

**REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS**

For use of this form, see AF 15-6, the proponent agency is CTJAG

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

**SECTION I. APPOINTMENT**

Appointed by (b)(3), (b)(6) Lt. Col. (USA) Commander Qalat PRT & Forward Operating Base Lagman, Zabul Province  
Afghanistan (Appointing authority)

On 15 April 2007 (Attach enclosure 1, letter of appointment or summary of the appointment data. (See para. 4(b) AF 15-6))

**SECTION II. SESSIONS**

The investigating board commenced at FOB Lagman, Zabul Province, Afghanistan  
Power

at 1030  
(Time)

on 18 April 2007 (If a formal board met for more than one session, check here. Indicate in an inclusive the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present. After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)  
No formal board met regarding this issue.

The following persons (members, respondents, counsel) were absent. (Include brief explanation of each absence.) (See para. 5 and 6, AF 15-6.)

The investigating officer(s) board(s) finished gathering hearing evidence at 1030  
(Time) on 18 April 2007  
(Date)  
and composed findings and recommendations at 1100  
(Time) on 21 April 2007  
(Date)

**SECTION III. CHECKLIST FOR PROCEEDINGS**

ACCOMPLISHED IN ALL CASES

Indicates (para. 3, AF 15-6)

Are the following discussed and numbered consecutively with Roman numerals, attached in order (ired):

- a. The letter of appointment or a summary of the appointment data
- b. A copy of notice to respondent, if any? (See item 9, below)
- c. Other correspondence with respondent or counsel, if any?
- d. All other written communications to or from the appointing authority?
- e. Privacy Act Statements (Certificate of statement provided orally)?
- f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered, e.g., absence of material witness)?
- g. Information as to sessions of a formal board not included on page 1 of this report?
- h. Any other significant papers, other than evidence, relating to administrative aspects of the investigation or board?

YES NO NA

2. Exhibits (para 5-16, AR 15-6)		YES	NO	NA
<p>a. Are all items offered (whether or not received), or considered as evidence individually numbered or lettered as exhibits and attached to this report?</p> <p>b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?</p> <p>c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?</p> <p>d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?</p> <p>e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 5-6b, AR 15-6a)?</p> <p>f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?</p> <p>g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 5-16d, AR 15-6a)?</p>				
3. Was a quorum present when the board voted on findings and recommendations (parts 4-1 and 5-2b, AR 15-6)				
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)				
<p>1. At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-1b, AR 15-6a)?</p> <p>2. Was a quorum present at every session of the board (para 5-2b, AR 15-6a)?</p> <p>3. Was each absence of any member properly excused (para 5-2a, AR 15-6a)?</p> <p>4. Were members, witnesses, reporter, and interpreter sworn, if required (para 5-1, AR 15-6a)?</p> <p>5. If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6a)?</p>				
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)				
<p>1. Notice to respondent (para 5-5, AR 15-6)</p> <p>a. Is the method and date of delivery to the respondent indicated on each letter of notification?</p> <p>b. Was the date of delivery at least five working days prior to the first session of the board?</p> <p>c. Does each letter of notification indicate:</p> <ul style="list-style-type: none"> <li>(1) the date, hour, and place of the first session of the board concerning that respondent?</li> <li>(2) the matter to be investigated, including specific allegations against the respondent, if any?</li> <li>(3) the respondent's rights with regard to counsel?</li> <li>(4) the name and address of each witness expected to be called by the recorder?</li> <li>(5) the respondent's rights to be present, present evidence, and call witnesses?</li> </ul> <p>d. Was the respondent provided a copy of all inclosed documents in the case file?</p> <p>e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?</p> <p>f. If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):</p> <ul style="list-style-type: none"> <li>a. Was he properly notified (para 5-5, AR 15-6)?</li> <li>b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-6, AR 15-6a)?</li> <li>c. Was each respondent represented by counsel?</li> </ul>				
<p>Name and business address of counsel:</p> <p>If counsel is a lawyer, check here: <input type="checkbox"/></p> <p>6. Was respondent's counsel present at all open sessions of the board relating to that respondent?</p> <p>7. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?</p> <p>8. Did the respondent challenge the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6)?</p> <p>9. Was the challenge properly denied and by the appropriate officer?</p> <p>10. Did each member successfully challenged cease to participate in the proceedings?</p> <p>11. Was the respondent given an opportunity to (para 5-8a, AR 15-6)?</p> <ul style="list-style-type: none"> <li>a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?</li> <li>b. Examine and object to the introduction of real and documentary evidence, including written statements?</li> <li>c. Object to the testimony of witnesses and cross-examine witnesses other than his own?</li> <li>d. Call witnesses and otherwise introduce evidence?</li> <li>e. Testify as a witness?</li> </ul> <p>12. Made or have his counsel make a final statement or argument (para 5-9, AR 15-6)?</p> <p>13. If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-10, AR 15-6)?</p> <p>14. Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an enclosure or exhibit to it (para 5-11, AR 15-6)?</p>				
<p>FOOTNOTES:</p> <p>1. Insert all negative answers on an attached sheet.</p> <p>2. Use of the 'X' column, indicate a previous recompilation for the individual as described in the question did not occur in the investigation or trial.</p>				

SECTION IV - FINDINGS (para 3-10 AR 15-6)

The *(investigating officer) (board)*, having carefully considered the evidence, finds At 120920APR07 a 7-year old Afghan boy named Ahmad was allegedly playing in an area used by Coalition Forces as a weapons range. He was allegedly inside the 'range fan' of FOB Lagman's range. No Coalition or allied service member or civilian saw/heard an explosion. It is alleged that a previously unexploded piece of ordnance detonated and severely injured the boy. There were no injuries to the boy's hands indicating he was not holding the ordnance at the time of the detonation. The cause of the detonation is unknown. The boy died and there appear to be no witnesses to give insight into the cause of the detonation. No coalition members were using the range at this time.

The boy was transported to the FOB Lagman entry control point by family members in a privately owned vehicle and immediately taken to the 541st Forward Surgical Team (Airborne). Col. (b)(3), (b)(6) (USA) saw the boy and started treatment at 120930APR07. The boy had a open right temporal wound (See attached Trauma Care Report) with exposed gray matter. He also sustained a right femur fracture with anterior thigh entrance wound and right forearm abrasion. His Glasgow Coma Scale was 7. He was intubated and an IV started. See exhibit II. A 9 line MEDEVAC was submitted, through the TF Zabul TOC to the TF Corsair TOC at 121000APR07. The MEDEVAC arrived at 121015APR07.

The patient, his 'Uncle' (Identity of the adult male is unknown) were loaded into a MEDEVAC UH-60 aircraft. The on-board medic was SGT (b)(3), (b)(6) (USA) (See exhibit III). The patient was unresponsive and intubated with a 5.0 cuffed ET tube. During transport to the Helicopter Landing Zone (HLZ) the ET tube became displaced. 2 attempts to intubate failed the 3rd attempt was successful. Approximately 20 minutes into the flight to Kandahar Air Force Base (KAF) the patient's heart stopped and CPR was started at 1045. CPR was continued all the way to KAF ROL 3. The patient was transferred without incident. Patient was declared dead on arrival. Transportation was obtained for the remains and his family member from KAF to Qalat City for burial IAW Muslim Tradition.

1. CPT (b)(3), (b)(6) went to the range at FOB Lagman on 181030APR07 and observed the following: There are two villages either side of the range fan. The local villagers use the 'range fan' area to graze livestock. A dirt road transits the range fan east/west to the immediate front of the firing line. A rusted tanker truck is used as a target on the range. There is no range fan marking, no left/right/rear limit markings and no apparent warning signs. I was unable to travel outside the FOB perimeter due to the risk of UXO.

It appears the area is littered with UXO and there are no signs, fences, or warnings to local nationals advising them of the danger posed by UXO or live firing of weapons.

1. CPT (b)(3), (b)(6) was unable to interview the 'Uncle' for this interview. I cannot therefore verify the facts surrounding the explosion which caused the death of the boy named 'Ahmad'. I am unable to find the family of the boy due to security concerns in either village following the boy's death. As of this time date, no Afghan national has approached either the Zabul Provincial Government or Coalition Forces at FOB Lagman making any claim in relation to the boy's death.

SECTION V - RECOMMENDATIONS (para 3-11 AR 15-6)

In view of the above findings, the *(investigating officer) (board)* recommends:

PRT Qalat is currently working with the Zabul Province Governor's Office on the following steps:

1. Coordinate the payment of any death gratuity to the boy's family through the Governor's Office.
2. The PRT J-4 and ISGT (INCOIC) are working on an immediate plan, using on hand Class IV materials, to build a barrier and warning signs along limits of the range.
3. I recommend a long-term lease be arranged IAW the US-Afghan SOFA to prevent dual use of the range (e.g. Animal Grazing and weapon firing).
4. I recommend building a fence around the impact area so no one may enter by mistake. Another route back and forth to the villages needs to be created.
5. I recommend a PSYOP campaign be implemented to build awareness in both Villages and in Qalat City regarding the danger posed by the impact area.
6. I recommend a copy of this report be maintained by both the PRT and NCE for 2 years in the event future claims against the coalition Provincial Government arise.

SECTION VI - AUTHENTICATION (para 3-17 AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

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

(Recorder)

Officer (President)

Capt. USAF

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13 AR 15-6)

To the extent indicated in Inclosure \_\_\_\_\_ the undersigned do(es) not concur in the findings and recommendations of the board (in the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

Member

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3 AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/ substitutions) (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

RECOMMEND FOR LAYMAN RANGÉ BE FORCED TO PREVENT FURTHER LOSS  
OF LIFE

ADDITIONALLY, RECOMMEND CSTF-82 APPROVE A SOLICITA PAYMENT  
FOR THE DECEDED FAMILIES NEED AND LOSS.

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

**SECTION VI - AUTHENTICATION** (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

**SECTION VII - MINORITY REPORT** (para 3-13, AR 15-6)

To the extent indicated in Inclosure \_\_\_\_\_, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

**SECTION VIII - ACTION BY APPOINTING AUTHORITY** (para 2-3, AR 15-6)

The findings and recommendations of the investigating officer (board) are (approved) (disapproved) (approved with following exceptions and substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

NOTHING TO ADD

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

CENTCOM 009477

## INDEX OF EXHIBITS

1. Appointment Letter
2. Trauma Treatment Record Copy – Original maintained at FST
3. KAF MEDEVAC Patient Report Copy – Original maintained at KAF
4. Documentation of incident by Executive Officer PRT Qalat

FOB Lagman 15-6 Investigation, UXO Explosion 12 April 2007

CENTCOM 009478



## DEPARTMENT OF DEFENSE

QALAT PRT, FOB LAGMAN  
AFGHANISTAN APO AE 09355

15 Apr 07

MEMORANDUM FOR CAPT (b)(3), (b)(6) QALAT PRT  
FROM: QALAT PRT COMMANDER  
SUBJECT: Appointment as Investigating Officer

1. You are appointed as an investigating officer to conduct an investigation pursuant to AR 15-6, paragraph 2-1(a) (3) to investigate the unexploded ordnance that killed a young boy near FOB Lagman.

You will determine:

- a. If negligence is the proximate cause for the mishap.
- b. Recommended courses of action to prevent future incidents of this nature.

2. You will use informal procedures under AR 15-6, Chapter 4. You will make specific findings and recommendations on all relevant issues you identify in the course of your investigation. If, during your investigation, you suspect that persons you intend to interview may have violated any provision of the Uniform Code of Military Justice (UCMJ) or any other criminal law, you must advise them of their rights under the UCMJ, Article 31 as documented on DA Form 3881. Statements should be sworn and recorded on DA Form 2823.

3. Prepare the report of proceedings on DA Form 1574 and submit the original to me within 10 days of the date of this memorandum. You must submit any requests for delay to me in writing. Include with your report all documentary evidence, sworn statements, and other information of evidence you considered. All forms can be obtained from your battalion paralegal. By virtue of your appointment, you may direct the assistance of personnel with special technical knowledge to assist or advise you during your investigation. Priority Air Travel is authorized.

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

CENTCOM 009479

CERTIFICATE OF DEATH (D'OUVERTURE)				SOCIAL SECURITY NUMBER Numéro de l'Assurance sociale	
Name of deceased (Nom et prénom)		GRADE	BRANCH OF SERVICE	SEX	
(b)(6)		CIV	N/A	N/A	
HAN, CHULAN		NATION ORIGIN Pays	DATE OF BIRTH Date de naissance	SEX	
		AFL MANILA	N/A	SEX	
RACE		MARITAL STATUS	RELIGION	RELIGION	
Chinois		SINGLE	PROTESTANT	X OTHER	
Chinois		MARRIED	CATHOLIC	X	
HAN, CHULAN		WIDOWED	SEPARATED	X	
RELATIONSHIP TO DECEASED					
Cousin					
CITY OF TOWN AND STATE (Indicate ZIP Code) Ville (Code postal indiquer)					
WILMINGTON					
MEDICAL STATEMENT					
CAUSE OF DEATH (List only one cause per line) Cause de décès (Indiquer une cause par ligne)					
MORBID CONDITION, IF ANY LEADING TO PRIMARY CAUSE Condition morbide, si à la cause menant à la cause primaire					
UNDERLYING CAUSE, IF ANY GIVING REAS TO PRIMARY CAUSE Cause fondamentale, si à la cause indiquant la cause primaire					
IMMEDIATE CAUSE Cause immédiate					
PROXIMAL CAUSE Cause proximale					
AUTOPSY PERFORMED Autopsie effectuée		YES	NO	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort causée par des causes extérieures	
MAJOR FINDINGS OF AUTOPSY Connaissances primordiales de l'autopsie					
NAME OF PATHOLOGIST Nom du pathologiste		DATE Date		AVIATION ACCIDENT Accident à l'aviation	
SIGNATURE Signature		PLACE OF DEATH Lieu de décès		YES	
MA		KAF Base 3 mmu		NO	
I HAVE VERIFIED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai vérifié les restes mortuaires du défunt et je constate que sa mort a eu lieu à l'heure indiquée et à la cause des causes déclarées ci-dessus					
OFFICER		TITLE OR DEGREE		TITLE OR DEGREE	
(b)(6)		MA		MA	
INSTALLATION OR ADDRESS Installation ou adresse		TITLE OR DEGREE		TITLE OR DEGREE	
KAF Base 3 mmu		MA		MA	
(b)(3), (b)(6)					
2064, APR 1977					
REPLACES DA FORM 3665, 1 JAN 1972 AND DA FORM 3665-REP1, 26 SEP 1975, WHICH ARE OBSOLETE					

CENTCOM 009480

30066

**1/C/3-82 TF 2-82 KAF MEDEVAC PATIENT REPORT**

PZ LOCATION QALAT	DEPART ORIGIN QALAT	MTF DEST KAF ROL 3	ACFT TAIL # 058	PT PRIORITY URGENT	DATE 13-Apr-07	
CALL TIME 1000	DISPATCH 1015	ARRIVE SCENE 1015	DEPART SCENE 1020	DESTINATION 1105	IN SERVICE 1300	
<b>NATION</b>		<b>SERVICE</b>	<b>WOUNDED BY</b>			
US <input checked="" type="checkbox"/>	USA <input type="checkbox"/>	CIVILIAN <input checked="" type="checkbox"/>	US / COALITION <input type="checkbox"/>	ENEMY <input type="checkbox"/>	CIVILIAN <input type="checkbox"/>	
HOST NATION <input checked="" type="checkbox"/>	USMC <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	ENEMY <input type="checkbox"/>	ACCIDENT <input checked="" type="checkbox"/>		
ENEMY <input type="checkbox"/>	USAF <input type="checkbox"/>	EPW <input type="checkbox"/>				
COALITION <input type="checkbox"/>	USN <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	UXO Blast		
<b>MECHANISM OF INJURY</b>						
GSW <input type="checkbox"/>	STAB <input type="checkbox"/>	BURN <input type="checkbox"/>	HEAT <input type="checkbox"/>	MEDICAL <input type="checkbox"/>		
BLUNT TRAUMA <input type="checkbox"/>	X BLAST <input checked="" type="checkbox"/>	CRUSH <input type="checkbox"/>	COLD <input type="checkbox"/>	CARDIAC <input type="checkbox"/>		
SINGLE FRAGMENT <input type="checkbox"/>	VEHICLE ACCIDENT <input type="checkbox"/>	FALL <input type="checkbox"/>	BITE <input type="checkbox"/>	STING <input type="checkbox"/>		
MULTIPLE FRAGMENT <input type="checkbox"/>	OTHER <input type="checkbox"/>					
MEDICATIONS: None Known						
ALLERGIES: NKDA						
<b>PROTECTION</b>		<b>GLASGOW COMA SCALE</b>			<b>PROCEDURES</b>	<b>TIME</b>
		EX/OPEN 6	VERBAL 5	MOTOR 4	CPR	1045
				FOLLOW CMD 3	BVM	1020
				A&O 2	ET COMB KING	1040
SEAT BELT <input checked="" type="checkbox"/>		SPONT 1	CONFUSED 2	LOCALIZES 1	RSI	n/a
HELMET <input checked="" type="checkbox"/>		SPEECH 2	NONSENSE 1	WITHDRAWAL 1	CRICOHYROTOMY	n/a
FLAK VEST <input checked="" type="checkbox"/>		PAIN 2	UNINT 1	DECEREBRATE 1	CHEST DECOMPRESSION	n/a
CHAMO PLATE <input checked="" type="checkbox"/>		NONE 1	NONE 1	NONE 1	INTRAOSSEOUS	n/a
TEXT PROTECTION <input checked="" type="checkbox"/>		TIME 1025	1030	1045	IV TYPE RATE	
		TEMP n/a	n/a	1050		n/a
		PULSE 120	101	0	CPR	
		RFSP 30	30	30	TOURNIQUET	ON
		B/P 90/62	95/71	not readable		OFF
		SpO2 99	93	not readable	HEMOSTATIC DRESSING	n/a
		GCS 3	3	not readable	OXYGEN LPM 8	
					VIA BVM	1020
At 10 MG Vecuronium, 8 MG Etomidate						
<b>PATIENT REPORT</b>						
(b)(6)						

**TREATMENT PROVIDED ENROUTE:** During transport from FLA to the aircraft the ET tube became displaced. Upon being loaded onto the aircraft the PT was immediately extubated and put on a BVM with a J-tube with O2 at 8 LPM. PT was ventilated for several minutes. PT was then attempted to be digitally intubated with a cuffed 7.0 mm ET tube. Upon bagging and placement checks PT was successfully intubated into the esophagus and immediately extubated. PT was then ventilated via BVM with a J-tube with O2 at 8 LPM for several minutes. PT was then intubated a second time with a 5.5 ET tube into the esophagus and immediately extubated. PT was then ventilated via BVM with O2 at 8 LPM for several minutes. PT was then digitally intubated with a 7.0 ET tube. PT was successfully digitally intubated. The PT's heart stopped beating shortly after CPR was started and continued all the way to KAF ROL 3 where the PT was transferred without resuscitation.

**MEDICATIONS ADMINISTERED (NAME DOSE TIME ROUTE):** None

PATIENT # 1 OF 1

PATIENT'S NAME/RANK SSN DOB/AGE SEX	Ahmad Unk - male	MEDIC NAME/RANK PROVIDER LEVEL UNIT/PHONE # MISSION	SGT (b)(3), (b)(6) EMT-B DSN 641-1502 CENTCOM 009481
--	---------------------------	--	---

IV FLUIDS						NOTES		
TIME	FLUID	RATE	START	STOP	VOLUME			
0930	LR	TKO	0930			at 0930 3.0L		
1000	LR	TKO		1000				
BLOOD PRODUCTS								
JINIT #	TYPE	START	STOP	INITIAL	VOLUME			
MEDICATIONS								
DRUG	DOSE	ROUTE	TIME	INITIAL				
Set	50	IV	0930	45				
Clopidogrel	8	IV	0930	48				
Vecturonium	10	IV	0930	42				
VITAL SIGNS								
TIME	SBP	DBP	HR	RR	TEMP	O2 Sat	RHYTHM	INTUBATION MECH/VENT
0945	97	50	120	24		100 V		TIME: 0930
1000	102	73	106	24		100 V		FIO2: 100
1015	96	74	98	24		100 V		PEEP: —
								MODE: AC
								RATE: 20
								TV: —
							DEATH INFORMATION	
							Time of Death _____	
							Mortuary Affairs Notified?	
							Yes No	
							Time to Morgue _____	
DISPOSITION							VALUABLES	
ADMIT:	OR	ICU	ICW	TIME				None found
RTD:	FULL	QUARTER	PROFILE					Secured by PAD
AIR EVACUATION TO:	KAF							Given to Patient <i>Asad</i>
TIME DISPOSITION:	1030	LITTER	W/C	AMBULATORY				Time: 0930
PATIENT IDENTIFICATION								
							Nurse Name:	
							Date:	
							Signature:	
							(b)(3), (b)(6)	
							(b)(3), (b)(6)	

卷之三

## Afghanistan

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

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

第10章

50(HA) June 2006

### → the Privacy Act of 1998

中華書局影印

411

30068

CENTCOM 009483

30069

II

TRAUMA TREATMENT RECORD / FORWARD RESUMMATIVE CARE									
ARRIVAL STATUS		TRIAGE CATEGORY		WOUNDED BY		Mechanism of Injury		FT Cat.	
Date: <u>7/17/07</u> Time of Injury: <u>0900</u> Time of arrival: <u>0930</u> Transit time: <u></u> C-Code intent: Y Functional IV Y Intubated: Y Cric Y T- <u>16</u> BP- <u>110</u> HR- <u>11</u> OSBP- <u>100</u> PAIN: 0 1 2 3 4 5 6 7 8 9 10 Last Tension: <u>WAK</u> GCS: <u>7</u>		<input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant		<input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Crv (Host nation) <input type="checkbox"/> Training <input type="checkbox"/> Self accident <input type="checkbox"/> Self inflicted <input type="checkbox"/> Sports recreation <input type="checkbox"/> Other		<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Drowning <input type="checkbox"/> Burn <input type="checkbox"/> Single frag <input type="checkbox"/> Mortar <input type="checkbox"/> Mortar <input type="checkbox"/> Plane crash <input type="checkbox"/> Being hit <input type="checkbox"/> Bomb <input type="checkbox"/> Hand-grenade <input type="checkbox"/> Chemical <input type="checkbox"/> Motor <input type="checkbox"/> Biological <input type="checkbox"/> Fall <input type="checkbox"/> Hypothermia <input type="checkbox"/> Radiation <input type="checkbox"/> Other		<input type="checkbox"/> Not Capable <input type="checkbox"/> Host nation <input type="checkbox"/> Host nation <input type="checkbox"/> Coalition <input type="checkbox"/> Enemy	
								Nation: <input type="checkbox"/> US <input type="checkbox"/> UK <input type="checkbox"/> French <input type="checkbox"/> Direct Pressure <input type="checkbox"/> Field Dressing <input type="checkbox"/> HemCon <input type="checkbox"/> None <input type="checkbox"/> Other	
								Service: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOW <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> InCo <input type="checkbox"/> IP <input type="checkbox"/> Non-military <input type="checkbox"/> Media <input type="checkbox"/> Other	
								PRE-HOSP WARM: <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Space blanket <input type="checkbox"/> Body bag <input type="checkbox"/> Other	
								HOSP WARMING: <input type="checkbox"/> Radiant warmer <input type="checkbox"/> IV bag warmer <input type="checkbox"/> Bar hugger <input type="checkbox"/> Initial Responder <input type="checkbox"/> Other <u>BLKT</u>	
TOURIQUET		CPR IN PROGRESS		Pre Hospital Airway		Pre Hosp IV Intra Osseous			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Time on: <u>off</u>		Time started: <u>11</u>							
Type CAT / SOFTT / Other		Time ended: <u>1200</u>							
PRE HOSP MEDS		<input type="checkbox"/> Other <input type="checkbox"/> Morphine <input type="checkbox"/> Fentanyl		<input type="checkbox"/> Antibiotic <input type="checkbox"/> PRT meds <input type="checkbox"/> Seizure med <input type="checkbox"/> Mannitol		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
Chief Complaint:		EVAC FROM: USA USN <input checked="" type="checkbox"/> Field <input type="checkbox"/> Coalition <input type="checkbox"/> Inst Responder		USAF USMC <input type="checkbox"/> Inst Responder		Pre Hospital Chest Tube <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Location: <input checked="" type="checkbox"/> R / L <input type="checkbox"/> PFT <input type="checkbox"/> Theater <input type="checkbox"/> Hospital	
Mode of Arrival:		<input type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/> Air Ambulance		<input type="checkbox"/> Non-med ground <input type="checkbox"/> USMC Casvac					
Ground Ambulance		<input type="checkbox"/> non-Med Air <input type="checkbox"/> Ship Evac							
MISSION # <u>54</u>									
HISTORY & PHYSICAL									
Head & Neck: <u>Open wound</u> <u>Imp Membranes</u> <u>Wound</u> Chest: <u>RC eye pt</u> <u>sluggish</u>									
Abdomen: <u>WNL</u> Pelvis: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable									
Upper Extremities: <u>WNL</u> Lower Extremities: <u>Ant thigh entrance</u> <u>ul pabo -</u>									
Neuro: GCS: <u>7</u>		Motor Deficit: <u>None</u> R UMLE L UMLE		Vision: Pupils: R: <u>5</u> L: <u>5</u>		Initial Procedures / Diagnostics			
C-Spine: <input checked="" type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> No				Airway: <input type="checkbox"/> Patent <input type="checkbox"/> Shallow <input type="checkbox"/> Snoring <input type="checkbox"/> Stimulated <input type="checkbox"/> R/B <input type="checkbox"/> Other		<input type="checkbox"/> Intubate <input type="checkbox"/> CRIC <input type="checkbox"/> L: Output <input type="checkbox"/> R: Output		<input type="checkbox"/> Control-tube <input type="checkbox"/> Blood m/s <input type="checkbox"/> Air <input type="checkbox"/> L: Output <input type="checkbox"/> Blood m/s <input type="checkbox"/> Air	
CBC		CHEMISTRY		LFTs		SURGICAL		ALLERGIES	
<u>8.5</u> <u>25</u>		<u>141</u> <u>101</u> <u>13</u> <u>31</u> <u>127</u> <u>257</u>		Amylase: _____ Alk Phos: _____ LDR: _____ Bil: _____ SGOT: _____ SGPT: _____ Other: <u>AMG-17</u>		SgGr: _____ pH: _____ Chemo: _____ Micro: _____ RBC: _____ WBC: _____ Retic: _____ HGB: _____		ASA: _____ PDA: _____ Sulfa: _____ Morphine: _____ Codeine: _____ Latex: _____ Other: _____	
PTT		INR							
<u>1.5</u> <u>1.5</u>		<u>1.5</u> <u>1.5</u>							
ABG		MEDICATIONS		IV FLUIDS/BLOOD PRODUCTS		PMH			
<u>PCO2</u> <u>pH</u> <u>PCO2</u> <u>PO2</u> <u>BE</u> <u>PCO2</u>		VENT: YES NO ETT Size: <u>7.0</u>		<input type="checkbox"/> BT <input type="checkbox"/> Abu <input type="checkbox"/> Vermed <input type="checkbox"/> Morphine <input type="checkbox"/> Pentoxifylline <input type="checkbox"/> Other		Crystallites: <u>0.0%</u> NS LR <input type="checkbox"/> Cellulose: <u>0.0%</u> <input type="checkbox"/> PRBC's: <u>0.0%</u> <input type="checkbox"/> FFP: <u>0.0%</u> <input type="checkbox"/> Whole Blt: <u>0.0%</u> <input type="checkbox"/> Cryo: <u>0.0%</u> <input type="checkbox"/> PLT's: <u>0.0%</u>		Hypotension: <input type="checkbox"/> HTN <input type="checkbox"/> None <input type="checkbox"/> Del <input type="checkbox"/> Other <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Other <input type="checkbox"/> Seizure	
Patient NAME: <u># 411</u> (b)(6) DOB (ddmmyy): <u>07/17/07</u> Date (dd/mm/yy): <u>07/17/07</u> Age: <u>17</u> SSNID: <u>ASD (PA) June 2008</u> DOB (ddmmyy): <u>07/17/07</u> Subject to the Privacy Act of 1974 Afghanistan Page 1 of 2									

CENTCOM 009484

17

DEPARTMENTS OF THE ARMY & AIR FORCE  
Headquarters Joint Provincial Reconstruction Team - Qalat  
FOB Lagman, Afghanistan  
APO AE 09355

MEMORANDUM FOR: Commander Task Force Grizzly, National Command Element, Kandahar Air Force Base, Afghanistan

SUBJECT: Serious Incident Report

1. Type of Report: Initial Report
2. Type of Incident: Fatality of Local National
3. DTG of Incident: 120900APR07
4. Location of Incident: UA 41S UA 046056E
5. Unit Involved: Not Applicable
6. Unit Address: PRT Qalat FOB Lagman, APO AE 09355
7. List of Personnel Involved:

SUBJECT: Unknown Afghan Male.  
RANK: NA  
SSN: NA  
Race: Afghan  
Sex: Male  
Position: NA  
Age: Believed to be 8 YO  
Unit: Local National

8. Narrative: On 120900APR07 an Afghan child (Name & exact age unknown) was brought to the FOB Lagman FST facility with severe head injury resulting the detonation of what has to be previously unexploded ordinance. The child has no injury to his hands so it appears he was not holding the UXO when it detonated. The type of UXO is not known and the undersigned did not dispatch EOD to investigate the site of the explosion given the risk and amount of UXO in the area. Following initial treatment the child was flown to KAF. The child died on the aircraft and was declared Dead On Arrival at KAF. The child was accompanied to KAF by his Uncle. The disposition of the remains and the Uncle are not known.

The incident took place within the range fan of the FOB Lagman range. It appears there is no, repeat no, marking of the impact area and no warning to local nationals. It appears the impact area is littered with UXO and there is nothing to prevent anyone from entering the area. This area is transited by Local Nationals daily and local livestock forage in this area. PRT Qalat is currently working with the Zabul Governor's Office to do the following:

- a. Coordinate the payment of any death gratuity to the boy's family through the Governor's Office.

CENTCOM 009485

b The US DOS Representative to Zabu is meeting with the Governor tonight to discuss the local dissemination of a "public service announcement" as to the danger posed by the FOB's impact area. Mosques may be the best avenue for getting this message out. The PRTs IO Officer has drafted such a message for the Governor to review. The PRT J 4 and ISG are working on an immediate, short term plan to cordon off the area using pictorial warning signs posted on pickets. A long-term solution will require more effort and planning.

POR THE COMMANDER:

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

MAJ, IN  
Executive Officer, PRT Qalat  
Mobile  
NSW

CENTCOM 009486

### 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Qalat PRT/FOB Lagman	2007/05/01	1742	
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS Capt/AD/USAF	
8. ORGANIZATION OR ADDRESS Qalat PRT			

9. I, (b)(3), (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I, CPT(b)(3), (b)(6) want to amend my previous 1574 dated 21 Apr 07. It has come to my attention that the incident concerning a 7 y/o Afghan boy that was critically wounded on the FOB Lagman range was witnessed. I have a signed statement from the Romanian Sentinel (b)(6) (See Exhibit V) on duty at the time of the incident and his 2 superiors. The incident witnessed by (b)(6) (b)(6) sentinel on duty Tower #9 states there was an explosion on 12 Apr 07 at 0900 in the vicinity of landmark 27 (approximately 10 meters to the right of the old cistern used as a target for the FOB Lagman firing range. He observed three civilians running from the explosion site and came back later to pick up a body from the ground. At 0908 the three civilians met with a motorcyclist who took the victim and brought him to the Gate at 0917. They were then taken to the 541st Forward Surgical Team where the child was treated and MEDEVAC'd.

Due to this new information it is not alleged that a 7-year old Afghan boy named (b)(6) was playing in an area known at FOB Lagman 'range fan'. I can confirm this by the new information where the child was when the explosion happened. He later died from the injuries he sustained at the explosion site. It is still unknown what caused the detonation.

10. EXHIBIT V	11. INITIA (b)(3), (b)(6)	IN MAKING STATEMENT	PAGE 1 OF 3 PAGES
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			

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(3), (b)(6) TAKEN AT FOB Lagman DATED 2007/05/01

9. STATEMENT (Continued)

Left Blank

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

DA FORM 2823, NOV 2006

APD V1.00

CENTCOM 009488

30074

STATEMENT OF (b)(3), (b)(6) TAKEN AT FOB Lagman DATED 2007/05/01

9. STATEMENT (Continued)

Left Blank

AFFIDAVIT

I, (b)(3), (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH AND ENDS ON PAGE 1. 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 FREE OF THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR REWARD, WITHOUT ELEMENT.

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

(Making Statement)

WITNESSES:

I, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
at \_\_\_\_\_

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

DA FORM 2823, NOV 2006

CENTCOM 009489

Page 18 redacted for the following reason:

-----  
(b)(2)High

## STATEMENT

12 of April at 09.00, the sentinel on duty from Tower No. 9 heard an explosion on North-Vest direction. He saw dust and smoke in vicinity of landmark No. 27 (about 10 meters to the right of the old cistern used like a target from the FOB LAGMAN firing range). He intensified his observation on that direction and spotted 3 civilian running out of explosion site first and coming back later, picking a body from the ground and carried in our base direction. At 09.08 they met a motorcyclist who take that victim and bring it on the Main Gate using a road on the left side of the base. At 09.17 sergeant on duty from the Main Gate reported a civilian asked medical help for a wounded child.

### ACTION

(b)(6)

1<sup>st</sup> Lieut.

(b)(6)

BOJOR

3<sup>rd</sup> Coy Commander

(b)(6)

1<sup>st</sup> Lieut.

(b)(6)

APETREI

Guard Commander

Cpl. – (b)(6) BODICĂ  
Sentinel on duty (Tower No. 9)

CENTCOM 009491