

CENTCOM MEDEVAC PATIENT REPORT

PATIENT NAME:	(b)(6)	Battle Roster Nr. TK 2199	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> RN				
MEDIC/RN SIGNATURE	(b)(3), (b)(6) SGT USA C CO 3-82		FLIGHT SURGEON SIGNATURE		

TAL SS
000469
10 FEB 31

JTCOM MEDEVAC PATIENT REPO

PATIENT NAME: UNK		Battle Roster Nr.	Date 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN:	Rank: UNK	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: UNK	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 2 of 6
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS21686320	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition -	
<input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input type="checkbox"/> Other - CIVILIAN						<input checked="" type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other -							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> KIA/DOA			

POINT OF INJURY CARE			
T: UNK ° P: 87	Unassisted RR: 15	BP: O ² Sat: 98	GCS: 15
Pain (0-10):	Meds Given: NONE	MECHANISM OF INJURY	
BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall	<input checked="" type="checkbox"/> Blanket
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> IED <input type="checkbox"/> Machinery	<input type="checkbox"/> Space Blanket
Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT	<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn	<input type="checkbox"/> HPMK
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Other:	<input type="checkbox"/> Landmine <input type="checkbox"/> MVC	<input type="checkbox"/> Body Bag
CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No	LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/>	<input type="checkbox"/> Mortar/Rocket Artillery	<input type="checkbox"/> Other-
Time Started	Time Stopped	<input type="checkbox"/> Helicopter Crash	
Other Care:	Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE	
	C-spine Immobilized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HEMOSTATIC			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Quick Clot /ACS			
<input checked="" type="checkbox"/> Combat Gauze			
<input type="checkbox"/> Direct Pressure			
<input type="checkbox"/> Field Dressing			
<input type="checkbox"/> HemCon			
<input type="checkbox"/> None			
<input type="checkbox"/> Other -			

PROTECTION						
<input checked="" type="checkbox"/> N/A UNK						
	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDEVAC CARE	
PROCEDURES (initiated by medic)	NARRATIVE
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitude Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG	25 Y/O MALE STATUS POST HELLFIRE STRIKE WHILE IN A MOVING VEHICLE. PT CARRIED TO A/C AND PLACED IN A/C FOR FLIGHT. PT A/O -LOC -JAVD -TRACH DEV CHEST = RISE. FALL ABD SOFT NON TENDER PELVIC STABLE POSSIBLE CLOSED Fx L TIB FIB. BLEEDING CONTROLLED WITH COMBAT GUAZE AND KERLEX Fx SECURED WITH SAM SPLINTS AND ACE WRAPS. VITAL SIGNS STABLE WITHIN NORMAL LIMITS AS STATED BELOW. PT AND REPORT TRANFERRED TO TK FST MD WITHOUT ISSUE NOTHING FOLLOWS-----

(AB)rasion	PT. Weight 75 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(AMP)utation				
(AV)ulsion				
(BL)eeding				
(B)um %TBSA				
(C)repitus				
(D)eformity				
(DG)Degloving				
(E)ochymosis				
(FX)Fracture				
(F)oreign Body				
(GSW)Gun Shot Wound				
(.)ematoma				
(LAC)eration				
(PW)Puncture Wound				
(P)ain				

JTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: UNK		Battle Roster Nr.	Date 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN			
Service #/SSN:	Rank: UNK	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: UNK	Time of Injury: UNK LOCAL			
IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY		VENT SETTINGS		
Time (Z)	Site	Ga/Type	Solution	Volume	Flow	Initial	Subsequent	
					<input type="checkbox"/> NRB Mask	Mode	Mode	
					<input type="checkbox"/> Nasal Cannula	TV	TV	
					<input type="checkbox"/> Nebulizer	Rate	Rate	
					<input type="checkbox"/> BVM	PEEP	PEEP	
						FI02	FI02	
TREATMENT AT TRANSFERRING FACILITY								
Medications:								
IVF:								
Blood Products:							<input type="checkbox"/> pRBC <input type="checkbox"/> FFP	
							<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a	
Other:								
Procedures:								
VITAL SIGNS								
Time (Z)	BP	HR	RR	EtCO2	SaO2	Temp		
1347	BP: /	87	13		98%	UNK °F		
	BP: /					°F		
	BP: /					°F		
	BP: /					°F		
	BP: /				%	°F		
	BP: /				%	°F		
	BP: /				%	°F		
CONTROLLED SUBSTANCE		CURRENT MEDICATIONS			ALLERGIES		PMH	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Unknown List:			<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None	
Med: Med:		<input type="checkbox"/> None			<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Given: Unit: Unit:								
Wasted: Wasted:								
PRIMARY								
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive		
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input checked="" type="checkbox"/> Intubated	
	<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:					
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic <input type="checkbox"/> Retractions	
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences						
Circulation	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral	
Disability	Glasgow Coma Scale			Time: 1347	Time:	Time:	Time:	
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4			
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	1-None	5		
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	2-Extension	1-None		
	Total			15				
SECONDARY								
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU	
<input type="checkbox"/> Refill > 3 Sec	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic	
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable	
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradoxis	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism	
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent	
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus	
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed	
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal	<input type="checkbox"/> L <input type="checkbox"/> R	R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed	
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus	R mm			<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender	
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	L mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	Foley:	
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev				<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra	
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus	
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes			
Extremities	<input type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
	<input checked="" type="checkbox"/> LLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
Back	<input type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob		<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender	<input checked="" type="checkbox"/> Unable to Examine	
MEDIC/RN NAME	(b)(3), (b)(6)		UNIT	C CO3-82	PHONE #	(b)(2)		
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> RN							
MEDIC/RN SIGNATURE	(b)(3), (b)(6)		FLIGHT SURGEON SIGNATURE					
	SSG USA							
	C CO 3-82							

TMG SS

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JTCOM MEDEVAC PATIENT REPO

PATIENT NAME: UNK		Battle Roster Nr.	Date 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN:	Rank: UNK	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: UNK	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 1 of 6
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS2168632 0	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition -	
<input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input type="checkbox"/> Other - CIVILIAN						<input checked="" type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other -							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> KIA/DOA							

POINT OF INJURY CARE				
T: UNK ° P: 95 Unassisted RR: 14 BP: O ² Sat: 98 GCS: 15	MECHANISM OF INJURY		WARMING	HEMOSTATIC
Pain (0-10): Meds Given: NONE	<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall	<input checked="" type="checkbox"/> Blanket	<input type="checkbox"/> Unknown	
BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IED <input type="checkbox"/> Machinery	<input type="checkbox"/> Space Blanket	<input type="checkbox"/> Quick Clot /ACS	
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn	<input type="checkbox"/> HPMK	<input checked="" type="checkbox"/> Combat Gauze	
Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Landmine <input type="checkbox"/> MVC	<input type="checkbox"/> Body Bag	<input type="checkbox"/> Direct Pressure	
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Mortar/Rocket Artillery	<input type="checkbox"/> Other-	<input type="checkbox"/> Field Dressing	
CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Helicopter Crash		<input type="checkbox"/> HemCon	
Time Started Time Stopped	<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE		<input type="checkbox"/> None	
Other Care:	C-spine Immobilized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Other -	

PROTECTION						
<input checked="" type="checkbox"/> N/A UNK						
Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle	
Helmet <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained	
Body Armor <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained	
Ceramic Plates <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eye Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PROCEDURES (initiated by medic)	NARRATIVE
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitude Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG	35 Y/O MALE STATUS POST HELLFIRE STRIKE WHILE IN A MOVING VEHICLE. PT PLACED IN A/C FOR FLIGHT ON LITTER AND SECURED. PT A/O -LOC -TRACH DEV -JVD CHEST = RISE AND FALL ABD SOFT NON TENDER PELVIC STABLE +FX R TIB-FIB BLEEDING CONTROLLED WITH TRUAMA DRESSING FX SECURED WITH SAM SPLINTS AND ACE WRAPS VITAL SIGNS STATED BELOW PT RECEIVED DEMEROL IM FOR FX PAIN PRIOR TO ARRIVAL AT TK FST. PT AND REPORT GIVEN TO TK FST MD WITHOUT ISSUE NOTHING FOLLOWS

(A)B)rasion	PT. Weight 75 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(AMP)utation				
(AV)ulsion				
(BL)eeding				
(B)um %TBSA				
(C)repitus				
(D)eformity				
(DG)Degloving				
(E)cchymosis				
(FX)Fracture				
(F)oreign Body				
(GSW)Gun Shot Wound				
(I)ematoma				
(LAC)eration				
(PW)Puncture Wound				
(P)ain				

TAL ST
000472 31

NTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: UNK		Battle Roster Nr.		Date 21 FEB 10		Mission # MM(S)02-21K		Patient Unit: CIVILIAN	
Service #/SSN:		Rank: UNK		DOB: UNK		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Injury: UNK	
Time of Injury: UNK		LOCAL							
IV-IO THERAPY/ARTERIAL LINES					OXYGEN DELIVERY			VENT SETTINGS	
Time (Z)	Site	Ga/Type	Solution	Volume	Flow	Initial	Subsequent		
					<input type="checkbox"/> NRB Mask	Mode	Mode		
					<input type="checkbox"/> Nasal Cannula	TV	TV		
					<input type="checkbox"/> Nebulizer	Rate	Rate		
					<input type="checkbox"/> BVM	PEEP	PEEP		
						FiO2	FiO2		
TREATMENT AT TRANSFERRING FACILITY									
Medications:									
IVF:									
Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP									
<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a									
Other:									
Procedures:									
VITAL SIGNS									
Time (Z)	BP	HR	RR	EtCO2	SaO2	Temp			
1347	BP: /	95	14		98%	UNK °F			
	BP: /					°F			
	BP: /					°F			
	BP: /					°F			
	BP: /				%	°F			
	BP: /				%	°F			
	BP: /				%	°F			
CONTROLLED SUBSTANCE			CURRENT MEDICATIONS			ALLERGIES		PMH	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A			<input checked="" type="checkbox"/> Unknown List:			<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None	
Med: DEMEROL			Med: <input type="checkbox"/> None			Other: <input type="checkbox"/>		Other: <input type="checkbox"/>	
Given: 50MG Unit: IM			Given: Unit						
Wasted:			Wasted:						
PRIMARY									
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive			
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input checked="" type="checkbox"/> Intubated		
	<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:						
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic	<input type="checkbox"/> Retractions	
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences							
Perfusion	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral		
Disability	Glasgow Coma Scale				Time: 1347	Time:	Time:	Time:	
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4				
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	5				
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	6				
					1-None				
					Total	15			
SECONDARY									
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU		
<input type="checkbox"/> Refill > 3 Sec	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic		
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable		
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradox	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism		
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent		
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus		
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed		
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal	<input type="checkbox"/> L <input type="checkbox"/> R	R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed		
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus				<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender		
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	R mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	Foley:		
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev	L mm			<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra		
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus		
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes				
Extremities	<input type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
	<input checked="" type="checkbox"/> LLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
Back	<input type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender		<input checked="" type="checkbox"/> Unable to Examine		
MEDIC/RN NAME	(b)(3), (b)(6)		UNIT	C CO3-82	PHONE #	(b)(2)			
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> RN					
MEDIC/RN SIGNATURE	(b)(3), (b)(6)		FLIGHT SURGEON SIGNATURE						
	SSG USA								
	C CO 3-82								

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JTCOM MEDEVAC PATIENT REPORT

PATIENT NAME: UNK		Battle Roster Nr.	Date 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN:	Rank: UNK	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: UNK	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT6 of 6
<input checked="" type="checkbox"/> POV/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS21886320	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor <input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input type="checkbox"/> Other - CIVILIAN						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition - <input checked="" type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other -							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> KIA/DOA			

POINT OF INJURY CARE			
T: UNK °	P: 110	Unassisted RR: 16	BP: 0 Sat: 98 GCS: 15
Pain (0-10): Meds Given: NONE		MECHANISM OF INJURY	
<input type="checkbox"/> BVM <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Blanket	
<input type="checkbox"/> Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> IED <input type="checkbox"/> Machinery <input type="checkbox"/> Space Blanket	
<input type="checkbox"/> Cricothyrotomy: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn <input type="checkbox"/> HPMK	
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> Landmine <input type="checkbox"/> MVC <input type="checkbox"/> Body Bag	
<input type="checkbox"/> CPR in Progress <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Mortar/Rocket Artillery <input type="checkbox"/> Other-	
Time Started Time Stopped		<input type="checkbox"/> Helicopter Crash <input checked="" type="checkbox"/> Other - HELL FIRE STRIKE	
Other Care:		<input type="checkbox"/> LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> RUE	
		<input checked="" type="checkbox"/> Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> C-spine immobilized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PROTECTION						
<input checked="" type="checkbox"/> N/A UNK						
Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle	
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained	
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained	
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

MEDEVAC CARE	
PROCEDURES (initiated by medic)	NARRATIVE
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitude <input type="checkbox"/> Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG	15 Y/O MALE STATUS POST HELL FIRE STRIKE WHILE IN A MOVING VEHICLE. PT PLACED IN A/C PT A/O -LOC -JVD -TRACH DEV CHEST = RISE AND FALL ABD SOFT NON TENDER PELVIC STABLE PMS ALL EXTREMITIES POSSIBLE R ANKLE FX WITH SHRAPNEL WOUND R TIB FIB BLEEDING CONTROLLED WITH TRUAMA DRESSING FX SECURED WITH ACE WRAPS AND SAM SPLINTS. VITAL SIGNS STATED BELOW PT TRANSPORTED W/O ISSUE PT AND REPORT GIVEN TO TK FST W/O ISSUE NOTHING FOLLOWS

(AB)rasion	PT. Weight 45 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(AMP)utation				
(AV)ulsion				
(BL)eeding				
(B)urn %TBSA				
(C)repitus				
(D)eformity				
(DG)Degloving				
(E)cchymosis				
(FX)Fracture				
(F)riegen Body				
(GSW)Gun Shot Wound				
(I)ematoma				
(LAC)eration				
(PW)Puncture Wound				
(P)ain				

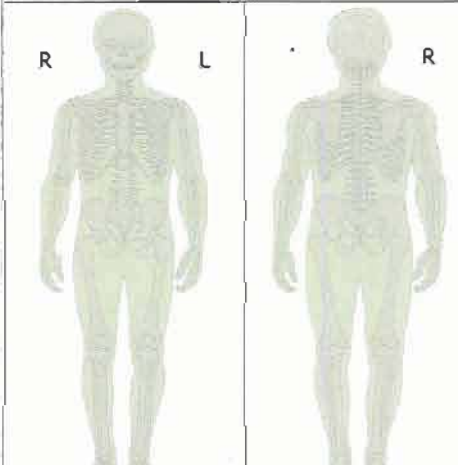
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NTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: UNK		Battle Roster Nr.		Date 21 FEB 10		Mission # MM(S)02-21K		Patient Unit: CIVILIAN			
Service #/SSN:		Rank: UNK		DOB: UNK		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Injury: UNK			
Time (Z)		Site		Ga/Type		Solution		Volume			
IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY			VENT SETTINGS				
				<input type="checkbox"/> NRB Mask <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> BVM			Initial Mode TV Rate PEEP FIO2				
							Subsequent Mode TV Rate PEEP FIO2				
TREATMENT AT TRANSFERRING FACILITY											
Medications:											
IVF:											
Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP <input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a											
Other: <input type="checkbox"/>											
Procedures: <input type="checkbox"/>											
VITAL SIGNS											
Time (Z)		BP		HR		RR		ETC02			
1347		BP: 118 / 84		95		15		99%			
		BP: /						UNK °F			
		BP: /						°F			
		BP: /						°F			
		BP: /						°F			
		BP: /						°F			
		BP: /						°F			
		BP: /						°F			
CONTROLLED SUBSTANCE CURRENT MEDICATIONS ALLERGIES PMH											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Unknown		List:		<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None			
Med: <input type="checkbox"/> None		Med: <input type="checkbox"/> None				Other: <input type="checkbox"/>		Other: <input type="checkbox"/>			
Given: Unit:		Given: Unit:									
Wasted:		Wasted:									
PRIMARY											
Impression		Distress:		<input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unresponsive							
Airway		<input checked="" type="checkbox"/> Patent <input type="checkbox"/> Oral Airway <input type="checkbox"/> Obstructed <input type="checkbox"/> Drooling <input type="checkbox"/> Stridor <input type="checkbox"/> Trach <input checked="" type="checkbox"/> Intubated									
Breathing		<input checked="" type="checkbox"/> Nasal Airway <input type="checkbox"/> BVM <input type="checkbox"/> Other:									
		<input checked="" type="checkbox"/> Equal Bilat <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/> Agonal <input type="checkbox"/> Rapid <input type="checkbox"/> Dyspneic <input type="checkbox"/> Retractions									
		<input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Full Sentences									
Circulation		<input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Pulseless <input type="checkbox"/> Carotid <input type="checkbox"/> Brachial <input type="checkbox"/> Radial <input type="checkbox"/> Femoral									
Glasgow Coma Scale		Time: 1347		Time:		Time:		Time:			
Eye Opening 4-Spontaneous 3-To Voice 2-To Pain 1-None		4									
Verbal Resp. 5-Oriented 4-Confused 3-Inappropriate 2-Incomprehensible 1-None		5									
Motor Resp. 6-Obeys 5-Purposeful 4-Withdraws 3-Flexion 2-Extension 1-None		6									
		Total		15							
SECONDARY											
Skin		Head		Pupils		Chest		Abdomen			
<input type="checkbox"/> Refill > 3 Sec <input type="checkbox"/> Refill < 3 Sec <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic		<input checked="" type="checkbox"/> Atraumatic <input type="checkbox"/> Deformity <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Tender <input type="checkbox"/> Crepitus		<input checked="" type="checkbox"/> PERRL <input type="checkbox"/> Brisk <input type="checkbox"/> Fixed <input type="checkbox"/> Dilated <input type="checkbox"/> Unequal <input type="checkbox"/> Sluggish <input type="checkbox"/> Constricted <input type="checkbox"/> Pinpoint		<input checked="" type="checkbox"/> Atraumatic <input type="checkbox"/> Tender <input type="checkbox"/> Open Wound <input type="checkbox"/> Paradoxus <input type="checkbox"/> Equal Expansion <input type="checkbox"/> Deformity <input type="checkbox"/> Crepitus <input type="checkbox"/> Unequal <input type="checkbox"/> L <input type="checkbox"/> R		<input checked="" type="checkbox"/> Atraumatic <input type="checkbox"/> Distended <input type="checkbox"/> Rigid <input type="checkbox"/> Tender <input type="checkbox"/> Guarding <input type="checkbox"/> Rebound		<input checked="" type="checkbox"/> UTA-AC Noise <input type="checkbox"/> L <input type="checkbox"/> Clear <input type="checkbox"/> Crackles <input type="checkbox"/> Absent <input type="checkbox"/> Diminished <input type="checkbox"/> Wheezes <input type="checkbox"/> R <input type="checkbox"/> Clear <input type="checkbox"/> Crackles <input type="checkbox"/> Absent <input type="checkbox"/> Diminished <input type="checkbox"/> Wheezes	
		Neck <input checked="" type="checkbox"/> Atraumatic <input type="checkbox"/> Crepitus <input type="checkbox"/> JVD <input type="checkbox"/> Trach Dev <input type="checkbox"/> Deformity <input type="checkbox"/> Tender		R mm L mm						<input type="checkbox"/> SR <input type="checkbox"/> ST <input type="checkbox"/> VT <input type="checkbox"/> SVT <input type="checkbox"/> pVT/VF <input type="checkbox"/> PVCs>6 <input type="checkbox"/> Asys <input type="checkbox"/> PEA <input type="checkbox"/> A-Fib <input type="checkbox"/> A-Flutter <input type="checkbox"/> Paced <input type="checkbox"/> Block: //	
Extremities		<input type="checkbox"/> LUE <input checked="" type="checkbox"/> LLE		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Absent		<input type="checkbox"/> RUE <input checked="" type="checkbox"/> RLE		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Absent		<input type="checkbox"/> Diminished <input type="checkbox"/> Absent	
Back		<input type="checkbox"/> Atraumatic <input type="checkbox"/> Full Spinal Immob <input type="checkbox"/> C-Spine Prec.				<input type="checkbox"/> Step-off		<input type="checkbox"/> Tender		<input checked="" type="checkbox"/> Unable to Examine	
MEDIC/RN NAME		(b)(3), (b)(6)		UNIT		C CO3-82		PHONE #		(b)(2)	
CREDENTIALS		<input checked="" type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> RN									
MEDIC/RN SIGNATURE		(b)(3), (b)(6) SSG USA C CO 3-82								FLIGHT SURGEON SIGNATURE	

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CENTCOM MEDEVAC PATIENT REPORT

PATIENT NAME: UNK		Battle Roster Nr.		Date 21 FEB 10		Mission # MM(S)02-21K		Patient Unit: CIVILIAN	
Service #/SSN:		Rank: UNK		DOB: UNK		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Injury: UNK	
Time of Injury: UNK		LOCAL							
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT5 of 6		
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS21688320	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY		
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1338 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition -			
<input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input type="checkbox"/> Other - CIVILIAN						<input checked="" type="checkbox"/> Host Nation <input type="checkbox"/> Enemy			
WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other -									
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> KIA/DOA			
POINT OF INJURY CARE									
T: UNK ° P: 105		Unassisted RR: 20		BP:		O ² Sat: 98		GCS: 15	
Pain (0-10):		Meds Given: NONE				MECHANISM OF INJURY		WARMING	
<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall		<input checked="" type="checkbox"/> Blanket		<input type="checkbox"/> Unknown		<input type="checkbox"/> IED <input type="checkbox"/> Machinery		<input type="checkbox"/> Space Blanket	
<input type="checkbox"/> BVM <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn		<input type="checkbox"/> HPMK	
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Time On		Time Off		<input type="checkbox"/> Landmine <input type="checkbox"/> MVC		<input type="checkbox"/> Body Bag	
Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT				<input type="checkbox"/> Mortar/Rocket Artillery		<input type="checkbox"/> Other-	
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L		Other:				<input type="checkbox"/> Helicopter Crash		<input type="checkbox"/> Field Dressing	
CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No		LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/>		Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE		<input type="checkbox"/> HemCon	
Time Started		Time Stopped		C-spine Immobilized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> None	
Other Care:								<input type="checkbox"/> Other -	
PROTECTION									
<input checked="" type="checkbox"/> N/A UNK									
	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle			
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained			
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained			
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
MEDEVAC CARE									
PROCEDURES (initiated by medic)					NARRATIVE				
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful					10 Y/O MALE STATUS POST HELLFIRE STRIKE WHILE IN A MOVING VEHICLE. PT PLACED IN A/C FOR FLIGHT. PT A/O -LOC -JVD -TRACH DEV CHEST =RISE AND FALL ABD SOFT NON TENDER PELVIC STABLE + SHRAPNEL WOUNDS TO L,R LOWER ARMS L,R TIB-FIB ALL BLEEDING CONTROLLED WITH COMBAT GUAZE AND KERLEX VITAL SIGNS STATED BELOW PT TRANSPORTED W/O ISSUES PT AND REPORT TRANSFERRED TO TK FST W/O ISSUE NOTHING FOLLOWS-----				
<input type="checkbox"/> King Airway <input type="checkbox"/> Combitude									
Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No									
Time On									
Time Off									
Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other:									
LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/>									
Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric									
<input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation									
<input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion									
<input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous									
<input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ									
<input type="checkbox"/> Vent Management <input type="checkbox"/> CPR									
<input type="checkbox"/> BVM <input type="checkbox"/> Start <input type="checkbox"/> Stop									
<input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose									
<input type="checkbox"/> SAVE Vent <input type="checkbox"/> Initial:									
<input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Repeat:									
<input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG									
(A)B(ration)	PT. Weight 25 kg			Time (Z)	EVENT/MEDICATION			RESPONSE	
(A)M(P)utation									
(A)V(ulsion)									
(B)L(eeding)									
(B)urn %TBSA									
(C)re(plitus)									
(D)ef(ormity)									
(D)G(Degloving)									
(E)ch(ymosis)									
(F)X(Fracture)									
(F)or(iegn Body)									
(G)S(W)Gun Shot Wound									
(H)em(atorna)									
(L)A(C)eration									
(P)W(Puncture Wound)									
(P)ain									

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JTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: UNK		Battle Roster Nr.		Date 21 FEB 10		Mission # MM(S)02-21K		Patient Unit: CIVILIAN	
Service #/SSN:		Rank: UNK		DOB: UNK		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Injury: UNK	
Time of Injury: UNK		LOCAL							
IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY			VENT SETTINGS		
Time (Z)	Site	Gas/Type	Solution	Volume	Flow	Initial	Subsequent		
					<input type="checkbox"/> NRB Mask	Mode	Mode		
					<input type="checkbox"/> Nasal Cannula	TV	TV		
					<input type="checkbox"/> Nebulizer	Rate	Rate		
					<input type="checkbox"/> BVM	PEEP	PEEP		
						FiO2	FiO2		
TREATMENT AT TRANSFERRING FACILITY									
Medications:									
IVF:									
Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP									
<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a									
Other:									
Procedures:									
VITAL SIGNS									
Time (Z)	BP	HR	RR	EtcO2	SaO2	Temp			
1347	BP: 135 / 74.	105	25		99%	UNK °F			
	BP: /					°F			
	BP: /					°F			
	BP: /					°F			
	BP: /				%	°F			
	BP: /				%	°F			
	BP: /				%	°F			
CONTROLLED SUBSTANCE			CURRENT MEDICATIONS			ALLERGIES			PMH
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/> Unknown List			<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
Med: _____			Med: _____			Other: _____			Other: _____
Given: Unit: _____			Given: Unit: _____						
Wasted: _____			Wasted: _____						
PRIMARY									
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive			
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input checked="" type="checkbox"/> Intubated		
	<input checked="" type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:						
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic	<input type="checkbox"/> Retractions	
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences							
Circulation	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral		
Disability	Glasgow Coma Scale				Time: 1347	Time:	Time:	Time:	
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4				
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	5				
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	6				
					Total	15			
SECONDARY									
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU		
<input type="checkbox"/> Refill > 3 Sec	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic		
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable		
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradoxis	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism		
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent		
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus		
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed		
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal	<input type="checkbox"/> L <input type="checkbox"/> R	R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed		
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus	R mm			<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender		
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	L mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	<input type="checkbox"/> Foley:		
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev				<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra		
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus		
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes				
Extremities	<input type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
	<input checked="" type="checkbox"/> LLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
Back	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender		<input checked="" type="checkbox"/> Unable to Examine		
MEDIC/RN NAME		(b)(3), (b)(6)		UNIT	C CO3-82	PHONE #	(b)(2)		
CREDENTIALS		<input checked="" type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> RN				
MEDIC/RN SIGNATURE		(b)(3), (b)(6)		SSG USA	C CO 3-82	FLIGHT SURGEON SIGNATURE			

TAG SS
000474 31

CENTCOM MEDEVAC PATIENT REPORT

PATIENT NAME: UNK Battle Roster Nr. Date 21 FEB 10 Mission # MM(S)02-21K Patient Unit: CIVILIAN
 Service #/SSN: Rank: UNK DOB: UNK Gender: Male Female Date of Injury: UNK Time of Injury: UNK LOCAL

TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 4 of 6
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS21686320	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL

SERVICE: USA USN USMC USAF SOF Civilian Combatant Contractor
 ANA/ING ANP/ING Non-Govt Org Media Other - CIVILIAN
 PT CATEGORY: US Coalition - Host Nation Enemy

WOUNDED BY: Unknown Enemy Friendly Civilian (HN) Training Self Accident Self Inflicted Accident Sports Rec. Other -

Vital Signs Absent: Yes No Treatment Initiated: Yes No KIA/DOA

POINT OF INJURY CARE

T: UNK P: 105 Unassisted RR: 20 BP: O ₂ Sat: 98 GCS: 15	MECHANISM OF INJURY	WARMING	HEMOSTATIC
Pain (0-10): Meds Given: NONE	<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall	<input checked="" type="checkbox"/> Blanket	<input type="checkbox"/> Unknown
BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> IED <input type="checkbox"/> Machinery	<input type="checkbox"/> Space Blanket	<input type="checkbox"/> Quick Clot /ACS
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn	<input type="checkbox"/> HPMK	<input checked="" type="checkbox"/> Combat Gauze
Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Landmine <input type="checkbox"/> MVC	<input type="checkbox"/> Body Bag	<input type="checkbox"/> Direct Pressure
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Mortar/Rocket Artillery	<input type="checkbox"/> Other-	<input type="checkbox"/> Field Dressing
CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Helicopter Crash		<input type="checkbox"/> HemCon
Time Started Time Stopped	<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE		<input type="checkbox"/> None
Other Care:			<input type="checkbox"/> Other -

PROTECTION

	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDEVAC CARE

PROCEDURES (initiated by medic)	NARRATIVE
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitube Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG	9 Y/O MALE STATUS POST HELL FIRE STRIKE WHILE IN A MOVING VEHICLE PT PLACED IN A/C FOR FLIGHT. PT A/O -LOC -JVD - TRACH DEV CHEST = RISE.FALL ABD SOFT NON TENDER PELVIC STABLE +SHRAPNEL WOUNDS R TIB-FIB BLEEDING CONTROLLED WITH TRUAMA DRESSING AND COMBAT GAUZE. VITAL SIGNS STATED BELOW PT TRANSPORTED W/O ISSUE PT AND REPORT TRANSFERRED TO TK FST MD W/O ISSUE NOTHING FOLLOWS

(A)B)rasion	PT. Weight 20 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(AMP)utation (AV)ulsion (BL)eeding (B)urn %TBSA (C)reptitus (D)eformity (DG)Degloving (E)chymosis (FX)Fracture (F)oreign Body (SW)Gun Shot Wound (H)ematoma (LAC)eration (PW)Puncture Wound (P)ain				

TAG SS
000478
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CENTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: UNK		Battle Roster Nr.	Date 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN:	Rank: UNK	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: UNK	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT3 of 6
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41SQS21686320	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition -	
<input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input type="checkbox"/> Other - CIVILIAN						<input checked="" type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other -							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> KIA/DOA			
POINT OF INJURY CARE							
T: UNK ° P: 95 Unassisted RR: 20 BP:		O ₂ Sat: 97 GCS: 15		MECHANISM OF INJURY		WARMING	HEMOSTATIC
Pain (0-10): Meds Given: NONE		Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall		<input checked="" type="checkbox"/> Blanket	<input type="checkbox"/> Unknown
BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Time On Time Off		<input type="checkbox"/> IED <input type="checkbox"/> Machinery		<input type="checkbox"/> Space Blanket	<input type="checkbox"/> Quick Clot /ACS
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT		<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn		<input type="checkbox"/> HPMK	<input checked="" type="checkbox"/> Combat Gauze
Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Other:		<input type="checkbox"/> Landmine <input type="checkbox"/> MVC		<input type="checkbox"/> Body Bag	<input type="checkbox"/> Direct Pressure
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L		LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/>		<input type="checkbox"/> Mortar/Rocket Artillery		<input type="checkbox"/> Other-	<input type="checkbox"/> Field Dressing
CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No		Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Helicopter Crash			<input type="checkbox"/> HemCon
Time Started Time Stopped		C-spine Immobilized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE			<input type="checkbox"/> None
Other Care:							<input type="checkbox"/> Other -
PROTECTION							
<input checked="" type="checkbox"/> N/A UNK							
	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle	
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained	
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained	
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MEDEVAC CARE							
PROCEDURES (initiated by medic)				NARRATIVE			
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitube Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG				13 Y/O MALE STATUS POST HELL FIRE STRIKE WHILE IN A MOVING VEHICLE. PT CARRIED TO A/C PT A/O -LOC + 2 DEGREE BURNS LEFT CHEEK AND PARTIAL AREA PT PLACED ON 02 12 LPM VIA PEDI NRB. CHEST = RISE, FALL ABD SOFT NON TENDER PELVIC STABLE + SHRAPNEL WOUNDS L THIGH R UPPER ARM BLEEDING CONTROLLED WITH TRUAMA DRESSING AND COMBAT GAUZE. 20G IV L A/C 500ML NS VITAL SIGNS STATED BELOW PT AND REPORT TRANSFERRED TO TK FST MD W/O ISSUE NOTHING FOLLOWS-----			
(AB)rasion	PT. Weight 35 kg		Time (Z)	EVENT/MEDICATION		RESPONSE	
(AMP)utation							
(AV)ulsion							
(BL)eeding							
(B)urn %TBSA							
(C)repitus							
(D)eformity							
(DG)Degloving							
(E)chymosis							
(FX)Fracture							
(F)oreign Body							
(GSW)Gun Shot Wound							
(H)ematoma							
(LAC)eration							
(PW)Puncture Wound							
(P)ain							

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COMBAT MEDICAL EVACUATION PATIENT REPORT

PATIENT NAME: UNK		Battle Roster Nr.		Date 21 FEB 10		Mission # MM(S)02-21K		Patient Unit: CIVILIAN	
Service #/SSN:		Rank: UNK		DOB: UNK		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Injury: UNK	
Time of Injury: UNK		LOCAL							
IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY				VENT SETTINGS	
Time (Z)	Site	Ga/Type	Solution	Volume	Flow 12 LPM	Initial	Subsequent		
1348	L AC	20G	NS	500ML	<input checked="" type="checkbox"/> NRB Mask PEDI	Mode	Mode		
					<input type="checkbox"/> Nasal Cannula	TV	TV		
					<input type="checkbox"/> Nebulizer	Rate	Rate		
					<input type="checkbox"/> BVM	PEEP	PEEP		
						FIO2	FIO2		
TREATMENT AT TRANSFERRING FACILITY									
Medications:									
IVF:									
Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP									
<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a									
Other:									
Procedures:									
VITAL SIGNS									
Time (Z)	BP	HR	RR	EtCO2	SaO2	Temp			
1347	BP:126 / 88	105	18		99%	UNK °F			
	BP: /					°F			
	BP: /					°F			
	BP: /					°F			
	BP: /				%	°F			
	BP: /				%	°F			
	BP: /				%	°F			
CONTROLLED SUBSTANCE									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A									
CURRENT MEDICATIONS									
<input checked="" type="checkbox"/> Unknown List									
<input type="checkbox"/> None									
ALLERGIES									
<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> Unknown									
<input type="checkbox"/> Other:									
PMH									
<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None									
<input type="checkbox"/> Other:									
PRIMARY									
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive			
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input checked="" type="checkbox"/> Intubated		
	<input checked="" type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:						
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic	<input type="checkbox"/> Retractions	
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences							
Circulation	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral		
Disability	Glasgow Coma Scale				Time: 1347	Time:	Time:	Time:	
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4				
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	1-None	5			
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	2-Extension	1-None	6		
	Total				15				
SECONDARY									
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU		
<input type="checkbox"/> Refill > 3 Sec	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic		
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable		
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradoxis	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism		
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent		
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus		
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed		
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal		R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed		
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus		<input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender		
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	R mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	Foley:		
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev	L mm			<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra		
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus		
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes				
Extremities	<input type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
	<input checked="" type="checkbox"/> LLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	
Back	<input type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender	<input checked="" type="checkbox"/> Unable to Examine			
MEDIC/RN NAME	(b)(3), (b)(6)		UNIT	C CO 3-82	PHONE #	(b)(2)			
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> RN					
MEDIC/RN SIGNATURE	(b)(3), (b)(6)		FLIGHT SURGEON SIGNATURE						
	SSG USA								
	C CO 3-82								

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CENTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: (b)(6)		Battle Roster Nr. TK 2204	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 5 of 6
<input checked="" type="checkbox"/> POW/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41 SQS 2188 6320	ROLL 2 (TK)	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME LAUNCH		ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1319 LOCAL	1339 LOCAL	1340 LOCAL	1405 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor <input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input checked="" type="checkbox"/> Other - CIVILIAN						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition - <input type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other-							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> KIA/DOA							

POINT OF INJURY CARE

T: UNK P: 80 Unassisted RR: 23 BP: 136/72 O² Sat: 96 GCS: 15

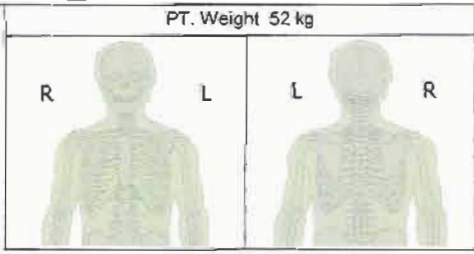
Pain (0-10): Meds Given: NONE BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cricothyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No Time Started Time Stopped Other Care:	Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C-spine Immobilized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MECHANISM OF INJURY <input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall <input type="checkbox"/> IED <input type="checkbox"/> Machinery <input type="checkbox"/> Inhalation <input type="checkbox"/> Burn <input type="checkbox"/> Landmine <input checked="" type="checkbox"/> MVC <input type="checkbox"/> Mortar/Rocket Artillery <input type="checkbox"/> Helicopter Crash <input checked="" type="checkbox"/> Other - HELL FIRE STRIKE	WARMING <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Space Blanket <input type="checkbox"/> HPMK <input type="checkbox"/> Body Bag <input type="checkbox"/> Other-	HEMOSTATIC <input type="checkbox"/> Unknown <input type="checkbox"/> Quick Clot /ACS <input checked="" type="checkbox"/> Combat Gauze <input type="checkbox"/> Direct Pressure <input type="checkbox"/> Field Dressing <input type="checkbox"/> HemCon <input type="checkbox"/> None <input type="checkbox"/> Other -

PROTECTION						
<input checked="" type="checkbox"/> N/A UNK						
	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDEVAC CARE

PROCEDURES (initiated by medic)	NARRATIVE
<input type="checkbox"/> ET/NT Intubation <input type="checkbox"/> Unsuccessful <input type="checkbox"/> King Airway <input type="checkbox"/> Combitube Tourniquet <input type="checkbox"/> Yes <input type="checkbox"/> No Time On Time Off Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT <input type="checkbox"/> Other: LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/> Bleeding Stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RSI <input type="checkbox"/> Surg Cric <input type="checkbox"/> Peds/OB <input type="checkbox"/> Defibrillation <input type="checkbox"/> 12 Lead EKG <input type="checkbox"/> Cardioversion <input type="checkbox"/> TransQ Pace <input type="checkbox"/> Intraosseous <input type="checkbox"/> RSI <input type="checkbox"/> FAST <input type="checkbox"/> EZ <input type="checkbox"/> Vent Management <input type="checkbox"/> CPR <input type="checkbox"/> BVM Start Stop <input type="checkbox"/> VENT <input type="checkbox"/> Blood Glucose <input type="checkbox"/> SAVE Vent Initial: <input type="checkbox"/> Needle Decomp. <input type="checkbox"/> R <input type="checkbox"/> L Repeat: <input type="checkbox"/> Foley Cath <input type="checkbox"/> NG/OG	30 Y/O Male presents at POI. With multiple shrapnel wounds to Head and Neck. Upon arrival pt was transferred to helicopter via litter. Upon further exam. Head-Multiple lacerations noted around forehead. Kerlex applied bleeding controlled. Airway secured with oral airway. Oxygen applied via NRB. Neck-Lacerations and Burns noted to r side of neck direct pressure applied using tape. Bleeding controlled. Chest-Equal rise and fall. No injuries noted. Abdomen-Rigidity noted to all four quadrants. Pelvis-Stable. No injuries noted. Lower extremities-No injuries noted, Neuro-sensory intact. Distal pulses strong and equal. Upper extremities- No injuries noted, Neuro-sensory intact. Distal pulses strong and equal. Posterior-No injuries noted. All dressings rechecked. Pt placed on pro paq monitor through flight. Upon arrival at roll 2. Pt unstable turnover completed with Australian Doctors inside trauma bay. -----NOTHING FOLLOWS-----

(A)B)rasion	PT. Weight 52 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(A)M)ulation				
(A)V)ulsion				
(B)L)eeding				
(B)urn %TBSA				
(C)re)pitus				
(D)e)formity				
(D)G)degloving				



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C. CENTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: (b)(6)	Battle Roster Nr. TK 2204	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10
Time of Injury: UNK LOCAL				

<input type="checkbox"/> (E)chymosis			
<input type="checkbox"/> (FX)Fracture			
<input type="checkbox"/> Foreign Body			
<input type="checkbox"/> (GSW)Gun Shot Wound			
<input type="checkbox"/> (H)ematoma			
<input type="checkbox"/> (LAC)eration			
<input type="checkbox"/> (PW)Puncture Wound			
<input type="checkbox"/> (P)ain			

IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY			VENT SETTINGS	
Time (Z)	Site	Ga/Type	Solution	Volume	Flow 15 lpm	Initial	Subsequent	
NONE					<input checked="" type="checkbox"/> NRB Mask	Mode	Mode	
					<input type="checkbox"/> Nasal Cannula	TV	TV	
					<input type="checkbox"/> Nebulizer	Rate	Rate	
					<input type="checkbox"/> BVM	PEEP	PEEP	
						FIO2	FIO2	

VITAL SIGNS							TREATMENT AT TRANSFERRING FACILITY		
Time (Z)	BP	HR	RR	EtcO2	SaO2	Temp	Medications:		
1344	BP: 136/72	80	23		96%	UNK °F	Medications:		
	BP: /				%	°F	IVF:		
	BP: /				%	°F	Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP		
	BP: /				%	°F	<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a		
	BP: /				%	°F	Other:		
	BP: /				%	°F	Procedures:		
	BP: /				%	°F			
	BP: /				%	°F			

CONTROLLED SUBSTANCE		CURRENT MEDICATIONS		ALLERGIES		PMH	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Unknown	List:	<input checked="" type="checkbox"/> NKDA	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> None
Med:	Med:	<input type="checkbox"/> None		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Given: Unit:	Given: Unit:						
Wasted:	Wasted:						

PRIMARY									
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive			
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input type="checkbox"/> Intubated		
	<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:						
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic	<input type="checkbox"/> Retractions	
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences							
Circulation	<input checked="" type="checkbox"/> Strong	<input type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral		
Disability	Glasgow Coma Scale				Time: 1340	Time:	Time:	Time:	
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4				
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	5				
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flxion	6				
					1-None				
					Total	15			

SECONDARY								
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU	
<input type="checkbox"/> Refill > 3 Sec	<input type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic	
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input checked="" type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable	
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradoxis	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism	
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/MF	<input type="checkbox"/> Incontinent	
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus	
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed	
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal		R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed	
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus		<input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender	
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	R mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	Foley:	
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev	L mm			<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra	
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus	
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes			
Extremities	<input type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
	<input checked="" type="checkbox"/> LLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
Back	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender	<input type="checkbox"/> Unable to Examine		

MEDIC/RN NAME	(b)(3), (b)(6)	UNIT	CO3-82	PHONE #	(b)(2)
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CENTCOM MEDEVAC PATIENT REPORT

PATIENT NAME:	(b)(6)	Battle Roster Nr. TK 2204	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> RN				
MEDIC/RN SIGNATURE	(b)(3), (b)(6) SGT USA C CO 3-82		FLIGHT SURGEON SIGNATURE		

CENTCOM MEDEVAC PATIENT REPO.

PATIENT NAME: (b)(6) Battle Roster Nr. TK 2203 Date: 21 FEB 10 Mission # MM(S)02-21K Patient Unit: CIVILIAN
 Service #/SSN: N/A Rank: N/A DOB: UNK Gender: Male Female Date of Injury: 21 FEB 10 Time of Injury: UNK LOCAL

TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 5 of 6
<input checked="" type="checkbox"/> POV/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41 SQS 2168 6320	ROLL 2 (TK)	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1319 LOCAL	1339 LOCAL	1340 LOCAL	1405 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL

SERVICE: USA USN USMC USAF SOF Civilian Combatant Contractor
 ANA/ING ANP/ING Non-Govt Org Media Other - CIVILIAN
 PT CATEGORY: US Coalition - Host Nation Enemy

WOUNDED BY: Unknown Enemy Friendly Civilian (HN) Training Self Accident Self Inflicted Accident Sports Rec. Other-

Vital Signs Absent: Yes No Treatment Initiated: Yes No KIA/DOA

POINT OF INJURY CARE

T: UNK P: 100 Unassisted RR: 25 BP: 100/60 O₂ Sat: 94 GCS: 15

MECHANISM OF INJURY	WARMING	HEMOSTATIC
<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Fall	<input checked="" type="checkbox"/> Blanket	<input type="checkbox"/> Unknown
<input type="checkbox"/> IED <input type="checkbox"/> Machinery	<input type="checkbox"/> Space Blanket	<input type="checkbox"/> Quick Clot /ACS
<input type="checkbox"/> Inhalation <input type="checkbox"/> Burn	<input type="checkbox"/> HPMK	<input checked="" type="checkbox"/> Combat Gauze
<input type="checkbox"/> Landmine <input checked="" type="checkbox"/> MVC	<input type="checkbox"/> Body Bag	<input type="checkbox"/> Direct Pressure
<input type="checkbox"/> Mortar/Rocket Artillery	<input type="checkbox"/> Other-	<input type="checkbox"/> Field Dressing
<input type="checkbox"/> Helicopter Crash		<input type="checkbox"/> HemCon
<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE		<input type="checkbox"/> None
		<input type="checkbox"/> Other -

Pain (0-10): Meds Given: NONE
 BVM Yes No Functional IV/IO: Yes No Tourniquet Yes No
 Intubated Yes No Time On Time Off
 Cricothyrotomy: Yes No Type: CAT SOFTT
 Needle Decomp: R L Other:
 CPR in Progress Yes No LLE RLE LUE RUE
 Time Started Time Stopped Bleeding Stopped Yes No
 Other Care: C-spine Immobilized Yes No

PROTECTION

N/A UNK

	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDEVAC CARE

PROCEDURES (initiated by medic) NARRATIVE

6 Y/O Male presents at POI. With burns to legs. Upon arrival at scene pt was transferred to helicopter. Upon further exam.
 Head- No injuries noted. Oxygen applied.
 Neck- No injuries noted.
 Chest- Equal rise and fall. No injuries noted.
 Abdomen- No injuries noted.
 Pelvis- Stable. No injuries noted.
 Lower extremities- Burns to bilateral lower extremities. Noted. Dressed with vasaline gauze and kerlex.
 Upper extremities- No injuries noted. Neuro-sensory intact.
 Posterior- No injuries noted.
 All dressings rechecked bleeding still controlled. Oxygen applied at 15 lpm to maintain sats above 96%. Iv R-AC 18 ga 500ml Normal Saline.

ET/NT Intubation Unsuccessful
 King Airway Combitube
 Tourniquet Yes No
 Time On Time Off
 Type: CAT SOFTT Other:
 LLE RLE LUE RUE
 Bleeding Stopped? Yes No

RSI Surg Cric
 Peds/OB Defibrillation
 12 Lead EKG Cardioversion
 TransQ Pace Intraosseous
 RSI FAST EZ
 Vent Management CPR
 BVM Start Stop
 VENT Blood Glucose
 SAVE Vent Initial:
 Needle Decomp. R L Repeat:
 Foley Cath NG/OG

(AB)rasion	PT. Weight 20 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(AMP)utation				
(AV)ulsion				
(BL)eeding				
(B)urn %TBSA				
(C)repitus				
(D)eformity				
(DG)Degloving				
(E)chymosis				

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PATIENT NAME: (b)(6)	Battle Roster Nr. TK 2203	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10
Time of Injury: UNK LOCAL				

(FX)Fracture			
(F)Foreign Body			
(GSW)Gun Shot Wound			
(H)Hematoma			
(LAC)Laceration			
(PW)Puncture Wound			
(P)Pain			

IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY			VENT SETTINGS	
Time (Z)	Site	Ga/Type	Solution	Volume	Flow 15 lpm	Initial	Subsequent	
1342	R-AC	18	NS	500	<input checked="" type="checkbox"/> NRB Mask	Mode	Mode	
					<input type="checkbox"/> Nasal Cannula	TV	TV	
					<input type="checkbox"/> Nebulizer	Rate	Rate	
					<input type="checkbox"/> BVM	PEEP	PEEP	
						FIO2	FIO2	

TREATMENT AT TRANSFERRING FACILITY

Medications:

IVF:

VITAL SIGNS						
Time (Z)	BP	HR	RR	EtCO2	SaO2	Temp
1344	BP: 100/60	100	25		94%	UNK °F
	BP: /				%	°F
	BP: /				%	°F
	BP: /				%	°F
	BP: /				%	°F
	BP: /				%	°F

CONTROLLED SUBSTANCE		CURRENT MEDICATIONS		ALLERGIES		PMH	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Unknown	List:	<input checked="" type="checkbox"/> NKDA	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> None
Med:	Med:	<input type="checkbox"/> None		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Given: Unit:	Given: Unit:						
Wasted:	Wasted:						

PRIMARY							
Impression	Distress:	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive	
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input type="checkbox"/> Intubated
	<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:				
Breathing	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences					<input type="checkbox"/> Retractions
Circulation	<input type="checkbox"/> Strong	<input checked="" type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral
Disability	Glasgow Coma Scale			Time: 1340	Time:	Time:	Time:
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4		
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	5		
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	2-Extension	1-None	6
	Total			15			

SECONDARY							
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU
<input type="checkbox"/> Refill > 3 Sec	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended	L	<input type="checkbox"/> ST	<input type="checkbox"/> Stable
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradox	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed
<input type="checkbox"/> Hot	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal		R	<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus		<input type="checkbox"/> L <input type="checkbox"/> R		<input type="checkbox"/> Clear	<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	R mm			<input type="checkbox"/> Crackles	<input type="checkbox"/> A-Flutter	Foley:
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev	L mm			<input type="checkbox"/> Absent	<input type="checkbox"/> Paced	<input type="checkbox"/> Supra
<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Deformity				<input type="checkbox"/> Diminished	<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus
	<input type="checkbox"/> Tender				<input type="checkbox"/> Wheezes		
Extremities	<input type="checkbox"/> I/VE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished
	<input checked="" type="checkbox"/> I/LE	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Diminished
Back	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender		<input type="checkbox"/> Unable to Examine
MEDIC/CRN NAME	(b)(3), (b)(6)	UNIT	C CO3-82	PHONE #	(b)(2)		
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> CRN			

CENTCOM MEDEVAC PATIENT REPO.

PATIENT NAME:	(b)(6)	Battle Roster Nr. TK 2203	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL
MEDIC/RN SIGNATURE	(b)(3), (b)(6) SGT USA C CO 3-82	FLIGHT SURGEON SIGNATURE			

CENTCOM MEDEVAC PATIENT REPORT

PATIENT NAME: (b)(6)		Battle Roster Nr. TK 2200	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN		
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL		
TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PT 2 of 6
<input checked="" type="checkbox"/> POI/COP	<input checked="" type="checkbox"/> Army	TK FOB RIPLEY	41 SQS 2168 6320	ROLL 2 (TK)	21 FEB 10	MM(S)02-21K	PT CATEGORY
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C DISP
<input type="checkbox"/> TAIL 2 TAIL	<input type="checkbox"/> Navy	1305 LOCAL	1319 LOCAL	1339 LOCAL	1340 LOCAL	1405 LOCAL	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C ACTUAL
SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor <input type="checkbox"/> ANA/ING <input type="checkbox"/> ANP/ING <input type="checkbox"/> Non-Govt Org <input type="checkbox"/> Media <input checked="" type="checkbox"/> Other - CIVILIAN						PT CATEGORY: <input type="checkbox"/> US <input type="checkbox"/> Coalition - <input type="checkbox"/> Host Nation <input type="checkbox"/> Enemy	
WOUNDED BY: <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Civilian (HN) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Sports Rec. <input type="checkbox"/> Other-							
Vital Signs Absent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Treatment Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> KIA/DOA			

POINT OF INJURY CARE							
T: UNK	P: 66	Unassisted RR: 18	BP: 148/100	O ₂ Sat: 92	GCS: 13	MECHANISM OF INJURY	
Pain (0-10):		Meds Given: NONE		Tourniquet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> GSW/Bullet	<input type="checkbox"/> Fall
BVM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Functional IV/IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time On	Time Off	<input type="checkbox"/> IED	<input type="checkbox"/> Machinery	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Burn
Intubated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cricohyrotomy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: <input type="checkbox"/> CAT <input type="checkbox"/> SOFTT	<input type="checkbox"/> Other:	<input type="checkbox"/> Landmine	<input checked="" type="checkbox"/> MVC	<input type="checkbox"/> Mortar/Rocket Artillery	<input type="checkbox"/> Helicopter Crash
Needle Decomp: <input type="checkbox"/> R <input type="checkbox"/> L	CPR in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No	LLE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> RUE <input type="checkbox"/>	Bleeding Stopped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Other - HELL FIRE STRIKE			
Time Started	Time Stopped	C-spine Immobilized <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other Care:							

PROTECTION							
<input checked="" type="checkbox"/> N/A UNK							
	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle	
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restrained	<input type="checkbox"/> Restrained	
Body Armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unrestrained	<input type="checkbox"/> Unrestrained	
Ceramic Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PROCEDURES (initiated by medic)	NARRATIVE
---------------------------------	-----------

44Y/O Female presents at POI. With multiple shrapnel wounds to face. Upon arrival at scene pt was transferred to helicopter. Upon further exam. Head- Multiple shrapnel wounds noted to face. Nasal trumpet used airway secure. Oxygen applied. Kerlex applied bleeding controlled. Neck-No injuries noted. Chest-Equal rise and fall. No injuries noted. Abdomen-No injuries noted. Pelvis-Stable. Unstable Creptious fell L side. Pelvis stabilized with pelvic sling Lower extremities-No injuries noted R leg. Pulses reduced on l side distal pulse weak L leg splinted . Pulse still weak on l side Upper extremities-No injuries noted. Distal pulses strong and equal. Neuro-sensory intact. Posterior-No injuries noted. All dressings rechecked bleeding still controlled. Oxygen applied at 15 lpm to maintain sats above 96%. Iv R-AC 18 ga 500ml Normal Saline.

ET/NT Intubation Unsuccessful

King Airway Combitube

Tourniquet Yes No

Time On Time Off

Type: CAT SOFTT Other:

LLE RLE LUE RUE

Bleeding Stopped? Yes No

RSI Surg Cric

Peds/OB Defibrillation

12 Lead EKG Cardioversion

TransQ Pace Intraosseous

RSI FAST EZ

Vent Management CPR

BVM Start Stop

VENT Blood Glucose

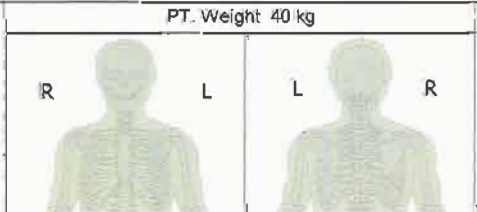
SAVE Vent Initial:

Needle Decomp. R L Repeat:

Foley Cath NG/OG

-----NOTHING FOLLOWS-----

(A)B)rasion	PT. Weight 40 kg	Time (Z)	EVENT/MEDICATION	RESPONSE
(A)M)putation				
(A)V)ulsion				
(B)L)eeding				
(B)urn %TBSA				
(C)repitus				
(D)eformity				



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PATIENT NAME: (b)(6)	Battle Roster Nr. TK 2200	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Injury: 21 FEB 10
(DG) Degloving				
(E) Ecthymosis				
(FX) Fracture				
(F) Foreign Body				
(GSW) Gun Shot Wound				
(H) Hematoma				
(LAC) Laceration				
(PW) Puncture Wound				
(P) Pain				

IV-IO THERAPY/ARTERIAL LINES				OXYGEN DELIVERY			VENT SETTINGS	
Time (Z)	Site	Ga/Type	Solution	Volume	Flow 15 lpm	Initial	Subsequent	
1342	R-AC	18	NS	500	<input checked="" type="checkbox"/> NRB Mask	Mode	Mode	
					<input type="checkbox"/> Nasal Cannula	TV	TV	
					<input type="checkbox"/> Nebulizer	Rate	Rate	
					<input type="checkbox"/> BVM	PEEP	PEEP	
						FiO2	FiO2	

VITAL SIGNS							TREATMENT AT TRANSFERRING FACILITY			
Time (Z)	BP	HR	RR	EtcO2	SaO2	Temp	Medications:			
1345	BP: 148/100	66	18		92%	UNK °F	Medications:			
	BP: /				%	°F	IVF:			
	BP: /				%	°F	Blood Products: <input type="checkbox"/> pRBC <input type="checkbox"/> FFP			
	BP: /				%	°F	<input type="checkbox"/> WB <input type="checkbox"/> Cryo <input type="checkbox"/> F7a			
	BP: /				%	°F	Other:			
	BP: /				%	°F	Procedures:			

CONTROLLED SUBSTANCE		CURRENT MEDICATIONS		ALLERGIES		PMH	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Unknown	List:	<input checked="" type="checkbox"/> NKDA	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> None
Med:	Med:	<input type="checkbox"/> None		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Given: Unit:	Given: Unit:						
Wasted:	Wasted:						

PRIMARY										
Impression	Distress: <input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unresponsive				
Airway	<input checked="" type="checkbox"/> Patent	<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Drooling	<input type="checkbox"/> Stridor	<input type="checkbox"/> Trach	<input type="checkbox"/> Intubated			
Breathing	<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> BVM	<input type="checkbox"/> Other:							
	<input checked="" type="checkbox"/> Equal Bilat	<input type="checkbox"/> Shallow	<input type="checkbox"/> Labored	<input type="checkbox"/> Apneic	<input type="checkbox"/> Agonal	<input type="checkbox"/> Rapid	<input type="checkbox"/> Dyspneic	<input type="checkbox"/> Retractions		
	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Full Sentences								
Circulation	<input type="checkbox"/> Strong	<input checked="" type="checkbox"/> Weak	<input type="checkbox"/> Pulseless	<input type="checkbox"/> Carotid	<input type="checkbox"/> Brachial	<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral			
Disability	Glasgow Coma Scale				Time: 1345	Time:	Time:	Time:		
Eye Opening	4-Spontaneous	3-To Voice	2-To Pain	1-None	4					
Verbal Resp.	5-Oriented	4-Confused	3-Inappropriate	2-Incomprehensible	1-None	5				
Motor Resp.	6-Obeys	5-Purposeful	4-Withdraws	3-Flexion	2-Extension	1-None	4			
							Total	10		

SECONDARY								
Skin	Head	Pupils	Chest	Abdomen	Lung Sounds	Cardiac Rhythm	Pelvis/GU	
<input type="checkbox"/> Refill > 3 Sec	<input type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> PERRL	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> Atraumatic	<input checked="" type="checkbox"/> UTA-AC Noise	<input type="checkbox"/> SR	<input checked="" type="checkbox"/> Atraumatic	
<input type="checkbox"/> Refill < 3 Sec	<input type="checkbox"/> Deformity	<input type="checkbox"/> Brisk	<input type="checkbox"/> Tender	<input type="checkbox"/> Distended		<input type="checkbox"/> ST	<input type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Hemorrhage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Rigid	<input type="checkbox"/> Clear	<input type="checkbox"/> VT	<input type="checkbox"/> Unstable	
<input type="checkbox"/> Pale	<input type="checkbox"/> Asymmetrical	<input type="checkbox"/> Dilated	<input type="checkbox"/> Paradoxical	<input type="checkbox"/> Tender	<input type="checkbox"/> Crackles	<input type="checkbox"/> SVT	<input type="checkbox"/> Priapism	
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Tender	<input type="checkbox"/> Unequal	<input type="checkbox"/> Equal Expansion	<input type="checkbox"/> Guarding	<input type="checkbox"/> Absent	<input type="checkbox"/> pVT/VF	<input type="checkbox"/> Incontinent	
<input type="checkbox"/> Flushed	<input type="checkbox"/> Crepitus	<input type="checkbox"/> Sluggish	<input type="checkbox"/> Deformity	<input type="checkbox"/> Rebound	<input type="checkbox"/> Diminished	<input type="checkbox"/> PVCs>6	<input type="checkbox"/> Crepitus	
<input type="checkbox"/> Warm	Neck	<input type="checkbox"/> Constricted	<input type="checkbox"/> Crepitus		<input type="checkbox"/> Wheezes	<input type="checkbox"/> Asys	<input type="checkbox"/> Rectal Bleed	
<input type="checkbox"/> Hot	<input type="checkbox"/> Atraumatic	<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Unequal			<input type="checkbox"/> PEA	<input type="checkbox"/> Vaginal Bleed	
<input type="checkbox"/> Cool	<input type="checkbox"/> Crepitus		<input type="checkbox"/> L <input type="checkbox"/> R			<input type="checkbox"/> A-Fib	<input type="checkbox"/> Tender	
<input type="checkbox"/> Cold	<input type="checkbox"/> JVD	R mm				<input type="checkbox"/> A-Flutter	Foley:	
<input type="checkbox"/> Dry	<input type="checkbox"/> Trach Dev	L mm				<input type="checkbox"/> Paced	<input type="checkbox"/> Supra	
<input type="checkbox"/> Diaphoretic	<input checked="" type="checkbox"/> Deformity					<input type="checkbox"/> Block: //	<input type="checkbox"/> Meatus	
	<input type="checkbox"/> Tender							
Extremities	<input checked="" type="checkbox"/> LUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RUE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
	<input type="checkbox"/> LLE	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Diminished	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> RLE	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Diminished	<input type="checkbox"/> Absent
Back	<input checked="" type="checkbox"/> Atraumatic	<input type="checkbox"/> Full Spinal Immob	<input type="checkbox"/> C-Spine Prec.	<input type="checkbox"/> Step-off	<input type="checkbox"/> Tender		<input type="checkbox"/> Unable to Examine	

000488
 20-031

JTCOM MEDEVAC PATIENT REPORT

PATIENT NAME: (b)(6)	Battle Roster Nr. TK 2200	Date: 21 FEB 10	Mission # MM(S)02-21K	Patient Unit: CIVILIAN	
Service #/SSN: N/A	Rank: N/A	DOB: UNK	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Injury: 21 FEB 10	Time of Injury: UNK LOCAL
MEDIC/RN NAME (b)(3), (b)(6)	UNIT C CO3-82	PHONE # (b)(2)			
CREDENTIALS	<input checked="" type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> RN				
MEDIC/RN SIGNATURE (b)(3), (b)(6)	FLIGHT SURGEON SIGNATURE				
SGT USA C CO 3-82					

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314 31

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- 27. [redacted] (b)(6) Page 1-6 01 Mar 10
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BOOK 3

21 FEBRUARY 2010 – URUZGAN PROVINCE CIVCAS

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- 22. LTC [redacted] DA Form 2823, Page 1-12 08 Mar 10
- 23. KIRK 97, Page 1-19 21 Feb 10
- 24. CPT [redacted] DA Form 2823, Page 1-69 5 Mar 10
- 25. MAJ [redacted] DA Form 2823, Page 1-46 28 Feb 10
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DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: The solicitation of personal information in conjunction with this investigation is authorized under Title 10 USC 3012.

PURPOSE: The purpose for collecting this information is to obtain facts and make recommendations to assist the Commander in determining what action to take with regard to Investigation of 21 FCS 10 Air to ground strike resulting in civilian casualties

ROUTINE USES: Information obtained during the course of this investigation will be used to document relevant facts regarding the matters investigated. It will be used to determine the facts leading up to the matters investigated, establish individual responsibilities, negligence, and to make recommendations for corrective actions and/or appropriate administrative actions. Any information you provide may be disclosed to members of the Department of Defense who have a need for it in the performance of their duties.

DISCLOSURE MANDATORY OR VOLUNTARY AND THE EFFECT OF NOT PROVIDING INFORMATION: The private information you furnish is voluntary. There will be no adverse effect on you for not furnishing private information, other than that certain facts or information might not be otherwise available to the Commander for his decision in this matter. The other information you furnish is mandatory. Failure to provide the requested information could result in disciplinary or other adverse action against you under Article 134, UCMJ.

Having been advised of the provisions of the Privacy Act, I hereby agree to provide information concerning this investigation.

gfc (b)(3), (b)(6)
Printed Name/Rank (b)(3), (b)(6)

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

26 FEB 10
Date

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
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS SFC/AD	
8. ORGANIZATION OR ADDRESS			

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

Original statement was taken on 26 February 2010. The statement begins on page 2 and ends on page 8.

A second questioning session took place on 3 March 2010.

The rest of this page was intentionally left blank.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 9 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

Introduction statement provided by MG McHale

CO [REDACTED] (b)(3), (b)(6) What is your job in the ODA?

SFC: I am the operational sergeant for Halo team sir. I am like a platoon sergeant, tasking and training.

CO [REDACTED] (b)(3), (b)(6) Do you participate in the planning of operations?

SFC: Yes, Sir I do.

CO [REDACTED] (b)(3), (b)(6) What's your role in that?

SFC: Actually what I pretty much do is I take the lead when we do the detail planning. I coordinate the three courses of actions, different ideas that people have. We evaluate them and then make a recommendation to the team leader.

CO [REDACTED] (b)(3), (b)(6) Just some general questions. What does PID mean to you?

SFC: I would say the positive ID of weapons or threat to US or coalition forces.

CO [REDACTED] (b)(3), (b)(6) What is hostile intent to you?

SFC: Someone that is wanting to do those forces harm sir.

CO [REDACTED] (b)(3), (b)(6) What is imminent threat to you?

SFC: That a hostile action is going to take place regardless of what our actions are.

CO [REDACTED] (b)(3), (b)(6) On this day what was your job and where was your position, where did you fit into this mission?

SFC: Sir, on this day, my job was in the northern security element. Before the mission my intent was over watch the containment of the objective area and make sure there was no threat to the personnel doing that. Once we arrived on the ground, we realized that there was personnel down there we could not identify. We did not know what their intentions were [REDACTED] 1.4(c) spoke of forces coming from the north and other forces trying to evade to the south. So I focused my attention then to the forces on the north. Pretty much set up a defensive perimeter for what was going on.

CO [REDACTED] (b)(3), (b)(6) What did you see up north?

SFC: Well sir, the only thing I saw initially I believe it was Specter gunship. I had identified a target that was over a hilltop that I couldn't identify. The distance to that target was about 7Ks so I couldn't identify anything. So I set up my defense and we just waited and watch.

CO [REDACTED] (b)(3), (b)(6) And what did you think was up there 7Ks to the north?

SFC: The information that I was receiving was possible bad guys loading up on trucks coming to support the enemy element that might be surrounding the objective area.

CO [REDACTED] (b)(3), (b)(6) That was the report, but what was your analysis?

SFC: I couldn't see anything, Sir. There was a ridge I guess stopping me from seeing anything beyond that.

CO [REDACTED] (b)(3), (b)(6) So was there any communication, other from the truck side that you could have assessed in any manner, during any portion of this operation?

SFC: Just the [REDACTED] (1.4(a), 1.4(f)) chatter sir.

CO [REDACTED] (b)(3), (b)(6) Nothing visual?

SFC: No Sir. Nothing visual.

CO [REDACTED] (b)(3), (b)(6) Specifically, do you remember any communication of lights of any type or anything like that?

SFC: Yes sir, we did see lights. The security element to the south was the first to identify those. Which orientated me north to start off with. Then the Specter lit it up with an IR and I just monitored that area just in case something came south.

CO [REDACTED] (b)(3), (b)(6) And did you see any lights?

SFC: Yes, Sir.

CO [REDACTED] (b)(3), (b)(6) And where were they coming from?

SFC: They were coming from the north. The name of the village was Baladash or something like that. I had been up there before and was familiar with the terrain.

CO [REDACTED] (b)(3), (b)(6) What was your understanding of the threat situation once you set up in your over watch position?

SFC: At that particular moment they had underestimated the amount of people we had. One of the TTPs that they have used in the past is they if we have an HVT or someone of value that is on the objective they will do something to cause an action to allow him to escape. I thought that was what they were going to do. I didn't think they were going to try to push through us, but I did expect some kind of contact from the north.

CO [REDACTED] (b)(3), (b)(6) What was your sensing of the immediate ground maneuvers in and around you was there any going on or not?

SFC: As far as our element we had people that were isolating the objective, supporting element I was in, we orientated to the north and the element our warrant was in was to the south. We could see movement down on the low ground but we couldn't see it. We sent flares up to see if we could get any reaction or do something different but we didn't get a reaction. That terrain is huge irrigation ditches. It allows people to move about without being seen.

CO [REDACTED] (b) (3), (b) (6) How were you getting information about people loading up into a vehicle?

SFC: My interpreter Sir was right beside me, all the ICOM chatter we were getting he was relaying to me. As far as the people getting the vehicle up north, that was transmitted to me from the captain.

CO [REDACTED] (b) (3), (b) (6) What mechanism did you have to collect?

SFC: The interpreter had an [REDACTED] 1.4(a), 1.4(c)

CO [REDACTED] (b) (3), (b) (6) Do you guys have any scanners on your portables?

SFC: Yes sir, the MBITR radios you can set them to scan constantly. Once the interpreter identifies a frequency that is being utilized by a force of interest then they lock in on that frequency. I believe at the time the frequency I had was different than the one the team leader had. Because after I reported some of the traffic we were receiving he asked me for the frequency so he could monitor.

CO [REDACTED] (b) (3), (b) (6) Other than your ICOM do you have COM with the JTAC from your team?

SFC: Yes Sir, I could've switched frequencies and communicate with JTAC. A lot of times he'll push down to our team internal and give us pertinent information on what they and the aircrafts are seeing to keep us informed.

CO [REDACTED] (b) (3), (b) (6) At any time did the JTAC push down to your frequency?

SFC: I believe he did, Sir. Because I never did get off my team frequency.

CO [REDACTED] (b) (3), (b) (6) Did you ever go up to the JTAC frequency to monitor what he was doing?

SFC: No Sir. I was controlling my element to the north.

CO [REDACTED] (b) (3), (b) (6) Do you have any visibility in the traffic between the JTAC and the AC130 and Pred other than what was relayed to you?

SFC: No Sir. Other than hearsay I have none.

CO [REDACTED] (b) (3), (b) (6) When you say hearsay what do you mean?

SFC: Someone relaying to me what they might have said.

CO [REDACTED] (b) (3), (b) (6) What was your understanding of this threat convoy, what did you understand that to be?

SFC: Well sir, my process was they were pushing south. What I was thinking was they were going to push south to relieve whomever we might have had in the objective area. I didn't realize they were actually pushing west until well after they had already pushed west. My focus was on the north. As daylight was coming, someone called an air TIC, someone pushed some F15s over the area. Once I seen those F15s I was under the assumption no one in their right mind would do anything because they were on station.

CO [REDACTED] Did you have any assessments of these vehicles once they started pushing west? Was it relayed what they were trying to do?

SFC: I didn't hear anything Sir.

CO [REDACTED] The position that you took, how did you take that position?

SFC: By force, we just walked up there and took it.

CO [REDACTED] Was it a building that you took?

SFC: It used to be a building Sir, we call it the ruins. It belonged to an Afghan security force commander that use to live there. The Taliban realized he was there and destroyed it with IEDs.

CO [REDACTED] Did you have any challenges getting into this structure?

SFC: No Sir. But on the way up to the structure one of the elements there had come across what they believed to be a booby trapped door. They some type of object attached to the door with wire coming from it. They neutralized it and we continued to push to the high ground.

CO [REDACTED] This structure, was that the one that had the booby trap in it?

SFC: It was the structure it was in. Between where we landed sir and the area I was going to.

CO [REDACTED] Did your ground scheme of maneuver plan on clearing that structure?

SFC: No Sir.

CO [REDACTED] This was a decision made once you hit the ground?

SFC: Yes Sir.

CO [REDACTED] Why was that decision made?

SFC: Because of the suspicious nature of the object. There was some concern because of the compounds in between us and the maneuver element. So it needed to be cleared to make sure there were no hostile forces inside before the guys swept across it to clear the objective.

CO [REDACTED] The communication between you and your commander, what were you to working on? The ground fight you were currently in, not the vehicle movement to north, the initial environment?

SFC: Initially, all I was doing was providing security when isolating the objective until daylight. They don't operate well at night, so we were isolating the objective until daylight. The ICOM chatter we were getting was saying that it was already forces in the area maneuvering but we couldn't identify them. So we provided security for those down on the low ground.

CO [REDACTED] Is there anything about the strike that you have information on that you can offer?

SFC: I didn't learn about that until afterwards Sir. The initial report that I received was that there was a strike. One report was estimating 15 KIA and another was as many as 21. Then if I remember right the captain called me to his location that there might be a problem. One of the observation platforms identified bright colored clothing. He told me it might have been a questionable strike. We still continued to do what we were doing on the objective but it did bring some concern to me. He informed me that we may be doing a BDA, so I started gathering the medics and preparing them also. Getting some security people and prepping a HLZ so we could go out and assist.

CO [REDACTED] Did you go near the strike site?

SFC: I did, Sir.

CO [REDACTED] What did you see when you got on the ground?

SFC: We landed about 1200, 1300 meters from the objective. The captain had his element to the west I was to the eastern side. It was as close as we could get. Once we got there we identified one truck and two SUVs that had been struck. I think there were three or four personnel in or around the second truck that seemed to be moving and coherent. We had the medics do an assessment of the casualties.

CO [REDACTED] How many casualties did you identify?

SFC: I counted about three different times Sir, I say fifteen maybe sixteen.

CO [REDACTED] Dead?

SFC: That was dead Sir. We MEDEVAC 12 PAX sir, but not all needed MEDEVAC.

CO [REDACTED] Any women and children that you noticed?

SFC: There was one woman that had something wrong with her face. I didn't identify the woman we MEDEVAC her. One little boy had a leg injury. For the most part all the women and children were in vehicle two, and seemed to be unharmed.

CO [REDACTED] Do you remember how many women and children total, give me your best assessment?