



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE MOUNTAIN WARRIOR
COMBINED JOINT TASK FORCE-82
FOB FENTY, AFGHANISTAN
APO AE 09310

AFZC-BCT-BJA

27 October 2009

MEMORANDUM FOR RECORD

SUBJECT: AR 15-6 Investigation Statement of CPT (b)(3), (b)(6)

1. On 27 October 2009, I, CPT (b)(3), (b)(6) interviewed CPT (b)(3), (b)(6) at FOB Fenty, Afghanistan. The primary purpose was to ascertain CPT (b)(3), (b)(6) involvement during the attack on COP Keating on 3 October 2009. CPT (b)(3), (b)(6) served as a Flight Surgeon on the day of the attack. The following are questions I asked and the answers provided by CPT (b)(3), (b)(6)

a. WHAT IS YOUR DUTY POSITION?

I am an active duty physician assigned to the 7th Squadron Cavalry Regiment, 159 Combat Aviation Brigade, 101st Airborne Division (Air Assault), assigned as the Task Force Palehorse Flight Surgeon and DUSTOFF medical director.

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

I have been in the Army for 5 years, and on active duty for 2 years. I have been stationed at JAF since December, 2008.

c. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? IF SO, WHEN AND WHERE?
This is my first combat deployment.

d. EXPLAIN YOUR ACTIONS ON THE DAY OF THE ATTACK ON COP KEATING.
I was pre-positioned with Palehorse DUSTOFF at FOB Bostick on the day of the attack, 3 October 2009. Early in the evening on that date, DUSTOFF launched to FOB Keating to transport 3 urgent casualties. Escorted by AH-64 Weapon elements, we landed at FOB Keating and picked up 1 US Soldier (SPC Mace) and 2 ANA service members.

e. PROVIDE YOUR MEDICAL ASSESSMENT OF SPC STEPHAN MACE.
SPC Mace was in hemorrhagic shock upon our arrival at FOB Keating, was hypotensive with a blood pressure of 58/24 and tachycardic with a heart rate of 136, with a GCS of 15 upon my initial assessment. He was maintaining his own airway with an SpO2 of 99% on high flow oxygen and had both intravenous and intraosseous vascular access. He had received multiple units of fresh warm blood while at Keating, awaiting transport. His injuries included injuries to

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his bilateral lower extremities, with a prolonged tourniquet time on his left leg. He also had penetrating trauma to his left abdomen. Efficacy of tourniquet was confirmed, IV fluids (TKO rate) and oxygen (15 LPM by NRB) were delivered, and vital signs and mental status were monitored. Upon arrival at the FST at Bostick, he was assessed by MA (b)(3), (b)(6) who initiated further blood product infusion and made the decision to take him to the operating room for an exploratory laparotomy, to gain surgical control of his hemorrhage. He was RSI'd by LTC (b)(3), (b)(6) in the OR, after which I departed the FST to reset the aircraft. Per report by the FST, SPC Mace arrested multiple times intropoperatively. He died of his wounds in the operating room and death was declared by MA (b)(3), (b)(6)

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

CPT, JA
Assistant Investigating Officer