15-6 Investigation (SPC Anderson)

1. What was task and purpose during this mission?
Task: Traffic Control Point
Purpose: To Check on Personell Passing through

2. Explain, in your words, what happened at the TCP?
A vehicle was speeding down the Road and did not Stop
So we took proper actions.

3. Was there any warning shots fired? If so, who gave the command to fire warning shots? Yes. I don't Know

4. Was there any enemy fire?
No

5. Did the enemy pose a threat? If so, what was the decision point to engage the enemy?
Yes. After the Warning shot he didn't Stop

6. Did the enemy have any weapons?
I don't Know

7. What was SPC Anderson's location in relation to yours?
In my front across the Road

8. Did you observe SPC Anderson's actions in during the shooting?
No

9. What was SPC Anderson's position during the actions on objective?
I don't Know

10. Was SPC Anderson wearing the proper uniform, i.e flak vest, SAPI plates, Kevlar, etc...?
Yes

Comments:

Q: When did you fire your weapon?
A: I shot after [redacted] opened fire.
Q: How many rds did you shoot?
A: 3rds.
Q: Where were you aiming?
A: at the headlights
Q: When did you notice SPC Anderson go down?
A: I never [redacted] saw him go down, but I heard him screaming and that's when I stopped firing.
Q: Anyone give you the command to shoot?
A: negative
Q: Why did you shoot?
A: I felt the vehicle could be a VBIED.
Q: How far was the vehicle before you shot?
A: About 100 yds in front of me.
Q: Where was your location?
A: Behind the hood of the CATV right next to [redacted] was in arms reach of me.
Q: Did you follow the ROE?
A: I shot after I heard [redacted] and [redacted] yell Aw gat and they fired a warning shot and Garcia opened his saw.

[redacted]

28 Feb 05

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is DACDCPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp [redacted]	2005 02 15	1745	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	E-2 PV2

8. [redacted]

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

My Squad had set up a TCP. I was standing Beside hind the CATV's hood, [redacted] was standing Beside the CATV within arms Reach of me to my left, SFC Anderson was Approximately 20ft to my front left, [redacted] was Approximately 40 to 50 meters in front of me to my Right about 15 meters, and [redacted] was about 5 meters to the right. I was in my spot when I heard someone say "watch out the guys movin' Fast" so I looked down the Road and I saw a vehicle moving at a high Rate of speed. I heard Sergeant Jackson say "Stop that car" So I watched [redacted] and yelled Wave vehicle down and the vehicle sped up. So they raised their weapons in his general direction he still did not slow down. [redacted] then fired a warning shot and he did not slow down. [redacted] then Fired at his vehicle. I heard the shots so I Pulled My weapon up and fired 3 5.56 Ball Round at the headlights. ~~But~~ I Stopped Shooting when ~~the~~ I couldn't see the head lights [redacted] moved beside me and [redacted] Fired some more shots at the stopped vehicle. At that time I noticed someone Screaming and I Screamed "Anderson he's been shot he's down" [redacted] and I Ran to Anderson and I Shined A Flashlight in his Eyes his pupils were dilated so I told [redacted] to Keep him awake because it looked to me like he was having a concussion we took his ~~Flack~~ flack-vest off and knee-pads and that is when the medic got there. After that I pulled Security for the convoy"

[redacted]

Nothing Follows

10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [redacted] | PAGE 1 OF _____ PAGES

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 BE INDICATED.

STATEMENT OF [redacted] TAKEN AT [redacted] DATED [redacted]

9. STATEMENT (Continued)

[redacted]

Nothing Follows

AFFIDAVIT

I, [redacted], 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 UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

[redacted]

ORGANIZATION OR ADDRESS

[redacted]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of FEBRUARY 2005

at [redacted]

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

INVESTIGATING OFFICER

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 4 OF 4 PAGES

PAGE 4 OF FOUR PAGE DOC FORM

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD) 2005 02 27	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS O3/ AS
8. ORGANIZATION OR ADDRESS			

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the evening of 27 February 2005 I was in the consolidated aid station when SPC Anderson was brought into the trauma bay. Initial report from the medic in the scene was stridorous respirations of approx 10 bpm and unpalpable heart rate/ pulse. [redacted] was brought into the aid station on a litter with a J-tube airway in place. He was transferred to another litter and assured. No spontaneous respirations were appreciated so positive pressure ventilation with an AMBU bag and mask was initiated. Good chest rise and breath sounds were obtained. No pulse was palpated so CPR was initiated. After approximately 1½ minutes chest compressions were stopped and patient was reassessed. Patient still had no spontaneous respirations, no pulse, and his pupils were fixed and dilated. There was no obvious cause of bleeding, except very minimal bleeding from a wound in the left lower abdomen and one in the right flank. No other injuries were present. Due to the patients status at the time, decision was made by this physician to stop resuscitative efforts. The patient was pronounced dead by myself at 2108 on 27 February 2005. Suspected cause of death was massive internal bleeding secondary to gunshot wound.

(cont)

10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [redacted] | PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

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DA FORM 2823, DEC 1998 | DA FORM 2823, JAN 72 IS OBSOLETE

STATEMENT OF [redacted] TAKEN AT FOB [redacted] DATED 28 FEBRUARY 2005

Q. STATEMENT (Continued)

Ward on left lower abdomen was approximately 3/4 cm in diameter and with little swelling. Ward on right flank was approximately 1/2 cm in diameter and with no swelling. These wounds may be consistent with an entry wound on the right flank and subsequent left lower abdomen exit wound, however this is difficult to tell with further medical evaluation.

AFFIDAVIT

I, [redacted], 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 WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WI[redacted] DURESS, COERCION, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

[redacted]

ORGANIZATION OR ADDRESS

[redacted]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of FEBRUARY, 2005

at [redacted]

[redacted]
(Signature of Person Administering Oath)

[redacted]

MCS [redacted] OFFICER
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT SE

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is DSCSOPS

PRIVACY ACT STATEMENT

AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
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DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp [redacted]	20050228	1100hrs	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	O-3 / PA

8. ORGANIZATION OR ADDRESS

[redacted]

9.

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At of about 2100 hours on 27 Feb 05 a patient, SPC Anderson, was brought into our Aid Station with a gun shot wound to the abdomen. The initial report from the medic stated the Soldier, SPC Anderson, was breathing about 8 Breaths per minute with a pulse of 30. Upon placing my hands on the patient the patient was cold his appearance was gray. I began bagging the patient with a bag valve mask and was preparing to intubate the patient. I called for a litter exchange due to the pt being on a broken litter which was causing his head to hyperextend. At that time, I felt his carotid pulse and he was completely pulseless. I told [redacted] to check his femoral pulse or auscultate the heart since he was standing along the front region. I was at the patients head. He confirmed no heart sounds and we began CPR for one minute. We confirmed effectiveness of chest expansions and artificial breathing on the patient by eliciting a carotid pulse with expressions. The patient had some fluids and blood/secretions in the back of his throat which caused a gurgling sound so I suctioned him. After 1 minute of CPR the patient was still without a pulse, was not breathing on his own and was [redacted] not responding to resuscitation efforts. Dr [redacted] attempted to start an IV to place epinephrine in the patient but a line could not be established. The patient was pronounced at 2108 hours nothing follows.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

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STATEMENT OF [redacted] TAKEN AT CAS [redacted] DATED 28 FEB 2005

9. STATEMENT (Continued)

After the patient was pronounced at [redacted] and I examined the body to try and determine cause of death. The right flank/side of the patient had a very small round hole, and the left lower abdomen had a larger round hole. It appeared the entrance wound was on the flank and the exit wound left lower abdomen. The patients abdomen was rigid and distended. [redacted]

AFFIDAVIT

I [redacted], 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 WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT [redacted] INFLUENCE, OR UNLAWFUL INDUCEMENT

[redacted]
(Signature of Person Making Statement)

WITNESSED BY

[redacted]

ORGANIZATION OR ADDRESS

[redacted]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of February, 2005

at [redacted]

[redacted]
(Signature of Person Administering Oath)

[redacted]
(Typed Name of Person Administering Oath)

INVESTIGATING OFFICER
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is DCSOPS

PRIVACY ACT STATEMENT

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1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
FOB [redacted]	20050224	1059	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	O3/CAT

8. [redacted]

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

SFC ANDERSON WAS BROUGHT INTO THE CONSOLIDATED AID STATION ON A BROKEN LITTER. HE WAS PALE, NOT BREATHING, SKIN WAS COLD. HE HAD A TUBE IN PLACE, EYES OPEN- FIXED AND DILATED. I WAS THE TRAUMA TEAM LEADER. SFC ANDERSON WAS VENTILATED USING A BAG- VALVE MASK, ASSESSED FOR INTUBATION, AN ETT WAS NOT FOUND, AT THIS TIME WE REMOVED HIM FROM THE BROKEN LITTER AND PLACED HIM ON A FUNCTIONAL LITTER. CPR COMPRESSIONS WERE STARTED. AFTER APPROXIMATELY 5 MINUTES, NO CHANGE IN ANY EFFECTS, SOLDIER WAS PRONOUNCED DEAD. I PERSONALLY OBSERVED ONLY 1 WOUND TO LOWER LEFT ABDOMEN, NO SIGNIFICANT OTHER WOUNDS WERE NOTED BY ME DURING TREATMENT.

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES

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DA FORM 2823, DEC 1998 — DA FORM 2823, JUL 72, IS OBSOLETE

EXHIBIT T

STATEMENT OF [redacted] TAKEN AT [redacted] DATED 28 FEB 05

6. STATEMENT (Continued)

I COULD NOT FEEL IF POINT (2) HAD ANY TENDERNESS WHEN SUTURES OR EXIT WOUND.

AFFIDAVIT

I, [redacted], 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 WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION [redacted] FLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

[redacted]

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of FEBRUARY, 20 05

at FOB [redacted]

(Signature of Person Administering Oath)

[redacted]

ORGANIZATION OR ADDRESS

[redacted]

(Typed Name of Person Administering Oath)

[redacted]

ORGANIZATION OR ADDRESS

MARSHAL'S OFFICE

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]