

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 1400	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS O5/AD	
8. ORGANIZATION OR ADDRESS 759th FST (ABN) 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? 66F- Certified Registered Nurse Anesthetist

2. HOW LONG HAVE YOU BEEN IN THE ARMY? 14 years Amy National Guard (1980-1994), 15 years Active duty (1994 to present) HOW LONG IN COUNTRY FOR THIS DEPLOYMENT? 4 months at present

3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? YES. IF SO, WHEN AND WHERE? 2003-BAF Afghanistan, 2004- Iraq, 2005-Mosul, Iraq

4. PLEASE DESCRIBE YOUR ACTIONS ON THE DAY OF THE INCIDENT? WHO DID YOU TREAT, WHAT WERE THEIR WOUNDS, AND WHERE DID THEY GO AFTER YOU TREATED THEM? I was awakened early that morning and told about incoming casualties- no ETA available at that time. I reported the FST prepared my work area, double checked the airway work stations throughout the FST and awaited more information. During the course of the day additional information filtered down to the medical team regarding number and severity of casualties. When it became apparent that casualties would not arrive until early evening, I put out word that the team should get as much rest as possible since it was likely to be a very long night caring for casualties. About 2000 ours casualties began to arrive. The only casualty that I personally cared for was Mace. Upon arrival, he was conscious but lethargic and very pale. Initial vital signs were poor and difficult to obtain. He was markedly hypotensive and tachycardic (130's I believe). MA (b)(3), (b)(6) and I agreed to take the patient back to the OR immediately for resuscitation and damage control surgery. Mace was placed on the OR table, supplemental oxygen, standard monitors applied, right femoral central venous line and left external jugular 14gauge IV cath placed. Whole blood transfusion started as soon as access achieved via the Belmont rapid infusion device. He was induced with etomidate and rocuronium. Intubation was uneventful and ETT placement confirmed. After induction , vital signs continued to worsen requiring intermittent doses of vasopressors for blood pressure support. Fluid and blood product resuscitation continued for about 5 -10 minutes and I (b)(3), (b)(6) as notified that the patient was not responding to either the fluid resuscitation or drugs. He decided to proceed with the surgery to abate suspected ongoing blood loss. I observed the skin incision which revealed that the patient was not bleeding from the surgical wound and that the bowels were markedly discolored-purple indicating ischemia. The patient continued to do very poorly and soon began to have copious amount of clear pink fluid emitted from the endotracheal tube. I cleared the ETT with suctioning several times and informed the surgeon that the patient was drowning in his own fluids-eventually I suctioned more than 3 liters of fluid from the ETT over the next 30-45 minutes. I suspected a possible blood reaction- administered Benadryl, decadron and began intermittent doses of epinephrine. Soon the patient was pulse less and CPR was initiated while continuing to attempt to find the source of blood loss. Other efforts such as open cardiac massage, multiple vasopressors, electrolytes and infusions where initiated resulting in return of brief periods intermittent of spontaneous circulation which was we were never able to sustain for more than 1-2 minutes.

10. EXHIBIT	11. PERSON MAKING STATEMENT (b)(3), (b)(6)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT 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 (b)(3), (b)(6) _____ TAKEN AT FOB Bostick _____ DATED 2009/10/23 _____

9. STATEMENT (Continued)

After about 45 minutes of aggressive ACLS interventions the decision was made to stop efforts. The patient's pupils were fully dilated and unresponsive to light and there was no cardiac output. Dr. (b)(3), (b)(6) pronounced the patient (b)(3), (b)(6)

6. ARE THERE ANY OTHER MATTER YOU DEEM RELEVANT? PLEASE EXPLAIN. NONE

Nothing Follows-----

INITIALS

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

PRINTING STATEMENT

PAGE 2 OF 3 PAGES

DATE

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 2. 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 THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

I, _____ to administer oaths, this 22 day of OCT, 2009 at BAF, AFGHANISTAN APO AF 09354

(b)(3), (b)(6) _____
(Typing Oath)

(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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