot-wound to the left shoulder, with underlying fracture of shoulder bone (acromion) & outer clavicle. upon evacuation he was evaluated by the Bostick FST and no life threatening injuries were identified. He was further evacuated to BAF where he underwent surgery for bullet removal, washout & wound vac placement on 04OCT. He had multiple subsequent surgeries for wound wash out and revision. He was routinely evacuated through LRMC, Germany to the rear and is currently recovering at Ft Carson, CO (arrived 13OCT). Medical treatment has been appropriate. He sustained no known adverse effects or complications related to the initial delay in evacuation.

PV1 (b)(3), (b)(6) : sustained "peppering" superficial shrapnel wounds to the upper & lower left arm, left thigh and face and a fractured left thumb (proximal phalanx). Ophthalmology exam of eyes revealed no injury. Left thumb and forearm were casted after surgery on 06OCT for wound wash & shrapnel removal. He was routinely evacuated through LRMC, Germany to the rear and is currently recovering at Ft Carson, CO (arrived 11OCT). Medical treatment has been appropriate. He sustained no known adverse effects or complications related to the initial delay in evacuation.

SGT (b)(3), (b)(6) : sustained superficial shrapnel wounds to the left upper arm, elbow, and forearm. Initial FST evaluation upon return from Keating on 06OCT showed no evidence of infection. Motrin and Percocet were given to use as needed for pain. There was no complaint of HA or possible TBI symptoms documented at that time. He presented to the FST again on 13OCT with a complaint of episodic headaches, blurry vision, and confusion with persistent balance difficulty, irritability, nausea/vomiting, memory loss, concentration difficulty, and ringing in the ears. Exam was normal, including neurologic exam and tympanic membranes. MACE score 17/30. He was evacuated to BAF for head CT, which was normal. He was further evacuated by neurology to CONUS for possible mild traumatic brain injury. He arrived at Ft Carson, CO on 24 OCT 2009 where he is currently. Medical treatment has been appropriate. He sustained no known adverse effects or complications related to the initial delay in evacuation.

-----NOTHING FOLLOWS-----

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

INITIALS OF PERSON MAKING STATEMENT

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

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STATEMENT OF CPT (b)(3), (b)(6) _____ TAKEN AT 1600 _____ DATED 2009/10/27 _____

9. STATEMENT (Continued)

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

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 4. 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 _____

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 27th day of OCTOBER, 2009 at FOB FENTY AFGHANISTAN

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

ORGANIZATION OR ADDRESS

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

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

MAJJA

ART. 136, UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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