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By all indications, both Maj (b)(3), (b)(6) and 1stSgt (b)(3), (b)(6) were leading and coordinating the movement of U.S. Servicemembers and ANA Soldiers when they sustained their wounds. SFC (b)(3), (b)(6) was wounded when he engaged enemy forces that were attempting to maneuver onto his position. (Exhibit G, BH)

The current status of injuries and prognosis is as follows:

1. 1stSgt (b)(3), (b)(6) is currently an outpatient at Landstuhl Regional Medical Center, Germany. He has been diagnosed with Minor Traumatic Brain Injury (mTBI) and is currently undergoing continued medical treatment and follow-up care. In most cases, these symptoms subside within two (2) weeks at which time he would be able to return to duty. He is pending neurology re-evaluation on or about 24 September 2009. If his symptoms persist, he will be evacuated to CONUS for further medical care. (Exhibit AO)

2. SFC (b)(3), (b)(6) is currently at Walter Reed Army Medical Center (WRAMC) being treated for a gunshot wound to the right upper chest resulting in severe internal bleeding and several broken bones. He is currently an inpatient in the intensive care unit (ICU) and is making slow, steady progress toward recovery. He is awake, alert and oriented to self, date and location. His condition remains serious, but barring any unforeseen medical complications, he is expected to recover from his injuries. (Exhibit AO)

3. Maj (b)(3), (b)(6) has returned to duty at FOB Joyce as of 11 September 2009. He is expected to fully recover from his gunshot wound to the left forearm. (Exhibit AO)

j. Initial reports indicate that United States Marines were killed in action during this engagement. If so, who had operational control of these Marines? What was the mission of these Marines?

Maj (b)(3), (b)(6) had operational control over all of the ETT 2-8 personnel supporting this mission. Just prior to his evacuation to FOB Joyce, operational control was passed to 1stLt (b)(3), (b)(6)for the remainder of the engagement and recovery operation. Overall, TF Mountain Warrior has Tactical Control (TACON) of the 2-8 ETT personnel, and this type of command relationship had no negative impact on the mission. (Exhibit G,O,P,S)

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The mission on 8 September 2009, for 1stLt Johnson, GySgt Johnson, SSgt Kenefick and PO3 Layton was to advise and assist the ANA as they cleared and searched Ganjgal village and conducted a KLE. During the movement to Ganjgal village, 1stLt Johnson and GySgt Johnson were located with the lead ANA element and their mission was to establish a security position at the eastern end of the village. SSgt Kenefick and PO3 Layton followed with the next ANA element and their mission was to establish a similar security position at the western entrance to the village. 1stLt (b)(3), (b)(6) followed with the third ANA element to supervise the security positions while Maj (b)(3), (b)(6) and 1stSgt (b)(3), (b)(6) accompanied the ANA S-3 who was supposed to conduct the KLE with the village elders after the security positions had been established. I find that the location of Maj (b)(3), (b)(6) in the formation was proper for the support and advisory mission that he was to conduct with the ANA S-3. (Exhibits G, H, L, K, N, S, AP)

k. What personal protective equipment was worn by the US Servicemembers at the time of the incident?

(b)(2)High, (b)(3), (b)(6)

l. What, if any, medical treatment was provided to the injured U.S. Servicemembers and any other individuals treated? Were the MEDEVAC procedures timely and appropriate under the circumstances? Provide a detailed timeline of the medical procedures and treatment provided to the U.S. Servicemembers.

1stLt Johnson, Maj (b)(3), (b)(6) 1stSgt (b)(3), (b)(6) SFC (b)(3), (b)(6) and seven (7) ANA Soldiers were medically treated. (Exhibits AO, BH)

1. 1stLt Michael E. Johnson was being treated for a gunshot wound to the shoulder by PO3 Layton at the time they were both fatally wounded by enemy small arms fire. The timeline for this treatment is undetermined. (Exhibits H, I, P)

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2. Maj (b)(3), (b)(6) sustained a gunshot wound to the left forearm. His wound was initially cleaned and dressed by Dr. (b)(3), (b)(6) at FOB Joyce. He was transferred by a medical evacuation helicopter to the Craig Joint Theater Hospital (CJTH) at Bagram Airfield. A medical assessment at CJTH showed a left forearm wound with no injury to the bone, arteries, veins or nerves, with a 4mm retained metallic fragment. He was released and followed up as an outpatient the following day for a dressing change and pain medication. Maj (b)(3), (b)(6) has returned to duty. (Exhibits J, AI, AO, AW, BH)

3. 1SG (b)(3), (b)(6) sustained fragmentation wounds to the left hand and forearm and minor traumatic brain injury (mTBI). Symptoms of mTBI included decreased hearing in the right ear, amnesia of the immediate post-event period, ringing in the ears, headache, nausea, double vision, decreased attention and decreased short-term memory. Head CT and MRI demonstrated no structural injury to the brain, or bleeding in the brain or skull fractures. Initial treatment was provided by the Forward Surgical Team (FST) where a trauma assessment was performed and his right arm and hand wounds were cleaned and dressed. He was evacuated by medical evacuation helicopter to CJTH in BAF. His wounds were further cleaned and dressed. He was treated for headaches and nausea related to mTBI. 1SG (b)(3), (b)(6) is currently an outpatient at LRMC in Germany. (Exhibits G, J, S, AI, AK, AO, AU, BH)

4. SFC (b)(3), (b)(6) sustained a gunshot wound to the right upper chest, three to five (3-5) upper right rib fractures, a right clavicle fracture, a right scapula fracture and a severe hemorrhage. He also suffered a minor facial laceration. SFC (b)(3), (b)(6) was initially treated on the scene by CPT (b)(3), (b)(6) with a pressure dressing. He was evacuated by helicopter to the Asadabad FST. Trauma evaluation and resuscitation were provided under the direction of the trauma surgeon, to include blood product transfusion. He was taken to the operating room where numerous surgical procedures were performed. After initial surgery, SFC (b)(3), (b)(6) remained sedated on a ventilator and was transferred by a medical evacuation helicopter to CJTH in BAF. After Dr. (b)(3), (b)(6) performed additional surgery at CJTH, he was transferred by a medical evacuation helicopter to LRMC, Germany on 9 September 2009. Intensive care was provided at LRMC and on 11 September 2009 he was transferred to WRAMC, Washington DC. On 14 September 2009, SFC (b)(3), (b)(6) was able to be successfully taken off the ventilator. SFC (b)(3), (b)(6) is currently an inpatient in the ICU (b)(3), (b)(6) at WRAMC, Washington DC. (Exhibits E, J, O, P, AI, AO, AV, BH)

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5. 1LT (ANA) (b)(6) He is the 3rd ANA Coy Commander. He was evaluated at approximately 1100 hours local time. He sustained a gunshot wound to the left hip area. This was a superficial wound without significant bleeding. He was treated with wound cleaning and bandaging. He was evacuated at approximately 1130 hours local time to Asadabad. (Exhibits J, AI, AL)

6. ANA Casualty #2: He was evaluated at approximately 1100 hours local time. He sustained small shrapnel wounds to the lower abdomen, leg and foot. He was stable and showed no signs of bleeding internally. He was evacuated at approximately 1130 hours local time to Asadabad. (Exhibits J, AI)

7. ANA Casualty #3: He was evaluated at approximately 1145 hours local time. He sustained a gunshot wound to the face at the right cheek. He also had an open fracture of the lower right leg. His treatment included IV fluids, a nasopharyngeal airway with supplemental oxygen, and bandaging and splinting of the right leg. He was evacuated at approximately 1215 hours local time to Asadabad. (Exhibits J, AI)

8. ANA Casualty #4: He was evaluated at approximately 1200 hours local time. He sustained a gunshot wound to the chest with an exit wound in the back. He was pronounced deceased upon arrival. (Exhibits J, AI)

9. ANA Casualty #5: He was treated at approximately 1215 hours local time. He sustained a shrapnel wound to the left upper chest with no exit wound on the right upper back creating a sucking chest wound. His treatment included placing an occlusive dressing over his chest wound, needle decompression of the chest, IV fluids and supplemental oxygen. He was evacuated at approximately 1230 hours local time to Asadabad. (Exhibits J, AI)

10. ANA Casualty #6: He was evaluated at approximately 1230 hours local time. He sustained a wound of unknown cause to the back of his skull. He was breathing spontaneously and moving all extremities. Trauma care was administered. He was given a breathing tube and artificially ventilated, an IV was started, and his head wound was dressed and bandaged. (Exhibits J, AI)

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11. ANA Casualty #7: He was evaluated at approximately 1230 hours local time. He sustained a gunshot wound to the head, had no heartbeat and was not breathing. He was pronounced dead by Dr. (b)(3), (b)(6) at FOB Joyce upon arrival. (Exhibits J, AI)

The medical evacuation procedures were unconventional, but effective considering the circumstances. The first group of casualties, including Maj (b)(3), (b)(6) 1stSg(b)(3), (b)(6)nd the first two ANA casualties, were evaluated in the field by a medic and brought to FOB Joyce by rotary wing aircraft in a timely manner. The patients were treated in an acceptably timely manner given the severity of their injuries. The remaining ANA casualties were brought in by ANA forces via ground vehicles bypassing field evaluation and treatment. Though the ground evacuation of these forces was not organized, it provided for timely evacuation to FOB Joyce. (Exhibits J, N, AI)

m. Initial reports indicate that a number of U.S. Servicemembers and ANA Soldiers may have been missing and unaccounted for during the engagement. Provide detailed findings regarding whether any U.S. Servicemembers were unaccounted for and what factors attributed to that status. How long were the U.S. Servicemembers unaccounted for?

Between (b)(2)High **hours local time:** This was the last positive contact anyone had with 1stLt Johnson, GySgt Johnson, SSgt Kenefick and PO3 Layton. Both the Interpreter (b)(6) and Maj (b)(3), (b)(6) report last hearing from the servicemembers on the radio around this time.

Approximately(b)(2)High**hours local time:** Three (3) U.S. Marines, 1stLt Johnson, GySgt Johnson, and SSgt Kenefick, one (1) Navy Petty Officer, PO3 Layton, and a squad of ten (10) ANA Soldiers were reported as possibly missing.

Approximately(b)(2)High**hours local time:** A duty status whereabouts unknown (DUSTWUN) report was declared for 1stLt Johnson, GySgt Johnson, SSgt Kenefick, PO3 Layton and one (1) ANA Soldier.

Approximately(b)(2)High**hours local time:** 1stLt Johnson, GySgt Johnson, SSgt Kenefick, PO3 Layton and one (1) ANA Soldier were found deceased to the west of Ganjgal village by Cpl (b)(3), (b)(6)nd 1stLt(b)(3), (b)(6) (Exhibits G, H, N, AQ, AU, AT, BA)

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I estimate that the total time that 1stLt Johnson, GySgt Johnson, SSgt Kenefick and PO3 Layton were missing was between four to five (4-5) hours. I find that the primary factor that directly attributed to their missing status was the heavy, sustained enemy contact around their position, which most likely resulted in the eventual isolation and eventual compromise of their position by a maneuvering and overwhelming enemy force. The effective enemy SAF and RPG fire on U.S., ANA and ABP positions and high casualty rate prevented any reinforcement of their position. The wounding of Maj (b)(3), (b)(6) and 1stSg (b)(3), (b)(6) had a minor impact on the leadership structure as CPT (b)(3), (b)(6) and 1stLt (b)(3), (b)(6) quickly filled this leadership role on the battlefield. (Exhibits R, BH)

With regard to the remaining nine (9) ANA Soldiers, they were later accounted for. Their initial status as missing was likely due to the high casualty rate to the ANA leadership and the scattering of their forces.

n. Were any non-combatant Afghan Nationals killed or injured as a result of the engagement? If so, where were they located during the engagement, how were they injured or killed, and by whom? If there were civilian casualties, you are to attempt to conduct a joint investigation with appropriate Afghan officials.

No Afghan civilians were either killed or injured during this operation. Of note however, women and children in the village were seen actively assisting the enemy by either bringing weapons or ammunition to their fighting positions. None were engaged by U.S., ANA or ABP personnel. (Exhibits G, H, L, N, R)

o. Initial reports also indicate an ASV rolled over at some point during the engagement. Describe the facts and circumstances surrounding the rollover and determine if any U.S. Service members were injured or killed in the rollover.

Approximately (b)(2)High **hours local time:** 3rd Platoon, D Company, 1/32 Infantry Regiment (3/D/1-32 IN) was ordered to collapse their traffic control point (TCP) and began movement toward Ganjgal village to support the U.S., ANA and ABP personnel in contact. (Exhibits F, K, AB, AD, AQ, AT, AU, BE)

Approximately (b)(2)High **hours local time:** 3/D/1-32 IN reported that one armored security vehicle (ASV) rolled over twice landing upright (in vicinity of grid location (b)(2)High The

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ASV rolled over due to loose dirt on left side of the narrow road giving way. The vehicle fell approximately twenty to twenty-five (20-25) feet. (Exhibits F, K, AB, AD, AT, AU, BF)

Approximately (b)(2)High **hours local time:** 3/D/1-32 IN reported no injuries to personnel from the rollover. The ASV was reported as non-mission capable (NMC). (Exhibits F, K, AB, AD, AQ, AT, AU, BE)

Approximately (b)(2)High **hours local time:** The ASV was self recovered with all sensitive items and ammunition accounted for. (Exhibits F, K, AB, AD, AQ, AT, AU, BE)

Approximately (b)(2)High **hours local time:** SPC (b)(3), (b)(6) and SGT (b)(3), (b)(6) received a precautionary medical evaluation at FOB Joyce with minor bumps and bruises. Both returned to duty. (Exhibits F, J, AB, AD, AQ, AU, AT, BE)

All personnel were wearing their PPE, which is credited with preventing serious injuries. All crew members had conducted recent rollover drills and the driver was licensed on the ASV. Speed was also not an issue. The ASV sustained moderate body damage in the process. The (b)(2)High and the barrel of the (b)(2)High (Exhibits F, H, T, U, AB, AD, AQ, BE, BF)

p. What recommendations concerning improvements, if any, to coalition force tactics, techniques, and procedures will help avoid this type of incident in the future?

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q. Any other matters pertaining to this incident that you deem relevant.

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Layton be recognized for their ultimate sacrifice while performing their duties in the midst of an almost impossible situation. In addition, I find that CPT (b)(3), (b)(6) 1stLt (b)(3), (b)(6) and Cpl (b)(3), (b)(6) performed well above and beyond their rank and pay grade. Their heroism was directly responsible for saving the lives of at least twelve (12) ANA and ABP personnel, which they evacuated from the battlefield while coordinating assets (CCA, MEDEVAC, quick reaction forces, etc) to allow for the safe movement of the countless remaining personnel.

4. I recommend that the command take adverse administrative action against CPT (b)(3), (b)(6) (b)(3), (b)(6) for his poor battle management.

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

MAJ, AD
Investigating Officer

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