HEADQUARTERS
UNITED STATES AFRICA COMMAND
OFFICE OF THE COMMANDER
UNIT 29951
APO AE 09751-9951

22 April 2019

MEMORANDUM FOR RECORD

SUBJECT: Army Regulation 15-6 Investigation into the Facts and Circumstances Surrounding the Death of Staff Sergeant Alexander Conrad in the Vicinity of Combat Outpost [redacted] Somalia on or about 8 June 2018

1. I approve the findings and recommendations of the investigating officer, as endorsed by Commander, U.S. Special Operations Command Africa, and determine Staff Sergeant Conrad died in the line of duty.

2. I offer my sincerest condolences to the family of Staff Sergeant Conrad. Staff Sergeant Conrad courageously died defending his country, and we honor his dedicated service and sacrifice.

3. Staff Sergeant Conrad suffered multiple, severe combat wounds initially treated under combat conditions. The medical care he received at the point of injury, during the aeromedical evacuation, and by the expeditionary resuscitative surgical team was consistent with established medical procedures, (b) (6) [redacted] Although their efforts were ultimately not able to save Staff Sergeant Conrad's life, the timely response and actions of the ground force and medical responders throughout the evacuation were noteworthy.

4. We continually assess our strategic environment, operational approach, and tactical activities to ensure U.S. Africa Command remains appropriately postured and resourced for assigned missions. Therefore, I direct Commander, U.S. Special Operations Command Africa to review established minimum force and response posture requirements for special operations in Africa and provide me, within 60 days, any recommendations for adjustments.

5. I direct Commander, U.S. Special Operations Command Africa to complete the required redaction of the approved investigation report and forward the redacted report to the Department of the Army for appropriate action to support the notification and briefing of Staff Sergeant Conrad's next of kin.

6. I direct a copy of this investigation be provided to Commander, U.S. Special Operations Command for review of the findings and recommendations pertaining to staffing, training, and equipping special operations forces.

THOMAS D. WALDHAUSER
General, U.S. Marine Corps

~~SECRET//NOFORN~~

HEADQUARTERS
SPECIAL OPERATIONS COMMAND AFRICA
UNIT 30401
APO AE 09107

ACSO-CDR

10 April 2019

MEMORANDUM FOR Commander, United States Africa Command, UNIT 29951, APO AE, 09751-9951

SUBJECT: ~~(U//FOUO)~~ Army Regulation 15-6 Investigation into the Facts and Circumstances Surrounding the Death of Staff Sergeant Alexander Conrad in the vicinity of Combat Outpost [redacted] Somalia on or about 8 June 2018

REF: (a) Memorandum for Commander, U.S. Special Operations Command Africa, 14 March 2019.

1. ~~(U//FOUO)~~ I provide this memorandum in response to queries identified in your 14 March 2019 memorandum (ref a). My responses are below your enquiries, in the order they were transcribed:

a. ~~(U//FOUO)~~ Assessment of the intelligence reporting on the likelihood of enemy contact and the efficacy of mitigation measures employed by the force in consideration of the assessed threat, particularly the enemy indirect fire (IDF) attack on 6 June 2018.

~~(S)~~ (b)(1)1.4a, (b)(1)1.4c [redacted] To mitigate this threat to an acceptable level of risk to US forces, we employed a number of measures to address all possible courses of action by AS, (b)(1) 1.4a, (b)(1) 1.4c [redacted] (b)(1)1.4a, (b)(1)1.4c [redacted]

~~SECRET//NOFORN~~

(b)(1)1.4a [redacted] No level of military planning, no matter how comprehensive, can mitigate all potential threats of enemy action, and the events of 8 June 2018 are yet another example that even with solid planning, the enemy sometimes gets lucky. This is particularly true given the historical ineffectiveness and inaccuracy of AS IDF.

~~(S)~~ The ineffectiveness and inaccuracy of the IDF associated with the 6 June 2018 event fell in line with historic AS performance. (b)(1) 1.4a, (b)(1) 1.4c, (b)(3)10 U.S.C. § 130c [redacted]

b. ~~(U//FOUO)~~ (b)(1)1.7e [redacted]

~~(S//NF)~~ During the enemy attack on 8 June 2018, USSOF had the best combination of available armed and unarmed ISR overhead. (b)(1)1.4a, (b)(1)1.4c [redacted]

~~(U//FOUO)~~ (b)(1) 1.7e [redacted] In short, armed and unarmed ISR support was available and utilized to the full extent possible on 8 June 2018, but conditions on the ground combined with intermittent cloud cover made perfect situational awareness impossible.

c. ~~(U//FOUO)~~ Variance between the witness statements describing the accuracy of the enemy indirect fire on 8 June 2018, and the graphic depiction of the points of impact on page six of the report.

~~(U//FOUO)~~ Variance between witness statements describing the accuracy of the enemy IDF are a result of personnel trying to describe where they *remember hearing* a mortar land – during the commotion of an armed enemy engagement involving multiple friendly firing positions. The preponderance of USSOF on this operation were either inside a MATV or inside the confines of the newly constructed combat outpost walls. There were only two mortar impact areas observed and physically identified within the immediate vicinity of the combat outpost (page six of the report), the one at the northeast corner of the COP, and the one just outside the COP to the southeast. No impact areas were identified for the two remaining IDF locations shown on the graphic from page six; they are best guesses, based on reporting. There exists the possibility that there were more IDF rounds involved than were depicted on page six of the report, but the IDF rounds depicted are locations for which we had the highest level of confidence.

d. ~~(U//FOUO)~~ (b) (6) [redacted]

~~(U//FOUO)~~ (b) (6) [redacted]

~~(U//FOUO)~~ According to my Command Surgeon, the (b) (6) [redacted] is the primary method taught in approved Tactical Combat Casualty Care courses and curriculum endorsed by the American College of Surgeons and the DoD's Joint Trauma System's Committee for Combat Casualty Care. (b) (6) [redacted] is taught as an approved option for clinicians to consider as an alternative. Emerging research suggests that the (b) (6) [redacted] method may have increased success rates, but has not yet been recommended as the primary method.

e. ~~(U//FOUO)~~ Based on the findings and recommendations, implementation of any corrective actions applicable to your (my) command and within your (my) purview.

~~(S//NF)~~ (b)(1)1.4a, (b)(1)1.4c [redacted]

(b)(1)1.4a, (b)(1)1.4c [redacted]

~~(S//NF)~~ SOCAFRICA continues to make improvements to its support to ground forces. (b)(1) 1.4a, (b)(1) 1.4c, (b)(1) 1.4g [redacted]

~~(U//FOUO)~~ SOCAFRICA medical has already taken steps toward educating our forces on medical lessons learned from this operation, and have already begun coordination with SOCOM about a review of Critical Skills Requirements as they apply to (b) (6) [redacted] procedural training inside our SOF pipelines, such as recommending that the (b) (6) [redacted] technique be considered the preferred technique due to its higher success rates. Once this 15-6 is released, an official memorandum will go out to SOCOM from our SOCAFRICA Surgeon's office. My Command Surgeon has already initiated informal discussions on the lessons learned from this incident with the SOCOM Surgeon. These include the challenges and biases associated with exclusively communicating medical risk in terms of evacuation times, and how the rapid transition of care through multiple phases of evacuation may get a patient to a surgeon faster (which is usually the performance metric during an evacuation), but might also inadvertently increase the risks of the care being provided.

2. ~~(U//FOUO)~~ I recommend that this report be disseminated to the following commands or agencies for review of the findings and recommendations pertaining to staffing, training, and equipping special operations forces:

a. ~~(U//FOUO)~~ Commands with forces directly involved with this incident:

(b)(3)10 USC § 130b [redacted]

b. ~~(U//FOUO)~~ Commands whose purview includes the staffing, training, and equipping of special operations forces:

US Special Operations Command
US Army Special Operations Command
Joint Special Operations Command

Air Force Special Operations Command
Naval Special Warfare Command
Marine Special Operations Command

3. ~~(U//FOUO)~~ As always, I am available for further discussion.

J. MARCUS HICKS
Maj Gen, USAF
Commander

~~UNCLASSIFIED//FOUO~~

HEADQUARTERS
UNITED STATES AFRICA COMMAND
OFFICE OF THE COMMANDER
UNIT 29951
APO AE 09751-9951

14 March 2019

MEMORANDUM FOR COMMANDER, U.S. SPECIAL OPERATIONS COMMAND AFRICA

SUBJECT: Army Regulation 15-6 Investigation into the Facts and Circumstances Surrounding the Death of Staff Sergeant Alexander Conrad in the vicinity of Combat Outpost [redacted] Somalia on or about 8 June 2018

1. I am returning the investigative report of the facts and circumstances surrounding the death of Staff Sergeant Conrad to you for further action.

2. In order to fully document the conditions during this event, the efforts to treat Staff Sergeant Conrad's wounds and the implementation of any corrective actions, additional reporting is required. Within 45 days, provide a written endorsement addressing the following:

a. Assessment of the intelligence reporting on the likelihood of enemy contact and the efficacy of mitigation measures employed by the force in consideration of the assessed threat, particularly the enemy indirect fire attack on 6 June 2018;

b. Availability, capability and utilization of armed and unarmed intelligence, surveillance and reconnaissance support during the enemy attack on 8 June 2018;

c. Variance between the witness statements describing the accuracy of the enemy indirect fire on 8 June 2018, and the graphic depiction of the points of impact on page six of the report;

d. (b) (6) [redacted]

e. Based on the findings and recommendations, implementation of any corrective actions applicable to your command and within your purview.

3. Provide in your endorsement a recommendation for dissemination of the investigative report to other commands or agencies for review of the findings and recommendations pertaining to staffing, training and equipping special operations forces.

THOMAS D. WALDHAUSER
General, U.S. Marine Corps

~~UNCLASSIFIED//FOUO~~

HEADQUARTERS
SPECIAL OPERATIONS COMMAND AFRICA
UNIT 30401
APO AE 09107-0401

ACSO

19 February 2019

MEMORANDUM FOR Commander, Special Operations Command Africa, Unit 30401, APO AE 09107

SUBJECT: ~~(U//FOUO)~~ Army Regulation (AR) 15-6 Investigation Into the facts and circumstances surrounding the death of SSG Alexander Conrad in the vicinity of Combat Outpost (COP) [redacted] Somalia on or about 8 June 2018.

1. ~~(U//FOUO)~~ **Procedural Background:**

a. ~~(U//FOUO)~~ On 25 June 2018, you appointed myself, [redacted], as the Investigating Officer, and [redacted] as the Assistant Investigating Officer, to conduct an informal investigation into the facts and circumstances surrounding the death of SSG Alexander Conrad in the vicinity of COP [redacted] Somalia on or about 8 June 2018.[1] Specifically, you asked me to, at a minimum, ascertain (1) the facts and circumstances surrounding the incident (including 5 W's); (2) the mission at the time of the incident and any pre-mission briefing concerning enemy forces and threats; (3) whether an up-to-date threat analysis was accomplished for the mission; (4) whether SSG Conrad was wearing personal protective equipment (PPE), what PPE he was wearing, and if not, the reason; (5) what, if any, medical treatment was provided to SSG Conrad, and whether the medical evacuation (MEDEVAC) procedures were timely and appropriate under the circumstances; (6) the nature and extent of the injuries to SSG Conrad; (7) what recommendations concerning improvement, if any, to tactics, techniques, and procedures may help to avoid this type of incident in the future; (8) any other matters pertaining to this incident that I deem relevant.[2]

b. ~~(U//FOUO)~~ On 16 July 2018, you appointed [redacted] as an assistant Investigating Officer, with special technical knowledge as it applies to medical procedures, to assist with questioning witnesses, taking sworn statements, facilitating evidence gathering, interpreting evidence, and completing this report.[3] While not formally excused, [redacted] no longer played an active role in the investigation after this appointment. The initial report was completed on 31 October 2018. The investigation was reopened on 27 November 2018 to elaborate on the initial findings and recommendations and explain the technical operational and medical details in the original report with the assistance of [redacted], Staff Judge Advocate. The

[1] Enclosure 1.
[2] Enclosure 1.
[3] Enclosure 2.

revised report was completed on 14 December 2018 and forwarded to U.S. Africa Command for endorsement.

c. ~~(U//FOUO)~~ Following review of the initial findings by U.S. Africa Command, the draft report was returned to SOCAFRICA for clarification on certain provisions on 15 January 2019.

2. ~~(U//FOUO)~~ **Summary of Findings**: I find by a preponderance of the evidence that:

a. ~~(U//FOUO)~~ SSG Alexander Conrad's death occurred in the line of duty and was the result of injuries sustained by a mortar round that impacted near his position during an Al-Shabaab (AS) attack on 8 June 2018, despite attempts to provide trauma care on-site and in-transit to the closest medical facility;

b. ~~(U//FOUO)~~ SSG Conrad's death occurred during a mission to clear and hold an area near [redacted], Somalia, for the construction of a Combat Operating Post (COP) for use by partner forces in support of U.S. efforts to stabilize Somalia and remove the threat posed by the AS terrorist organization;

c. ~~(U//FOUO)~~ An up-to-date threat analysis was performed specifically for the operation with enemy indirect fire (IDF) considered as a possible enemy action in mission planning;

d. ~~(U//FOUO)~~ SSG Conrad was wearing all required Personal Protective Equipment (PPE), to include helmet and flak vest, at the time of the incident;

e. ~~(U//FOUO)~~ SSG Conrad received medical treatment by Army Special Forces team medics, U.S. Air Force Personnel Recovery medics, a board eligible emergency medicine physician, and the Expeditionary Resuscitative Surgical Team (ERST) with care rendered at the scene of the incident and in transit to the Military Support Site (MSS) [redacted] medical facility. All medical care, to include the MEDEVAC procedures, were timely and appropriate under the specific circumstances of this incident despite the fact that the autopsy later revealed that (b) (6) [redacted]

f. ~~(U//FOUO)~~ SSG Conrad's injuries consisted of multiple ballistic injuries[4], including:

(b) (6) [redacted]

[4] Exhibit WWW. Ballistic injuries are not specifically defined in the autopsy report, however, according to the Army Surgeon General publication, *Emergency War Surgery,* fragments of explosive munitions cause ballistic injuries and unlike small arms, explosive munitions cause multiple wounds.

[redacted]

g. ~~(U//FOUO)~~ (b) (6) [redacted]

h. ~~(U//FOUO)~~ In addition to the above, I also examined the following other matters I deemed relevant: 1) the nature of the intelligence, surveillance, and reconnaissance (ISR) support provided during the mission; 2) the medical procedures and training related to (b) (6) [redacted]; 3) the MEDEVAC capabilities and procedures used by the Air Force Personnel Recovery-Task Force; and 4) the configuration of the HH-60 Pave Hawk helicopter. It is my assessment that the circumstances of SSG Conrad's death demonstrates the need for improved standardization of MEDEVAC landing approaches, (b) (6) [redacted], more dedicated time for specific medical skills maintenance, review of the challenges presented by the HH-60 Pave Hawk helicopter to transport and treat multiple casualties, and review of the standard medic kit to include equipment that can confirm placement of an endotracheal tube within the airway.

3. ~~(U//FOUO)~~ **Applicable Facts:** I base my findings and recommendations on the following facts drawn from 55 interviews and additional documents obtained during the course of the investigation:

THE MISSION – PRE-MISSION BRIEFING – THREAT ANALYSIS

a. ~~(S//NF)~~ At the time of the incident, SSG Conrad was deployed to Somalia as a member of [redacted], a unit within Special Operations Command Forward—East Africa (SOCFWD-EA). [redacted] works with partner forces in Somalia in support of Operation OCTAVE SHIELD to counter the threat posed by the terrorist organization, Al-Shabaab, to the U.S. and its partners. Prior to the events of 8 June

[redacted]

b. ~~(S//NF)~~ The concept of operation (CONOP) for the mission that ultimately took place between 4-9 June 2018, called for [redacted] to conduct a combined clearance and hold operation between 4-8 June 2018, in the vicinity of [redacted], Somalia, in order to clear Al-Shabaab (AS) from contested areas, liberate villages from AS control, support partner force during COP [redacted] construction, and increase the span of the FGS security and governance.[7] The combined force was [redacted]

[redacted]

c. ~~(S//NF)~~ The initial threat assessment for the operation that was set to take place in May 2018 considered the threat to [redacted]

[redacted]

[5] Exhibit DDD.
[6] Exhibit III, see also
[7] Exhibit DDD. The original mission was planned for 4-8 June, but due to the Troops in Contact (TIC) [redacted] remained onsite until 9 June in order to complete the COP build plans.
[8] Exhibit DDD.
[9] Exhibit III, slide 6

d. ~~(S//NF)~~ The intelligence overview for the operation that ultimately took place between 4 and 9 June did not change and still assessed that the threat to US Forces remained (b)(1)1.4a, (b)(1)1.4c [10] Special Operations Command-Africa (SOCAFRICA) and US Africa Command (USAFRICOM) J2s both concurred with the risk assessment.[11]

e. ~~(S//NF)~~ The mitigated risk to mission and risk to force were both assessed to be (b)(1)1.4a, (b)(1)1.4c Major mitigating measures taken included: (b)(1) 1.4a, (b)(1) 1.4c, (b)(3)10 USC § 130b

f. ~~(U//FOUO)~~ The (b) (6), (b)(3)10 USC § 130b stated that he never felt there was any change in the threat during his overall deployment to Somalia. He felt that the flooding that had taken place with the recent rainfall limited the ability of Al-Shabaab to attack on the main road. He also indicated that the enemy tactics did not change (b) (6), (b)(1)1.7e, (b)(3) 10 U.S.C.§130b, (b)(3) 10 U.S.C.§130b also felt that the intelligence was accurate, including the enemy most likely and most dangerous courses of action. He also noted that: (b)(1)1.7e, (b)(3) 10 U.S.C.§130

g. ~~(U//FOUO)~~ (b)(1)1.7e, (b)(3) 10 U.S.C.§130 (b)(1)1.7e, (b)(3) 10 U.S.C.§130

[10] Exhibit DDD, slide 6.
[11] Exhibit EEE.
[12] Exhibit DDD, slide 37.
[13] Exhibit OO
[14] Exhibit YY
[15] Exhibit TT
[16] Exhibits SS and TT

(b)(1) 1.7e, (b)(3) 10 USC 130

THE FACTS AND CIRCUMSTANCES SURROUNDING SSG CONRAD'S INJURIES

h. ~~(U//FOUO)~~ On 4 June 2018, the U.S. Force departed (b)(1)1.7e, (b)(3) 10 U.S.C.§130 USSOF and their partner forces arrived at (b)(1)1.7e, (b)(3) Somalia, on 4 June 2018. The team conducted security and began building the COP.[19] A graphic display of the combined forces at COP (b)(1)1.7e, (b) is displayed here:

(b)(1)1.7e, (b)(3) 10 U.S.C.§130c

[17] See Exhibits D and CCC
[18] Exhibit N
[19] Exhibit DDD, VVV.

i. ~~(U//FOUO)~~ On 6 June 2018, [redacted] received inaccurate IDF during COP construction. However, an IDF point of origin was not observed.[20]

j. ~~(U//FOUO)~~ On 8 June 2018, at 1134Z, personnel at COP [redacted] began to receive sporadic, inaccurate harassing small arms fire.[21] During this attack, between 1134Z and 1140Z, [redacted] – collocated with [redacted], a linguist assigned to USSOF – physically moved [redacted] to a place of cover behind a tire in the vicinity of the fuel point. [redacted] took his place of cover behind a nearby white structure approximately 10 feet west from the tire. [redacted], moved to the tire where [redacted] was located [redacted] repositioned [redacted] to the most eastern part of the tire so that [redacted] could fire his weapon in the direction of the enemy contact to the southeast.[22]

k. ~~(S//NF)~~ In addition to the small arms fire, mortars also began impacting in the vicinity of COP [redacted] at 1137Z, with rounds impacting inside the COP structure and adjacent to it.[23] Immediately after initial mortar impact, [redacted], attempted to notify the SOCFWD-EA Joint Operations Center (JOC) of the Troops in Contact (TIC) [redacted]

l. ~~(U//FOUO)~~ Between 1140Z and 1145Z a mortar round impacted southwest of COP [redacted] in the vicinity of where SSG Conrad, [redacted] were located. Immediately following impact, [redacted] (wounded) and [redacted] (wounded) observed that [redacted] (wounded) had severe bleeding from the left side of his forehead.[26] [redacted] walked with [redacted] toward a Military All-Terrain Vehicle (MATV) west of COP [redacted] in order to establish the Casualty Collection Point (CCP).[27] A call for medics by [redacted] went out over internal communications; [redacted] and former combat medic, saw [redacted] and [redacted], and moved toward them in order to help with injuries.[28] [redacted] saw [redacted] and [redacted] assisting with SSG Conrad's (severely

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[20] Exhibits FFF, Q.
[21] Exhibit FFF, and GGG; see also Exhibits D, E, F, G, H, N, R, S, T, CC, DD, EE, FF, GG, HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AAA, BBB.
[22] Exhibit SSS, VVV.
[23] Exhibit FFF.
[24] Exhibit XX.
[25] Exhibit FFF, see also Exhibits D, E, F, G, H, N, R, S, T, CC, DD, EE, FF, GG, HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AAA, BBB.
[26] Exhibits S, MM, OO, PP, TT.
[27] Exhibits CC, DD, MM, OO.
[28] Exhibits CC, MM, OO.

wounded) movement to the CCP; [redacted] was alerted by [redacted] that SSG Conrad needed help.[29]

NATURE AND EXTENT OF SSG CONRAD'S INJURIES, MEDICAL TREATMENT PROVIDED, AND MEDEVAC TIMELINESS

m. ~~(U//FOUO)~~ After moving to SSG Conrad's location, [redacted] moved SSG Conrad to the CCP to begin rendering medical care.[30] Three medics—[redacted], [redacted]—and an EOD technician, [redacted], rendered aid to SSG Conrad while a request for MEDEVAC was made.[31] At all times during initial medical treatment, the COP was still under attack by enemy forces.[32] [redacted]

[redacted]

[29] Exhibit DD.
[30] Exhibit DD.
[31] Exhibit DD, see also Exhibits N
[32] Exhibits D, E, F, G, H, N, R, S, T, CC, DD, EE, FF, GG, HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AAA, BBB.
[33] Exhibit DD
[34] Exhibit G
[35] Exhibit DD
[36] Exhibit N
[37] Exhibits N and DD
[38] Exhibits N and DD

(b) (6), (b)(3) 10 U.S.C.§130b

n. ~~(U//FOUO)~~ (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

o. SSG Conrad (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

p. ~~(U//FOUO)~~ (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

q. ~~(U//FOUO)~~ Upon receiving the TIC notification at (b)(1)1.7e, (b)(3) 10 U.S.C.§130c the MEDEVAC aircraft began mission launch preparations. Two helicopters took off within 6-10 mins of the initial TIC report.[47] (b) (6), (b)(3) 10 U.S.C.§130b

[49] Both (b) (6), (b)(3) 10 U.S.C.§130b began preparing mission medical equipment on the trail helicopter, including prepping Y-tubing for blood administration, and drawing up medications

[39] Exhibit N.
[40] Exhibits G, N, DD.
[41] Exhibit EE.
[42] Exhibit N, DD.
[43] Exhibits G, N, CC, DD.
[44] Exhibit N.
[45] Exhibit DD.
[46] Exhibit CC.
[47] Exhibits W, X, Y, Z, AA, BB.
[48] Exhibits W, Y.
[49] Exhibits X, AA, BB.

(including Ketamine and Invanz).[50] The lead helicopter was carrying [redacted] for this mission.[51] Of note, PJs conduct daily equipment checks on helicopters in order to ensure battery life, inflation cuffs on Endotracheal Tubes, expiration dates, and other equipment are ready.[52] [redacted] was the primary medic on the lead helicopter. This was [redacted] first real-world casualty.[53] Prior to launch, as a result of an unclear report from the ground operators, [redacted] elected to land the lead helicopter first (instead of the trail helicopter which is typically the main evacuation platform) in order to clarify the tactical situation and get one of the two reportedly critical patients (initial report was two casualties).[54]

r. ~~(U//FOUO)~~ The two-helicopter formation arrived in the vicinity of COP [redacted] less than 15 minutes after take-off.[55] [redacted] Upon the lead helicopter landing, approximately 10-12 ground personnel began to move toward the helicopter with one litter patient (SSG Conrad), [redacted] with [redacted] and one (partner force) [redacted] off-loaded from the lead helicopter in order to link up with the ground force to clarify casualty numbers. [redacted] identified [redacted] from the ground force. [redacted] specified a total of four (4) casualties, including one (1) partner force.[56]

s. ~~(U//FOUO)~~ At approximately 1158Z three (3) USSOF casualties were loaded on the lead helicopter, to include SSG Conrad. The fourth casualty (partner force) attempted to load in the lead helicopter, but was physically moved away by [redacted] and instructed to load on the next helicopter.[57] The configuration on the lead helicopter was as follows: SSG Conrad was laying on the litter next to the back wall against the auxiliary fuel tank, the two ambulatory casualties were seated next to the crew chief seats, [redacted] was sitting towards SSG Conrad's head on the right door, [redacted] was at SSG Conrad's feet toward the left door, and [redacted] was in the middle between [redacted] immediately began the neck down to waist trauma survey, and [redacted] began the waist down sweeps.[59] [redacted] took [redacted] rifle and hung it up.[60] When [redacted] turned back around, [redacted]

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[50] Exhibits X, BB.
[51] Exhibits W, Y, Z.
[52] Exhibit Y.
[53] Exhibit Z.
[54] Exhibit W, Y.
[55] Exhibit W, OO.
[56] Exhibit W.
[57] Exhibit W, GGG.
[58] Exhibits W, Z, OOO, PPP.
[59] Exhibits Y, Z.
[60] Exhibits W, Z.

(b) (6), (b)(3) 10 U.S.C.§130b [redacted] [65] The flight back to [redacted] from COP [redacted] was less than 15 minutes. During the return flight to [redacted] from COP (b)(1)1.7e, (b)(3) 10 U.S.C.§130 [redacted] however, that added to the difficulty of the medical work.[66]

t. ~~(U//FOUO)~~ At 1218Z, upon landing at MSS [redacted] the litter bearers (non-ERST personnel) on the ground pulled SSG Conrad away from [redacted] while he was still bagging, disconnecting the BVM momentarily. [redacted] reconnected the BVM.[67] [redacted] followed SSG Conrad's litter, and provided a verbal report to the ERST nurse while turning SSG Conrad over to ERST.[68]

u. ~~(U//FOUO)~~ SSG Conrad was placed in the resuscitation bay at MSS [redacted] where he was met by ERST members. (b) (6), (b)(3) 10 U.S.C.§130b for the ERST, was at the head of the bed. (b) (6), (b)(3) 10 U.S.C.§130b [redacted]

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[61] Exhibit Z.
[62] Exhibit W.
[63] Exhibit Z. (b)(3) 10 USC 130, (b)(1) 1.7e [redacted] used by [redacted] on the MEDEVAC.
[64] Exhibit Z.
[65] Exhibits Y, Z.
[66] Exhibit W.
[67] Exhibit W, FFF, GGG.
[68] Exhibits J, Z.

(b) (6), (b)(3) 10 U.S.C.§130b

v. ~~(U//FOUO)~~ (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

w. ~~(U//FOUO)~~ SSG Conrad's autopsy was conducted on 13 June 2018, and concluded that he died as result of "multiple ballistic injuries." (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

SSG CONRAD'S PERSONAL PROTECTIVE EQUIPMENT

x. ~~(U//FOUO)~~ According to the medics who treated SSG Conrad, at the time of this incident at COP (b)(1) 1.7a, (b)(3) SSG Conrad was wearing all required Personal Protective Equipment – Helmet, Body Armor, and Eye Protection. (b) (6), (b)(3) 10 U.S.C.§130b helped move SSG Conrad to the CCP; shortly after 1145Z (b) (6), (b)(3) 10 U.S.C.§130b with help from (b) (6), (b)(3) 10 U.S.C.§130b removed SSG Conrad's PPE at the CCP in order to provide him medical assistance.[73]

OTHER MATTERS RELEVENT TO THIS INCIDENT

y. ~~(U//FOUO)~~ (b)(3)10 USC § 130e did not observe enemy activity the day of the attack. The platforms scanned the area before, during and after the attack and never observed enemy activity.[74]

z. ~~(S//NF)~~ (b)(1) 1.4a, (b)(1) 1.4c, (b)(3)10 USC § 130e

(b)(1) 1.4a, (b)(1) 1.4c, (b)(3)10 USC § 130e

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[69] Exhibit J.
[70] Exhibits J, O.
[71] Exhibit J.
[72] Exhibits K, L, KKK.
[73] Exhibit G, DD, PP.
[74] Exhibits B, C, TT, XX, AAA.
[75] Exhibits B, C, TT, XX, AAA.

aa. ~~(S//NF)~~ (b)(1) 1.4a, (b)(1) 1.4c, (b)(3) 10 U.S.C. § 130b

(b)(1)1.4a, (b)(1)1.4c

bb. ~~(S//NF)~~ As noted above, [redacted] originally planned this operation for 7-11 May 2018. SOCFWD-EA leadership travel initially delayed CONOP approval.[77] Between the originally planned date of execution, 7-11 May 2018, and the actual date of execution, 4-9 June 2018, a large storm hit Somalia causing flooding in the vicinity of the area planned for COP [redacted].[78] The delay in operation execution created space and time for the levees to be sabotaged, causing further flooding in the fields and over the roadway in the vicinity of COP [redacted].[79] As June approached, the unusually heavy rainfall added to the flooding, causing many villagers to flee local towns.[80] (b)(1)1.4a, (b)(1)1.4c

(b)(1) 1.4a, (b)(1) 1.4c, (b)(3)10 U.S.C. § 130c

cc. ~~(S//NF)~~ [redacted] requested SSG Conrad for the operation in order to assist in (b)(1)1.4a and training of the partner force's intelligence capabilities. He assisted [redacted] with those tasks as a trained subject matter expert in (b)(1)1.4a [redacted]

dd. ~~(S//NF)~~ (b)(1)1.4a

(b)(1)1.4a

ee. ~~(S//NF)~~ Post-attack EOD analysis produced evidence of the introduction of improvised mortars to the AS inventory. (b)(1)1.4a

(b)(1)1.4a

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[76] Exhibits TT & XX.
[77] Exhibit III.
[78] Exhibits OO, XX, III, JJJ.
[79] Exhibit XX.
[80] Exhibit XX & JJJ.
[81] Exhibit OO, TT, XX.
[82] Exhibit XX.
[83] Exhibits OO, TT, VV, XX.
[84] Exhibits XX, HHH.
[85] Exhibits D, E, F, G, H, HHH.

(b)(1)1.4a

ff. ~~(U//FOUO)~~ The Joint Special Operations Medical Training Center (JSOMTC) as well as the Committee on Tactical Combat Casualty Care (CoTCCC) recommend the (b) (6)

(b) (6)

gg. ~~(U//FOUO)~~ (b) (6)

[redacted][89]

Conditions faced by SSG Conrad and the medical personnel supporting the COP [redacted] build were far from ideal – enemy fire, enemy mortars, mud, fatigue, constrained space on helicopters, stress, etc. This demonstrates the difficulty of the procedure itself.

4. ~~(U)~~ **Regulatory Authority and Legal Standards**

a. ~~(U)~~ Army Regulation 15-6, para. 3-10, b., provides that findings must be supported by a greater weight of evidence than supports a contrary conclusion—in other words, by a preponderance of the evidence. Furthermore, the weight of the evidence is not determined by the number of witnesses or volume of exhibits, but by considering all the evidence and evaluating factors such as the witness's demeanor, opportunity for knowledge, information possessed, ability to recall and relate events, and other indications of veracity.

5. ~~(U)~~ **Findings.**

a. ~~(U//FOUO)~~ **Finding #1: SSG Alexander Conrad's death occurred in the line of duty and was the result of injuries sustained by a mortar round that impacted near his position during an Al-Shabaab attack on 8 June 2018, despite attempts to provide trauma care on-site and in-transit to the closest medical facility;**

~~(U//FOUO)~~ ANALYSIS: Multiple witness statements confirm that SSG Conrad received his injuries as the direct result of a mortar round impacting near his location during an attack by Al Shabaab fighters between 1140Z and 1145Z on 8 June 2018. Despite efforts by trained medics at the scene of injury, on board the MEDEVAC helicopter, and

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[86] Exhibit D, HHH.
[87] Exhibit LLL.
[88] Exhibit N, DD, LLL.
[89] Exhibit TTT.

the surgery team at the ERST, SSG Conrad succumbed to his injuries and was declared deceased at 1232Z. (b) (6) Based on all relevant witness statements and the autopsy findings, it appears that despite the rapid care provided, (b) (6) and SSG Conrad's vital signs ceased at some point during his transportation from the MEDEVAC helicopter to the Medical Tent at MSS [redacted] where he had no vital signs upon entry to the resuscitation bay.[90] The last known vitals were taken enroute to the ERST by the Air Force PJs. It should be noted that the total time elapsed between the initial point of injury and called time of death was approximately 47 to 52 minutes. In addition, all care rendered prior to departure on the MEDEVAC platform was done under enemy fire in the span of 20-25 minutes between time of injury and SSG Conrad being loaded onto the helicopter for transport. All of these factors taken together suggest that there was no way the personnel who treated SSG Conrad could have known that their efforts were not successful in saving SSG Conrad's life.

b. ~~(U//FOUO)~~ **Finding #2: SSG Conrad's death occurred during a mission to clear and hold an area near [redacted] Somalia, for the construction of a Combat Operating Post (COP) for use by partner forces in support of U.S. efforts to stabilize Somalia and remove the threat posed by the terrorist organization, Al-Shabaab;**

~~(S//NF)~~ ANALYSIS: SSG Conrad died in direct support of U.S. military operations in Somalia. The specific mission underway on 8 June 2018, was to assist in the construction of a COP for partner forces that had initially been planned to take place in May 2018, but was postponed to 4-8 June 2018. The purpose of the COP construction was to extend Federal Government of Somalia governance and security to the region in order to promote stability and counter the threat posed by Al Shabaab to U.S. and partner force security interests. [redacted] had specifically requested SSG Conrad for the operation in order to assist in the (b)(1)1.4a, (b)(1)1.4c and training of the partner force's intelligence capabilities. He assisted [redacted] with those tasks as a trained subject matter expert in [redacted] His immediate supervisor credited him with securing information on enemy movement that was essential to preventing a planned Vehicle-Borne IED (VBIED) attack on the COP during the operation.[91] At the time of the attack the COP was nearing completion and being readied for occupation by the partner force.[92]

c. ~~(U//FOUO)~~ **Finding #3: An up-to-date threat analysis was performed specifically for the operation with enemy indirect fire (IDF) accounted for as possible enemy action in mission planning;**

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[90] Exhibit I
[91] Exhibit VV
[92] Exhibit OO

~~(S//NF)~~ ANALYSIS: The pre-mission planning briefing indicated that the unmitigated threat to (b)(1)1.4a, (b)(1)1.4c

(b)(1)1.4a, (b)(1)1.4c

d. ~~(U//FOUO)~~ **Finding #4: SSG Conrad was wearing all required PPE equipment, to include helmet and flak vest, at the time of the incident;**

~~(U//FOUO)~~ ANALYSIS: The medics who treated SSG Conrad on-site noted in their statements that SSG Conrad was wearing all required PPE at the time of treatment. They stated that the PPE (helmet and flak vest) was removed to assess his wounds and specifically to dress the wounds to his chest and armpit.[96] There is no evidence that the PPE was defective.

e. ~~(U//FOUO)~~ **Finding #5: SSG Conrad received medical treatment by Army Special Forces team medics, U.S. Air Force Personnel Recovery medics, a board eligible emergency medicine physician, and the Expeditionary Resuscitative Surgical Team (ERST), with care rendered at the scene of the incident and in transit to the MSS [redacted] medical facility. All medical care, to include the MEDEVAC procedures, were timely and appropriate under the specific circumstances of this incident despite the fact that the autopsy later revealed that**

(b) (6)

~~(U//FOUO)~~ ANALYSIS: Witness interviews establish that SSG Conrad received treatment from multiple qualified personnel within minutes of his injury and continuously from initial treatment to the declaration of death by the trauma team doctor. The specific treatment is detailed above. (b) (6)

[redacted]

[93] Exhibit DDD
[94] Exhibits WW and YY
[95] Exhibit D, HHH.
[96] See Exhibits G and DD

(b) (6)
(b) (6) Nothing in the witness statements suggested that any person who provided care was derelict in the performance of the medical care rendered to SSG Conrad in the short space of time between the time of injury and his arrival to the Expeditionary Resuscitative Surgical Team (approximately 47-52 minutes). (b) (6)

f. ~~(U//FOUO)~~ **Finding #6: SSG Conrad's injuries consisted of multiple ballistic injuries[97],** (b) (6)

(b) (6)

~~(U//FOUO)~~ ANALYSIS: SSG Conrad's autopsy confirmed the witness testimony that SSG Conrad was injured in the face/neck area, chest area, and left knee by fragments from an exploded mortar round.[98] (b) (6)

(b) (6)

(b) (6) The autopsy findings are consistent with the witness statements of those who rendered medical care.

g. ~~(U//FOUO)~~ **Finding #7:** (b) (6)

[97] Exhibit WWW. Ballistic injuries are not specifically defined in the autopsy report, however, according to the Army Surgeon General publication, *Emergency War Surgery*, fragments of explosive munitions cause ballistic injuries and unlike small arms, explosive munitions cause multiple wounds.
[98] See Exhibits N and DD

(b) (6)

~~(U//FOUO)~~ ANALYSIS: (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b

[redacted]

[99] Exhibit Z
[100] Exhibits W and Z
[101] Exhibit I
[102] Exhibit J

(b) (6)

6. ~~(U)~~ **Additional Findings**

a. ~~(U)~~ In addition to the above, I also find that several additional factors might have contributed to the sequence of events on 8 June 2018:

(1) ~~(U//FOUO)~~ Intelligence Surveillance and Reconnaissance (ISR) Platforms:

(a) ~~(U//FOUO)~~ (b)(3)10 USC § 130e

(b)(3)10 USC § 130e

(2) ~~(U//FOUO)~~ Medical Procedures:

(a) ~~(U//FOUO)~~ Combat casualty care in the pre-hospital environment is more challenging than in-hospital care due to the dynamic and uncontrolled nature of the combat environment. Myself and (b) (6), (b)(3) 10 U.S.C.§130b met with (b) (6), (b)(3) 10 U.S.C.§130b and (b) (6), (b)(3) 10 U.S.C.§130b at the JSOMTC in order to gain insight on (b) (6) being taught to USSOF medics prior to deployment. An Interview with the JSOMTC lead instructor, (b) (6), (b)(3) 10 U.S.C.§130b, revealed that during the surgical block of instruction,

(b) (6)

(3) ~~(U//FOUO)~~ JSOMTC curriculum was observed with (b) (6), (b)(3) 10 U.S.C.§130b, a Senior Enlisted Advisor with JSOMTC, which included small group discussion of the (b) (6)

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[103] Exhibit I

[104] Exhibits B, C, TT, AAA.

[105] (b) (6)

[106] Exhibit NNN.

(b) (6) [redacted]

b. (~~U//FOUO~~) As noted throughout this report, the use of (b) (6) [redacted]

c. (~~U//FOUO~~) MEDEVAC Procedures

(1) (~~U//FOUO~~) (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b [redacted]

d. (~~U//FOUO~~) (b) (6), (b)(3) 10 U.S.C.§130b

(b) (6), (b)(3) 10 U.S.C.§130b [redacted]

[107] Exhibit Z and J.
[108] Exhibit QQQ.
[109] Exhibit RRR.

(b) (6)

e. ~~(U//FOUO)~~ With multiple casualties and auxiliary fuel tanks, the Pave Hawk compartment size limits performance of critical medical interventions. The space is tight, and would have been made even tighter during SSG Conrad's evacuation with the addition of body armor and weapons worn by the PJs (required), and body armor and weapons worn by two additional patients(b) (6), (b)(3) 10 U.S.C.§130b [110] Despite this, I still conclude that additional space on the Pave Hawk would not necessarily have made a difference for the treatment of SSG Conrad.

7. ~~(U)~~ **Conclusions**

a. ~~(U//FOUO)~~ Given the specific facts and circumstances of this incident, I find that no rules or regulations were violated that caused SSG Alexander Conrad's death. I do not find that any individual, unit, or organization acted in a negligent manner during mission planning, execution, or in the provision of medical care to SSG Conrad. SSG Conrad's death was the unfortunate result of injuries sustained from an enemy mortar round despite extensive efforts to provide trauma care under the duress of enemy fire and a rapid evacuation of the wounded.[111] Further, I conclude that (b)(1)1.7e, (b)(3) 10 U.S.C.§130b was aware of the potential threat for enemy contract, to include small arms and mortars, and took all reasonable and possible steps to prepare for this type of contingency. SSG Conrad's injuries occurred despite the fact that he was wearing all required PPE equipment at the time of the incident. Based on witness testimonies and research into the procedures performed, I conclude that all medical and MEDEVAC procedures were timely and appropriate under the circumstances, but can nonetheless be improved.[112]

b. ~~(U//FOUO)~~ The Armed Forces Medical Examiners Autopsy report concludes that

(b)(1) 1.7e, (b) (6), (b)(3) 10 U.S.C. § 130b

[redacted]

[110] Exhibits OOO, PPP.
[111] Exhibits UUU, WWW.
[112] Exhibits G, DD, PP.
[113] Exhibit WWW.
[114] Exhibit LLL.

(b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b, (b) (6)

8. ~~(U)~~ **Recommendations**

a. ~~(U//FOUO)~~ (b) (5), (b)(3) 10 U.S.C. § 130e

b. ~~(U//FOUO)~~ (b) (5), (b)(3) 10 U.S.C. § 130e

c. ~~(U//FOUO)~~ (b) (6)

d. ~~(U//FOUO)~~ (b) (6)

e. ~~(U//FOUO)~~ Consideration should be placed on embedding PJs (or other combat medical equivalent) with the ground force during extended operations, particularly during cases like the one focused on for this incident involving more than 900+ personnel (USSOF and partner force).

[115] Exhibits TT, AAA.
[116] Exhibit TTT, pgs. 4-7.

f. (~~U//FOUO~~) (b)(1)1.7e, (b)(3) 10 U.S.C.§130 [redacted]

g. (~~U//FOUO~~) (b)(1)1.7e, (b)(3) 10 U.S.C.§130 [redacted]

h. (~~U//FOUO~~) [redacted]

9. (~~U~~) POC is the undersigned at DSN: (b) (6) (b) (6), (b)(3) 10 U.S.C.§130b [redacted]

Enclosures:
1. IO Appointment Memorandum, 25 Jun 2018
2. Assistant IO Appointment Memorandum, 16 July 2018
3. Extension Request to 10 August 2018, 12 July 2018, with Approval
4. Extension Request to 24 August 2018, 26 July 2018, with Approval
5. Extension Request to 14 September 2018, 15 August 2018, with Approval
6. Request for Autopsy Report, 19 July 2018
7. Request for Private Medical Information, 26 July 2018
8. Extension Request to 03 October 2018, 28 September 2018, with Approval
9. Investigation Timeline
10. Initial Report and SOCAFRICA Approval, with Unclassified Summary, 31 October 2018
11. Request to Reopen Investigation, 28 November 2018

f. ~~(U//FOUO)~~ The US Air Force should consider always landing the trail helicopter, loaded with three (3) PJs wholly focused on providing medical care, first -- this is the rehearsed protocol with the ground force prior to operation execution.

g. ~~(U//FOUO)~~ Whenever possible, a critically injured casualty with ongoing interventions should be the only casualty placed on a HH-60 Pave Hawk with the auxiliary fuel tanks due to the extremely confined spaces.

h. ~~(U//FOUO)~~ (b) (6) [redacted]

9. ~~(U)~~ POC is the undersigned at DSN: (b) (6) [redacted]

(b) (6), (b)(3) 10 U.S.C.§130b [redacted]

Enclosures:
1. IO Appointment Memorandum, 25 Jun 2018
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Exhibits:

A. Sworn Statement of (b) (6), (b)(3) 10 U.S.C. § 130e 08 August 2018
B. Sworn Statement of (b) (6), (b)(3) 10 U.S.C. § 130e 25 July 2018
C. Sworn Statement of (b) (6), (b)(3) 10 U.S.C. § 130e 06 August 2018
D. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 26 July 2018
E. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 01 July 2018
F. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 09 August 2018
G. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 25 July 2018
H. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 24 August 2018
I. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 29 July 2018
J. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 31 July 2018
K. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 01 August 2018
L. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 12 July 2018
M. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 15 August 2018
N. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 06 August 2018
O. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 23 August 2018
P. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 12 July 2018
Q. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 09 August 2018
R. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 07 July 2018
S. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 09 July 2018
T. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 29 June 2018
U. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 12 September 2018
V. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 12 September 2018
W. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 30 July 2018
X. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 20 August 2018
Y. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 23 August 2018
Z. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 13 September 2018
AA. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 20 August 2018
BB. Sworn Statement of (b) (6), (b)(3) 10 U.S.C.§130b 24 August 2018
CC. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 16 August 2018
DD. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 27 August 2018
EE. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 16 August 2018
FF. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 16 August 2018
GG. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 19 July 2018
HH. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 20 July 2018
II. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 30 June 2018
JJ. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 20 July 2018
KK. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 27 July 2018
LL. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 19 July 2018
MM. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 27 August 2018
NN. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 19 July 2018
OO. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 18 July 2018
PP. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 23 July 2018
QQ. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 10 July 2018
RR. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 05 August 2018

SS. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 02 August 2018
TT. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 23 July 2018
UU. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 28 June 2018
VV. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 15 August 2018
WW. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 27 June 2018
XX. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 29 June 2018
YY. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 15 August 2018
ZZ. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 21 July 2018
AAA. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 11 September 2018
BBB. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3) 10 U.S.C. § 130b 27 July 2018
CCC. Sworn Statement of (b) (6), (b)(1) 1.7e, (b)(3)10 U.S.C. § 130c 11 July 2018
DDD. [redacted] COP [redacted] Construction CONOP (04-08JUN18)
EEE. Email: [redacted] COP [redacted] Build (04-08JUNE18)
FFF. Storyboard: [redacted] COP [redacted] (4-9 JUN18)
GGG. CASEVAC MISREP, 08 June 2018
HHH. EOD Storyboard for COP [redacted] Operation (4-9 June)
III. Original CONOP Submission (7-11 May) & Email Coordination, 03 May 2018
JJJ. Weather Forecast May to June 2018
KKK. Resuscitation Report for SSG Alexander Conrad, 08 June 2018
LLL. (b) (6) [redacted], 17 May 2018
MMM. (b) (6) [redacted] 03 February 2017
NNN. EMMA Device Cost Estimate, 10 September 2018
OOO. Helicopter Configuration Example, Rear View
PPP. Helicopter Configuration Example, Side View
QQQ. (b) (6) [redacted]
RRR. Tactical Combat Casualty Care Quick Reference Guide, 2017
SSS. Memorandum for Record, Interviews with [redacted], 01 October 2018
TTT. (b) (6) [redacted] 2013
UUU. Detailed Medical Treatment Provided to SSG Alexander Conrad
VVV. COP [redacted] Geometry
WWW. Autopsy Report for SSG Alexander Conrad, 10 August 2018