

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS			
For use of this form, see AR 15-6; the proponent agency is OTJAG.			
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	(Appointing authority)
Military status			
Date	15 April 2007	(Attach enclosure 1: Letter of appointment or summary of oral appointment data. (See para. 3-1, AR 15-6.)	
SECTION II: SESSIONS			
The investigating boards commenced at	FOB Lagman, Zabul Province, Afghanistan	at	1030
			(Time)
Date	18 April 2007	(If a formal board met for more than one session, check here. Indicate in an enclosure 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. 3-2 and 3-3, AR 15-6.)			
The investigating officer(s) closed gathering hearing evidence at			
	1030	at	18 April 2007
	(Time)		(Date)
and reported findings and recommendations at			
	1100	at	21 April 2007
	(Time)		(Date)
SECTION III: CHECKLIST FOR PROCEEDINGS			
ACCOMPLISHED IN ALL CASES			
1. Enclosures, para. 3-1, AR 15-6:			
a. The following enclosed and numbered consecutively with Roman numerals (attach and enclose listed):			
1. The letter of appointment or a summary of oral appointment data.			
2. Copy of notice to respondent, if any. (See item 9, below.)			
3. Other correspondence with respondent or counsel, if any.			
4. All other written communications to or from the appointing authority.			
5. Privacy Act Statements (Certificate of statement provided orally).			
6. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses).			
7. Information as to sessions of a formal board not included on page 1 of this report.			
8. All other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
9. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
10. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
11. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
12. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
13. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
14. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
15. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
16. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
17. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
18. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
19. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
20. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
21. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
22. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
23. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
24. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
25. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
26. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
27. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
28. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
29. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
30. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
31. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
32. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
33. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
34. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
35. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
36. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
37. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
38. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
39. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
40. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
41. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
42. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
43. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
44. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
45. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
46. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
47. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
48. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
49. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
50. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
51. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
52. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
53. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
54. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
55. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
56. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
57. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
58. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
59. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
60. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
61. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
62. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
63. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
64. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
65. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
66. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
67. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
68. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
69. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
70. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
71. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
72. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
73. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
74. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
75. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
76. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
77. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
78. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
79. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
80. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
81. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
82. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
83. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
84. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
85. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
86. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
87. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
88. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
89. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
90. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
91. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
92. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
93. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
94. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
95. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
96. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
97. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
98. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
99. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			
100. Other significant papers (other than evidence) relating to administrative aspects of the investigation or board.			

		YES	NO	NA
Exhibits (para 3.16, AR 15-6)				
1	Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
2	Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
3	Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?			X
4	Are copies, descriptions, or depictions (if submitted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	X		
5	Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3.6b, AR 15-6)?	X		
6	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?			X
7	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 3.16d, AR 15-6)?			X
8	Was a quorum present when the board voted on findings and recommendations (para 4.1 and 5.2b, AR 15-6)?			X
COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)				
9	At the initial session, did the recorder read or determine that all participants had read the letter of appointment (para 5.1b, AR 15-6)?			
10	Was a quorum present at every session of the board (para 5.2b, AR 15-6)?			
11	Was each absence of any member properly excused (para 5.2a, AR 15-6)?			
12	Were members, witnesses, reporter, and interpreter sworn, if required (para 3.1, AR 15-6)?			
13	If any members who voted on findings or recommendations were not present when the board received some evidence, does the enclosure describe how they familiarized themselves with this evidence (para 5.2d, AR 15-6)?			
COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)				
Notice to respondents (para 5.5, AR 15-6)				
14	Is the method and date of delivery to the respondent indicated on each letter of notification?			
15	Was the date of delivery at least five working days prior to the first session of the board?			
16	Does each letter of notification indicate:			
16.1	(1) the date, hour, and place of the first session of the board concerning that respondent?			
16.2	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
16.3	(3) the respondent's rights with regard to counsel?			
16.4	(4) the name and address of each witness expected to be called by the recorder?			
16.5	(5) the respondent's rights to be present, present evidence, and call witnesses?			
17	Was the respondent provided a copy of all unclassified documents in the case file?			
18	If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):				
19	Was he properly notified (para 5.5, AR 15-6)?			
20	Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5.6, AR 15-6)?			
Counsel (para 5.6, AR 15-6)				
21	Was each respondent represented by counsel?			
Name and business address of counsel:				
If counsel is a lawyer, check here:				
22	Was respondent's counsel present at all open sessions of the board relating to that respondent?			
23	If military counsel was requested but not made available, is a copy (or of oral summary) of the request and the action taken on it included in the report (para 5.6b, AR 15-6)?			
Challenges (para 5.7, AR 15-6)				
24	Did the respondent challenge the legal advice or any voting member for lack of impartiality (para 5.7, AR 15-6)?			
25	Was the challenge properly denied and by the appropriate officer?			
26	Did each member successfully challenged cease to participate in the proceedings?			
Opportunity to be present (para 5.8a, AR 15-6)				
27	Was the respondent given an opportunity to:			
27.1	(1) be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
27.2	(2) examine and object to the introduction of real and documentary evidence, including written statements?			
27.3	(3) object to the testimony of witnesses and cross-examine witnesses other than his own?			
27.4	(4) call witnesses and otherwise introduce evidence?			
27.5	(5) testify as a witness?			
27.6	(6) make or have his counsel make a final statement or argument (para 5.9, AR 15-6)?			
Objections (para 5.8b, AR 15-6)				
28	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 5.8b, AR 15-6)?			
Final report (para 5.11, AR 15-6)				
29	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)?			

FOOTNOTES

1. Explain all negative answers in an attached sheet.

2. Use of the 5 columns include a positive representation that the information is as stated in the question did not occur in the investigation or hearing.

Form 1, 1 August 1974 (Rev. 8)

USAPA v.1.20

CENTCOM 009474

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 (NCOIC) 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 LAGYAN RANGE BE FENCED TO PREVENT FURTHER LOSS OF LIFE

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

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

SECTION VI AUTHENTICATION <small>(para 3-17, AR 15-6)</small>	
THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. <i>(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.)</i>	
<div style="text-align: center; margin-top: 100px;"> (Recorder) _____ (Member) _____ (Member) _____ </div>	<div style="text-align: center; margin-top: 100px;"> (Investigating Officer) (President) _____ (Member) _____ (Member) _____ </div>
SECTION VII MINORITY REPORT <small>(para 3-13, AR 15-6)</small>	
To the extent indicated in Inclosure _____ the undersigned does not concur in the findings and recommendations of the board <i>(In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) does not concur. State the reasons for disagreement. Additional substitute findings and/or recommendations may be included in the inclosure.)</i>	
<div style="text-align: center; margin-top: 80px;">(Member) _____</div>	<div style="text-align: center; margin-top: 80px;">(Member) _____</div>
SECTION VIII ACTION BY APPOINTING AUTHORITY <small>(para 2-3, AR 15-6)</small>	
The findings and recommendations of the investigating officer (board) are (approved) (disapproved) (approved with following exceptions: _____). <i>(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.)</i>	
<div style="font-size: 2em; margin-top: 20px;">NOTHING TO ADD</div>	

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

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



DEPARTMENT OF DEFENSE

QALAT PRT FOB LAGMAN
AFGHANISTAN APO AE 08355

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

045-07

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Ouverture)			
NAME (Last, First, Middle) Nom du défunt (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Armée
(b)(6)		CIV	N/A
NATION or 2 Pays		DATE OF BIRTH Date de naissance	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
AFGHANISTAN		N/A	N/A
RACE Race	MARITAL STATUS État Civil	RELIGION Religion	
AFGHAN	SINGLE Célibataire	MUSLIM	
DIVORCED Divorcé		PROTESTANT Protestant	
MARRIED Marié		CATHOLIC Catholique	
WIDOWED Veuf		SEPARATED Séparé	
RELATIONSHIP TO DECEASED Rapport du défunt avec le décès		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
CIVILIAN		QULAT	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (State only one cause per line) Cause du décès (Indiquer au plus une cause par ligne)		INTERVAL BETWEEN OCCUR AND DEATH Intervalle entre l'événement et le décès	
CONDITION DIRECTLY LEADING TO DEATH État directement responsable de la mort		IMMEDIATE	
CARDIOPULMONARY ARREST			
MORBID CONDITION, IF ANY LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause principale		IMMEDIATE	
BRAIN HERNIATION			
UNDERLYING CAUSE, IF ANY GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, entraînant la cause principale		PROXIMAL	
PNEUMONIC BRAIN INJURY			
AUTOPSY PERFORMED Autopsie effectuée		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort dues aux causes extérieures	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
NAME OF PATHOLOGIST Nom du pathologiste		AVIATION ACCIDENT Accident à l'Aviation	
SIGNATURE Signature		YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE Date			
PLACE OF DEATH Lieu du décès			
KAF EAL 3 MMU			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du défunt et je certifie que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus			
OFFICER Nom du médecin militaire ou du médecin certifié		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		MD	
INSTALLATION OR ADDRESS Installation ou adresse			
KAF EAL 3 MMU			
064, APR 1977 REPLACES DA FORM 3585, 1 JAN 1972 AND DA FORM 3585-REPAIR 28 SEP 1975 WHICH ARE OBSOLETE			

CENTCOM 009480

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
NATION <input type="checkbox"/> US <input checked="" type="checkbox"/> HOST NATION <input type="checkbox"/> ENEMY <input type="checkbox"/> COALITION		SERVICE <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> USN <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EPW <input type="checkbox"/> OTHER		WOUNDED BY <input type="checkbox"/> US / COALITION <input type="checkbox"/> ENEMY <input checked="" type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> OTHER UXO Blast	

MECHANISM OF INJURY					
<input type="checkbox"/> GSW	<input type="checkbox"/> STAB	<input type="checkbox"/> BURN	<input type="checkbox"/> HEAT	<input type="checkbox"/> MEDICAL	
<input type="checkbox"/> BLUNT TRAUMA	<input checked="" type="checkbox"/> BLAST	<input 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 / STING		
<input type="checkbox"/> MULTIPLE FRAGMENT	<input type="checkbox"/> OTHER				

MEDICATIONS None Known

ALLERGIES NKDA

PROTECTION		GLASGOW COMA SCALE				PROCEDURES		TIME
	UNKNOWN NOT WORN WORN STRUCK PENETRATED	EYE OPEN	VERBAL	MOTOR		CPR		1045
		6	5	FOLLOW CMD		BVM		1020
		5	4	LOCALIZES		ET COMB KING		1040
		4	3	WITHDRAWAL		RSI		n/a
		3	2	DELOCATED		CRICHTHYROIDOTOMY		n/a
		2	1	DECEBRATE		CHEST DECOMPRESSION		n/a
		1	0	NONE		INTRAOSSUEOUS		n/a
		TIME	1025	1030	1045	1050	IV TYPE	
		TEMP	n/a	n/a			RATE	n/a
		PULSE	120	101	0	CPR	TOURNIQUET	ON
		RESP	30	30	30	0	OFF	n/a
		B/P	90/62	95/71	not readable	not readable	HEMOSTATIC DRESSING	n/a
		SpO2	99	93			OXYGEN LPM	8
		GCS	3	3			VIA	BVM
								1020

INJURIES

AVULSION

BLEEDING

LACERATION

LACERATION

AVULSION

(b)(6)

TREATMENT PROVIDED ENROUTE During transport from FLA to the aircraft the ET tube became displaced. Upon being loaded on to the aircraft the PT was immediately extubated and put on a BVM with a J tube with O2 at 5 LPM. PT was ventilated for several minutes. PT was the attempted to be digitally intubated with a 7.0 mm ET tube. Upon bagging and placement checks PT was was 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 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 ROL3 where the PT was transferred without incident.

MEDICATIONS ADMINISTERED (NAME DOSE TIME ROUTE) None

PATIENT # 1 OF 1

PATIENT'S NAME/RANK	Ahmad	MEDIC NAME/RANK	SGT (b)(3), (b)(6)
SSN	Unk	PROVIDER LEVEL	EMT-B
DOB AGE	-	UNIT PHONE #	DSN 841 1502
SEX	male	MISSION	CENTCOM 009481

PATIENT INFORMATION		PHYSICIAN INFORMATION		SECONDARY SURVEY	
<p>POSITION: SUPINE</p> <p>UP RIGHT</p> <p>C-SPINE</p> <p>PELVIS</p> <p>LLE</p> <p>RLE</p> <p>RUE</p> <p>LUE</p>	<p>lat - nl</p>	<p>NAME: CCS-7</p> <p>DOB: 10/10/78</p> <p>SSN: 123456789</p> <p>ADDITIONAL INFO: inhibited open skull/brain injury. Pupils reactive somewhat.</p>	<p>NAME: Dr. [Signature]</p> <p>DEGREE: MD</p> <p>DEPARTMENT: Neurology</p> <p>PHYSICIAN SIGNATURE: [Signature]</p>	<p>ABRasion</p> <p>AMP/abrasion</p> <p>AVulsion</p> <p>Bleeding</p> <p>Burn</p> <p>Cephalic</p> <p>Chest</p> <p>Contusion</p> <p>Crushing</p> <p>Cut</p> <p>Fracture</p> <p>Foreign Body</p> <p>Gunshot Wound</p> <p>Hemorrhage</p> <p>Laceration</p> <p>Puncture Wound</p> <p>Penetration</p> <p>Significant Sign</p> <p>SW/Soft Wound</p>	<p>Anterior</p> <p>Posterior</p>
<p>PLAN</p> <p>Transfer to KAF</p>					
<p>ONCE CATEGORY</p> <p><input type="checkbox"/> Cardiac <input type="checkbox"/> GI <input type="checkbox"/> Injury, MVC <input type="checkbox"/> Psychiatric, Stress</p> <p><input type="checkbox"/> Dermatologic <input type="checkbox"/> Head/Neck <input type="checkbox"/> Injury, Work/Training <input type="checkbox"/> Pulmonary</p> <p><input type="checkbox"/> Endocrine <input type="checkbox"/> Infectious Dx <input type="checkbox"/> Injury, Other <input type="checkbox"/> STDs</p> <p><input type="checkbox"/> FGO <input type="checkbox"/> Injury, Sports <input type="checkbox"/> Neurologic <input type="checkbox"/> All Other Medical/Surgical</p>					
<p>PROTECTIVE GEAR</p> <p>Helmet (size: X-small, Small, Medium, Large, X-Large)</p> <p>Flak Vest (size: XS, S, M, L, XL, XXL, XXXL)</p> <p>Ceramic Plate (size: XS, S, M, L, XL)</p> <p>Goggles (SPEC/SG-100, PSARVEX, XCESS, and/or NVG/SWOG)</p> <p>Defoliant ext.</p> <p>Neck Protector (yoke and collar, throat protector)</p> <p>Grounding ext.</p>		<p>WORN NOT WORN STRUCK PENETRATED</p> <p>F B F B F B F B</p> <p>L R L R L R L R</p> <p>C T C T C T C T</p> <p>G L G L G L G L</p>			
<p>Admit to:</p> <p>Evac to: Theater Care, Definitive Care, HH, Coalition</p> <p>Name of facility:</p> <p>RTD Unit:</p> <p>Declassified (see Time of disposition (M))</p> <p>MISSION #:</p> <p>Referring Staff:</p> <p>Physician Signature:</p> <p>Physician Printed or T):</p>		<p>Damage Control: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Hypothermia: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Coagulopathy: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Shock: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Class of Hemorrhage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>Cause of Death:</p> <p>Anatomic: <input type="checkbox"/> Artery <input type="checkbox"/> Chest <input type="checkbox"/> Extremity L/R <input type="checkbox"/> Head <input type="checkbox"/> Pelvis <input type="checkbox"/> Other specify</p> <p>Physiologic: <input type="checkbox"/> MOP <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Other <input type="checkbox"/> CNS <input type="checkbox"/> Total Body Disruption <input type="checkbox"/> Seizure <input type="checkbox"/> Suffocation</p>			
<p>Patient ID: 123456789</p> <p>Last: First MI</p> <p>SSN: 123456789</p> <p>DOB: 10/10/78</p> <p>ASD (NA) June 2008</p>		<p>Subject to the Privacy Act of 1974</p> <p>Page 3 of 3</p>			

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

CENTCOM 009483

TRAUMA TREATMENT RECORD (FORWARD RESCUES/ATIVE CARE)									
ARRIVAL STATUS		TRIAGE CATEGORY		WOUNDED BY		Mechanism of Injury		PT Cat	
Date: 4/11/07		<input checked="" type="checkbox"/> Immediate		<input type="checkbox"/> Unknown		<input type="checkbox"/> Hot/Cold		<input type="checkbox"/> Nation:	
Time of injury: 0930		<input type="checkbox"/> Delayed		<input type="checkbox"/> Enemy		<input type="checkbox"/> MVC		<input type="checkbox"/> US	
Time of arrival: 0930		<input type="checkbox"/> Minimal		<input type="checkbox"/> Friendly		<input type="checkbox"/> Burn trauma		<input checked="" type="checkbox"/> Host nation	
Transit time:		<input type="checkbox"/> Expectant		<input type="checkbox"/> Civ (Host nation)		<input type="checkbox"/> Single hit		<input type="checkbox"/> Coalition	
C-spine immobilized Y Functional IV Y		<input type="checkbox"/> Training		<input type="checkbox"/> Self accident		<input type="checkbox"/> Multiple hits		<input type="checkbox"/> Enemy	
Insured: Y6 Cric Y6		<input type="checkbox"/> Self inflicted		<input type="checkbox"/> Sports recreation		<input type="checkbox"/> Other		<input type="checkbox"/> Service:	
T-46 BP 118/81 HR 86 RR 12 O2 Sat 100%		<input type="checkbox"/> Other		<input type="checkbox"/> Needle Decompr Y6		<input type="checkbox"/> Other		<input type="checkbox"/> USA	
PAIN: 0 1 2 3 4 5 6 7 8 9 10		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> USN	
Last Tetanus: mark		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> USMC	
TOURNIQUET		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Time on: off:		Time started: ended:		Type: CAT / SOFT / Other		Type/size/location:		Type/size/location:	
PRE HOSP MEDS		Other		Gender		AmnioType fluid		Pre Hospital Chest Tube	
<input type="checkbox"/> Morphine		<input type="checkbox"/> Rst Meds		<input type="checkbox"/> Male		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> Fentanyl		<input type="checkbox"/> Seizure med		<input type="checkbox"/> Female		<input type="checkbox"/> No		<input type="checkbox"/> No	
Chief Complaint		EVAC FROM		USA USN		Location		Other	
A high		<input checked="" type="checkbox"/> Field		<input type="checkbox"/> USAF		<input type="checkbox"/> R / L		<input type="checkbox"/> Non-gen/ org	
<input type="checkbox"/> Walked		<input type="checkbox"/> Condition		<input type="checkbox"/> USAF USMC		<input type="checkbox"/> Theater		<input type="checkbox"/> Media	
<input type="checkbox"/> Carried		<input type="checkbox"/> Int Responder		<input type="checkbox"/> non-med ground		<input type="checkbox"/> Hospital		<input type="checkbox"/> Other	
<input type="checkbox"/> Air Ambulance		<input type="checkbox"/> Other		<input type="checkbox"/> USMC Casevac		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Ground Ambulance		<input type="checkbox"/> Other		<input type="checkbox"/> Ship Evac		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> non-Med Air		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Ship Evac		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

11

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: 120900CAPROT
4. Location of Incident: UA 42S UA 146356E
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 120900CAPROT an Afghan child, Name & exact age unknown, was brought to the FOB Lagman PST facility with severe head injury resulting the detonation of what has to be previously unexploded ordnance. 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 Governors Office.

CENTCOM 009485

The US DOS Representative to Zabul 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 crafted such a message for the Governor to review.

The PRT J 4 and ISCT 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.

FOR THE COMMANDER:

3), (b

MAJ, IN

Executive Officer, PRT Qalat

Mobile

ncn

b)(6

b)(6

CENTCOM 009486

SWORN STATEMENT <small>For use of this form, see AR 190-45; the proponent agency is PMG.</small>			
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 Qalat PRT/FOB Lagman	2. DATE (YYYYMMDD) 2007/05/01	3. TIME 1742	4. FILE NUMBER
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 (b)(6)-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 VI	11. INITIAL (b)(3), (b)(6)	N 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

APG 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 FREELY OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR REWARD, WITHOUT EMENT.

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

(Making Statement)

WITNESSES:

I, _____, ne, 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

Page 18 redacted for the following reason:

(b)(2)High

V pg 1

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.

ATION

(b)(6)

1st Lieut.

(b)(6)

BOJOR

3rd Coy Commander

(b)(6)

1st Lieut.

(b)(6)

APETREI

Guard Commander

Cpl. -

(b)(6)

BODICĂ

Sentinel on duty (Tower No. 9)

CENTCOM 009491