

DEPARTMENT of DEFENSE  
Combined/Joint Task Force (CJTF)-76  
Bagram Airfield, Afghanistan APO, AE 09354

AFZS-DS

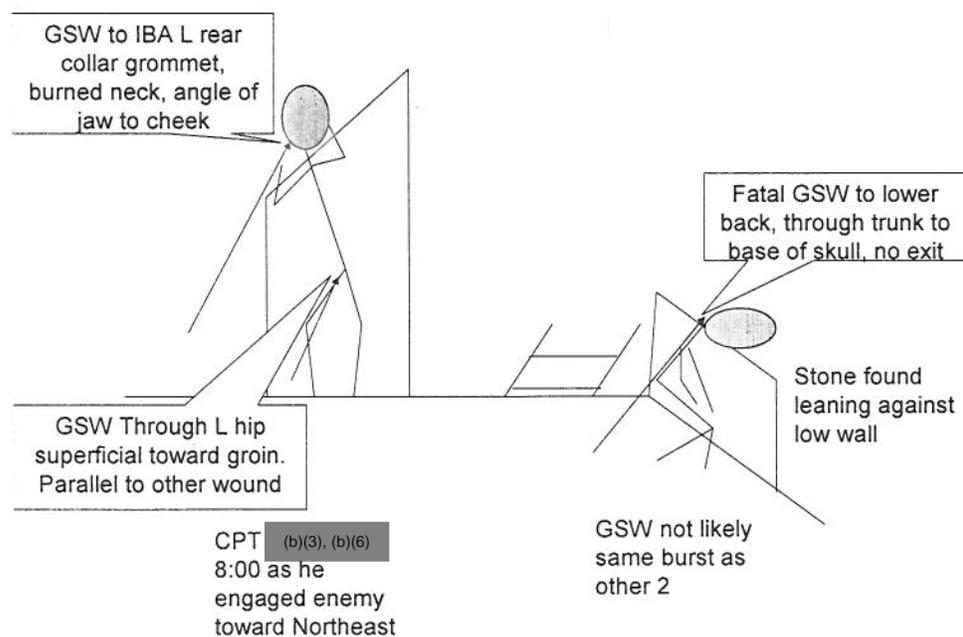
14 APR 2006

MEMORANDUM FOR COL [REDACTED] (b)(7) Investigating Officer

SUBJECT: Medical conclusions of incidents at FOB Wolf/Robinson

1. LTC [REDACTED] (b)(3), (b)(6) CJTF-76 Surgeon was summoned to KAF to render a medical opinion as to direction from which wounds were received and whether the wounds were bullet or fragment wounds. He interviewed CPT [REDACTED] (b)(3), (b)(6) who was wounded in the incident and MAJ [REDACTED] (b)(3), (b)(6) who was the Medical Officer at the scene. All involved Role 3 Hospital Providers and 2 of the Canadian WIAs ([REDACTED] (b)(6); b(7)(c)) were interviewed.

2. CPT [REDACTED] (b)(3), (b)(6) was wounded in two places nearly simultaneously by his account to his left neck/jaw area and his left hip/groin area. The wound tracks are linear and parallel suggesting that the wounds occurred from a single source. There were no metallic foreign bodies seen in the wound tracks on the initial x-rays suggesting that the projectiles were unable to fragment due to the short duration they were transiting and high velocity.



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3. CPT (b)(3), (b)(6) jaw wound was caused by a bullet that first impacted the back left grommet on the collar of his IBA. The bullet then began to tumble and slow as it ripped through the Kevlar fabric. It caused a superficial burn/abrasion on his neck across his left sternocleidomastoid (neck) muscle and then entered the skin at the angle of his left jaw. Since it was slowing and tumbling, it caused a straight incision first and then more jagged distal complex laceration as it passed through the skin and subcutaneous tissue near the corner of his lips. The bullet passed superficial to his Parotid (salivary) gland, facial nerves, and Masseter (chewing) muscles. The examining Physician felt it may have been a larger explosive fragment since he did not know that the bullet had first impacted the IBA collar.

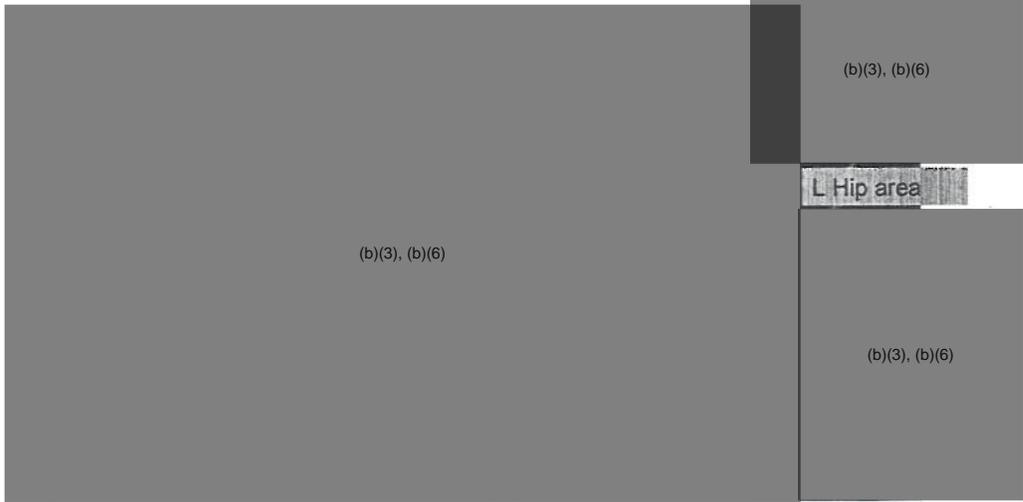
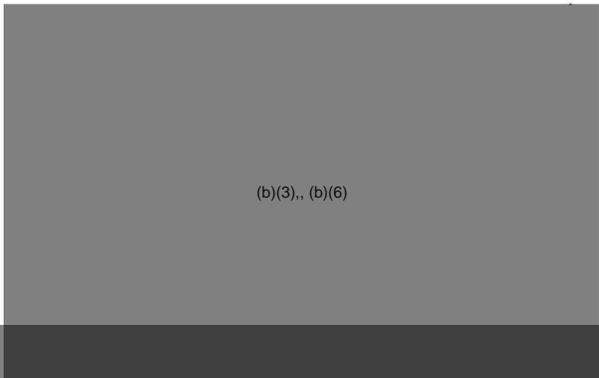
(b)(3), (b)(6)

4. CPT (b)(3), (b)(6) left hip/ groin wound was caused by a high velocity bullet passing rear to front through the subcutaneous fatty tissue above the muscle fascia. The posterior entry wound is evidenced by a smaller area of dead tissue surrounding the hole as the bullet cut its way into the skin. It then caused cavitation as it passed forward under the skin. Upon exiting, the bullet had tented up and tore through the anterior skin causing a larger and more oval area of devitalized skin at the anterior exit wound. Further, CID presented a deformed bullet fragment that was removed from a mud wall just in front of where CPT (b)(3), (b)(6) left hip would have been at the time he was injured.

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CPT (b)(3), (b)(6) Wounds. GSW x2 from his 8:00. One through/through his left hip rear to front. Left neck impact with collar of IBA slowed, fragmented, and tumbled round causing jagged cheek laceration.

These are pictures of the patient wearing his IBA 4 days after surgery



shape with more torn dead tissue around wound

Entry Wound. Note rounder wound with less devitalized tissue when bullet cut through skin. Trajectory was from Pt's 8:00

5. MAJ (b)(3), (b)(6) is an Emergency Physician with the Canadian Army who was part of the QRF flown to FOB Wolf/Robinson the night of the incident in response to 8 ANA being killed by an IED and the convoy continuing to receive harassing fire as it returned to their

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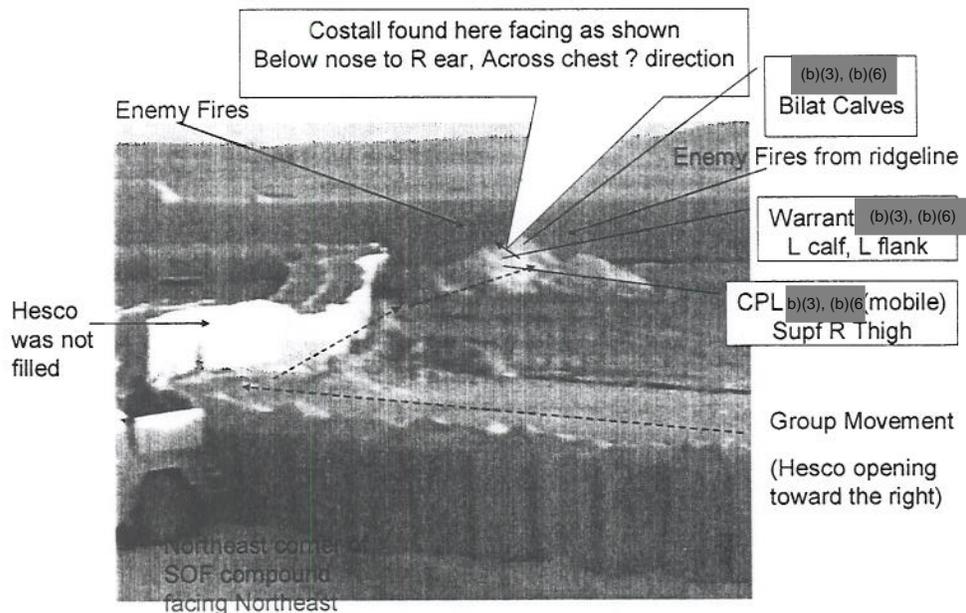
FOB. The QRF walked about 400 meters from the LZ, not yet under fire into a Hesco walled compound and among several "C-Containers" in the center of the containers. He reported that he, the JTAC, Signals, FAC, and Medics remained there "hunkered down" while tracers flew around them in multiple directions. He remembered tracers coming from behind the compound toward the entry to their front traveling over their compound that he felt to be from a friendly source. They received a radio call that some Canadian Soldiers had been wounded and then moved out with NVGs out the front Hesco entrance toward the left and had to stop because they could not see anything where they were going. They had the injured Soldiers light an IR strobe so they could be seen. Near that time, an A-10 suppressed the enemy fires and the firefight subsided. The Doctor and 2-3 others (including his Medic) entered on the side of a U-shaped berm or mound of dirt where they found their patients. This orientation placed the berm between the ETT compound and them. The Soldiers were aligned inside this berm with CPL (b)(3), (b)(6) furthest away with GSWs through both of his calves, (b)(6)

(b)(1), 1.4(a)(b)(d)

(b)(6)

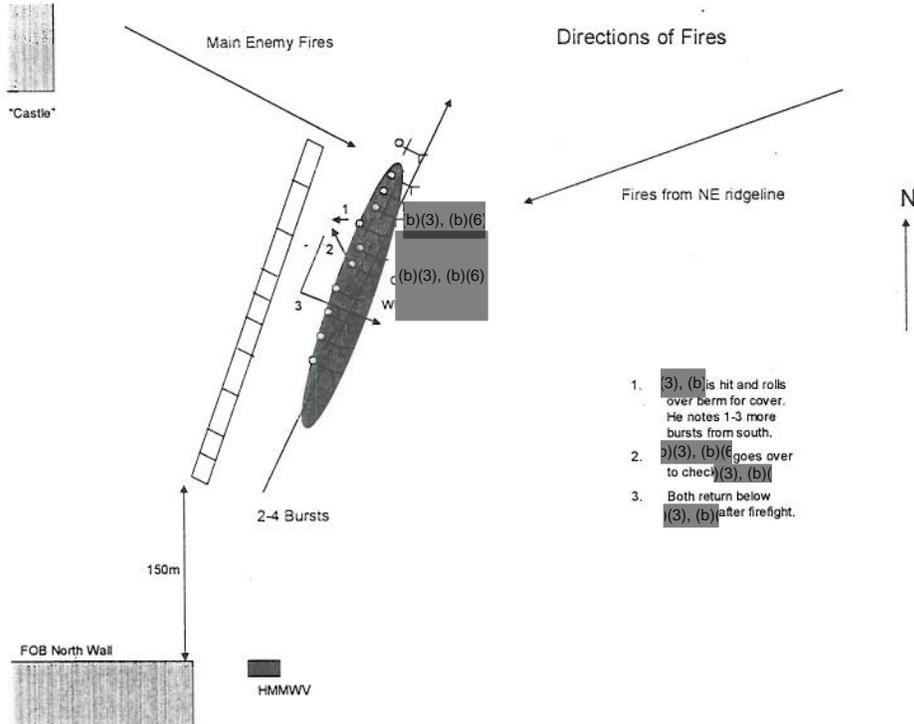
(b)(3), (b)(6) was next closest on the

berm and had sustained superficial GSWs to his left flank and left calf. MAJ (b)(3), (b)(6) found CPL (b)(3), (b)(6) closest to the compound he left inside the berm with a superficial right lateral thigh "grazing" wound but reported that he was most mobile of all and that he was moving around the other casualties. They assessed the casualties briefly then loaded them into a HMMWV and moved them into the BAS inside the Hesco walled compound where for about 40 minutes they placed IVs and gave morphine to the injured until moving to the LZ for the MEDEVAC HH-60.



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6. Some of the injured Canadians remain at KAF and were interviewed to determine the suspected direction of their wounds and how they were oriented on the berm. CPLs (b)(3), (b)(6) and (b)(3), (b)(6) reported a total of eleven Canadian Soldiers on the berm with those shown somewhere in the middle of the group and the others including: (b)(3), (b)(6) (b)(3), (b)(6) CPT (b)(3), (b)(6) and (b)(3), (b)(6) (who joined the group late from the north gate).



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7. Warrant (b)(3), (b)(6) sustained a suspected GSW from his left front toward his back and lower back area. The fragment was retained and stayed in the fatty area under the skin. It was of relatively low velocity and does not appear to have the mass of a whole bullet. There was no exit wound. His calf wound appears to be a grazing injury with a small chunk of tissue missing from the very back of his calf. There are no fragments in his calf. The patient has left for LRMC.

(b)(3), (b)(6) Injuries. Fragment, cavitation and track show trajectory from flank posterior (toward back) and cephalad (upward toward head). Calf wound of unknown trajectory.

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

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

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8. CPL (b)(3), (b)(6) sustained a linear, very superficial laceration that "grazed" his right lateral (outside) thigh. He was lying on his left side due to the M203 rounds on the front of his IBA making his right thigh the highest point of his body. There were no retained fragments. He was oriented to the northwest and suspects fire hit him from the south from his rear to front. After the first "burst" when he thinks he was hit, he rolled over the berm between it and the Hesco. He later reported 1-3 more bursts coming from the south. He was joined by (b)(3), (b)(6) and the two returned across the berm after the firefight.

(b)(3), (b)(6) **Wound.** Unable to determine direction. Pt feels wound was from rear to front. Pt was lying on his left side facing north de to M203 rounds on the front of his IBA. His right thigh was the highest point of his body.

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

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9. CPL (b)(3), (b)(6) sustained a suspected single GSW across both lower calves at the lower 1/3 aspect just below where the gastroc muscle ends. He has a metallic foreign body that marks the medial (inside) aspect of the left calf injury. He suspects the bullet came from his right (northeast) through his right leg with a fragment entering the inside of his left leg. He was oriented toward the northwest on the berm in the prone position. CPL (b)(3), (b)(6) initially felt he was injured from his left (south) through his right leg (inside to outside) and simultaneously had a ricochet that injured his left leg on the inside aspect from the right side (north). He felt the injury to both legs at the same time. This was largely due to CPL (b)(3), (b)(6) and Warrant (b)(3), (b)(6) saying they were being shot at from the south. He later spoke alone and reported that other Canadian Soldiers reported enemy fires from the northeast and he now feels after reflection that he was hit by one bullet from the northeast due to the angle of his body on the berm. Based on the wound tracks, surface wounds, and superficiality of fragment penetration in his left leg, the most likely cause of his injuries is by a single bullet through his right leg with the bullet fragmenting and causing fragments to superficially penetrate the inside of his left leg. This bullet may have originated from the enemy fires to the northeast.

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

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

(3), (b) Injuries. Simultaneous wounds best explained by passage through right leg from right to left with fragment of round superficially embedded in medial left leg

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10. (b)(6) is an ANA Soldier also injured during the attack on FOB Wolf. He reported to his Physician he was awoken and was running to take up his fighting position when he was hit across the front of his L thigh. He reported hearing no explosions just prior to being hit. The fragment is retained just under the skin and appears to be too small to be a bullet and had too little energy to go through his thin leg. The patient is recovering at Mir Weis hospital.

(b)(6) (ANA) Injury

Bullet fragment traveled from inside toward outside of front portion of L thigh ending just under the skin. (entry at oval) Pt had reported to be running to fighting position and heard no explosions. Unknown orientation and source. Pt not admitted to KAF but sent to Mir Weis



11. POC is the undersigned at (b)(2)High (b)(3), (b)(6) @cjtf76.centcom.smil.mil

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

LTC, MC  
CJTF-76 Surgeon