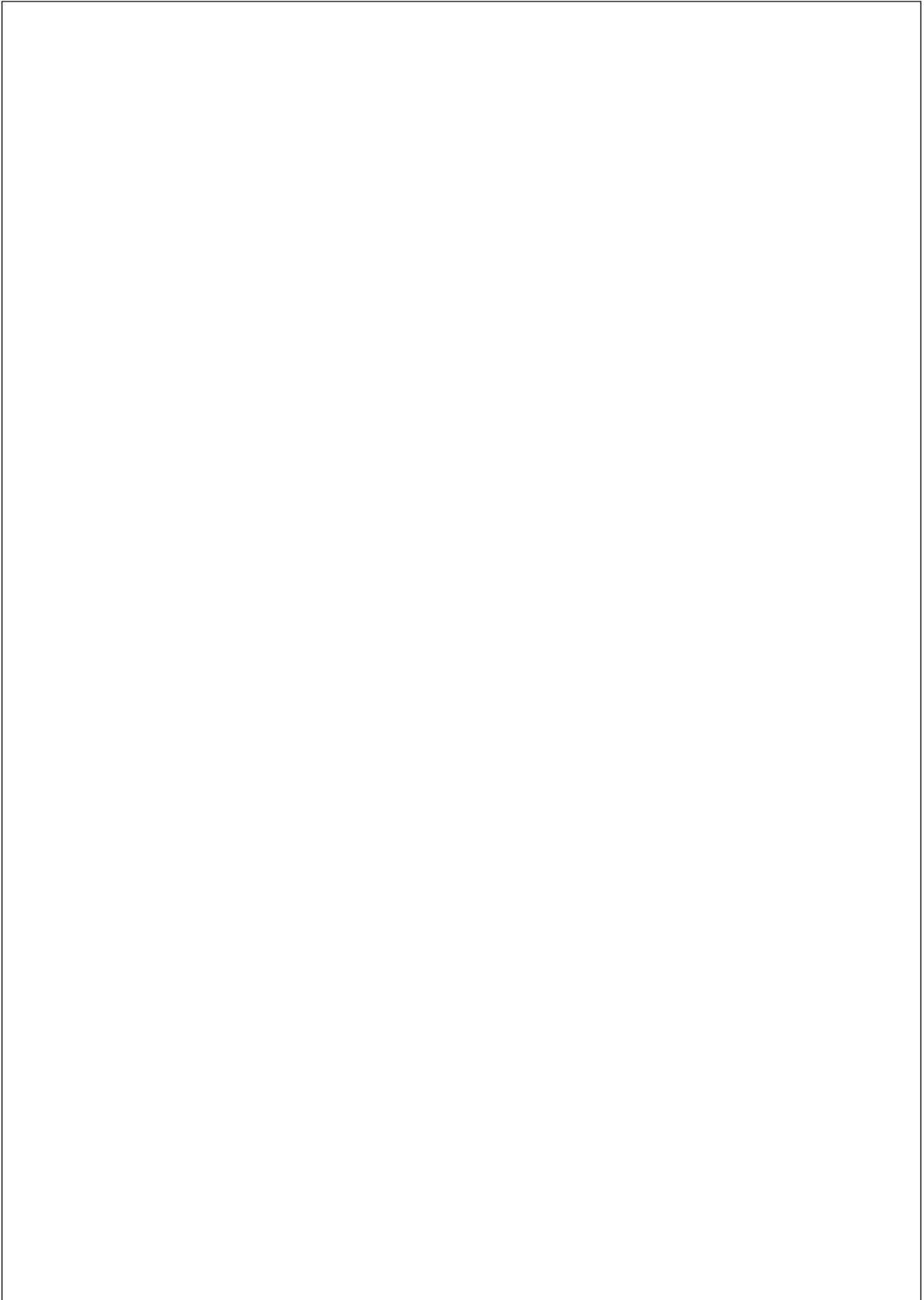


(b) (6)



(b) (6)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Transcript of Audio File:
COMMAND INVESTIGATION RE: CLASS A AVIATION MISHAP
INTERVIEW OF (b) (6)
TAKEN AT LARRAKEYAH DEFENCE PRECINCT
SEPTEMBER 11, 2023

Audio Runtime: 23 minutes, 56 seconds

(b) (6)

1 (Beginning of Audio Recording.)

2 (b) (6) Okay. This interview is
3 being conducted at 0911 on 11 September 2023 at
4 Robertson Barracks in -- outside of Darwin, Australia,
5 with (b) (6) I'm the investigating
6 officer, (b) (6). I'm the (b) (6)

7 (b) (6). This command
8 investigation was directed by (b) (6)
9 (b) (6), CG I MEF, in response to a Class A aviation
10 mishap resulting in the death of three servicemembers
11 and injury of several others. I have a copy of the
12 appointment letter should you want to review it.

13 Okay. An interviewing officer is a command
14 investigation -- is the impartial -- the impartial fact
15 finder for the commander. Testimony taken by an
16 investigating officer and reports based on the
17 testimony may be used for official purposes. Access is
18 normally restricted to persons who are cleared, clearly
19 need the information to perform their official duties.
20 In some cases, disclosure to other persons, such as the
21 subjects of an action that may be taken as a result of
22 information gathered by this investigation, may be
23 required by law or regulation or may be directed by
24 proper authority.

25 You might at a future date or have already

(b) (6)

1 been interviewed by -- as part of the Aviation Mishap
2 Board. That is a separate inquiry from the command --
3 from this command investigation. No statements that
4 you made as a part of that inquiry for the Aviation
5 Mishap Board will be provided to the command
6 investigation team. Those are separate and distinct.
7 Statements made as part of the Aviation Mishap Board
8 are -- are privileged, and the command investigation
9 team does not have access to them. Those statements
10 will be used for safety purposes only.

11 Prior to beginning this interview, you were
12 advised of your right under the Privacy Act and, if
13 applicable, your rights regarding the origins of any
14 injuries you sustained in this incident. Do you have
15 any questions about that document?

16 (b) (6) No, sir.

17 (b) (6) Okay. It is important
18 that the information you provide is complete and
19 truthful. It is a violation of the UCMJ to knowingly
20 make false statements under oath. Do you have any
21 questions?

22 (b) (6) No, sir.

23 (b) (6) Okay. If so, please raise
24 your right hand and repeat after me.

25 (b) (6)

1 having first been duly sworn, testified as follows:

2 EXAMINATION

3 Q. All right. Thanks. All right.

4 So (b) (6) can -- can you explain to
5 me what you were -- what part -- what role you had in
6 this mission to kind of to start the conversation in
7 the context of the interview?

8 A. Yes. So I am attached with the 363
9 Reinforced. I'm a Huey pilot by nature, so I was
10 acting as the L&O for the brigade during the time of
11 the mishap. So for the exercise, I was at Robertson's
12 Barracks --

13 Q. Okay.

14 A. -- with TACP. Yeah. So I had more of an
15 aviation interest in the planning process. I was more
16 involved with the aviation side of the house.

17 Q. Okay. And just to be clear, you did or did
18 not fly in the event at all?

19 A. Did not fly.

20 Q. Okay. All right. So solely focused on the
21 -- the planning purposes. So if you can, kind of talk
22 me through what you remember of mission planning as
23 best you can. If you have -- if I -- I'll let you run
24 through it all, and if you -- I have follow-up
25 questions or things along the way, I won't stop you

1 **until you're kind of done.**

2 A. Yeah.

3 **Q. And I'll circle back with you, okay?**

4 A. Understood.

5 **Q. Okay.**

6 A. So planning H-1s we were escorting. I knew
7 I wasn't on the event, but I -- in a ready room,
8 everyone is kind of onboard at the same time. We were
9 working with the Osprey pilots, planning the mission.
10 For -- for escort in particular, everything works
11 backwards, right from the ground movement to the air
12 movement. So we were working with them to kind of
13 finalize our plan because our plan is usually the last
14 to be finalized in that situation, just how the cookie
15 -- or the how the cake is cut.

16 **Q. Yeah.**

17 A. But I thought the planning was good on both
18 ends. I thought we thought through a lot of things.
19 You know, with the two objective areas, there were a
20 lot of questions on how that was going to be handled,
21 but I thought both ready rooms were able to come
22 together pretty well and come up with a plan that was
23 executable and easily understood. Simple plans are
24 easy to execute.

25 **Q. Yep. Is that all?**

1 A. (No audible response)

2 Q. Okay. So you say two ready rooms. That
3 kind of piques my interest.

4 A. So -- so --

5 Q. Can you describe that?

6 A. Two ready rooms in the sense where we have
7 the Ospreys that were not -- they're out of Hawaii.
8 We're not in the same squadron in total. Those two
9 ready rooms coming together to plan, not -- not two
10 ready rooms planning on their own.

11 Q. Okay.

12 A. Sorry. I --

13 Q. That's all right.

14 A. -- misspoke.

15 Q. No. That's fine.

16 A. I just meant it in a sense, like, we don't
17 get to work with them --

18 Q. Yeah.

19 A. -- this squadron very often --

20 Q. Yeah.

21 A. -- at all.

22 Q. Right. So can we unpack that a little bit?
23 What was the first time that you were actually able to
24 train with 363?

25 A. So we got on deck early July --

1 Q. Okay.

2 A. -- out here as the H-1 deck. And then we
3 were -- I wasn't a part. I'm still a junior co-pilot,
4 so a lot of my -- I'm building the core stages of --

5 Q. Yeah.

6 A. -- of pilotage.

7 Q. Yeah.

8 A. But I know we've done a couple exercises
9 with those guys pretty early on. I would say, if not
10 the end of July when we first got here, at the
11 beginning of August, we were -- we were incorporating
12 events --

13 Q. Yeah.

14 A. -- and -- and planning with the -- the 22
15 pilots.

16 Q. So what I heard you, I just want to make
17 sure I understand. So it really started in earnest
18 working with combined H-1, V-22 in, you say, late July,
19 early August, or was it more early August just to make
20 sure I understand it?

21 A. So when you -- like, working with them in
22 the air or just, like, in general?

23 Q. In -- in a -- in let's say a combined
24 objective area, like, so both platform series are in an
25 objective --

1 A. I would say late July.

2 Q. Okay.

3 A. Yeah.

4 Q. Gotcha. Okay. That's good context for me
5 to understand time and space, right? So back to the
6 mission planning, can you -- can you describe what your
7 sense -- I -- I -- I understand you're a junior, so
8 this, you know -- and the -- the point here is, you
9 know, if you don't know, just say you don't know. I
10 don't need you to speculate.

11 A. Yeah.

12 Q. So if I ask you a question and you don't
13 know, just say, I -- I don't know the answer to that
14 one, okay?

15 A. Yeah.

16 Q. Did you have a sense from the -- the B-22
17 side there was any issues with -- I -- I understand the
18 two objective areas you kind of alluded to there, and
19 I'm tracking that from the mission itself.

20 But for either one of the objective areas --
21 and so what I've -- did you get a sense from them that
22 they were uncomfortable or there's any anxiety with the
23 two objective areas?

24 A. No, sir.

25 Q. The flow of aircraft, no -- no issues --

1 A. Yes, sir.

2 Q. -- no concerns from your point of view as
3 you understood it?

4 A. No.

5 Q. I also understand there was some back and
6 forth between the V-22's and the GCE in particular on
7 how many packs are going to get on the aircraft, how
8 many waves per zone, per objective area, if you will,
9 that were going to have to be worked.

10 Do you remember that?

11 A. Yeah. A little bit. So originally, we were
12 supposed to have a C-17 insert as well.

13 Q. A C-17 or --

14 A. The Australian --

15 Q. Okay.

16 A. Or excuse me.

17 Q. Maybe a C-27. Does that make -- sound
18 better?

19 A. Probably that one, sir.

20 Q. Okay.

21 A. They were supposed to be, but that fell off
22 probably two or three days before the execution.

23 Q. Okay.

24 A. But other than that, I don't think there
25 were any concerns from the 22 pilots. I think they

1 just wanted to get their timeline solidified so they
2 knew when they could, like -- when they'd have to take
3 off in order to hit the L hour that they were intending
4 because Alpaca and Cheetah were -- they just kind of
5 wanted to know, I think, that just to facilitate their
6 planning.

7 Q. Okay. And what -- and then what? So you
8 had -- you said something about LR.

9 Was there -- what -- why was -- do you
10 remember what the LR was?

11 A. It was 0920.

12 Q. Okay. Do you know why that number -- that
13 time was chosen?

14 A. I do not, sir.

15 Q. Okay. Okay. Did you ever hear any of the
16 B-22's discussing fuel loads?

17 A. No. Not yet, sir.

18 Q. Did you ever hear any of the B-22's
19 discussing the amount of -- the weight of the packs?

20 A. No, sir.

21 Q. Okay. No worries. Okay. Let's -- I'll --
22 I'll -- I'll circle away from that, and we'll -- we'll
23 talk relationships. So you've had -- how long were you
24 working as the L&O here at Robertson Barracks?

25 A. I showed up here 7:30 that morning.

1 Q. So that was the first time you'd kind of
2 been assigned to this duty?

3 A. Correct.

4 Q. Okay. And since that time, have you stayed
5 here as the L&O? No?

6 A. No. It was mainly my PTO wanted me to get
7 experience. Since I wasn't flying in the mission, he
8 thought it would be a good experience for me to be --
9 see the ground side or see the -- how that was
10 executed.

11 Q. Okay. So was it just for this mission that
12 you were acting as the O&L?

13 A. Correct.

14 Q. Okay. Gotcha. Just for this mission.

15 A. Yeah. So it would just be that Sunday. I
16 was going to go back to the ACE the next day.

17 Q. Got it. Okay.

18 A. Yeah.

19 Q. So I guess having -- okay. Let's take this
20 back, then.

21 How many times have you personally -- have
22 you ever been in a mission planning situation between
23 ACE, elements, and a GCE prior to this event?

24 A. On MRF-D or --

25 Q. Yes. On MRF-D.

1 A. So we did -- we conducted fast rope with
2 Victor 31, so we had some GCE and ACE coordination.
3 And then this -- this event. Those were my two.

4 **Q. Okay. So I -- so on the previous event,**
5 **inside of the MRF-D construct, what was your -- your**
6 **sense for ACE-GCE interaction during that thing?**

7 A. I thought it was very good. I don't know if
8 good is the right word, but information flow is great.
9 RFI's both ways. We were able to troubleshoot a lot of
10 the things. A lot of the -- don't call them issues,
11 but troubleshoot, like, for example, the for fast rope
12 in particular, the event that I was kind of
13 coordinating, the seats-out waiver.

14 And that was kind of a speed bump in the
15 planning process because it was going to delay our
16 timeline if we didn't have the seats-out waiver. But I
17 was able to coordinate with GCE, and we were able to
18 get that information quick. We found that that was
19 going to be an issue early on, and we were able to
20 coordinate that.

21 **Q. Okay.**

22 A. But I thought the -- and it mainly was first
23 Lieutenant Watson who I was communicating with for
24 that, and he answered all the questions very
25 expediently.

1 Q. Yeah.

2 A. And then there arrows also helped.

3 Q. Yeah. Okay. Okay. So let's compare your -
4 - so have you done -- you kind of alluded to when you
5 asked, like, in MRF-D.

6 Have you done combined ACE or, you know,
7 HMLA and GCE interactions before at any point in time -
8 -

9 A. No, sir.

10 Q. -- previous to come out here at MRF-D?

11 A. No, sir.

12 Q. Okay. So this is your first exposure to it?

13 A. Yes, sir.

14 Q. Okay. All right. So it's hard -- you can't
15 compare and contrast?

16 A. Exactly.

17 Q. Okay. Did you personally -- were you ever
18 involved in mission briefing to the command element
19 during this mission?

20 A. No. No, sir.

21 Q. Have you ever seen or been part of any,
22 like, ACE to, you know, command element briefing,
23 confirmation brief, ever sat in the back of the room?

24 Nothing like that?

25 A. No, sir.

1 Q. No? Okay. All right. I don't mean that
2 shockingly, but, like, I'm surprised your PTO wasn't
3 like, you need to go listen to that, too.

4 A. Yeah.

5 Q. No worries. Okay. So really, in the
6 context of this, let me just -- I'll kind of recap
7 here. So you're assigned to come here for this mission
8 to kind of help out in the mission planning for --
9 specifically for this mission set that was being worked
10 on between the VMM, HMLA, we'll call them, you know,
11 VMM Reinforced or ACE, and the GCE. You show up 7:30
12 in the morning and start turning to go mission
13 planning.

14 What day was this; do you remember?

15 A. This was Sunday.

16 Q. This was Sunday.

17 A. The -- the day -- I showed up here on the
18 day of the mishap.

19 Q. So you weren't here during the mission
20 planning prior?

21 A. So I was -- so mission planning in the sense
22 of, like, ground mission planning or, like, aviation or
23 --

24 Q. So when everyone gets together around a map
25 --

1 A. Oh. So I think that was two days prior. I
2 was there for that.

3 Q. Okay.

4 A. I was there for that.

5 Q. Yeah. Okay.

6 A. Yes. I don't remember --

7 Q. So that was on Friday?

8 A. I don't remember the exact date.

9 Q. Okay.

10 A. I just know it was prior to.

11 Q. Okay. Got it. So you were there for that
12 mission planning?

13 A. Yes.

14 Q. So everyone is around the map, talking
15 through ground --

16 A. Uh-huh.

17 Q. -- tactical plan, landing plan, air movement
18 plan, loading and staging, the standards of assault
19 support life, right? Okay. Got it. But you were also
20 -- so you did the mission planning. You were part of
21 the mission planning for that.

22 What did you focus on when you were helping
23 be part of the mission planning? And again, give me
24 context from your --

25 A. Yeah. So my task was pretty much timeline -

1 -

2 Q. Okay. Okay.

3 A. -- to see if we could -- because we were
4 notionally providing close air support in the objective
5 area. So our flight lead, who was the section leader
6 for the event, wanted to know, like, if there was a
7 timeline that we'd be able to provide continuous cast.
8 So I was working timelines for both objective area,
9 Alpaca, and Cheetah.

10 Q. Okay.

11 A. Yeah.

12 Q. Okay. So I want to make sure I understand
13 this because when you say timeline, I'm thinking master
14 timeline for the event.

15 Was that your task, or was that --

16 A. So not master timeline for the event.

17 Q. Okay.

18 A. I was more focused on H-1's and then just
19 providing -- because we had two sections providing
20 overlap --

21 Q. Yep.

22 A. -- of CAS so that --

23 Q. Okay.

24 A. -- we didn't have all four aircraft on at
25 one time and then leave -- and leave the ground guys

1 with --

2 Q. I understand.

3 A. -- an hour of --

4 Q. Okay. Yeah, I just want to make sure I'm
5 putting in the right context. So you weren't the
6 master mission --

7 A. Yeah.

8 Q. -- master mission timeline person. You were
9 a focused mission timeline for H-1's --

10 A. Correct.

11 Q. -- for takeoffs, making sure you had
12 appropriate time on the station, handoff, battlefield,
13 handover timeline, that kind of thing?

14 A. Yes, sir.

15 Q. Got it. Okay. I'm tracking now. Okay.
16 Cool. All right. I just -- I -- and I asked you this.
17 I just -- I want to circle back to not because I don't
18 believe you. I just -- I want to make sure -- I don't
19 have that -- I don't recall it from the conversation
20 here. Weight-wise, there was no -- when you -- when
21 the VMM was focused on that, you -- you probably
22 weren't in the area.

23 But -- so nothing that you remember that
24 they discussed, the weight of the packs, anything like
25 that?

1 A. No.

2 Q. Okay.

3 A. No, sir.

4 Q. Right. That's -- that's critical for me to
5 understand in the context of discussing this with you.
6 No real ability to kind of talk about all that stuff
7 with you. I'm thinking out loud now to the tape.
8 Okay.

9 Have you -- you've never worked with another
10 VMM prior?

11 A. Correct.

12 Q. Okay. All right. That makes that helpful.
13 Let me look at some other questions I had written down
14 just to make sure I don't miss anything with you,
15 brother. Let me ask you this. Switching topics,
16 command climate, what was your sense from your point of
17 view in the short amount of time from, you know, July
18 when HMLA shows up to when this mishap occurs? It's
19 roughly around probably seven weeks at this point in
20 time.

21 What is your sense of command climate at --
22 at VMM-363 Reinforced?

23 A. I thought it was great. Yeah. I think
24 everyone very -- we were very welcome from the get-go.
25 And I know, like, I've -- like you've alluded to, I've

1 never been part of a reinforced squadron before, so I
2 didn't know how that was going to look.

3 Q. Yeah.

4 A. And it's, like, I don't know, the Osprey
5 folks like the H-1 kids.

6 Q. Yeah. Yeah.

7 A. Very welcome from the get-go. We were, you
8 know, not just in the workplace, but I would say there
9 was a cohesion outside the workplace as well --

10 Q. Yeah.

11 A. -- which I think helps bring unity to a --
12 to a unit.

13 Q. Yeah. Yeah. Absolutely.

14 A. Yeah. So I -- yeah. I don't think there
15 were any -- yeah. I can't -- I can't recall a single
16 time where I thought there was an issue with the -- the
17 command where I was like, that's weird. There was no
18 time --

19 Q. Okay.

20 A. -- that I ever thought about that.

21 Q. No scuttlebutt friction amongst pilots --
22 pilots, maintainers, nothing like that?

23 A. Nothing that -- that I ever heard.

24 Q. No negative that you recall. Okay. That's
25 good to hear. That's really good to hear.

1 Did you ever get a sense that the -- the
2 VMM, the MV side and E-22 side proper, was kind of like
3 -- as they were getting closer towards being done with
4 a rotation here that there was a sense of complacency?

5 A. Not in the slightest.

6 Q. Okay. Did you guys ever conduct a -- like,
7 a full VMM Reinforced kind of safety stand-down or op
8 pause at any point in time prior to the mishap?

9 A. Prior to?

10 Q. Yeah.

11 A. Not -- not a -- not a safety stand down.
12 Naturally, with aircraft, we do have maintenance days,
13 so those kind of provide pauses in operations,
14 obviously, if we can't -- and we line those up usually
15 to have the -- the Osprey side and H-1 side to have
16 those maintenance days on the same so that everyone
17 could take that operational pause, even though it
18 wasn't labeled as an operational pause.

19 Q. Sure. Yeah. Okay.

20 A. But yeah. No -- no official safety stand-
21 down --

22 Q. Okay.

23 A. -- in the -- the short time that I would've
24 been here.

25 Q. Okay. Yeah. And no sense that people, you

1 know, had had a lot of fatigue, they were exhausted,
2 kind of -- I'm trying to figure out how to put this to
3 make sure it makes sense.

4 You had no sense from the VMM pilots that
5 they were overworked, stressed out and -- and beyond
6 normal, like, hey, mission planning, kind of stress
7 that you get?

8 A. Yeah.

9 Q. Nothing that you had a sense of?

10 A. No. I -- no.

11 Q. Okay. That -- that's good. Did you ever
12 have any suspicion or belief that the aviation
13 maintenance practices that were being conducted were
14 outside of any Marine Corps or Naval regulation --

15 A. No, sir.

16 Q. -- order, or directive?

17 A. No, sir.

18 Q. Everything seemed good?

19 A. Yes, sir.

20 Q. Okay. All right. We talked about all those
21 things. Can we talk about op tempo since you got on
22 deck here in July? What was your -- what was your
23 sense of the operational tempo as you kind of -- as you
24 guys got snapped in, again, in the context of your
25 experience, right?

1 So what did you -- what was your sense of
2 the operational tempo?

3 A. So I'll talk to the H-1 side of the house
4 first and then kind of bring it all together. H-1, we
5 were -- we were crawl, walk, run, especially getting
6 the aircraft off. The -- the C-5 took some time just
7 to -- to kind of get our feet under us and then get
8 east of the area. So that was kind of the -- the HMLA
9 deck's perspective on operational tempo when we got in.
10 I would say the VMM obviously had been here since
11 spring. They were out at Talisman Sabre a couple weeks
12 after we got to the squadron, I believe. I don't know
13 the timeline on when Talisman Sabre was. But I felt
14 like they were in a -- a good groove of exercises as
15 well as, like, unit level training --

16 Q. Okay.

17 A. -- when we got there. And then once we kind
18 of married up where we were in the -- the walking fast-
19 run phase, that's when we kind of started to integrate.

20 Q. Okay. Give me one second.

21 What was the first time you recall the
22 walking fast-run phase between HMLA and VMM?

23 A. I would say probably that first -- that,
24 like, late August time frame.

25 Q. Okay.

1 A. So that gave us about three weeks --

2 Q. Okay.

3 A. -- from when we got here -- from when the
4 aircraft got here for the HMLA.

5 Q. Okay. Just confirming, late July, not late
6 August?

7 A. Correct. Late July.

8 Q. Okay.

9 A. Did I say August?

10 Q. You did.

11 A. Oh, sorry.

12 Q. It's all right.

13 A. Late July.

14 Q. Okay. Okay.

15 A. Apologies.

16 Q. No. That's fine. I just want to make sure
17 I understood.

18 A. Yes.

19 Q. Yep.

20 A. Yeah.

21 Q. Okay. And was it, from your perspective,
22 manageable op tempo or just -- yeah.

23 A. Yeah. Yes, sir.

24 Q. Okay. Was there any -- was a lot of -- most
25 of it daytime or nighttime?

1 A. During which?

2 **Q. During the late July to mid-August time**
3 **frame until late August.**

4 A. The majority, probably daytime. And then
5 just H-1, I never was part of any night flights with
6 Osprey.

7 **Q. Okay.**

8 A. I don't know if those took place.

9 **Q. Okay.**

10 A. But me personally, I was not part of.

11 **Q. Okay. Can you talk me through as best you**
12 **can interactions between MRF-D and the Australian**
13 **Defence Force from an operations perspective?**

14 A. So I don't have a ton of context for this.

15 **Q. Yep. I understand.**

16 A. I'm not on the totem pole those -- those
17 conversations are held at. And so yeah. I -- I don't
18 think I could even give you any good information on --
19 on that --

20 **Q. Okay.**

21 A. -- on how that --

22 **Q. Okay.**

23 A. -- fits because I'm usually attached to the
24 end of an e-mail chain and --

25 **Q. Yeah.**

1 A. -- and, like --

2 Q. Did you ever get a -- did you ever hear
3 anyone get -- be frustrated with the interactions
4 between MRF-D and the Australian Defence Force?

5 A. No.

6 Q. Okay. Ever recall reading an e-mail that
7 had anything like that?

8 A. No, sir.

9 Q. So from your perspective, generally a -- a
10 good interaction, good relationship between US forces
11 here as part of MRF-D and the Australian Defence Force?

12 A. Yes, sir.

13 Q. Okay. Okay. And then you -- you kind of
14 already answered my last question there with regards of
15 confirmation reason and what have you. And you weren't
16 part of that, so that helps. Okay.

17 Anything else that, you know -- that comes
18 to mind associated with any of the kind of questions
19 I've asked or anything else that you -- you can think
20 of associated with the mishap that you think might be
21 warranted for me to understand?

22 A. No. No. I think you understanding, like,
23 what my role was, I think, probably helped your
24 question asking a little bit better.

25 Q. It -- it does. It does, absolutely, right?

(b) (6)

1 A. Yeah.

2 Q. It's in context of what -- what part do you
3 play and what did you see and what did you hear.

4 A. Yeah.

5 Q. Is -- is helpful for me to understand and --
6 and scope the -- the conversation a bit tighter. Okay.

7 A. Yes, sir.

8 Q. With that being said, one last thing to --
9 just a closing reminder here. You are advised that
10 this is an ongoing investigation. You're directed not
11 to discuss your testimony with anyone else aside from a
12 duly appointed investigating official. Make sense?

13 A. Yes, sir.

14 Q. All right. And thank you for your time.

15 (b) (6) We can stop tape.

16 (End of Audio Recording.)

17

18

19

20

21

22

23

24

25

(b) (6)

CERTIFICATE OF TRANSCRIPTIONIST

I, (b) (6), a transcriptionist

located in Charlotte, North Carolina, hereby certify:

That the foregoing is a complete and accurate transcript of the digital audio recording of the proceeding in the above-entitled matter, all to the best of my skills and ability.

I further certify that I am not related to any of the parties to this action by blood or marriage and that I am in no way interested in the outcome of this matter.

IN WITNESS THEREOF, I have hereunto set my hand this 19th day of October, 2022.

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

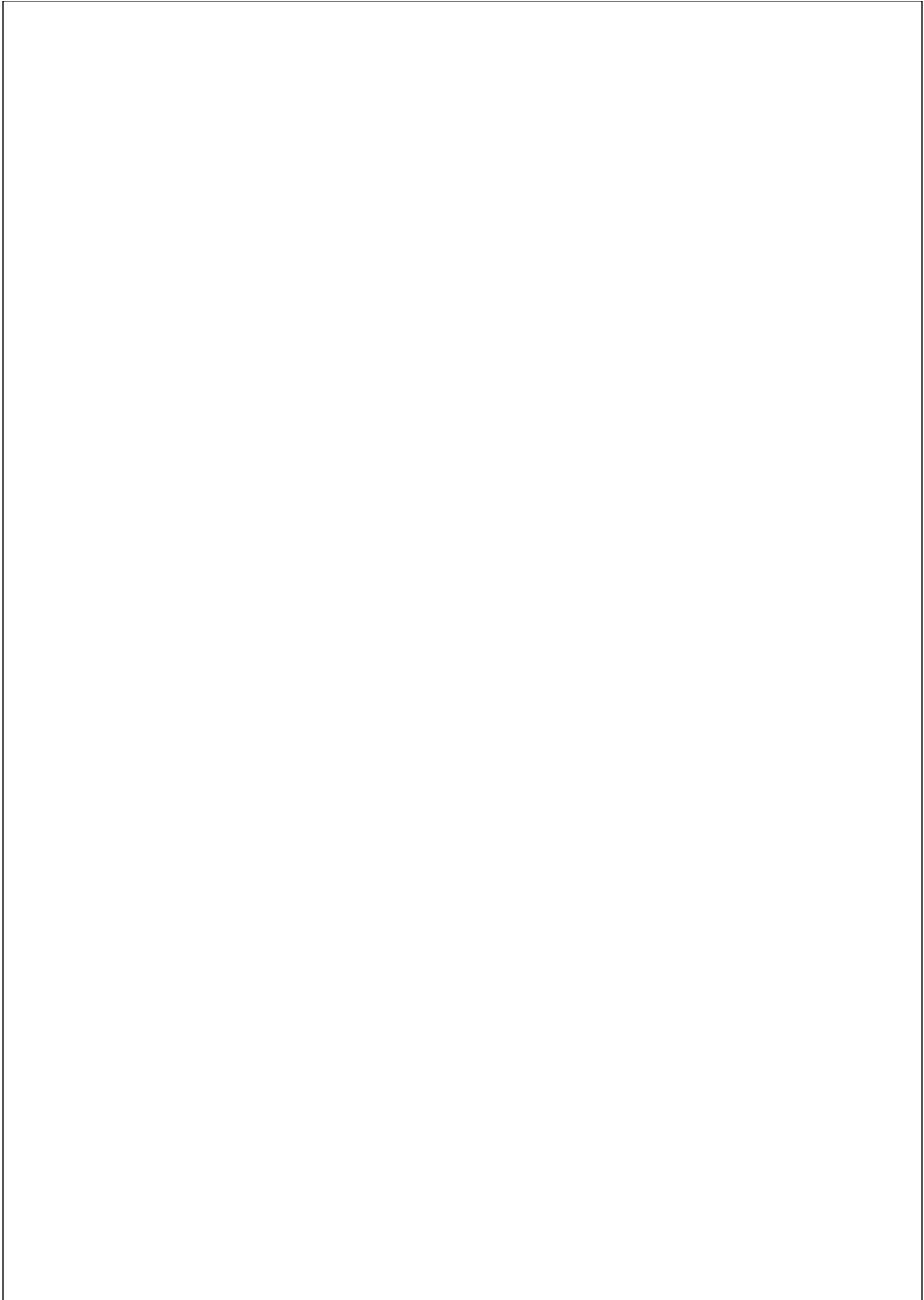
(b) (6)

(b) (6)

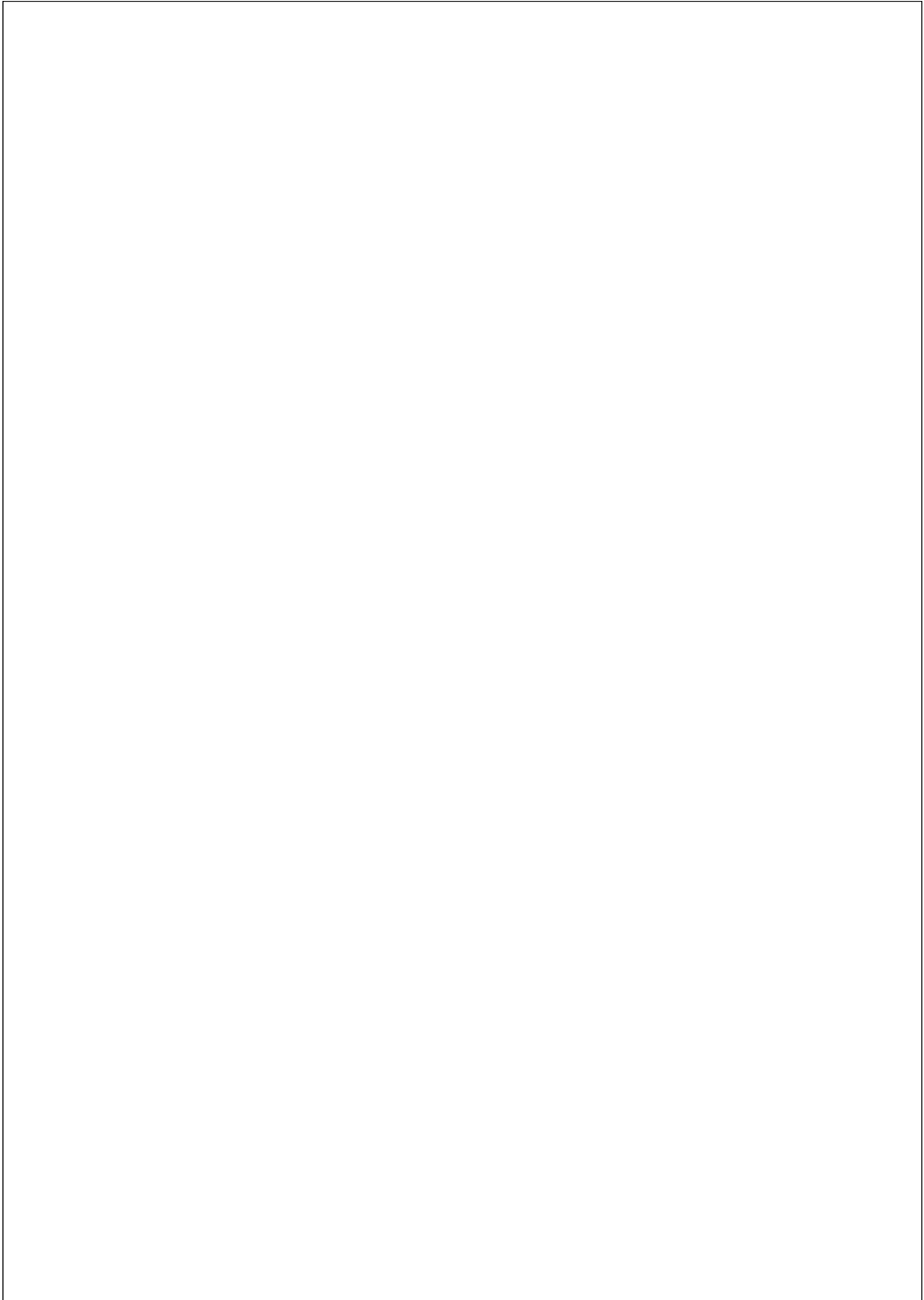
(b) (6)

(b) (6)

(b) (6)



(b) (6)

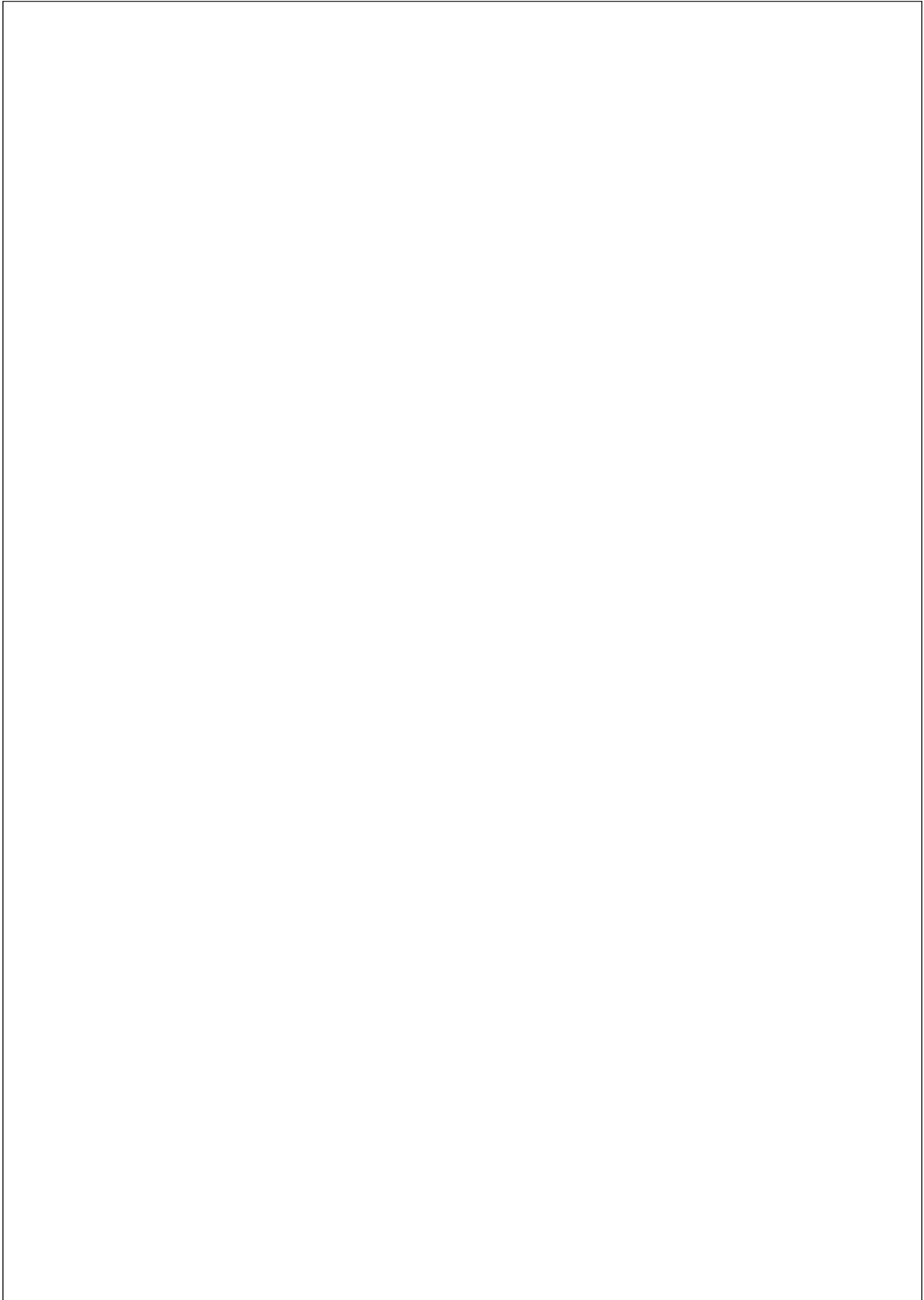


(b) (6)

(b) (6)

(b) (6)

(b) (6)



(b) (6)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Transcript of Audio File:
COMMAND INVESTIGATION RE: CLASS A AVIATION MISHAP
INTERVIEW OF (b) (6)
TAKEN AT LARRAKEYAH DEFENCE PRECINCT
TUESDAY, SEPTEMBER 12, 2023

Audio Runtime: 41 minutes 17 seconds

(b) (6)

1 (Beginning of Audio Recording.)

2 (b) (6) Recording. This interview
3 is being conducted on 12 September at -- 2023 at 0954,
4 at Robertson Barracks, outside Darwin, Australia, with
5 (b) (6) The investigating officer is
6 myself, (b) (6), and I'm the (b) (6)
7 (b) (6) of 1 MEF. This command
8 investigation was directed by (b) (6) (b) (6)
9 (b) (6), and the CG1 MEF in response to a Class A aviation
10 mishap, resulting in the death of three service members
11 and injury to several others.

12 As an investigating officer in a command
13 investigation, I'm an impartial fact finder for the
14 commander. Testimony will be taken by myself and
15 others, and within and upon my team, and reports based
16 on the testimony that you give today may be used for
17 official purposes.

18 Access is normally restricted to persons who
19 clearly need the information to perform their official
20 duties. In some cases, disclosure to other persons,
21 such as the subject or subjects of an action that may
22 be taken as a result of the information gathered by
23 this investigation may be required by law or
24 regulation, or may be directed by proper authority.

25 You might be, at a future date or may have

(b) (6)

1 already been, interviewed by part of the Aviation
2 Mishap Board. That is a separate inquiry from this
3 command investigation. No statements that you made as
4 part of that inquiry will be provided to this command
5 investigation team. Statements made as part of the
6 Aviation Mishap Board are privileged, and the command
7 investigation team does not have access to them.
8 They're separate and distinct. Those statements will
9 only be used for safety purposes from the Aviation
10 Mishap Board.

11 All right. Prior to the beginning of this
12 interview, you were advised of your rights under the
13 Privacy Act. And do you have any questions of that or
14 anything I've stated so far? You're good?

15 THE WITNESS: Yes, sir.

16 (b) (6) Okay. All right. It is
17 important that the information you provide is complete
18 and truthful. It is -- it is a violation of the
19 Uniform Code of Military Justice to knowingly make a
20 false statement under oath.

21 Do you have any questions?

22 THE WITNESS: No, sir.

23 (b) (6) All right. If you will,
24 raise your right hand.

25

(b) (6)

(b) (6)

1 having first been duly sworn, testified as follows:

2 (b) (6) Okay, thanks.

3 EXAMINATION

4 BY (b) (6)

5 Q. All right. If you could for the record,
6 Cody, just, kind of, give us your name, what you do
7 here within the MRF-D, and then your background also,
8 as an aviator?

9 A. Okay. Good morning, sir. My name's (b) (6)
10 (b) (6). I'm the -- the GCE fair officer,
11 primarily. We rotate through the Assistant Arrow/VAC
12 billets as appropriate. My background is a Cobra
13 pilot. I came out of flying last -- well, before I
14 checked -- checked into the battalion. And then before
15 that, I was with the 11th MEU. So I have some MEU
16 experience with the HMA Det, and I have some prior
17 enlisted time in the service as well.

18 Q. Okay.

19 A. If that helps.

20 Q. Yeah.

21 A. That's about it, sir.

22 Q. Okay. Any special quals that you -- quals
23 that you have as a -- a Cobra pilot?

24 A. Nothing -- nothing special as a pilot, sir.
25 Just HC.

1 Q. Okay.

2 A. Helicopter commander.

3 Q. Okay. All right. Thank you. And so when
4 did you arrive here in Australia?

5 A. I arrived -- I arrived a little bit later in
6 May; I think it was May 5th.

7 Q. Okay.

8 A. Or at least that's when I departed San
9 Diego.

10 Q. Yep.

11 A. Because I went up to the TACP training event
12 in Idaho for that first month while they came out here.
13 I went to that course to work on my instructor
14 syllabus, and then joined the -- the group out here.

15 Q. Okay. So prior to May 5th, no time
16 officially with the regiment or the battalion,
17 whatsoever, underneath that; is that correct?

18 I guess what I'm trying to get at is, were
19 you with the regiment or the battalion when they did
20 Steel Knight last year?

21 A. Oh. Yes, I was.

22 Q. Okay. Okay, you were.

23 A. So I was -- I was with 31 --

24 Q. Okay.

25 A. -- since October 2nd.

1 Q. Okay.

2 A. 2nd or 3rd.

3 Q. Okay. And that's 2022?

4 A. Of '22. Yes, sir.

5 Q. Okay. I just want to make sure, okay.

6 A. Yep.

7 Q. So since your time out here in early May,
8 we'll focus on MRF-D first and foremost.

9 A. Okay.

10 Q. Since you got here, in the early May time
11 frame, how many times, opportunities, did you -- were
12 you involved in mission planning, whether it be unabomb
13 training or, kind of, exercise kind of things, as
14 you've been here at MRF-D?

15 Can you kind of give me your history with
16 that?

17 A. Most -- most of the exercises -- so let's
18 see. Croc Response.

19 Q. Okay.

20 A. Southern Jack.

21 Q. Okay.

22 A. Well, parts of Southern Jack. We -- we
23 started rotating out once --

24 Q. Okay.

25 A. Once the pace built up, the -- us three FACs

1 started rotating, but -- in some way, shape, or form.
2 So that was two. And then Talisman Saber, Pred Run,
3 IPE. So at least five, sir.

4 Q. Okay. So just for -- a little bit louder,
5 so I can get it on tape there.

6 So what I heard you say was, Croc Response;
7 yes or no?

8 A. Yes, sir.

9 Q. Parts of Southern Jack route?

10 A. Yes, sir.

11 Q. Talisman Saber?

12 A. Talisman Saber.

13 Q. Predator Run?

14 A. Yes, sir.

15 Q. And a little bit of Inter-Pacific Endeavor?

16 A. Yes, sir.

17 Q. All right. Cool. Okay. And then how many
18 of those -- in those planning sessions were you
19 involved in planning with the Otani Osprey east side of
20 the VMM reinforced?

21 A. All -- all five of them --

22 Q. Okay.

23 A. -- in some way, shape, or form -- so if --
24 you know, and like the IPE, for example, it was --
25 there was no planning on the front side. I wasn't

1 involved in the planning --

2 Q. Okay.

3 A. -- for IPE.

4 Q. Yep.

5 A. But I was ex-con that went out there, and so
6 then I communicated with the ACE to -- to do
7 administrative things.

8 Q. Okay.

9 A. So I don't know if that counts towards your
10 question --

11 Q. Yeah.

12 A. -- but I was involved --

13 Q. What I'm trying to get a sense of, as I go a
14 little bit further into the conversation with you here,
15 is your knowledge of how -- how the VMM was operating
16 and how they were planning things And so --

17 A. Uh-huh.

18 Q. -- I think with four, plus exercise control,
19 you've got a pretty good understanding, from your
20 perspective and your experience, of how the VMM was --
21 was planning things and, kind of, executing things.

22 A. Uh-huh.

23 Q. So in all five of these events, any concerns
24 that you ever had with how the ACE, of the VMM in
25 particular, was planning their missions as they were

1 working through things?

2 Was there anything that kind of felt
3 abnormal to you, or out of place, you know, compared to
4 your experience during Steel Knight, which we can --
5 we'll get to in a minute. But just want to compare and
6 contrast, if you can, the best you can, like, how were
7 they as -- as mission planners?

8 A. I mean, they were great. Honestly, I was
9 impressed by how -- how they were holding things
10 together and planning and executing on the timeline
11 they had, with as many exercises as what they were
12 supporting. The best one and the most involvement that
13 I had with them in the planning process was Talisman
14 Saber, and getting out to Sugar. Because that's --
15 that was the portion that I was involved in most
16 directly.

17 Q. Okay.

18 A. Very detailed load plans, weight and
19 balances, environmental factors. Because it was -- we
20 were taking a lot of things and people out there, and
21 even further down to Townsville, and the -- not
22 Townsville exactly, but the -- Wet Sunday and that
23 objective down to the south. So it was, you know,
24 multiple legs. So that -- that was the most planning
25 experience I had with them. And that was -- you know,

1 that was a very long process to -- multiple weeks,
2 multiple joint planning sessions with the command
3 element and opportunities for us to all get together
4 with the C-130s. And everybody planned together.

5 Q. Okay.

6 A. And then even some of the other smaller
7 ones, it seemed like they were getting the information
8 they needed for that particular mission. My biggest
9 concern was just being too many places at one time or
10 just getting spread too thin.

11 Q. Okay.

12 A. I never really had any concerns about
13 mission planning.

14 Q. Okay. But just depth of bench?

15 A. Yes, sir.

16 Q. Okay, yeah. So let's -- let's -- I might
17 want to close the conversation on -- on Steel Knight
18 real quick, and then we'll move back into MRF-D kind of
19 stuff.

20 So do you remember who you -- who you
21 trained with during the Steel Knight last year and kind
22 of as part of the PTP for this?

23 A. It was --

24 Q. And if you don't recall precisely, just, you
25 know, do you -- East Coast/West Coast squadron?

1 A. It was West Coast.

2 Q. Okay. Okay.

3 A. Both -- both the Camp Pendleton squadrons.

4 Q. Okay.

5 A. I forget what the -- what the others were.

6 Q. In comparison, other than the off tempo --
7 you know, take the off tempo piece aside, as what
8 you've done in MRF-D, comparing the quality of the --
9 the training or the quality of the planning and
10 execution that you, kind of, were part of while here at
11 MRF-D.

12 How do you compare that to -- that to what
13 you, kind of, did during Steel Knight; the same level
14 of quality? Better? Worse?

15 A. Throughout all the exercises or one --

16 Q. Yeah.

17 A. That's -- that's difficult to answer, sir --

18 Q. Okay.

19 A. -- because of the -- the timeline.

20 Q. Yeah.

21 A. I felt like when we -- when we had -- when
22 we had the time and -- and people, it was -- it was
23 very well.

24 Q. Okay.

25 A. But some of the other -- let's see. I want

1 to say it was -- IPE was a -- yeah, I think for the
2 most part, the -- the planning was -- was similar to
3 what I saw at Steel Knight.

4 Q. Okay.

5 A. As far as, like, a joint planning session
6 between the ACE, at least the ACE and the GCE, we
7 didn't have any HOMA involvement until IPE, or sorry,
8 until Pred Run --

9 Q. Okay.

10 A. -- for MRF-D.

11 Q. Okay.

12 A. Which I didn't -- I didn't actually get to
13 see that final -- I planned everything for Pred Run up
14 until the last week of planning. And then I went up to
15 the Philippines for IPE.

16 Q. Okay.

17 A. And then came back for execution. So I
18 didn't really get to see the last -- the very last part
19 of the full integration. But there was -- there was so
20 much planning for IPE or, sorry, for Pred Run before.
21 I mean, we'd been planning Pred Run for months.

22 Q. Yeah.

23 A. So that -- but that final piece, I didn't
24 really get to see that come together, but I was still -
25 -

1 Q. Okay.

2 A. -- still, like, reading the emails and
3 different chats and stuff. So --

4 Q. Just to confirm, (b) (6), from what you're
5 telling me, this was the first opportunity for H-1s
6 combined objective area, if you will. Especially, that
7 you can recall, this is the first combined objective
8 area with V-22s and H-1s, since you've been out here at
9 MRF-D?

10 A. Yes, sir.

11 Q. Okay. Okay. Interesting. So were you
12 involved -- let's do get into Pred Run then. So other
13 than the -- kind of everything that happened before the
14 confirmation beef -- brief to you and (b) (6)
15 around 10 of August, before everyone hops on the ship
16 to go, kind of, support IPE post, that time frame.

17 Were you involved in the mission planning
18 for Pred Run, or were you not on deck?

19 A. 10 of August --

20 Q. Kind of, more focused -- I'm -- I'm more
21 focused around the 23 to 26th August time frame; were
22 you involved in any of that detail planning here
23 between the ACE and the GCE, on the actual insert into
24 Bell Wild?

25 A. Not as much as -- that -- so I left on the -

1 - the 17th --

2 Q. Okay.

3 A. -- and returned on the 25th.

4 Q. Okay.

5 A. So that -- that's what I was saying, I
6 didn't get to be part of that last --

7 Q. Gotcha.

8 A. So yeah.

9 Q. So were you -- so were you involved and were
10 you at least in the room during that, kind of, more
11 detailed grand tactical plan, landing plan, air
12 movement plan, all the stand and fight phases of an
13 assault support or an air assault, right?

14 So were you part of that conversation, part
15 of that planning?

16 A. No, sir.

17 Q. No? Okay. So who was covering down on that
18 for the battalion?

19 A. It was (b) (6).

20 Q. Okay.

21 A. The (b) (6).

22 Q. Okay. So just to confirm, you weren't
23 involved, weren't in the room at all, anything -- just
24 to confirm that you weren't involved in any of that? I
25 just want to make sure I'm tracking correctly.

1 A. No, sir.

2 Q. Okay. That's fine. I just -- I want to --
3 it'll help me shape a little bit more of the
4 conversation, the questions --

5 A. Okay.

6 Q. -- away from that detailed mission planning
7 piece.

8 A. Uh-huh.

9 Q. Did you have a chance to review any of the
10 products or anything associated with the -- this in
11 particular -- this particular air assault mission prior
12 to the -- the execution of it?

13 A. I did, sir. I -- I touched base with
14 (b) (6) when I got back to, you know, get the
15 details that I couldn't pull from emails and --

16 Q. Yeah.

17 A. You know, there's a lot of details that --
18 that I, kind of, had to -- to gather before execution.

19 Q. Yep.

20 A. And then getting the -- the Bravo Command
21 set up so that we could, you know, monitor and be ready
22 to take over if Alpha Command was -- went dark or
23 anything. So -- yeah, just getting all the products
24 and getting the -- the plan. It seemed like it had
25 been thought of, you know, the detailed planning, the

1 H-1. The HOMA had inserted their considerations and --
2 and it seemed like, from -- from where I was sitting,
3 it seemed like everything was being conducted
4 appropriately.

5 Q. Okay. As you reviewed the products,
6 anything that kind of stood out to you as abnormal or
7 just non-standard from -- you know, from an ASTAC SOP
8 perspective, or anything else along the way?

9 You know, from your experience as an
10 aviator; did anything seem abnormal?

11 A. No. Not that I recall, sir.

12 Q. All right. Cool. Do you happen to recall
13 what the load or per -- the weight per pack that was
14 used; do you recall that at all for this mission?
15 Like, how much did -- how much they estimated?

16 A. I don't, sir.

17 Q. Okay. That works. So any -- so just to
18 recap this portion. You got back the 25th, and you,
19 kind of, tried to get up to speed. Once the products
20 were, kind of, completed, you reviewed them.
21 Everything seemed good from your point of view, no
22 issues with, you know if you were flying in or anything
23 like that, no issues. You felt comfortable, like, this
24 is -- this seems like a pretty easy standard, kind of,
25 assault support mission, especially with a little bit

1 of MEU experience, right?

2 A. Yes, sir. It seemed pretty -- pretty
3 straightforward, and it seemed like -- it seemed like
4 the -- the steps had been complete. And I honestly
5 didn't check the weights. I didn't -- I didn't -- it
6 didn't cross my mind as a Cobra guy. I usually check
7 the packs' numbers, you know, to make sure I can follow
8 along with the -- with the ejector grade, make sure of
9 the packs in, packs out counts but --

10 Q. Yep. Yep.

11 A. -- I usually don't worry too much about the
12 weights.

13 Q. Yeah, I understand.

14 A. Kind of, going back to the --

15 Q. Hey, no worries. I got you. Okay. So a
16 little bit of segue into some other things I, kind of,
17 want to talk about here. Let's circle back to a little
18 bit of -- of command relationship things.

19 So since you've been here, how would you
20 describe the relationship between you and the GCE and
21 the ACE in general? Positive? Bad? You know, was
22 there friction and frustrations during planning that
23 you had, kind of, conducted?

24 Anything you can kind of shed some light on
25 there, just with the relationship between the two

1 **organizations?**

2 A. There were times when it was frustrating,
3 trying to -- trying to communicate -- you know, between
4 trying to find the balance of how can we support each
5 other and support training --

6 **Q. Yeah.**

7 A. -- versus not trying to get too much into
8 their business.

9 **Q. Okay.**

10 A. I think a lot of times they had to, kind of,
11 stiff arm -- stiff arm the -- the small talk about what
12 we can support each other with. Because they were
13 getting asks from a lot of different entities, not just
14 from us. So that was frustrating at times. But I
15 think for a good reason, trying to see it from their
16 perspective, of trying to not get over-tasked.

17 **Q. Yeah.**

18 A. So I can understand that. And now seeing
19 what -- seeing it from, you know, hindsight, they had
20 been extremely busy and so I -- I understand that part
21 of it.

22 **Q. Yeah.**

23 A. But when it came to planning, like planning
24 sessions and stuff where we were doing, like, a -- a
25 cell or a -- an APB, or just a joint planning session,

1 they were -- they usually sent a very competent planner
2 who was super easy to work with. So --

3 Q. Okay. How would you compare that to
4 interactions, if you had any, with the LCE folks?

5 A. LCE. I very rarely interacted with LCE.

6 Q. Okay. That makes sense, especially in the
7 air shop, right? Okay. And the -- the answer can be
8 like, I don't know, and I don't -- you know, I didn't
9 really do much. So that -- and that's fine.

10 A. Uh-huh.

11 Q. Okay.

12 A. Yeah, the most I did was with their OPS so -
13 - and she was super, super nice. Wanted to get into
14 the air planning cycle, and make sure, you know,
15 everything was kosher between the --

16 Q. Uh-huh.

17 A. -- command element, us, and them. But that
18 was about -- that was the --

19 Q. Okay.

20 A. -- extent of it, sir.

21 Q. What about the command element itself, what
22 was your interaction with them?

23 A. It was -- it was difficult with the --
24 especially on the -- the air shop side, because two
25 young captains running the -- the command element air

1 shop, where it should be a major.

2 Q. Yeah.

3 A. And, like, a WTI major --

4 Q. Yeah.

5 A. -- and a captain. And they were getting --
6 well, I won't say this for a fact, but it seemed like
7 they were getting suppressed with other non-air shop
8 things.

9 Q. Okay.

10 A. So it was -- it was hard to -- sometimes I
11 felt like we didn't get the information we -- we should
12 have on a regular basis.

13 Q. Okay.

14 A. But since we're all friends and, you know,
15 we -- we all get along, it was easy to just send them a
16 quick text message and be, like, hey, you know, what's
17 up? Pull information that way. But otherwise, I would
18 say they were -- they were doing a good job with
19 managing the SR process and trying to create an SOP for
20 air operations, which to my knowledge, doesn't exist.

21 Q. It does not, other than a draft.

22 A. So that's kind of -- kind of crazy to me.

23 Q. Yeah.

24 A. So yeah, considering all that, I would say
25 they -- they did well with trying to balance operations

1 and air planning within the MAGTOW.

2 Q. Okay. We talked a little bit about Op TUPA
3 (phonetic), so I think I'm pretty -- pretty comfortable
4 with where we stand, from an operational, kind of, look
5 of things -- you know, from -- from what we discussed.
6 So I don't want to delve into that any further.

7 What was it like, from your perspective,
8 working with the Australians? Was it easy? Was it
9 challenging? If it was challenging, why was it
10 challenging? If you can, kind of, describe that for
11 me.

12 A. The Australian -- the one AVIN squadron
13 leader, he was -- from very early on, he had things
14 planned out. Like, he already had the air space
15 reserved. He already had -- he was already talking to
16 approach and departure control -- sorry, Darwin
17 approach and departure. And I was very impressed with
18 -- man, he's even -- he's already got all this stuff
19 done, and we haven't even started detailed planning
20 yet.

21 But I think they also do it every year, so
22 maybe that's why. But I was -- I was very happy with
23 that. And that was, you know, a couple of months ago,
24 before the exercise even started. So -- and then they
25 have their -- learning more about their TACP, they call

1 their -- some say their MAOC and TACP.

2 **Q. Okay.**

3 A. And he'll be able to talk more about that
4 but -- and then rolling forward into the incident. It
5 was very helpful to have them be in the seat, too, in
6 that moment. They provided very useful information and
7 communications for us.

8 **Q. Okay. Along those lines, I guess, for the**
9 **mishap and -- and -- and, kind of, before that. From**
10 **your point of view, force protection -- force**
11 **protection-wise, and really, kind of, focus on CASEVAC**
12 **MEDEVAC procedures. What were -- what are your**
13 **thoughts on -- that's probably not the right way of**
14 **putting that question. Forgive me.**

15 What mechanisms, did you understand, were in
16 place to do CASEVAC MEDEVAC here in Australia?

17 A. So they had a primary CASEVAC plan, the air
18 CASEVAC, where they had helicopters staged on Bilbo
19 Island for the, you know -- you know, for an incident
20 or CASEVAC. Which from my perspective, was very
21 effective.

22 **Q. Yeah.**

23 A. They had those guys in the hospital before
24 we even got word of numbers -- exact numbers, the Z
25 list, you know. It was like, oh, there's already --

1 they were on their second run, you know, and we were
2 still trying to figure out who was, you know, involved
3 --

4 Q. Sure.

5 A. -- and missing and all that stuff. So --

6 Q. What about prior to this, all the other
7 exercises and -- and things you had done with them.
8 What was the -- kind of the -- what was the lay down
9 for CASEVAC/MEDEVAC?

10 A. It was usually the -- for -- for air
11 CASEVAC, it was the contract. You know, they have the
12 -- the Northern Territory CASEVAC, or MEDEVAC, coverage
13 and then also a specific -- from my understanding, the
14 specific CASEVAC platform contract for a large event
15 like this.

16 Q. Okay.

17 A. So from my perspective, it seemed like they
18 were very easy to work with.

19 Q. Any concerns with that -- that use of a
20 contract for -- for CASEVAC to support the GCE events?
21 Was there any concern within the GCE itself, or was --

22 A. No. I don't -- not that I'm aware of, sir.

23 Q. Okay.

24 A. Because I don't -- I don't think any -- I
25 mean, I don't think anybody really thinks about the,

1 you know, what if all 23 have to be CASEVACed.

2 Q. Sure, sure.

3 A. You know, it's the onesies and twosies that
4 everybody thinks about.

5 Q. Yeah.

6 A. So I don't -- I can't recall if that was
7 actually part of the -- the CASEVAC considerations in
8 that part of planning or not, sir.

9 Q. Okay. Gotcha. Switching a little bit here
10 to -- and forgive me, I don't mean to be all over the
11 place. But I guess I am today. So confirmation
12 briefs.

13 Since you've been here at MRF-D, how would
14 you compare them to -- based on your MEU experience,
15 how would you compare a confirmation brief here at MRF-
16 D versus a confirmation brief there at MEU?

17 A. Honestly, pretty -- the -- the MEU
18 confirmation briefs were very much more thorough, it
19 seemed like. The ones here, it would be multiple
20 confirmation briefs, especially for a joint exercise,
21 understandably, because, you know, there's different
22 commanders and, you know, different entities briefing -
23 - briefing from the bottom up.

24 Q. Yeah.

25 A. So I was still trying to wrap my head around

1 that part of it, and how it didn't -- how it didn't --
2 you know, I don't want to be the guy who's like, well,
3 in the MEU we -- you know. But it was different.

4 Q. Yeah. Because -- so from questions and
5 interviews that I've conducted to date, what I get a
6 sense of is there was -- post-confirmation brief; there
7 could be changes made. And -- and partly, it's
8 because, for example, I think the confirmation brief
9 for Predators Run happened on -- like, on or around 10
10 -- 10 of August.

11 A. Uh-huh.

12 Q. And there's a lot of time. It's not much,
13 like, you know, different than a MEU, right? Where you
14 could do a confirmation brief, and then we're out the
15 door to go execute.

16 A. Yes, sir.

17 Q. So there's a little bit of understanding in
18 that. But I think one of the things I'm trying to get
19 a good sense of here, and I think I've got it. And
20 you're -- you're reinforcing it. Is that, yeah, there
21 were -- I mean, there was -- there were changes that
22 occurred post-confirmation brief, and it's not like a
23 MEU.

24 A. Right.

25 Q. And I think that's critical for me to

1 understand, as the command investigator, and try to
2 communicate that appropriately. So --

3 A. Yes, sir. Because I went -- well, I mean, I
4 will add it was a very drastic change from when I -- I
5 was at the confirmation -- that confirmation brief, and
6 then left to the Philippines. And while I was out
7 there, it was, oh, we went from V-22s are on standby to
8 the C-27s, to now V-22s are the primary. And then I
9 think it changed back at some point, and then it
10 changed again. And then the C-27 fell out. And now
11 it's -- you know, it is what it is. But very drastic
12 changes out there.

13 Q. Yeah. Was there any concern associated with
14 those drastic changes inside the GCE or the air shop
15 here at the battalion?

16 A. I mean we -- we, as the arrows -- or I mean
17 we joked about it, you know. V-22s, you know, they've
18 got half of their squadron up in the Philippines with
19 key personnel. And then, it's like, they're trying to
20 make this their -- another primary event. And just the
21 rest of the GCE wasn't -- wasn't really surprised
22 either because, you know, they're -- they're getting
23 spread so thin and -- so yeah, it's -- it wasn't a
24 surprise.

25 Q. What wasn't a surprise?

1 A. Just the -- the change -- the changes.

2 **Q. Okay.**

3 A. Yes, sir.

4 **Q. Gotcha. Okay. All right. If you could,**
5 **give me your sense of the command climate over at 363?**

6 A. I would say a little -- a little stressed.
7 They work -- you know, they work a lot.

8 **Q. Yep.**

9 A. I feel bad talking about it. I've got one
10 or two friends over there that I've talked to,
11 personally. He works way more than any GCE, maybe --
12 maybe not the OPS-O, but they work a lot. And they're
13 always, you know, between -- especially once -- after
14 Southern Jack -- or I'm sorry, after Talisman Saber.
15 Just getting pulled -- you know, air show, Talisman
16 Saber, IPE, I think they were doing Helicon Look, if
17 they still did that or not. But it was -- I was just
18 baffled by how much they were trying to do.

19 **Q. Yeah.**

20 A. And when they're -- when they're back here,
21 they don't -- it didn't seem like they were getting
22 time off.

23 **Q. Okay.**

24 A. You know, to take leave. Or it was like,
25 okay, you can get Sunday off, but you know -- and

1 that's just perspective. I'm not saying that for a
2 fact.

3 Q. Yep, I appreciate it.

4 A. But just my perspective.

5 Q. Yep. No, that's a great caveat there.

6 That's what I needed to hear from you. With -- with
7 regards to that it's your perspective, you know, on
8 what was going on command climate-wise.

9 A. Yes, sir.

10 Q. Did you ever get a sense that as, kind of,
11 your time here, and their time here, more importantly
12 VMM time, like, they were -- was there a sense from you
13 that they were becoming complacent or lacked focus, or
14 they were more focused on getting home?

15 Were they -- were they able to stay focused
16 on missions that they were still working on here?

17 A. From my perspective, I wouldn't say there
18 was a -- a get home-itis.

19 Q. Okay.

20 A. I would say it was a, like, exhaust. You
21 know, I'm burnt out. I would -- I would say that would
22 be more of my opinion --

23 Q. Okay.

24 A. -- of their -- their state --mental state.

25 Q. Yeah. Okay. I think the last question I

1 have right now for you, (b) (6), is, you know, prior to
2 this mishap, did you ever get a belief, suspicion,
3 anything like that, that the aircraft that the Marines
4 from the -- the -- or not the BLT, but the GCE were
5 flying out were unsafe? Or there might have been
6 unsafe, you know, maintenance practices over there at
7 VMM world?

8 A. Maintenance-wise, I would -- I -- I don't
9 think -- I mean they had the -- that gear box issue
10 earlier, or I guess that was since later last year. I
11 never got a sense of their maintenance being weird.

12 Q. Okay. You felt comfortable -- you know, if
13 you or Frank could get on the back of a V-22, you'd get
14 on the back of a V-22?

15 A. Yes, sir.

16 Q. Okay. Cool. Let me look through my notes
17 here real quick, (b) (6), and then I think we'll be able
18 to wrap up here. All right I think that's it.

19 One last, kind of, closing comment here.
20 Before I -- before I do that, anything else you think
21 that you'd like to add that I haven't asked you about,
22 that feels warranted for the record? You know, facts,
23 excuse me, associated with this -- this mishap?

24 A. I -- the only thing I would add is I wish --
25 I wish we could have done -- and I said this throughout

1 other exercises, just kind of casually to the OPS-O
2 and, probably, to some -- some buddies. But I wish we
3 had done just one MAGTF exercise thoroughly and
4 correctly, instead of trying to do all these, you know
5 -- or trying to do everything, and we haven't done a
6 single one -- a single one to its full potential. I
7 think that's very important to highlight in this -- in
8 this time. Yeah.

9 Q. So can you -- I think I understand what
10 you're saying, but just to be clear. If you could --
11 when you say full MAGTF exercise or event, can you just
12 describe what you mean when you say that?

13 A. Well, like, something you would see from a
14 MEU, you know, with the HOMA. We didn't get it until -
15 - until late.

16 Q. Yeah.

17 A. I think they did some -- some ULT, which I -
18 - I wanted to add. I think they did ULT together.

19 Q. Okay.

20 A. But as far as an exercise, the -- the Pred
21 Run was the first. Let me make sure I've got that
22 right. Yeah, besides ULT --

23 Q. Okay.

24 A. -- to my knowledge, that was the -- the
25 first integrated. So yeah, I think -- I think that was

1 the -- the closest one that felt like a -- a MAGTF
2 exercise.

3 Q. Okay.

4 A. And that still wasn't really to its full
5 potential.

6 Q. Yeah.

7 A. Does that answer your question, sir?

8 Q. It -- it does. It does. Yeah. I just want
9 to make sure I'm not reading into it, so that's why I
10 need you to, kind of -- kind of, expand on it, as
11 opposed to what I -- what I think you're saying.
12 That's -- that's important to me. So what you're
13 really talking about is the ACE -- ACE and GCE
14 integration, but a full ACE, meaning all type model
15 series in an objective area --

16 A. Uh-huh.

17 Q. All the, you know, as many GCE players as --
18 as our support when we get into an objective area. And
19 even then, I think, for as you -- as you say, this
20 wasn't even a full MAGTF event because no -- were there
21 LCE Marines attached to the insert? I think the answer
22 to that is no. There might have been, but I'm not
23 tracking that.

24 And so really, there wasn't a full-blown,
25 you know, kind of, mission to rehearse in -- in -- in

1 the -- and as you look at the PTP or the TP of -- of
2 MRF-D. Just, kind of, delving into that is something
3 I'll go back and -- and do, based on your comment
4 there. Just to -- to kind of -- to your point, we
5 probably need to have that in the -- in the -- in the
6 PTP at least, or something to that effect. Okay.
7 Copy.

8 A. Yeah, because we didn't have the -- you
9 know, we -- we finally got a composite ACE. And then -
10 - but then we didn't have their full attention.

11 Q. Yeah.

12 A. Their -- you know, their -- their main
13 leadership was at that IPE and --

14 Q. Yeah.

15 A. -- they -- they still had a good crew down
16 here, from what I saw. But it just wasn't their focus
17 -- their main focus.

18 (b) (6) Right. Okay. All right.
19 Thank you for your time today, (b) (6). One last comment
20 here. You are advised this is an ongoing
21 investigation, okay? You're directed not to discuss
22 your testimony with anyone, aside from a duly appointed
23 investigating official, which would be myself or one of
24 the three officers that is here with me at this time.

25 THE WITNESS: Okay.

(b) (6)

1 (b) (6) Okay. Any questions?

2 THE WITNESS: No, sir.

3 (b) (6) All right. Thank you for
4 your time.

5 THE WITNESS: Thank you, sir.

6 (b) (6) I appreciate it.

7 THE WITNESS: Yes, sir.

8 (End of Audio Recording.)

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

(b) (6)

CERTIFICATE OF TRANSCRIPTIONIST

I, (b) (6), a transcriptionist

located in Charlotte, North Carolina, hereby certify:

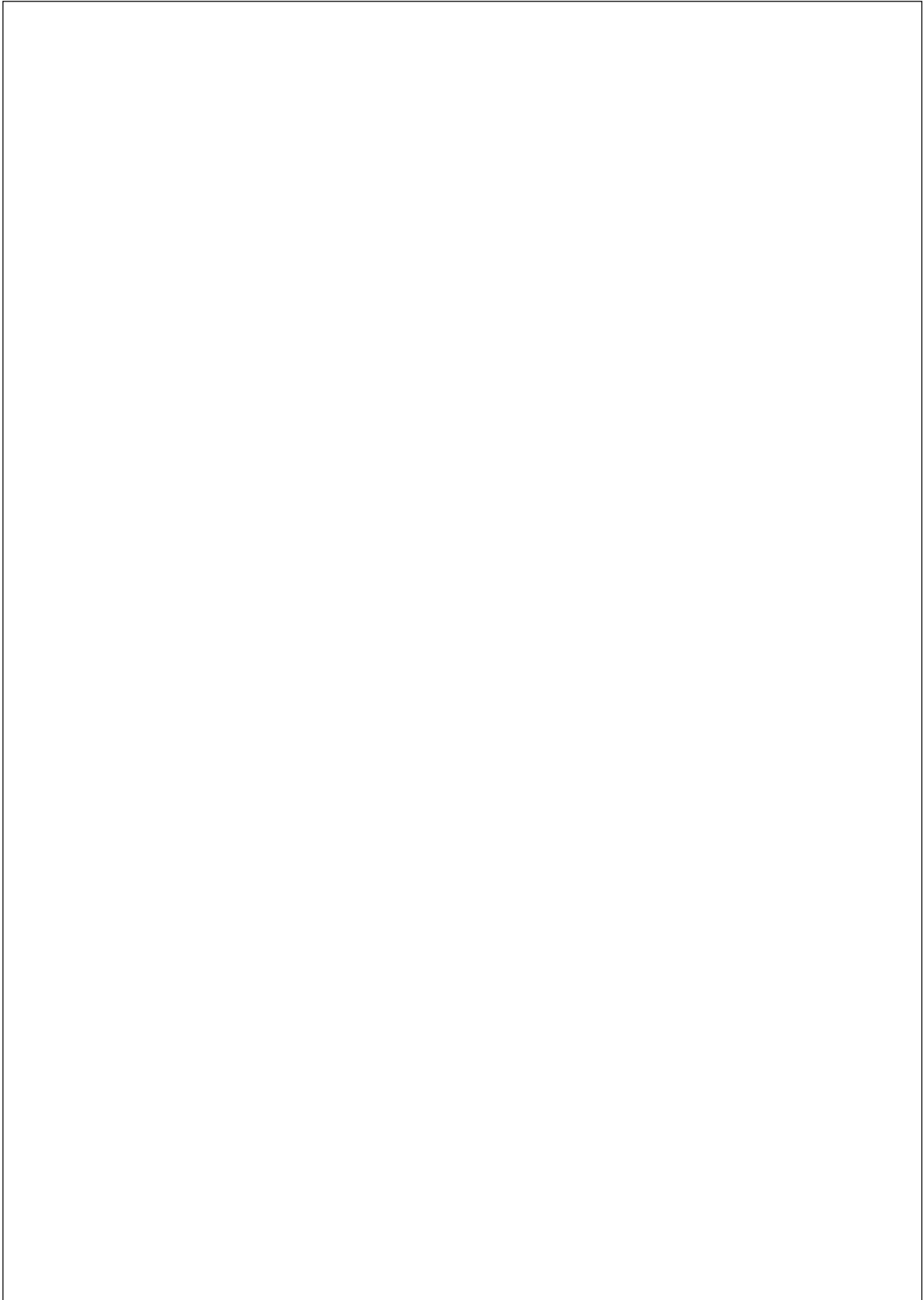
That the foregoing is a complete and accurate transcript of the digital audio recording of the proceeding in the above-entitled matter, all to the best of my skills and ability.

I further certify that I am not related to any of the parties to this action by blood or marriage and that I am in no way interested in the outcome of this matter.

IN WITNESS THEREOF, I have hereunto set my hand this 19th day of

(b) (6)

(b) (6)



(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

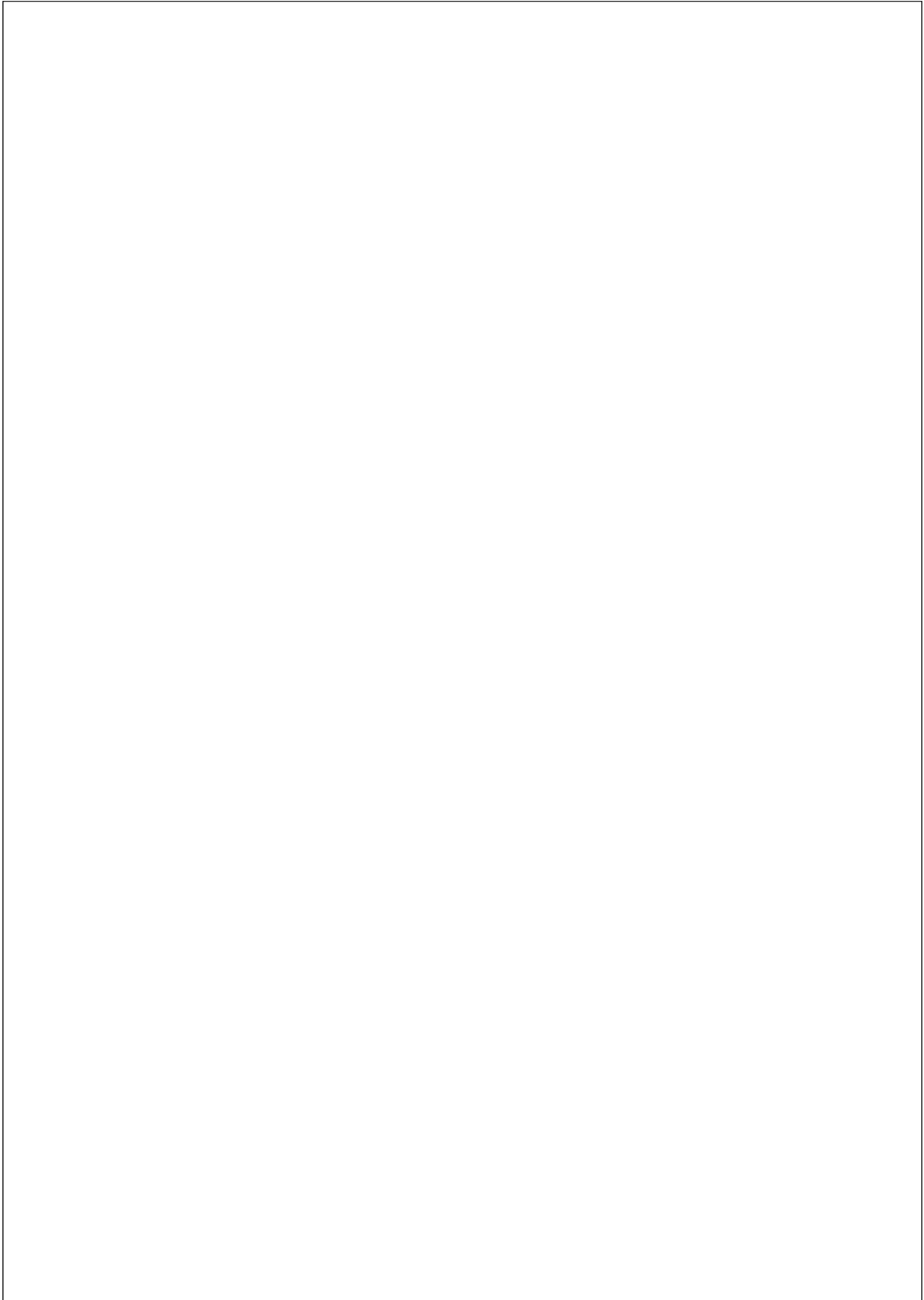
(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)



(b) (6)

(b) (6)

(b) (6)

(b) (6)

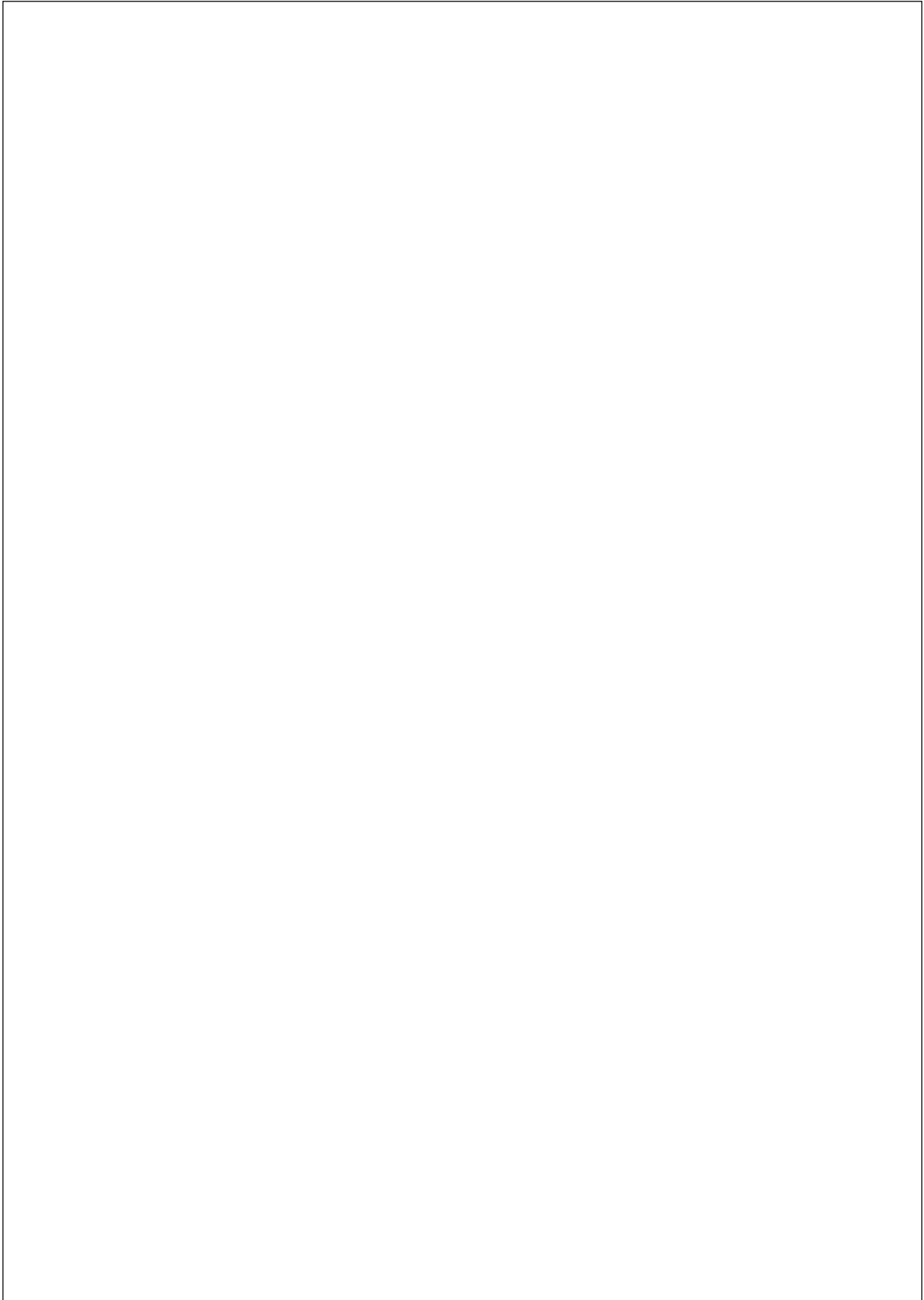
(b) (6)

(b) (6)

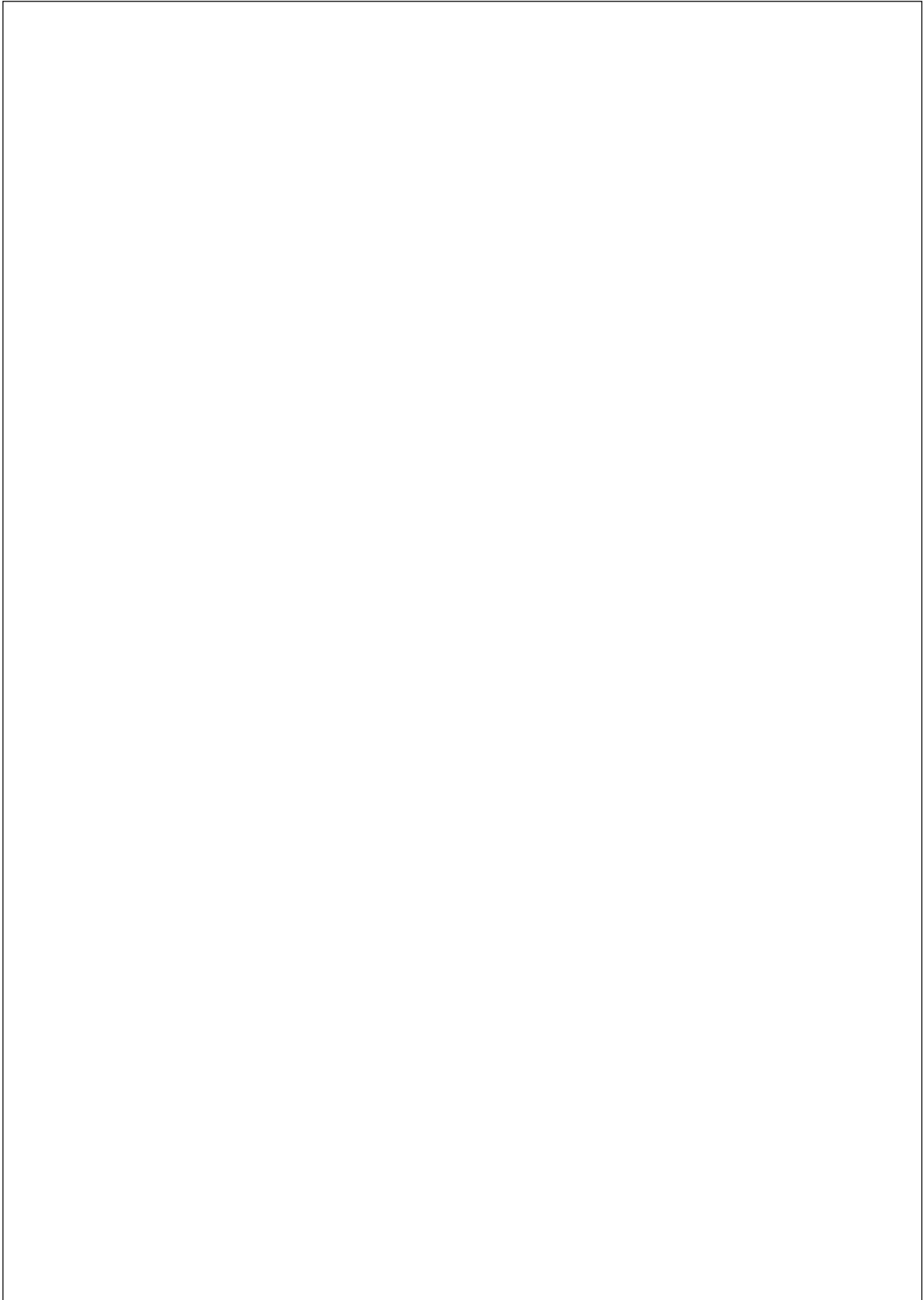
(b) (6)

(b) (6)

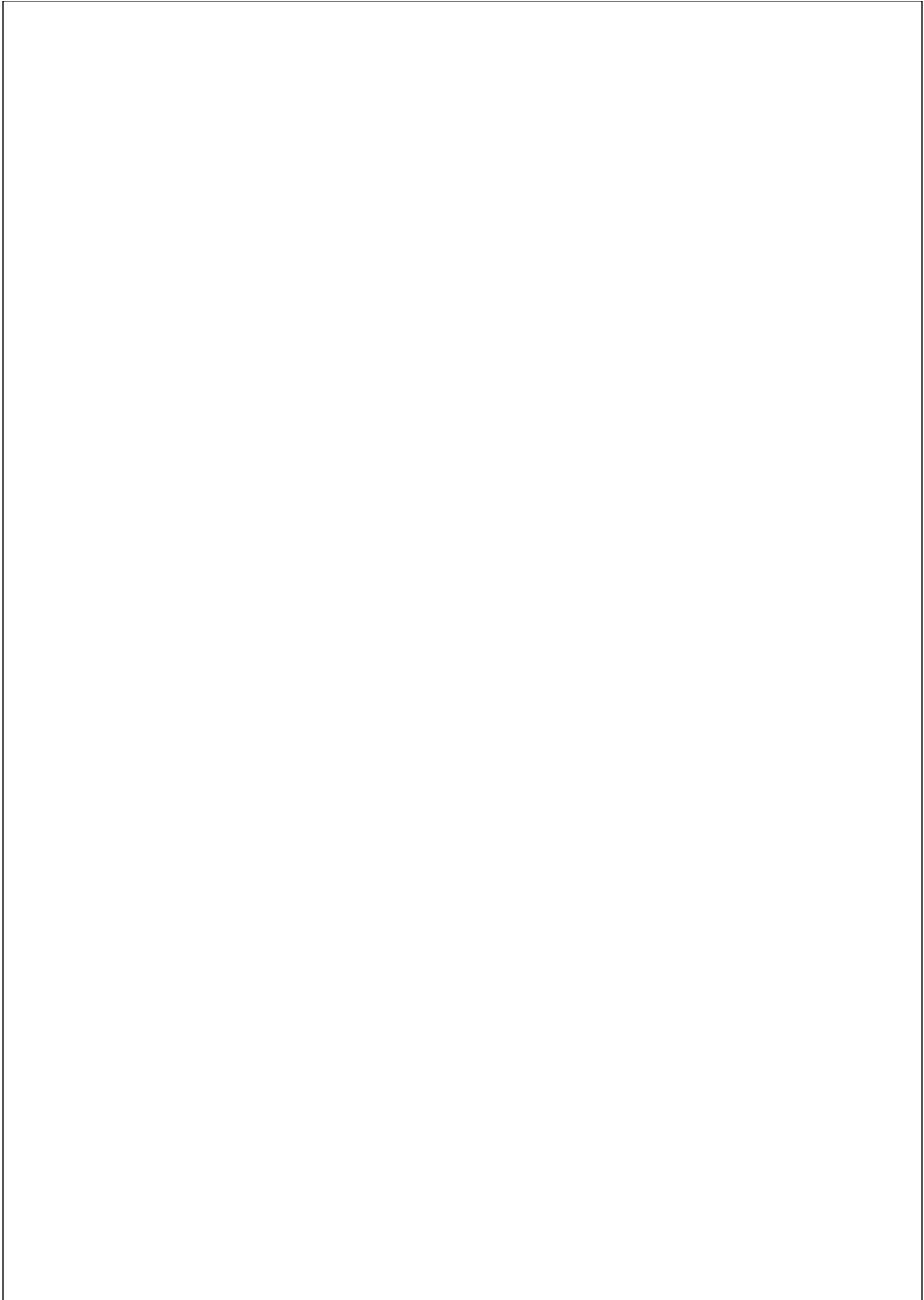
(b) (6)



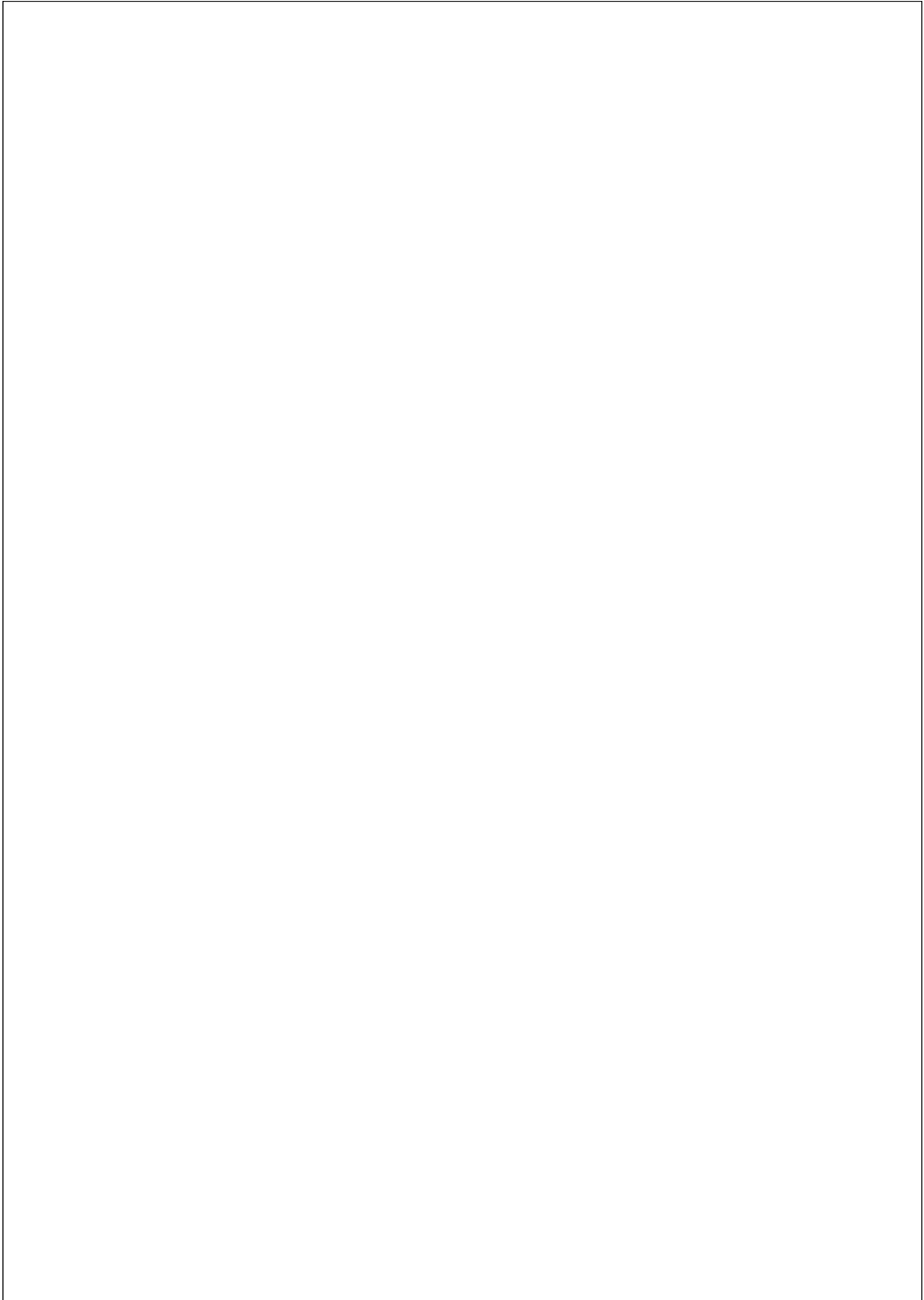
(b) (6)



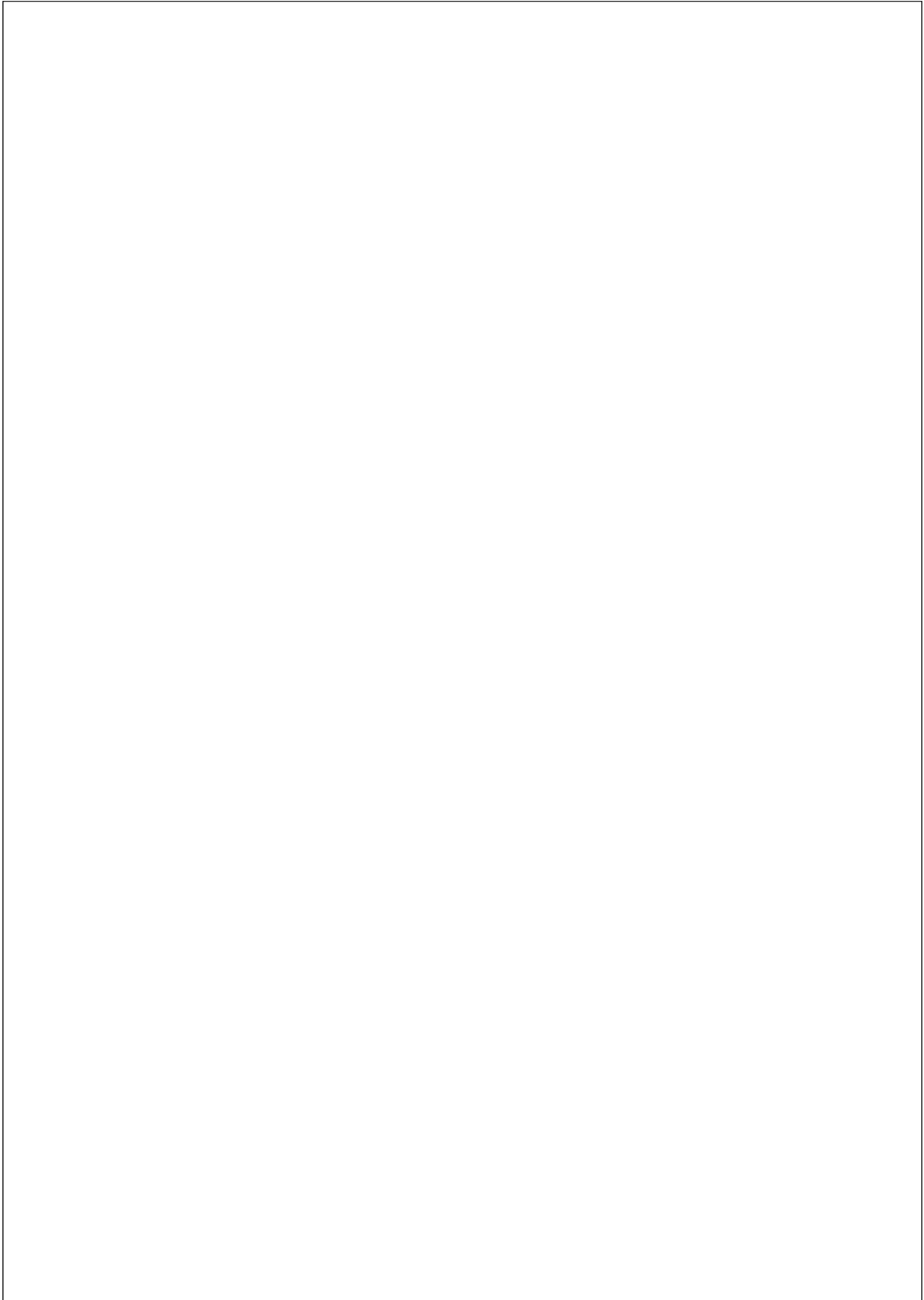
(b) (6)



(b) (6)



(b) (6)



(b) (6)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Transcript of Audio File:

COMMAND INVESTIGATION RE: AVIATION MISHAP

INTERVIEW OF (b) (6)

TAKEN AT ROYAL AUSTRALIAN AIR FORCE BASE DARWIN

Friday, September 8, 2023

Audio Runtime: 35 Minutes, 40 Seconds

(b) (6)

1	INDEX OF EXAMINATION	
2		
3	WITNESS: (b) (6)	
4	EXAMINATION	PAGE
5	By (b) (6)	4
6	By (b) (6)	8
7	By (b) (6)	11
8	By (b) (6)	19
9	By (b) (6)	22
10	By (b) (6)	23
11	By (b) (6)	24
12	By (b) (6)	31
13	By (b) (6)	32
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

(b) (6)

1 (Beginning of Audio Recording 1.)

2 (b) (6) All right. Good morning.

3 This interview is being conducted on September 8th
4 aboard -- aboard Australian Air Force Base Darwin. The
5 interview is being conducted with (b) (6) and
6 it is approximately 0925. Prior to coming on the
7 recording -- present in the room are myself, (b) (6)
8 (b) (6) the legal advisor, the assistant IOs, in
9 addition with (b) (6) and the witness, (b) (6)
10 (b) (6) .

11 Prior to coming on the recording, we
12 discussed the appointing order for this investigation.
13 We discussed the role of an IO in a command
14 investigation, the differences between a command
15 investigation and the ongoing Aviation Mishap Board and
16 safety investigation, and the privilege to make sure
17 that it's provided to that investigation.

18 (b) (6) was advised of his rights
19 under the Privacy Act, and you signed a Privacy Act
20 statement, and you did not have any questions about --
21 about that form. And then we talked about the
22 importance of telling the truth with everything in his
23 testimony to what he knows and observed.

24 (b) (6) was that an accurate summary?

25 THE WITNESS: Yes, sir.

(b) (6)

1 (b) (6) At this time, I'd ask you to
2 raise your right hand, please?

3 (b) (6)

4 having first been duly sworn, testified as follows:

5 (b) (6) All right. Gentlemen?

6 EXAMINATION

7 BY (b) (6)

8 Q. All right. Can I call you Conor?

9 A. Yes, sir.

10 Q. Cool. (b) (6), were you the ODO on -- on the
11 morning of the mishap?

12 A. Yes, sir. I was.

13 Q. Okay. Can you explain your night prior to
14 the mishap through to the morning when you took over
15 duty?

16 A. Yes, sir. The night prior we were planning
17 for the event, because we're here until like 1900-ish,
18 I think. Maybe a little bit later than that. Just
19 getting everything squared away with the H-1 crews and
20 the V-22 crews that were going out the next day.

21 We went home, went to sleep, and then woke
22 up early, drove in alone, just to get the -- the brief
23 happening, the 0600 brief. I got in here 0530, I left
24 at about 0500 for it. And then gave the brief to the
25 first crew and subsequent crews after that.

1 Q. Okay. Can you -- can you -- can you tell
2 us, just for the recording, what your background is?

3 A. Yes, sir. I'm a Cobra pilot. I work in DOS
4 as a DOS officer.

5 Q. How long have you been in the squadron?

6 A. I've been in the squadron -- in VMM since we
7 got here back in mid-June, June 18th, I think it was.
8 And then HOMA-367 since December 16th, when it was
9 stood up.

10 Q. And how long were you in the HOMA-367?

11 A. I've been in there since December 16th of
12 '22, so it would probably be seven months, so I'll
13 check in there.

14 Q. Cool. You mentioned that you were helping
15 with mission planning for the H-1 and the V-22 grids.

16 When you were in the planning spaces, did
17 you -- can you describe kind of the -- the attitude and
18 demeanor of the dump truck 1-1 1-2 crew, or whoever was
19 there planning with you?

20 A. Yes, sir. I was -- so the planning spaces
21 were split in half, and I was mainly on the H-1 side,
22 just helping with whatever was needed, just pilots-
23 wise, but I did see Captain Labeau (phonetic) on the V-
24 22 side. She was running most -- most of the products
25 and just getting everything organized through the crew.

1 She was taking the point on that, I could tell in their
2 spaces. Other than that, I didn't -- I didn't see
3 Major Lewis until the morning of. That was -- that was
4 about -- about it.

5 Q. Okay. Did you observe Major Lewis at all in
6 the planning spaces throughout the day to day prior?
7 Or a couple days, you know, whenever you guys were
8 planning?

9 A. Not to my recollection, sir. I don't
10 remember specifically seeing him.

11 Q. Okay. All right. You mentioned you saw
12 Captain Labeau going through the V-22 stuff for
13 planning for the -- the mission; did you observe
14 approximately what time she left the planning spaces?

15 A. They -- they left -- the whole V-22 side
16 left before we did. I think there was an all hands
17 brief at, like, 1700, 1730-ish, and we broke for chow
18 after. All the H-1 pilots came back, just to double
19 check all the products, make sure everything's good.
20 But I did not see the V-22 crews after chow, which was
21 probably 1730/1800-ish.

22 Q. Okay. Were you present at the AFL/EFL
23 combined brief?

24 A. I was, sir.

25 Q. All right. Okay. Can you kind of just go

1 through that a little bit, I mean, your -- your
2 experience with that?

3 A. All right, sir. So it was an hour total.
4 They had all crews. It was a pretty packed red room,
5 just because they had all the H-1 crews and both the V-
6 22 crews for all the sections going out the next day,
7 as well as all the crew sheets obviously.

8 It was run AFL/EFL, they switched off
9 portions of the brief. Pretty standard. From my point
10 of view, I wasn't flying, but it made sense, the plan
11 made sense. Everything seemed very well-thought-out,
12 just from my point of view, but --

13 Q. Okay. Do you happen to remember what the --
14 the AFL portion of the -- of the flight, like, as far
15 as the egress, and kind of their plan to land, and --

16 A. Yes, sir. I remember -- so they, just based
17 off the map there, they were going out north, and then
18 they had an IP prior or checkpoint prior they were hold
19 at, just the standard, and then IP and bad calls, and
20 they would make right 90s into the zone based on the
21 winds, and they had alternate IP, as well as egress
22 points set up. I went to the, I think one of the east
23 and one of the west. I think a primary was going to go
24 west, because it was east winds. Then they had the
25 zone to the north, that was going to be the second hit.

(b) (6)

1 Q. Okay. Do you recall during the AFL/EFL
2 combined brief, or the brief -- the ODO brief, not the
3 ODO brief, but the -- essentially, the brief in the
4 morning, the specific landing positions of where the
5 Ospreys would go?

6 A. I don't recall, sir. The -- the section
7 lead brief, they moved that to DOS, not through the red
8 room, so I wasn't present for that.

9 Q. Okay.

10 (b) (6) I have a quick question, if
11 it's all right?

12 (b) (6) Yeah.

13 EXAMINATION

14 BY (b) (6)

15 Q. You mentioned that they had planned to hold
16 at the checkpoint prior; do you remember why they were
17 planning to hold at the checkpoint prior?

18 A. I think that was the -- my understanding,
19 that was a contingency plan. It was if, just based on
20 -- because we didn't -- there was no, really, tactical
21 scenario that was going to be painted, like, through --
22 in the H-1 cockpit, there was no IP that was going to
23 be saying -- it wasn't for X.

24 There was nobody saying, hey, I see you guys
25 in LZ -- 92LZs. You know, LZ is cherry, and so that

(b) (6)

1 would obviously constitute the holding. That was a
2 contingency plan. I don't know -- I don't think they
3 planned to hold there. I think the plan was that was
4 their contingency holding plan.

5 Q. Okay.

6 (b) (6) Okay. You said you got to the
7 planning -- or the ODO space at 0530; can you kind of
8 go into detail, as an ODO, in how you prepare for the
9 ODO brief?

10 THE WITNESS: Yes, sir. So I got -- I got
11 assignments from maintenance. I remember I went in,
12 they didn't have them yet, because they were maybe
13 switching aircraft. They weren't sure which one was
14 going to be going. So I went to -- then I went to the
15 planning spaces, pulled up the brief on Teams, opened
16 it up, got the weather from the e-mail sent by METAR
17 (phonetic).

18 Put those slides in the brief, and then I
19 went to NAPES, which is the Australian, like, flight
20 planning website. Pulled METARs, TAFs, notes for the
21 day, posted those in. But then went back and got
22 aircraft assignments from maintenance control, and then
23 updated the brief with those.

24 BY (b) (6)

25 Q. Okay. What time did you initially contact

1 maintenance when you said that they didn't know which
2 aircraft was going to be assigned for the flight?

3 A. That was when I first got in, I think right
4 at 0530/0520-ish, in there. Right, when I first
5 entered, when I got out and parked the van, walked to
6 control to get the V-22 assignments.

7 Q. And what -- what was the -- what -- do you
8 remember -- I -- I just want you to -- I want to know
9 what you remember.

10 What -- what was the scheduled departure
11 time?

12 A. I think the 22s, I think was 0800 and the H-
13 ls -- no. I don't remember specifically, sir. I know
14 the H-1s were taking off 30 minutes prior to the V-22s,
15 if I remember correctly.

16 Q. Do you know --

17 A. I don't know. I'd have to -- I'd have to
18 pull up the schedule.

19 Q. That's okay. And then you -- you said you
20 called back to maintenance control to find out what the
21 aircraft assignments were; did they give them to you?

22 A. They did, sir.

23 Q. And what time was that?

24 A. That was 10 minutes prior to the brief.

25 Q. And what time was the brief?

(b) (6)

1 Q. What do you know about the activities of
2 dump truck 1-1 and 1-2 the night prior?

3 A. The night prior, besides seeing them in the
4 planning spaces, I don't know anything, sir. Beyond
5 when I saw them last in the planning spaces and going
6 to chow, I didn't see anybody from the crew.

7 (b) (6) But -- so they left the
8 planning spaces to go to chow, and chow closes at what
9 time?

10 THE WITNESS: I believe -- yeah 1900 here on
11 RAAF, and this is -- that's where we ate, so 1900 was
12 the last time to get chow.

13 (b) (6) Okay. Thank you.

14 BY (b) (6)

15 Q. Okay. During your ODO brief or the section
16 lead brief, which I think you mentioned you didn't
17 observe, were there any distractions, phone calls,
18 texts, people coming in late?

19 A. Sir, like I said, the 30 seconds. I
20 remember I held the brief. (b) (6) came in about
21 30 seconds after the time hack, so we -- I kicked the
22 brief at I think 01, 0601, if that time was correct.
23 It was one minute late, just because he rolled in 30
24 seconds late. Other than that, no distractions, no.
25 It was a standard ODO brief.

1 Q. Okay. Do you remember what the weather was
2 briefed for that day, specifically based on the winds?

3 A. I remember -- I think it was winds out of
4 the north with a shift at their takeoff to out of the
5 east. That's -- I believe that's what -- what the TAF
6 was saying, what the METAR was saying.

7 Q. Was the METAR all good?

8 A. So I -- I pulled that from NAPES, and then
9 for the subsequent briefs, I pulled a new one, so I
10 didn't -- I didn't save the brief per event number, I
11 just saved it for the day. So that METAR, I deleted it
12 after the screenshot I took of it for the PowerPoint
13 brief. I deleted that.

14 Q. I guess what I'm -- what I'm alluding to is
15 the location of the weather that you briefed; was --

16 A. Okay.

17 Q. -- is -- is the weather out of -- out of
18 here, or is it for a location that you're aiming for?

19 A. I -- I briefed the RAAF Darwin.

20 Q. RAAF Darwin.

21 A. RAAF Darwin.

22 Q. Do you have the ability, or are -- are there
23 any resources available to pull weather from their
24 expected location where they're going?

25 A. I -- I can. I -- I could have contacted

1 METOC (phonetic), which I did not do for Tube Island.
2 When they push the weather, they push it for (phonetic)
3 Bondi as well, and most of the ranges. But I did not
4 pull weather strictly for Tube Island to brief.

5 Q. As part of your ODO brief, when you're
6 setting up for it in the normal, kind of, way you guys
7 do things, is BASH (phonetic) part of this brief?

8 A. No, sir. It's not.

9 Q. Do you know if those resources are able to
10 provide the -- provide you that information?

11 A. I know of the website I could -- we could
12 use. They -- I haven't used it. We -- when we fell in
13 here for air procedures, they have a big PowerPoint
14 that the VMM briefs, whereas it's different. We don't
15 brief off PowerPoint for ODO briefs back home, and so
16 we just -- we've been abiding by what they have in the
17 PowerPoint, and pulling that information.

18 Q. Okay. And BASH is not a part of that
19 PowerPoint?

20 A. BASH, no, sir.

21 Q. Okay. I know you mentioned you didn't
22 observe the section lead brief, but can -- can you
23 explain your perspective or your experience with it if
24 you have -- if you have any?

25 A. With -- with those crews?

1 Q. Yeah.

2 A. Yeah, no. I had -- I mean strictly to the
3 brief, or just with the -- the personnel --

4 Q. With the section lead.

5 A. With the section lead?

6 Q. The lead.

7 A. I -- I sort of know (b) (6)
8 (phonetic), just by a little video. I talked to him
9 the previous day. He was real excited for the flight.
10 He hadn't worked with H-1s before, and with, like, a
11 whole planning cell like that.

12 (b) (6) Can you -- can you explain
13 that a little bit before you continue on? I'm just
14 curious about that. Do you know -- do you know why he
15 never worked with H-1s before?

16 THE WITNESS: Well, he -- so he said he had,
17 back when he did the -- his first MRF-D, but he was --
18 he was a boot back then. He said it was mainly the
19 higher quals that were doing the flights, so he didn't
20 really get a chance to actually, like, brief something
21 with H-1s. And this was his -- I think he was a
22 section lead ex.

23 So he was -- he was really excited to
24 actually be doing something operational, that wasn't
25 going to be, like, seeing a million calls from EFL and

1 whatnot. So when I talked to him the day prior, he was
2 -- he was -- he was real excited for it, section lead
3 exposure, to full-out planning.

4 BY (b) (6)

5 Q. Do you know if that was the -- kind of, the
6 experience with the rest of the crew too, there was
7 limited experience with H-1s, or --

8 A. I think so, sir. We had -- and we've --
9 we've been here about a month and a half at this point,
10 but because there was no H-1s in MRF-D last year, and
11 367 was still down the pike, they really didn't have --
12 all -- everybody I talked to didn't have experience
13 working with actual AFL.

14 So it was a -- everybody was excited for it.
15 We would hope -- try to do escort, but they would go
16 down on dets, or not dets, but exercises a lot, so this
17 was kind of the first big opportunity to do it. So
18 everybody was, across the board, like, H-1 and V-22
19 sides were working hard to make sure it was going to be
20 a good exercise.

21 Q. From what you remember, due to the -- the
22 inexperience of the crew, was that identified during
23 this -- the AFL/EFL brief, the -- the lack of
24 experience of the crew working with each other?

25 A. No. No, sir. It was not.

(b) (6)

1 Q. Okay.

2 A. No, it was not.

3 (b) (6) So you were talking about
4 your perspective of the section briefs. You started
5 with talking about (b) (6) how he was excited;
6 can you just pick up there?

7 THE WITNESS: All right, sir. Yeah. He --
8 like I said, he had been classed MRF-D, but didn't get
9 to actually, like, fly any events with H-1s, so he was
10 excited to be doing that. He needs more experience,
11 and he's getting the chance to do that. Yeah, beyond -
12 - beyond that, I didn't have much conversation with
13 anyone else about it, on the 22 side at least.

14 BY (b) (6)

15 Q. Answer this if you can, if you remember --

16 A. Yes, sir.

17 Q. -- but do you know who gave the section lead
18 brief? Was it the actual section lead, or was it the
19 section lead in instruction?

20 A. I --

21 Q. For the 8150.

22 A. I didn't sit in on it, but (b) (6)
23 did direct Major Lewis, after the ODO brief, to say, we
24 are briefing in DOS, sir.

25 So it was my -- it was my understanding that

1 (b) (6) was giving the brief, but I don't know
2 for sure because I did not sit in on it.

3 Q. Okay. Do you remember what the risk level
4 of the mission was? The B22s?

5 A. I do not, sir.

6 Q. Did you observe dump truck 1-1 at the -- at
7 the ops brief?

8 A. I did not, sir. They did it -- they did it
9 at DOS, I believe as well.

10 Q. Okay. Are you -- is that a speculation?

11 A. That is a speculation. I did not observe
12 it. That's a fact, is that I did not observe it.

13 Q. All right. Take you back to when all the
14 briefs are done, as the aircraft commanders deliver
15 their requirements to you, what do they owe you prior
16 to stepping out and doing the flight?

17 A. Sir, so as an ODO, they owe me -- we call it
18 weight and power. I think they have a different name
19 for it, but power calculations for the day, a signed
20 copy of that, as well as they sign the raw that is with
21 the schedule (inaudible). And then so a -- like, a
22 crew just has a worksheet separate to that. So there's
23 the raw put out by the office, and then the crew goes
24 through the rest of the day, and signs the sheet that
25 has that on it as well.

1 EXAMINATION

2 BY (b) (6)

3 Q. So I'm just kind of curious. It's
4 interesting to -- a weight and power, just for the -- a
5 weight and power is what the H-1s use --

6 A. Yes, sir.

7 Q. -- and that's what they call it, a weight
8 and power, and they -- they sign the weight and power
9 and they hand that to the ODO, and you know that,
10 that's something that they owe you?

11 A. Yes, sir.

12 Q. But you don't know what the name of the same
13 document is for the V-22s?

14 A. No, I do not, sir.

15 Q. Okay. Because it's -- it's a little
16 indicative, so I'm just going to kind of keep pulling
17 the thread a little. Would you say that -- you alluded
18 to this earlier. Would you say that your ODO
19 procedures for the H-1s are different than the ODO
20 procedures for the VMM?

21 A. I would say so, sir. This is my first
22 deployment, so I don't know -- I'm only basing it off
23 of in garrison, our procedures, where everything has
24 been caged for a while, and there's no change. It's
25 not -- it's not changing. There's -- there's nothing

1 that's going to change, it's always been the same --
2 the same procedures at the same desk for years.

3 Q. So is there a -- a combined flight ops SOP
4 that describes what is owed to the ODO?

5 A. Not that I'm aware of, sir, for the VMM.

6 Q. Have you read the VMM flight ops SOP?

7 A. No, sir. I have not.

8 Q. Do you know who signed the VMM flight ops
9 SOP?

10 A. I do not, sir.

11 Q. So you know that a weight and power is due
12 for the H-1s, because you're familiar with the H-1 ODO
13 procedures, even though you're not as familiar with the
14 VMM ODO procedures.

15 But you did say that you knew -- you knew
16 that the equipment VMM to the H-1 weight and power, you
17 do -- you did know that, that was due to you as well?

18 A. Yes, sir.

19 Q. Okay. Would you say that -- you know, and
20 I'm not -- I'm not trying to lead the question, and I
21 don't want to speculate. I'm asking you-all the
22 questions, I'm trying to figure it out.

23 Would you say that the way that the H-1s are
24 operating here, even to the degree of an ODO brief, is
25 different than the VMM?

1 A. Different in -- in -- just in general, sir?
2 Or any --

3 Q. Again, I don't want to lead the question.
4 I'm trying to be as clear as possible, but what I'm
5 trying to -- what I'm trying to understand is, from
6 your perspective, what's different? It -- it could be
7 culturally, it could be, you know, attention to detail,
8 it could be -- I'm just giving you open examples here,
9 okay?

10 A. Got it.

11 Q. So I'm trying to figure out how you guys
12 operate as an H-1 detachment, as compared to VMM and
13 how they operate. If this had been a VMM ODO, what
14 would have been different from their understanding of
15 what, like, ODO procedures are, is what I'm trying to
16 gather.

17 A. Okay. So I'll -- I'll just start ODO-wise.
18 So ODO-wise, we have not received -- we didn't receive
19 an ODO class from the VMM when they checked in, so
20 we've just been picking up on that on our own and
21 figuring it out. And the sides are very explanatory,
22 like, the notes section is fine, he used this website,
23 type in these numbers to pull the weather. Type in
24 this for the TFRs, for those -- for those iterations.

25 It's very descriptive, but we have not had a

(b) (6)

1 specific, this is how we do an ODO here at the
2 squadron. Here's the class. These are the resources.
3 There's a binder that's -- that's good, those are good
4 steps, but we haven't had a pilot, like, sit down and
5 give a class to all the H-1 ODO standards.

6 Q. Would you also say, and again, trying not to
7 ask a leading question. Has any -- has any leadership
8 in the VMM, that can be flight leadership based on
9 qual, that can be leadership at a department head
10 level, that can be leadership at the command level.

11 Has any leadership in the squadron informed
12 all of the individuals that were eligible to stand ODO
13 what the standard was to conduct an ODO brief?

14 A. No, sir.

15 Q. Has anyone in the squadron leadership
16 briefed all the individuals who would or have stood ODO
17 what the standard for actions are as an ODO?

18 A. No, sir.

19 (b) (6) Okay. Thank you.

20 EXAMINATION

21 BY (b) (6)

22 Q. Are any aircraft required to file a flight
23 plan out of Darwin?

24 A. Yes, sir. They are.

25 Q. All aircraft?

(b) (6)

1 A. All aircraft, VFR or IFR.

2 Q. Including H-1s?

3 A. Including H-1s. Yes, sir.

4 Q. Okay. Since you said that was required, who
5 is responsible for filing these flight plans?

6 A. For the -- for the scheduled flights, ops
7 files them the day before, and for VCF, the ODO files
8 them.

9 (b) (6) Okay. Go ahead.

10 EXAMINATION

11 BY (b) (6)

12 Q. That's interesting that you say it's
13 required for both the VMM and the H-1 to file a flight
14 plan, and that is because that's an Australian
15 requirement, and is that because it's controlled
16 airspace they're departing out of?

17 A. That's how I understand it, sir.

18 Q. Okay. Is that commonly known by all of the
19 -- the -- the H-1 pilots, that a flight plan -- like,
20 hear me out -- that a flight plan is filed on their
21 behalf? Is that known by the signers, that the ODO is
22 filing a flight plan on their behalf?

23 A. Sir, it -- it is. There was about a week in
24 flux where we didn't understand that, but now that we
25 do understand it, it is known across the board by all

1 signers.

2 FCF pilots will tell me, like, if I'm the
3 ODO, they'll contact me and say, I need this flight
4 plan at this time, and I'll file it. But it -- it is
5 known now.

6 Q. Do you -- do you know what the requirements
7 are for a pilot in command to depart out of controlled
8 airspace? Do you know what all of the requirements are
9 for them to depart the controlled airspace?

10 A. With -- in regards to the flight plan, sir,
11 or --

12 Q. In -- in regards to the flight plan, and in
13 regards to the requirements specifically for the pilot
14 and command to depart out of controlled airspace with
15 the flight plan. So there is a -- there are
16 requirements for that. It's in the -- the general
17 ATOPS (phonetic), that if they're departing out of
18 controlled airspace with a flight plan, there are
19 certain requirements that a pilot in command has to
20 have to do that.

21 Do you know what those requirements are?

22 A. I believe a weather brief is required. I
23 don't know beyond that, sir.

24 (b) (6) Okay. Thank you.

25 EXAMINATION

1 BY (b) (6)

2 Q. Do you know if there's any difference, or
3 what is required to provide on a filed flight plan when
4 there's Packs (phonetic) aboard?

5 A. The -- like, the POB section, sir? Is that
6 what you're referring to, or --

7 Q. Yeah, so let's say you're the ODO, there's
8 an FCF going out and they're going to have passengers
9 aboard for some reason, which would not -- not normally
10 happen.

11 But if you were to file that, what -- what
12 are -- what are the differences between that and not
13 having Packs?

14 A. There is a -- so it's the -- what we fill
15 out on NAPES is basically an 1801 shell, and then the
16 bottom portion of it, there's POB -- a POB section of
17 it that's typed in, and then we need a manifest at the
18 ODO desk, blood types, EDIPIs, and names.

19 (b) (6) So there are -- I'm just
20 going back and forth with you, so I hope that's okay.
21 There is -- there is a -- there is a very specific
22 requirement, if Packs are on board and you're filing a
23 flight plan in this case through NAPES, we have a
24 similar 1801 template for a flight plan.

25 There is a specific requirement in there

(b) (6)

1 that it -- it has to be provided with the flight plan;
2 do you know what that requirement is if Packs are on
3 board?

4 THE WITNESS: I don't know, sir. A manifest
5 is what I would believe it would be, but I don't know
6 for sure.

7 (b) (6) So a manifest, and there --
8 there -- there's an additional requirement; can you
9 recall what that is?

10 THE WITNESS: Okay. No, sir. I don't
11 recall.

12 (b) (6) Thank you.

13 BY (b) (6)

14 Q. Earlier on, you mentioned that the -- the
15 requirements for the aircraft commander are a -- a
16 weight and -- a weight and power is what you said, I
17 believe?

18 A. Yes, sir.

19 Q. And a risk assessment worksheet. Do you
20 know that morning if the risk assessment worksheet was
21 briefed and signed by each aircraft commander?

22 A. I -- I don't know, sir. I -- I did not --
23 usually I'll check as the ODO, but we had so many
24 briefs back to back, that I did not check, or I don't
25 remember checking. I just -- and then when this

(b) (6)

1 happened, that was not really where I was looking for
2 anything to confirm the assignment.

3 Q. Okay. If you did check and you noticed that
4 they -- that the risk assessment worksheet was not
5 signed, what -- what are your roles and
6 responsibilities?

7 A. So I'll reach out to the signer and copilot,
8 if that's the case. I've done it before. There's
9 times where I do remember it not being signed.

10 Q. Okay.

11 A. I make sure that it gets to them before they
12 fly away, that's sending a runner out with their
13 preflight aircraft, something to make sure it's signed.

14 Q. Have you -- have you ever contacted someone
15 over the radio that their stuff has not been signed?

16 A. No. Not specifically. I -- I could, if I
17 need to.

18 Q. Okay. But you've never done that before?

19 A. Not that I recall, sir.

20 (b) (6) Okay.

21 (b) (6) I'm sorry, I'm going to
22 follow up. Was that like a formal policy, or is that
23 just practice, what the ODO does? Is it in the ODO
24 binder that you've referred to, that, that's what
25 you're supposed to do when a document is not signed?

(b) (6)

1 THE WITNESS: No, I don't -- I don't recall
2 a specific practice being laid out of what to do if
3 it's not signed. It's really more of a make sure it
4 gets signed, it's up to you to figure out how to get
5 them to sign it.

6 (b) (6) And -- and you haven't read
7 the VMM flight ops SOP, so you would not be aware if it
8 was in the flight ops SOP to do?

9 THE WITNESS: No, sir.

10 (b) (6) Okay.

11 (b) (6) Have you read the ODO
12 binder?

13 THE WITNESS: Yes, sir.

14 (b) (6) You've read the ODO binder?

15 THE WITNESS: The ODO binder, yes, I have.

16 (b) (6) You've read that?

17 THE WITNESS: I've read that.

18 BY (b) (6)

19 Q. You said there's no formal training that you
20 guys get as ODOs, is that just the HOMA det or is that
21 VMM det?

22 A. Sir, I believe that's just the HOMA det. To
23 my experience, it's just the HOMA det.

24 Q. So do you -- do you think or do you know if
25 the VMM det has gotten trained on ODO procedures out

1 here?

2 A. I don't know, sir.

3 Q. Okay. Since the mishap, has there been any
4 training given for ODO procedures?

5 A. No, sir.

6 Q. Since the day of the mishap?

7 A. No, sir.

8 Q. Okay. All right. This is a mission -- the
9 risk assessment worksheet, do you -- so you don't
10 remember looking at it? You don't remember if it was
11 signed or not --

12 A. No, sir.

13 Q. -- by dump truck 1-1 1-2?

14 A. No, sir.

15 Q. The morning of the mishap, where was the VMM
16 OPS O (phonetic) physically?

17 A. She was on the boat, sir.

18 Q. Okay. Where was the -- where was the A OPS
19 O?

20 A. He was -- I briefed him. I just remember
21 that I briefed him, it was my third brief of the
22 morning.

23 Q. Okay. Who was the next ops representative?

24 A. (b) (6) (phonetic) would be the next
25 ops representative.

1 Q. Okay. So you as the operations duty
2 officer, what is your understanding of that billet?

3 A. The operations duty officer?

4 Q. Uh-huh.

5 A. So I'm responsible for ensuring that the
6 flight schedule is following the schedule, and if not,
7 any deviations, based on certain timelines, need to go
8 to ops, or up to the XO or up to the CO. And then any
9 crew extensions that need to happen, anything --
10 outstanding aircraft that are out flying, I am the
11 point of contact to take that word to whoever needs to
12 know it.

13 Q. What is your authority at -- what do you
14 understand is your authority for any kind of straggle
15 or delay with the crew?

16 A. So what we did -- so my -- I'm basing mine
17 off of our H-1 standards back home. 15 minutes, no
18 requirements needed, up to -- as long as I'm notified,
19 up to 30 minutes, I can -- I'm notified, and then I'll
20 contact an ops representative. 45, the OPS O needs to
21 sign off and know why, and then up to an hour, the CO
22 needs to sign off and know why.

23 Q. Okay. If the -- I'm just spit-balling here,
24 but if this flight was delayed beyond 45 minutes, the
25 CO's on the boat, the XO's flying, OPS O's on the boat,

1 and Assistant OPS O is flying, who would you have gone
2 to?

3 A. So because the XO was in the flight, I would
4 have reached out to him either on base or signal to get
5 the reason --

6 Q. Assuming that he wasn't available.

7 A. Okay.

8 Q. He's out flying.

9 A. I'm sorry, I -- I would have went to the AML
10 at that point.

11 Q. The AML?

12 A. Uh-huh.

13 Q. So that's who you believed was the next in
14 charge?

15 A. Yes, sir.

16 Q. Okay. And does -- do you know if the AML
17 has the authority to make those calls?

18 A. I do not know, sir, if he has the authority.

19 EXAMINATION

20 BY (b) (6)

21 (b) (6) You said something
22 interesting, you said you were using the standards that
23 you remember from back home. Do you mean when you were
24 back in the squadron at Camp Pendleton with HOMA?

25 A. Yes, sir.

1 Q. Okay. And then the -- the next question I
2 have is are you aware of what the standards for delay
3 are for notification and authorization for the VMM?

4 A. I'm not, sir.

5 Q. Okay. Did the Assistant OPS O ever reach
6 out to -- to essentially track the -- the flights for
7 that day from the -- the ODO?

8 A. He did not, sir. I briefed him, the ODO
9 brief and at the section brief, but he didn't reach
10 out. That was my contact with him that morning.

11 Q. And then did the XO reach out at any point
12 to track execution of flight schedule?

13 A. No, sir.

14 Q. Okay.

15 A. We had the ODO brief.

16 EXAMINATION

17 BY (b) (6)

18 Q. That morning, the dump truck 1-1 and 1-2
19 crews specifically did each aircraft commander turn in
20 a signed weight and power?

21 A. Yes, sir.

22 Q. Okay. Is it commonplace that aircraft
23 commanders do not turn in a load comp or a -- or a
24 weight and power for a risk assessment sheet, or is it
25 pretty -- pretty common?

(b) (6)

1 A. It's pretty -- it's pretty standard, sir.
2 If someone does miss it, it's a -- it's -- it is rare
3 for someone to -- to miss that.

4 Q. Okay. Did you physically see dump truck 1-
5 2's weight and power, signed weight and power, from the
6 aircraft commander?

7 A. Not that I recall, sir.

8 (b) (6) Can we give ourselves a break
9 for a few minutes?

10 (End of Audio Recording 1.)

11 (Beginning of Audio Recording 2.)

12 (b) (6) All right, good morning. It
13 is about 10:50 a.m. We are still aboard RAAF Darwin,
14 and this is a continuation of our interview with

15 (b) (6) All of the people who were in the room
16 previously remain in the room now. When we paused the
17 recording we took approximately a 45-minute break
18 during which we excused (b) (6)

19 We consulted also while off recording after
20 (b) (6) came back into the room, we went ahead
21 and informed him of his Article 31 Bravo Rights using
22 the Article 31 Bravo Rights form. He signed indicating
23 that he understood those rights. However, has invoked
24 those rights to consult with Counsel prior to
25 continuing the interview. So at approximately 10:50

(b) (6)

1 a.m. on 8 September we are terminating the interview.

2 (b) (6) I just want to is -- is
3 that an accurate?

4 (b) (6) That is accurate.

5 (b) (6) Okay.

6 (b) (6) Yes, sir.

7 (b) (6) Thank you very much.

8 (End of Audio Recording 2.)

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

(b) (6)

CERTIFICATE OF TRANSCRIPTIONIST

I, (b) (6), a transcriptionist

located in Charlotte, North Carolina, hereby certify:

That the foregoing is a complete and accurate transcript of the digital audio recording of the proceeding in the above-entitled matter, all to the best of my skills and ability.

I further certify that I am not related to any of the parties to this action by blood or marriage and that I am in no way interested in the outcome of this matter.

IN WITNESS THEREOF, I have hereunto set my hand this 23rd day of October, 2022.

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

- (b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 22 Aug 2023, was incurred in the line of duty or as a result of my own misconduct;
- (b) (6) In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;
- (b) (6) Lost duty time will not count as creditable service for pay entitlement purposes;
- (b) (6) I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);
- (b) (6) If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;
- (b) (6) I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

05 SEP 2023
Date

(b) (6)
Signature

(b) (6)
Witness Signature

(b) (6)
Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRP -0 Unit: ✓ 3/1
Telephone number: (b) (6)

Today, 05 SEP, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 05 Aug 2023
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN) PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	05 AUG 2023	1215	
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. EDIPI	7. GRADE/STATUS
(b) (6)		(b) (7)(A), (b) (6)	(b) (6)
8. ORGANIZATION OR ADDRESS			
MRF-0 V371			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES, YES / ON OFF PRILLS

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

AT LEAST 4

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

YES, HAD NO QUESTIONS

4. Were you briefed on how where emergency exits were located?

I BELIEVE SO

5. If so, did you understand how to operate the emergency exit releasing device?

I HAD AN UNDERSTANDING FROM THE YES

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

THE FLIGHT WAS FASTER THAN I EXPECTED. WE HAD A SERIES OF TURNS THE LAST FEELING VERY STEEP. ~~WE THEN~~ IT THEN FELT LIKE WE BEGAN TO DESCEND. WE LEVELED AND VERY QUICKLY I COULD FEEL/HEAR TREES HITTING THE BELLY OF THE AIRCRAFT THEN WE IMPACTED.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

I DO NOT RECALL. I WAS WATCHING OUT THE BACK OF AIRCRAFT AND WAS NOT FLOWING ON THE CREW CHIEF

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I DO NOT RECALL, I DO NOT REMEMBER ~~MYSELF~~ BEING CLOSER TO THE DECK

10. What did you do once the aircraft came to a stop?

I WAS DAZED AND ORIENTED ON WHAT WAS HAPPENING AROUND ME BEFORE UNBUCKLING

11. How long (estimated) did it take for you to egress the aircraft?

ANYWHERE BETWEEN 30-120S, I DO NOT RECALL SPECIFICALLY

12. Once away from the aircraft where did you move to? What did you see?

ONLY ONE REMAINED NEAR THE AIRCRAFT THEN MOVED TO THE CCP (APPROX 75m AWAY)

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

POTENTIALLY WHILE EGRESS / NEAR

14. How long was it before you were recovered from the mishap site?

I BELIEVE ABOUT 4 HRS BUT DO NOT DEFINITELY RECALL

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

(b) (6) WENT BACK TO THE REAR OF THE CRAFT TO GET (b) (6)

I APPROACHED TO HELP BUT DID NOT GET AS CLOSE

(b) (6) HELPED SEARCH IN THE CRASH

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

DIDN'T REQUIRE ANY ON SIGHT

18. If injured, when was the first time you received the next higher level of care? From whom?

AT THE AIR FIELD BY A CIVILIAN NURSE

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

A VERY STEEP TURN, LEVELING, BEGINNING TO HIT TREES/DEBRIS GROUND IN THE BACK. THE WING CAME UP SLIGHTLY THEN WE IMPACTED AND DEBRIS FLEW THE CABIN

22. Tell us about what you remember after the initial impact?

WE CAME TO REST AND SOMEONE AT THE FRONT SHOUTED FIRE OR FLAMES, (b) (6) SEAT WAS IN THE AISLE. (b) (6) SHOULDERS WERE ON THE DECK WITH HIS TORSO/LEGS NOT VISIBLE OUTSIDE THE CRAFT. PEOPLE WERE CRAWLING OUT OVER BACK AND SOMEONE HELPED (b) (6) OUT OF HIS CHAIR. THE PLANE HAD SHEERED OFF

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

I DID NOT NOR OBSERVE ANYONE UNBUCKLE

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I WAS OAZED FOR SOME PERIOD OF TIME THEN UNBUCKLED AND GOT OUT.

I TRIED TO SEE HOW MANY HAD MADE IT OUT AND SAW A GROUP ABOUT

200 YARDS AWAY. CAPT. [REDACTED] ASKED CAPT. [REDACTED] IF HE HAD HIS HF RADIO THEN

(b) (6) HANDLED ME HIS RADIO BEFORE COMING BACK TO HELP GET (b) (6)

I HANDLED OFF THE RADIO TO GO ASSIST. AT LEAST 2 PEOPLE HAD

GOTTEN (b) (6) UNSTUCK FROM THE AIRFRAME AND BEGAN DRAGGING THEM TO THE CCP.

MYSELF, (b) (6) AND AT LEAST 10 OTHER PERSONS REMOVED THE IMMEDIATE

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO

AREA UNTIL
THINGS INSIDE
THE AIRCRAFT
BEGAN TO POP/EXPLODE

26. How were you rescued?

LTC VEHICLE

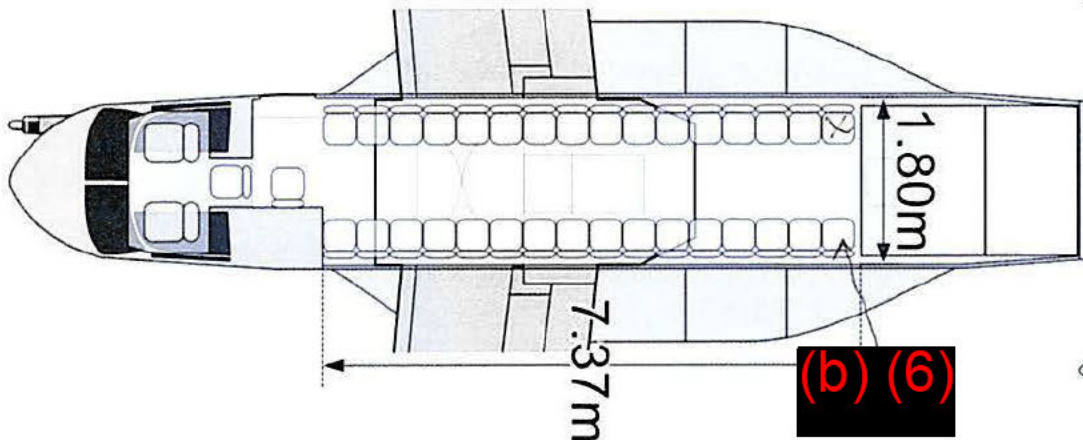
27. Describe the quality of medical care you received after the mishap?

GOOD, REGULAR

28. Do you have any information that would be helpful to our investigation that we have not asked you?

I DO NOT BELIEVE SO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 05 th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature

I MEF
Unit/Organization

(b) (6)
Signature of person administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 NOV 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

(do) / do not desire to submit a statement.
(circle one)

05 SEPT 2023
Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF - D Unit: 3RD BN 1ST MARINES, LIMA COMPANY
Telephone number: (b) (6)

Today, 05 SEPT, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 20230905
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES:	
retrieval. DISCLOSURE:		Your social security number is used as an additional/alternate means of identification to facilitate filing and Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS, DARWIN, AU	20230905	1010	
(b) (6)			STATUS
8. ORGANIZATION OR ADDRESS			
MRF-D, 3RD BN 1ST MAR			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES, SUMMER OF 2022 IN UNDERWATER EGRESS TRAINING.

IN DECEMBER OF 2022, "ON/OFF" DRILLS ON MCB CAMP PENDLETON CA AT MEAS CAMP PENDLETON.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

YES. Approximately 10 TIMES IN MY CAREER.

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

YES, NO QUESTIONS.

4. Were you briefed on how where emergency exits were located?

^W ~~NOT~~ BRIEFED THAT THE 2 MAIN EXITS WERE THE REAR RAMP AND FORWARD DOOR.

5. If so, did you understand how to operate the emergency exit releasing device?

YES, FROM UNDERWATER EGRESS TRAINING IN SUMMER 2022.

6. What was your role in the mission?

(b) (6)

^W OBJECTIVE "CHEETAH" AND

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

FROM 1P SUBARU INBOUND, EXORT FLIGHT LEAD CLEARS DTIC FLIGHT TO CONTINUE AND ZONE WAS ICE.

FIRST RIGHT TURN, I SEE LEAD FORWARD AND RIGHT.
ROLL WINGS LEVEL.

SECOND RIGHT TURN, HEAR "STALL" OVER ICS.
WINGS LEVEL

THIRD RIGHT TURN, MALE PILOT SAYS "I HAVE CONTROUS" → "BRACE BRACE" ON ICS
FEELS TREES ON BOTTOM OF AIRCRAFT
FULL IMPACT OF AIRCRAFT TO THE GROUND.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

YES. MALE PILOT YELLED "BRACE, BRACE" SHORTLY BEFORE IMPACTS.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

NO, REMAINED IN TACT

10. What did you do once the aircraft came to a stop?

WOKE UP MARINE TO MY LEFT, TOLD MARINES TO LEAVE EVERYTHING AND GET OUT.

11. How long (estimated) did it take for you to egress the aircraft?

APPROXIMATELY 45 SECONDS TO 1 MINUTE.

12. Once away from the aircraft where did you move to? What did you see?

INITIALLY ORDERED EVERYONE TO MOVE 100m TO REAR, THEN ANOTHER 100m TO REAR AFTER SEEING THE EXTENT OF FIRE AND CONCERNS OF FURTHER EXPLOSIONS

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

YES , DURING INITIAL EGRESS AND DURING PERIMETER SWEEP.

14. How long was it before you were recovered from the mishap site?

I REMAINED ON SCENE FOR APPROXIMATELY 4-5 HOURS.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

NO ONE WENT BACK INTO THE WRECKAGE, THOUGH I ORDERED 2 MARINES TO APPROACH IT AND CONDUCT A SWEEP OF THE IMMEDIATE SURROUNDING AREA.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

- ALL FROM IMPACT.

17. If injured, did anyone conduct "buddy aid" for you?

NO.

18. If injured, when was the first time you received the next higher level of care? From whom?

APPROXIMATELY 4-5 HOURS POST CRASH FROM LOCAL TRIAGE TEAM AND MEDICAL RESCUE PERSONNEL.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

* I REMEMBER SEEING FORWARD ~~AND~~ CREW CHIEF SELF EXTRACT FROM FORWARD RIGHT CABIN DOOR, BUT THIS DID NOT HAPPEN.

22. Tell us about what you remember after the initial impact?

- * INITIAL IMPACT HAD SMOKE AND DIRT FILL THE CABIN. FLAMES WERE VISIBLE FROM FORWARD CABIN DOOR AND WINDOW BEHIND ME. FLAMES WERE ALMOST INSTANTLY INSIDE THE CABIN AND TOWARDS COCKPIT.
- * MARINES WERE ALL BEGINNING TO EXTRACT, MARINE TO MY LEFT NOT CONSCIOUS.
- * I TOLD EVERYONE TO LEAVE EVERYTHING, FEARING SECONDARY EXPLOSION AND TO GET OUT.
- * VISUAL INSPECTION OF CABIN PRIOR TO GETTING OUT

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

- EVERYONE CRAWLED ON SEATS TO REAR TO EVACUATE.
- 3-4 MARINES WERE WORKING ON EXTRACTING CREW CHIEF WHO WAS PINNED AT REAR OF AIRCRAFT.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO.

26. How were you rescued?

VIA ADF VEHICLES.

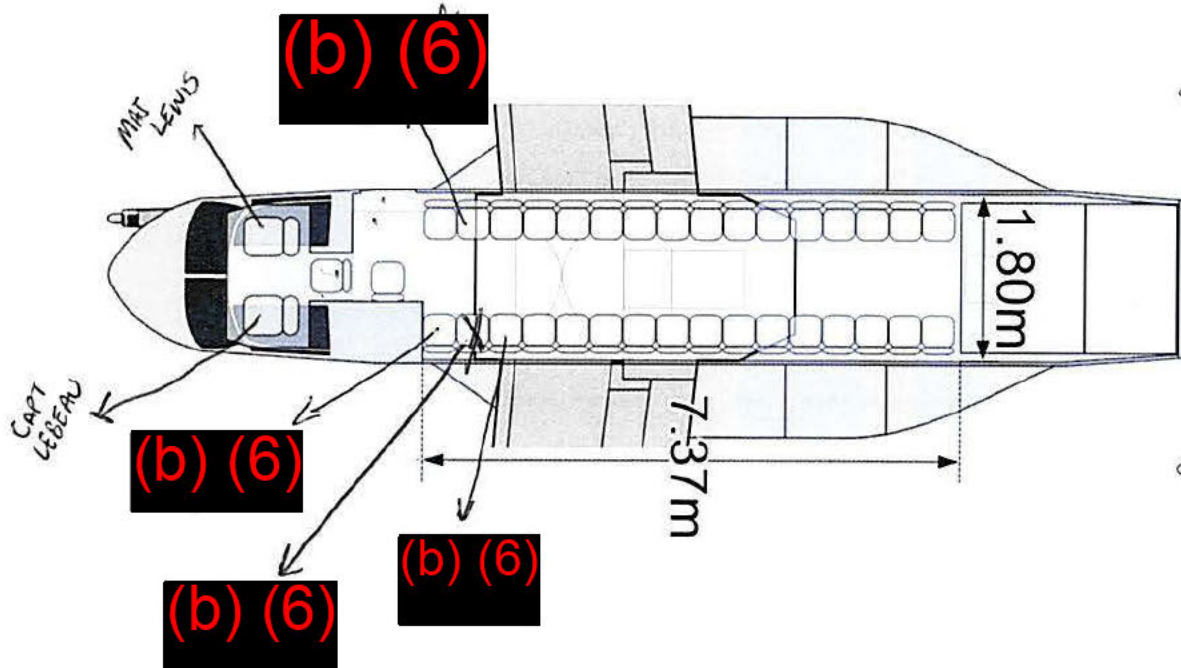
27. Describe the quality of medical care you received after the mishap?

INITIAL TRIAGE BY LOCAL NURSES AND CARE FLIGHT AT PINEETERMOOR AIRFIELD. MOVED VIA NT POLICE AIRPLANE TO RAAF DARWIN. TREATED BY MEF-D ROLE 2, THEN TO ROYAL DARWIN HOSPITAL ER.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

N/A

29. See diagram: Mark you seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(Signed) (b) (6) (Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature of person administering Oath

(b) (6)

(b) (6)
Printed Name

F M EF
Unit/Organization

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 AUG 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do do not desire to submit a statement.
(circle one)

2023 09 05
Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: (b) (6) Unit: V 31
Telephone number: (b) (6)

Today, 05 AUG, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

(Signature and date) 20250509

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	20230905	1215	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDIPI	7. GRADE/STATUS	
(b) (6)	(b) (6)	ACTIVE	
8. ORGANIZATION OR ADDRESS			
V31			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES, I HAD DONE THE UET WITHIN THE LAST YEAR. I DON'T REMEMBER THE EXACT MONTH, BUT IT WAS WITHIN THE CURRENCY WINDOW.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? YES, MULTIPLE TIMES IN (b) (6) AND IN THE FLEET. I WOULD SAY ABOUT 8 OR 9 TIMES PRIOR TO THAT FLIGHT.

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? WE WERE GIVEN A BRIEF. THE BIGGEST CONCERN I HAD WAS IF THERE WAS OXYGEN IN MY TANK, BUT I WAS ABLE TO TEST IT AND CONFIRM IT WAS FULL.

4. Were you briefed on how where emergency exits were located?

I DO NOT REMEMBER IF THEY BRIEFED THE EMERGENCY EXITS. I REMEMBER LOOKING AROUND WHEN WE SAT DOWN IN THE OSPREY AND UNDERSTANDING THAT THE FRONT CREW CHIEF'S DOOR WAS MY CLOSEST EGRESS POINT.

5. If so, did you understand how to operate the emergency exit releasing device?

I DO NOT REMEMBER HOW TO OPERATE THE EMERGENCY EXITS, HOWEVER FROM THE UET AND THE CREW CHIEF'S BRIEF THAT DAY, WE WERE TO FOLLOW THE CREW CHIEF'S INSTRUCTIONS IN THE EVENT OF AN EMERGENCY. I KNOW THE FRONT DOOR AS WELL AS THE RAMP WERE OPEN.

6. What was your role in the mission?

I AM THE (b) (6) SO MY ROLE WAS TO (b) (6)

AND BE ABLE TO (b) (6)
(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

I REMEMBER IT SEEMED LIKE A NORMAL FLIGHT UNTIL WE GOT OVER THE GROUND ON HELVILLE ISLAND. WE STARTED MAKING MANEUVERS AND IT SEEMED LIKE WE WERE COMING IN FAST BECAUSE THE ESCORT FLIGHT SAW PEOPLE ON THE AIRFIELD AND WE WERE REACTING TO THE SITUATION. WE MADE A LEFT BANK THEN WE WINGS LEVEL. THEN A RIGHT BANK AND ANOTHER RIGHT BANK. ON THE LAST RIGHT BANK I DIDN'T FEEL THE USUAL G-FORCE THAT KEEPS ME IN MY SEAT. I WAS LOOKING OUT OF THE BACK AND I COULD ONLY SEE THE SKY. IT FELT LIKE WE WERE SPINNING ON OUR SIDE FOR A SECOND AND THEN WE PULLED UP. I WAS STILL LOOKING OUT OF THE BACK AND FOR A SPLIT SECOND I THOUGHT THAT WAS PART OF THE MANEUVER. THEN WE WERE HITTING THE TREE TOPS. WE "RODE" THE TREES FOR A SECOND OR TWO AND THEN WE WENT DOWN INTO THE GROUND.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

I DO NOT REMEMBER SEEING OR HEARING ANYTHING FROM THE CREW BUT I WAS PRETTY LOCKED IN ON THE OPENING IN THE BACK AND I WASN'T PAYING ATTENTION TO ANYTHING ELSE.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I DO NOT REMEMBER IF THE SEAT STROKED AT ALL BUT I AM QUITE SURE IT DID NOT GO ALL THE WAY TO THE GROUND.

10. What did you do once the aircraft came to a stop?

A WAVE OF DIRT CAME IN AND HIT MY FACE SO I REMEMBER WAITING UNTIL THAT CLEARED BECAUSE IT WAS COMPLETELY DARK. ONCE THE DUST CLEARED I LOOKED TOWARD THE COCKPIT AND SAW THE DOOR WAS CLOSED AND A LOT OF BIG FLAMES COMING IN FROM THE CREW CHIEF'S DOOR AT THE FRONT RIGHT SIDE. THAT'S WHEN I STARTED YELLING FOR EVERYONE TO GET OUT AND UNBUCKLED MY HARNESS.

11. How long (estimated) did it take for you to egress the aircraft?

I WAS OUTSIDE IN UNDER 20 SECONDS PROBABLY AND THEN ANOTHER COUPLE OF MINUTES TO BE A SAFE DISTANCE AWAY.

12. Once away from the aircraft where did you move to? What did you see?

MYSELF, (b) (6) AND LATER ON A COUPLE OTHERS WERE CASEVAC A CREW MEMBER, SO WE WERE DIRECTED TO THE CCP, PROBABLY 150M OFF THE TAIL OF THE AIRCRAFT.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

I SPENT SOME TIME RIGHT OUTSIDE THE BACK OF THE AIRCRAFT TRYING TO FREE THE CASUALTY FROM SOME DEBRIS. AFTER GETTING TO A SAFE DISTANCE I DO REMEMBER COUGHING A LOT FOR A COUPLE HOURS. BUT THE WIND WAS BLOWING THE SMOKE AWAY FROM US ONCE WE GOT AWAY FROM THE AIRCRAFT.

14. How long was it before you were recovered from the mishap site?

I BELIEVE WE WENT DOWN AROUND 0930, ~~THE~~ I WAS THE LAST WAVE TO THE AIRFIELD AND I BELIEVE THAT WAS AROUND 1430. I WAS ALSO THE LAST OF THE PASSENGERS OFF THE ISLAND AND THAT WAS AROUND SUNSET.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

I DID NOT RETURN TO THE AIRCRAFT AFTER WE GOT AWAY. MYSELF AND (b) (6) AND (b) (6) WALKED AROUND TO THE FRONT OF THE AIRCRAFT AND TRIED TO IDENTIFY IF ANY OF THE FRONT THREE MADE IT OUT. MYSELF (b) (6) WERE KEEPING EVERYONE ELSE AWAY FROM THE AIRCRAFT ONCE WE GOT ACCOUNTABILITY.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

NEGATIVE. I DID NOT FEEL ANY OF THESE UNTIL I GOT TO THE AIRFIELD, AND THE CORPSMAN AND OTHER MEDICAL PERSONAL WERE TENDING TO THE MORE PRIORITY INJURIES.

18. If injured, when was the first time you received the next higher level of care? From whom?

I WAS LOOKED OVER WHEN WE GOT TO THE AIRFIELD BUT NOTHING WAS HURTING THEN. I WAS LOOKED OVER AGAIN WHEN WE GOT BACK TO RAFF DARWIN AND THAT'S WHERE MY INJURIES WERE DOCUMENTED. THEN AT THE HOSPITAL I WAS TREATED.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I REMEMBER SEEING THE REAR CREW MEMBER LAYING SIDELWAYS ON THE BACK RAMP. I REMEMBER SEEING THE TREES VERY CLOSE TO US AND THEN IT FELT LIKE WE WERE RIDING ON TOP OF THEM.

22. Tell us about what you remember after the initial impact?

SEE ABOVE

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO I DID NOT AND DIDN'T SEE ANYONE ELSE UNBUCKLE

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I UNBUCKLED AND KEPT YELLING GET OUT. I REMEMBER PASSING SOMEONE WHO WAS STILL IN THEIR SEAT. I ASKED HIM IF HE WAS OK AND IF HE NEEDED HELP. I DON'T REMEMBER HIS RESPONSE BUT I REMEMBER HIM GETTING UP AND MOVING OUT OF THE BACK. I PASSED WHAT LOOKED LIKE A CHAIR THAT HAD COME DISLODGED FROM THE DECK BUT I DIDN'T WHAT IT WAS AT THE TIME. I ONLY REMEMBERED THAT AFTER HEARING THAT ANOTHER MARINE'S SEAT HAD FLIPPED OVER IN THE IMPACT.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO DIFFICULTIES WITH EITHER.

26. How were you rescued?

I WAS DRIVEN BACK TO THE AIRFIELD IN AN AUSTRALIAN AMBULANCE AND FLOWN TO RAAF DARWIN IN A POLICE AIRPLANE.

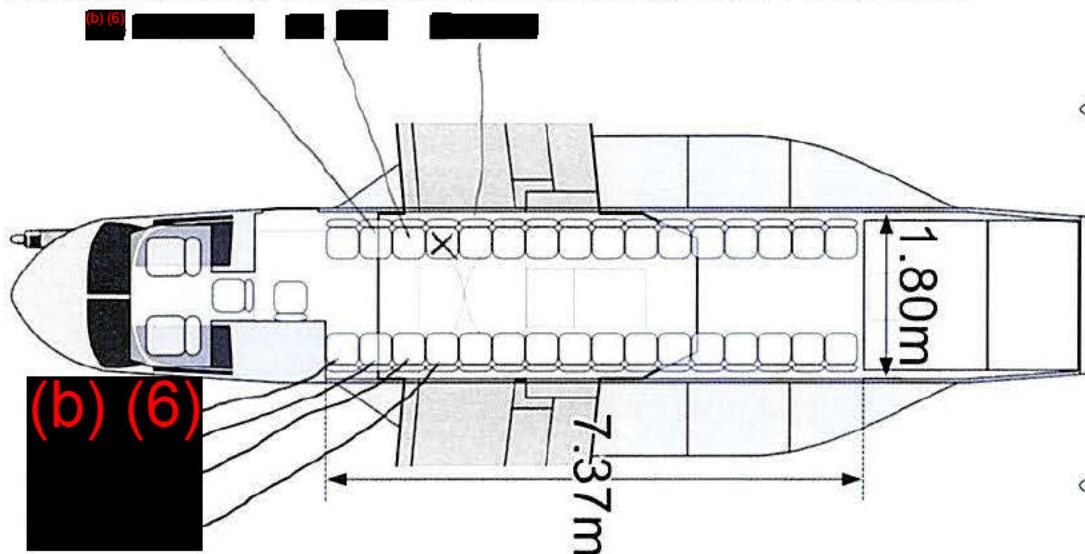
27. Describe the quality of medical care you received after the mishap?

THE CARE WAS THE BEST I COULD HAVE ASKED FOR. THEY WERE THOROUGH AND COMPASSIONATE.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

NO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature

I MEF
Unit/Organization

(b) (6)

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on AUG 27 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

2023 0905
Date

(b) (6)
Signature

(b) (6)
Witness Signature

(b) (6)
Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRE-D Unit: V3/1
Telephone number: (b) (6)

Today, 5 SEPTEMBER, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

(Signature and date)

20230405

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN) PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS DARWIN	2023 09 05	1218	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDIP1	7. GRADE/STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRF- D			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES, UET 26 MAR 2021

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

YES. 3-4 TIMES

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

YES. I DID NOT HAVE ANY QUESTIONS OR CONCERNS

4. Were you briefed on how where emergency exits were located?

YES

5. If so, did you understand how to operate the emergency exit releasing device?

YES

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

I RECALL LOOKING OUT THE BACK HATCH, WATCHING AS WE LEFT DARWIN. ONCE OVER MELVILLE ISLAND, (b) (6) CALLED OUT "5 PEOPLE ON AIRFIELD WITH NO WEAPONS," I RELAYED THE MESSAGE, SHORTLY AFTER, I FELT AS IF THE AIRCRAFT WAS LOSING ALTITUDE FASTER THAN NORMAL. SECONDS BEFORE IMPACT I LOOKED OUT THE BACK HATCH AND SAW THE TREES GETTING CLOSER, AT THAT TIME I HEARD A DISTINCT "BRACE FOR IMPACT."

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

YES, I HEARD SOMEONE YELL "BRACE FOR IMPACT."

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially? I DO NOT RECALL.

10. What did you do once the aircraft came to a stop?

I UNCLICKED MY SEAT BELT, TURNED TO SEE THE COCKPIT IN FLAMES AND THEN TURNED TO EXIT THE OSPREY.

11. How long (estimated) did it take for you to egress the aircraft?

ROUGHLY 1-2 MINS

12. Once away from the aircraft where did you move to? What did you see?

I MOVED 50 METERS OFF THE BACK AND 100 METERS DIAGONALLY TO MY RIGHT. I SAW TREES SURROUNDED ME, OTHER MARINES MOVING TO THE POSITION WE ESTABLISHED, AND BLACK SMOKE BILLOWING IN THE AIR.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery? *NO*

14. How long was it before you were recovered from the mishap site?

~~NO~~ I DO NOT RECALL THE TIME.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions. *NO*

16. Describe any and all injuries you received during the mishap (including soreness) and how

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

NO

18. If injured, when was the first time you received the next higher level of care? From whom?

UPON ARRIVAL AT ROLE 2 FACILITY, AT RAAP, CORPSMAN AT THE ROLE 2 FACILITY.

19. If injured, are you currently recovering from your injuries or fully recovered?

[REDACTED]

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I REMEMBER CINCHING MY SHOULDER SEAT BELTS AS TIGHT AS I COULD, HOLDING ONTO MY CHAIR WITH MY LEFT ARM, HEARING THE SOUND OF ROTORS CHOPPING TREES, AND TREES HITTING THE BOTTOM OF THE OSCREY.

22. Tell us about what you remember after the initial impact?

DUST AND BLACK SMOKE FILLING THE CABIN, SLIDING UNTIL WE STOPPED, EVERYONE UNCLICKING SEAT BELTS AND YELLING "GET OUT."

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO I ~~DID NOT~~ DID NOT NOR DO I RECALL OBSERVING ANYONE ELSE UNBUCKLING.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

A MAIN PACK HIT MY LEFT SHOULDER, RIFLE HIT MY LEG. SAW BLACK SMOKE BILLOWING ALONG WITH A REDDISH/
~~ORAGIS~~
ORANGISH COLOR. I USED THE FEELING OF THE MARINE ON MY LEFT TO FOLLOW HIM OUT THE BACK HATCH.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO

26. How were you rescued?

AUSTRALIAN DEFENCE FORCE DROVE US ON VEHICLES TO THE AIRFIELD.

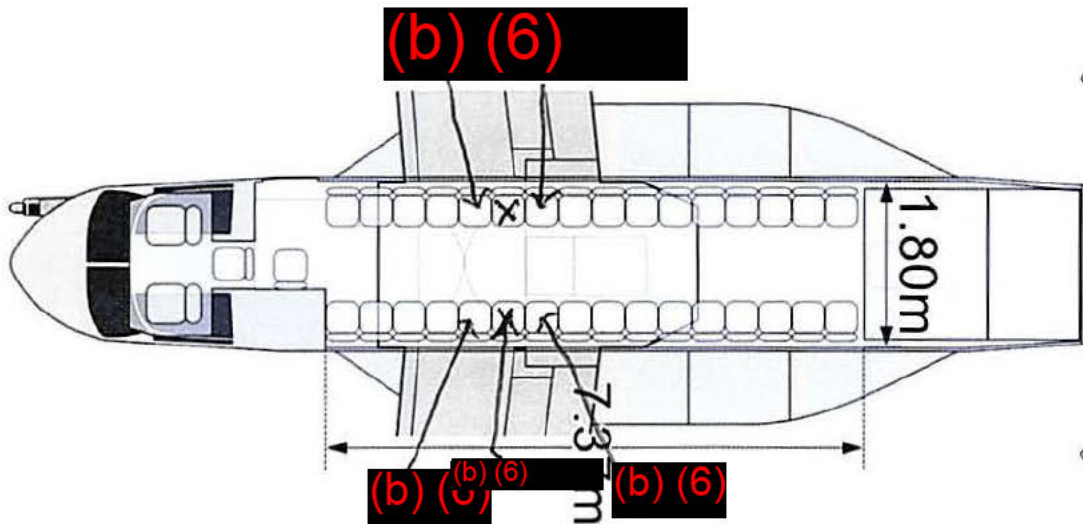
27. Describe the quality of medical care you received after the mishap?

REALLY GOOD. NURSES AT AIRFIELD KEPT CHECK ON ME, CORPSMAN AT ROLE 2 FACILITY GOT MY VITALS AND WRAPPED MY ARM TO KEEP IT STABLE.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

NO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature

I MEF
Unit/Organization

(b) (6)
Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on Aug, 27, 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

20230905
Date

(b) (6)
Signature

(b) (6)
Witness Signature

(b) (6)
Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF-D Unit: 3/1 L. Co
Telephone number: (b) (6)

Today, SEP 5, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

20230905

(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
20640430th Barracks	20230905	1222	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDIP	7. GRADE/STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRF-D			

QUESTIONS

- Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent? *Yes, I had done my UET qualification just before coming to the MRF-D*
- Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? *Yes, 2 or 3 times*
- On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? *Yes we were provided a briefing. I did not have any questions.*
- Were you briefed on how where emergency exits were located? *Not that I recall*
- If so, did you understand how to operate the emergency exit releasing device? *N/A*
- What was your role in the mission? *N/A*

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

I recall a lot, too much to write out here.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing? No

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially? My seat did NOT stroke.

10. What did you do once the aircraft came to a stop? Picked myself up in my seat and began to unbuckle myself to get out.

11. How long (estimated) did it take for you to egress the aircraft? 10-12 seconds

12. Once away from the aircraft where did you move to? What did you see? I jumped off the back ramp and ran straight back about 25 meters. I then looked back to see other people running behind me, the whole OSP4 was on fire at this point.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery? Yes, both inside and outside the aircraft.

14. How long was it before you were recovered from the mishap site?

Roughly 3.5 hours after the crash

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions. (b) (6)

(b) (6) stopped on his way out to free (b) (6) from the rubble. I then saw (b) (6) and (b) (4), (b) (6) dragging (b) (6) away from the crash.

16. Describe any and all injuries you received during the mishap (including soreness) and how

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you? N/A

18. If injured, when was the first time you received the next higher level of care? From whom?

4 hours later at the runway on the island

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered? Not sure yet

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight? I remember being on our right side and then leveling out just before we started flying through the trees. Then we hit the ground hard and slid for a ways.

22. Tell us about what you remember after the initial impact?

Sliding for a ways, then we stopped and I looked up and could hardly see because of the red dust and smoke. I could also see fire from the cockpit.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who? No, and No

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? N/A

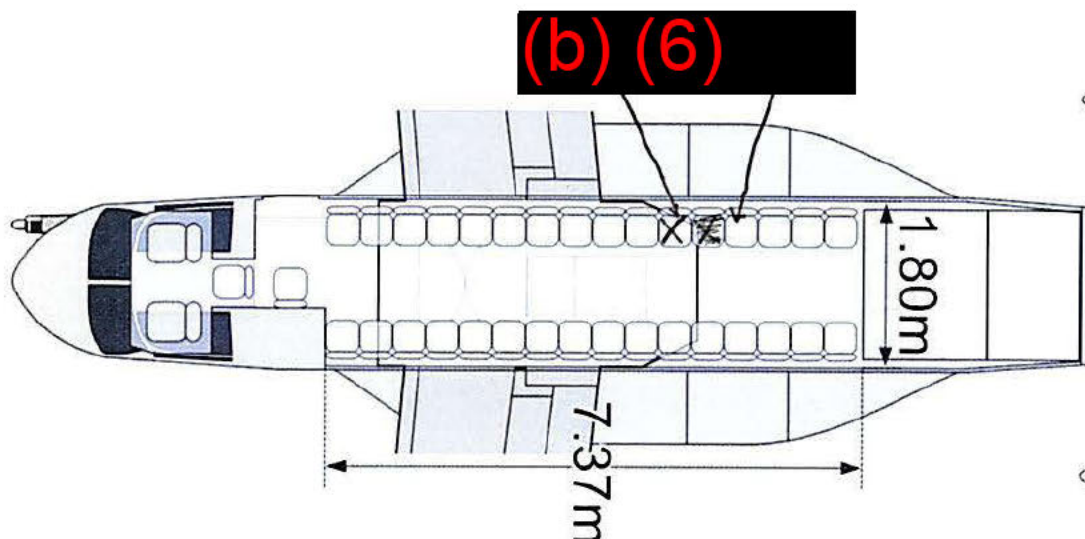
25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. N/A

26. How were you rescued? N/A

27. Describe the quality of medical care you received after the mishap? N/A

28. Do you have any information that would be helpful to our investigation that we have not asked you? I believe so.

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

F MEF

Unit/Organization

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6)

Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 AUG 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I (do) / do not desire to submit a statement.
(circle one)

5 SEP 2023

Date

(b) (6)

(b) (6)

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF D Unit: 31 L
Telephone number: (b) (6)

Today, 5 SEP, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

5 SEP 2023

(signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
AUTHORITY:		PRIVACY ACT STATEMENT	
PRINCIPAL PURPOSE:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
recorded. ROUTINE USES:		To provide commanders and law enforcement officials with means by which information may be accurately	
retrieval. DISCLOSURE:		Your social security number is used as an additional/alternate means of identification to facilitate filing and	
		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME			7. GRADE/STATUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			

QUESTIONS

- Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?
yes, I have completed egress training prior to deployment in camp Horno.
- Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?
I have flown numerous times from previous exercises on camp Pendleton, Yuma Arizona and Za Palms.
- On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?
We were briefed prior to the flight, I did not have any questions
- Were you briefed on how where emergency exits were located?
I do not recall a brief on emergency exits
- If so, did you understand how to operate the emergency exit releasing device?
I understand how to operate exit releasing device.
- What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

Everything seemed to be normal until we began what seemed to be evasive maneuvers. It felt as if we were descending quickly until we finally leveled out. I could see treetops as we began to crash into them right before we finally impact the ground.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

NO

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I did not notice my seat move at all.

10. What did you do once the aircraft came to a stop?

Quickly removed my seat belt and exited the ~~vehicle~~ aircraft.

11. How long (estimated) did it take for you to egress the aircraft?

about 20 seconds

12. Once away from the aircraft where did you move to? What did you see?

Once a few feet away from the rear of the aircraft in a safe distance I saw the extent of the damage and aircraft in flames

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery? I inhaled the fumes of fuel and some smoke.

14. How long was it before you were recovered from the mishap site?
about 3-4 hours

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions. After realizing my [REDACTED] (b) (6) was still in the cabin I went back but the aircraft was already engulfed. I observed people circling the aircraft for survivors

16. Describe any and all injuries you received during the mishap (including soreness) and how

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

I did not require buddy aid at the time

18. If injured, when was the first time you received the next higher level of care? From whom?

Once we got to the flight line, a medical team assessed us before flying back to RAAE

19. If injured, are you currently recovering from your injuries or fully recovered?

[REDACTED] (b) (6) [REDACTED]

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered? (b) (6)

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight? We began what I assumed was evasive maneuvers that seemed to be out of control. We start to descend rapidly until the aircraft levels out at the last second. I can see treetops get closer as we begin to skim and crash into them right before hitting the ground.

22. Tell us about what you remember after the initial impact?

I remember being dazed and trying to collect what just happened. Once I noticed smoke and fire I quickly exited the aircraft. (b) (6)

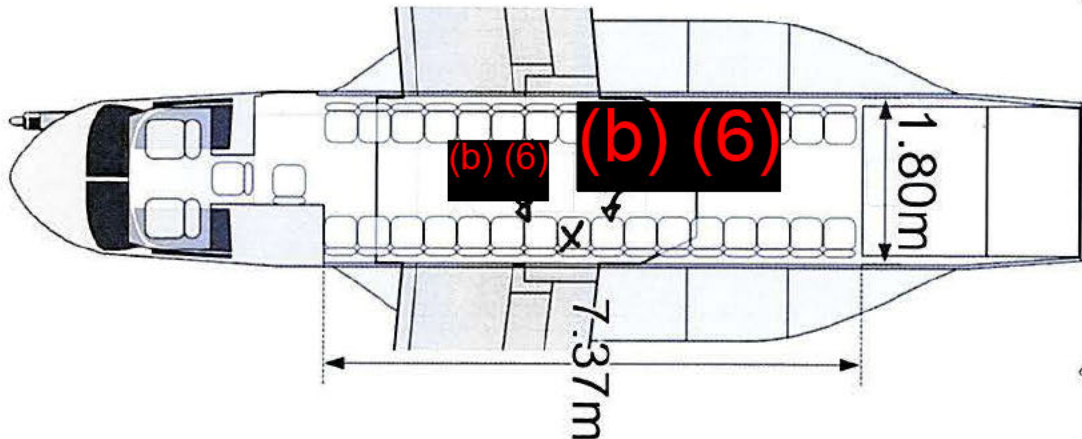
(b) (6)

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No I did not and I was looking out the rear so I did not notice anyone else.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? As everyone scrambled out I took off my seatbelt and followed. Outside the aircraft we attempted to take accountability as well as address any injuries
25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. No
26. How were you rescued? I Evacuated the aircraft on my own. ADF provided transportation from the crash site to the air strip
27. Describe the quality of medical care you received after the mishap? Good, a team assessed us at the air strip on Melville Island, a team assessed us at the RAAC, Royal Darwin Staff did their assessments and once discharged we got another assessment with Australian medics at Robertson barracks
28. Do you have any information that would be helpful to our investigation that we have not asked you? I do not

29. See diagram: Mark you seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

E MEF
Unit/Organization

(b) (6)

Administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6)

Questions have arisen concerning whether or not my injury/disease, sustained or discovered on Aug 27 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do do not desire to submit a statement.
(circle one)

2023 05 01
Date

(b) (6)
Signature

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: [REDACTED] Rank/Rate: (b) (6)
Activity: MRFD Unit: 3/1
Telephone number: (b) (6)

Today, Sept. 5, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 2023 0509
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 391; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson barracks.	202305A	1250	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDIPI	7. GRADE/STATUS	
[REDACTED]	[REDACTED]		
8. ORGANIZATION OR ADDRESS			
MRFD			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

Yes, on and off drills as well as the UET

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

Yes, 4-5 times

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

Yes, I did not have any questions.

4. Were you briefed on how where emergency exits were located?

Not that I can recall

5. If so, did you understand how to operate the emergency exit releasing device?

Vaguely.

6. What was your role in the mission?

I was filling the role of a (b) (6) as well as the (b) (6) for Line company.

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

It was a smooth flight until we did a banking maneuver then leveled followed by a second one, then crashed.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

I saw (b) (6) tell people to brace (He was hooked up to the comm in the aircraft)

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I am not sure, I remember walking on the seat to exit the aircraft.

10. What did you do once the aircraft came to a stop?

Looked around and immediately started to egress.

11. How long (estimated) did it take for you to egress the aircraft?

One minute or less. We all egressed very quickly.

12. Once away from the aircraft where did you move to? What did you see?

We moved about 200 meters away from the crash.

I saw trees, the burning aircraft, and a lobster and Hury flying over head.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

Yes when we crashed, while egressing, and while moving away from the crash.

14. How long was it before you were recovered from the mishap site?

3 Hours or so until I got moved to the air field. They moved the more

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

Once immediately out (b) (6) shouted into the back of the aircraft but quickly moved away from the wreck once told to do so. by self (b) (6) went around to try and see into the cockpit

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them? (b) (6) From a safe distance

17. If injured, did anyone conduct "buddy aid" for you?

I was asked by (b) (6) and some others if I was OK or hurt, but I had adrenaline at the time and didn't feel anything yet.

18. If injured, when was the first time you received the next higher level of care? From whom?

Provisional at RAAF Darwin from multiple caregivers

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

Yes.

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

^{second}
I felt the bank, I heard noise from the cockpit
then I saw (b) (6) telling people to brace then I braced.

22. Tell us about what you remember after the initial impact?

I remember hitting the ground and sliding. For orbit I don't know for how far / long it all happened very fast.
then the cabin filled up with dust and smoke. I saw fire coming in through the burner window from my right and we started to egress.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No, No.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I remember looking right seeing Fire, then Detting
Go at my rifle on buckles the Grabbing it and walking
on the seats to get out. There was Fire on the back end
and on the ground around it.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO.

26. How were you rescued?

the ADF playing OPFOR for the exercise
helped move us to the airfield then I flew to the RAAF
on a police plane.

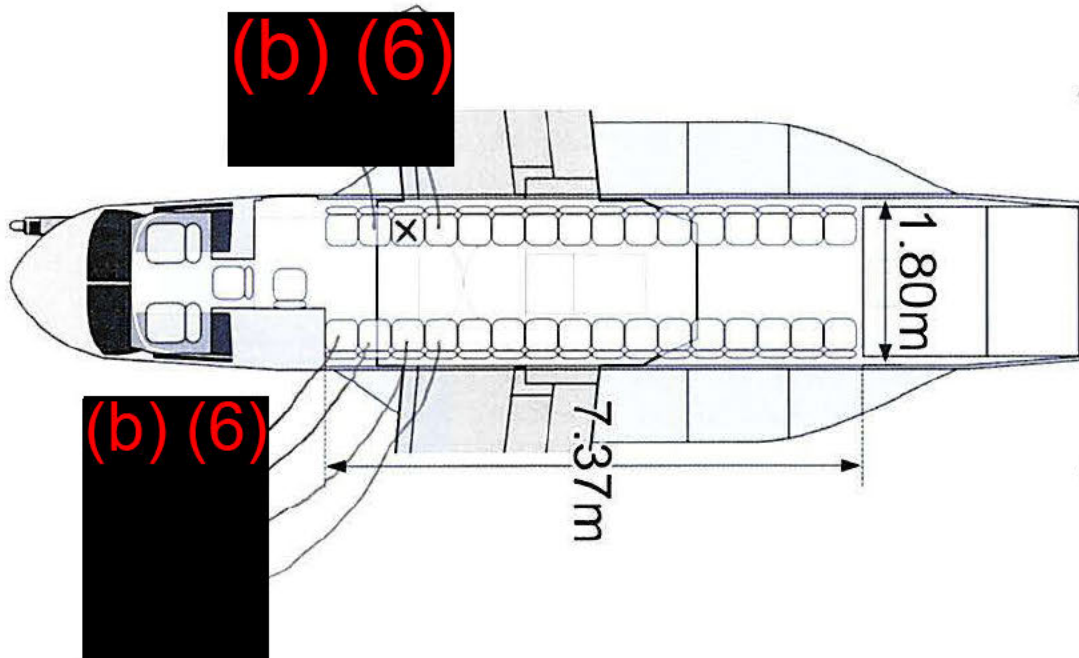
27. Describe the quality of medical care you received after the mishap?

it was very good. at the RAAF they looked over
everything possible then at the Royal Hospital it
was also very good, they took very good care of us.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

I think everyone did the best they could given the
time and information they had.

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature

F M ER
Unit/Organization

(b) (6)
Signature of person administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, **(b) (6)** _____ have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 08/27 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

20230905
Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: [REDACTED] (b) (6) Rank/Rate: [REDACTED] (b) (6)
Activity: MRF-0 Unit: V31
Telephone number: [REDACTED] (b) (6)

Today, September 5, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

(Signature and date)

20230905

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barracks	20230905		
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDIP	7. GRADE/STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRF-D V31			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent? *Yes, I qualified on the UET Dec 2021 and had conducted multiple sets of on/off drills*
2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? *I had flown on an MV-22 3 times prior to this mission*
3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? *We were provided a passenger brief, I had no questions at the time*
4. Were you briefed on how where emergency exits were located? *Yes, the locations were provided in the brief*
5. If so, did you understand how to operate the emergency exit releasing device? *Yes*
6. What was your role in the mission? *As the (b) (6) my role was to (b) (6) (b) (6) once we disembarked from the aircraft*

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

The flight from RAAF Darwin to Melville Island was normal; once we began our landing approach the aircraft began to roll side to side. On the third roll, we leveled out, began to hit trees, then hit the ground.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

There was a brace call just before impact.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I do not recall.

10. What did you do once the aircraft came to a stop?

I checked the Marines to my left and right, then began getting off the aircraft.

11. How long (estimated) did it take for you to egress the aircraft?

less than 1 minute.

12. Once away from the aircraft where did you move to? What did you see?

We established a CCP/AA approximately 150 m from the aircraft.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

I believe so, but I cannot confirm

14. How long was it before you were recovered from the mishap site?

approximately 2.5 hours

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

Immediately following disembarking 2 Marines were pulling the rear crew chief off the aircraft while I unhooked his gunners belt. After that myself and another Marine made an attempt to locate the remaining crew chief and 2 pilots

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

No, I was assisting with the other casualties and maintaining accountability at the AA

18. If injured, when was the first time you received the next higher level of care? From whom?

once we got to the airfield, I was treated by the ADF medics and flight doctors

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I remember the last roll, hitting the trees, and then impacting the ground

22. Tell us about what you remember after the initial impact?

once that settled
Dirt and debris were thrown into the aircraft, much of the aircraft exterior of the
was on fire; we then moved to accountability and casualty treatment (b) (6)

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who? I did not, and I do not recall anyone unbuckling prior to impact

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? I checked that the Marines to my left and right were able to unbuckle unassisted, then everyone moved out the rear hatch by walking on top of the seats

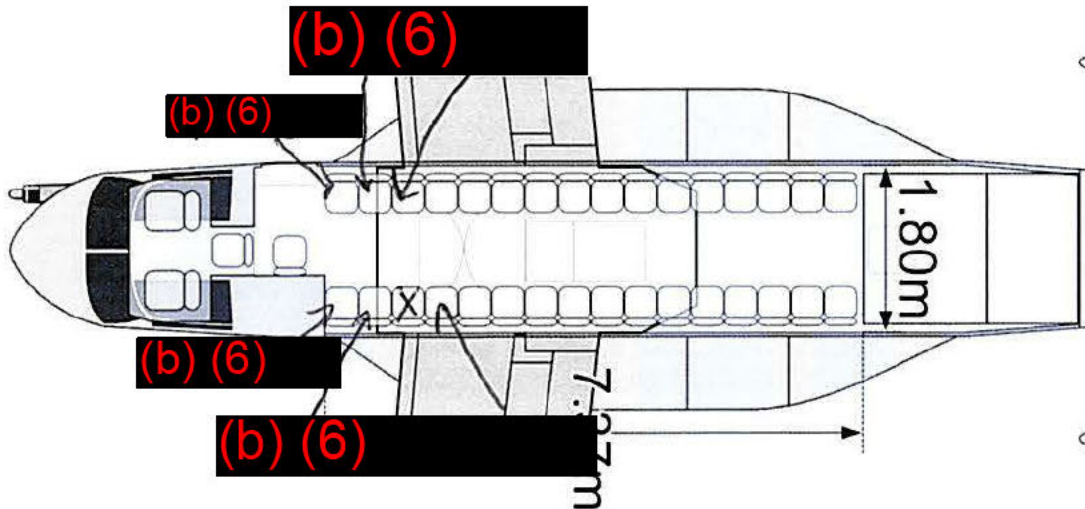
25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. I encountered no difficulties

26. How were you rescued?
ADF vehicles transported me to the airfield

27. Describe the quality of medical care you received after the mishap?
The medical care was more than adequate

28. Do you have any information that would be helpful to our investigation that we have not asked you? No

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, **(b) (6)**, have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

IMEF

Unit/Organization

(b) (6)

Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, **(b) (6)** have been advised that:

(b) (7)(A), (b) (6)

Questions have arisen concerning whether or not my injury/disease, sustained or discovered on August 27, 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

20230105
Date

(b) (6)

(b) (6)

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: Unit: V 3/1 Lima Co
Telephone number: (b) (6)

Today, September 5th, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 20230105
and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY: Title 10 USC Section 391; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN) PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barracks	20230905	1217	
5. LAST NAME FIRST NAME MIDDLE NAME		6. GRADE/STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRFD			

QUESTIONS

- Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?
UET training, FRM course
- Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? - Yes, 2
- On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? CPI Collart gave us our brief, I did not have a question
- Were you briefed on how where emergency exits were located?
I'm not sure but I'm very certain we were not
- If so, did you understand how to operate the emergency exit releasing device?
I took it upon myself to scan the exits and read the text on how to use them but didn't utilize them
- What was your role in the mission?
Secure the airfield and do a pass off to the ADF

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

All of us had a bad feeling upon entering the bird.
Whenever we past the ocean onto the island we got 5 mines out
hand and arm signal. Pilots did evasive maneuvers. They
did two hard barrels. The first one went smooth the second
one engines stalled while we were sideways. we were slowly
nose diving until Major Lewis leveled us out in the last few
seconds upon making contact with the trees and crashing into
the ground where we slid sideways and the bird was instantly
in flames.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

NO

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I cannot remember

10. What did you do once the aircraft came to a stop?

I looked to my left towards the cockpit and saw nothing but flames and smoke
I did my best to listen for screaming but the bird was quiet. I looked out
of the emergency exit window and saw fire on the right side of the bird. We all got up and
rushed out. I saw (b) (6) on the ground in between the frame but moved past him
fearing blocking people from making it out if I stayed in front of the missing hatch/ramp.

11. How long (estimated) did it take for you to egress the aircraft?

1-2 minutes

12. Once away from the aircraft where did you move to? What did you see?

I hopped out ripped off my LPU and made my way to (b) (6) who had been
dragged out and assisted in freeing him and moving him away from the
aircraft in fear of a bigger explosion. The hatch was quickly knocked
from the fire and the bird was engulfed in flames

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

Yes to both

14. How long was it before you were recovered from the mishap site?

my perception of time is all over and my memory is scattered
So I can't give a precise answer

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

When I first got out I told someone we need to go back in but the fire was so quick to take that out shortly after saying that. 2-3 others did go scout the other side of the bird for the pilots but saw nothing

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

NO I denied aid others needed it more than me
I just kept going until I got to the hospital and ADF medical center

18. If injured, when was the first time you received the next higher level of care? From whom?

I had a nurse check me out at the airfield, then Corpsmen and MO's at the RAAC

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight? We were losing altitude fast when we leveled out I thought we were at the airfield. We clipped trees and a big impact and we started sliding

22. Tell us about what you remember after the initial impact?

The cabin was immediately filled with smoke and dust the ~~cot~~ cockpit was in flames and smoked out. Also a few floating embers in the cabin fire on the right side of the bird

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No & No

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? Undid my seat belt. We made our way out. It was dark

smoky and dusty. The ramp was missing. The frame of the bird toward ~~at~~ the back of the hatch was cracked. A half Reyes was in between carbon ~~fiber~~ fiber frame and the dirt on the ground. Fire was spreading.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. NO it held up and did its job

26. How were you rescued?

EMS, ADP OPER CareFlight. I rode a vic out to the airfield and was one of the guys on the last groups to leave the island

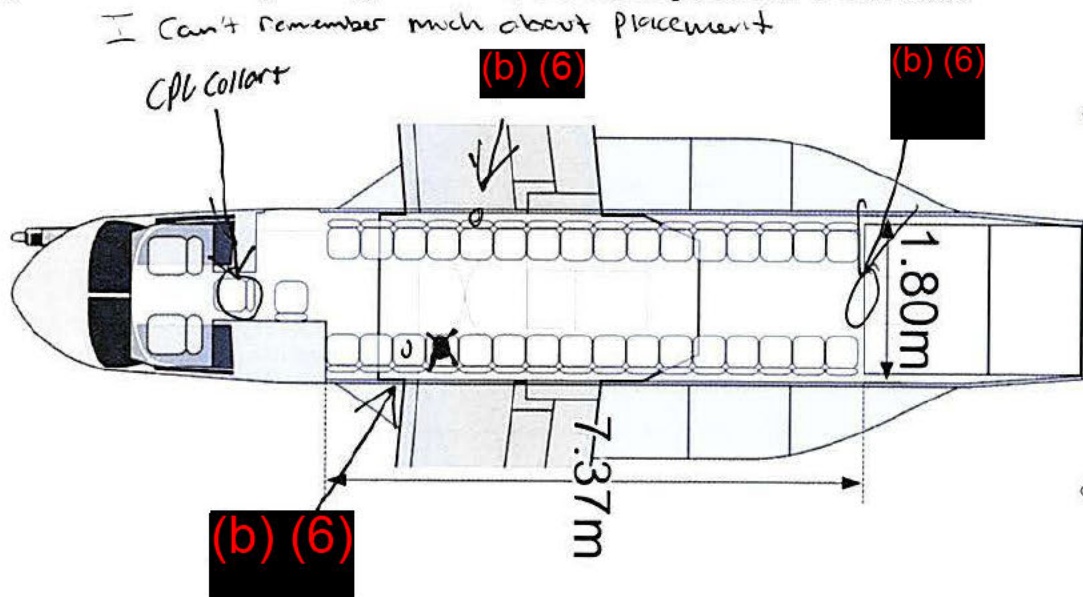
27. Describe the quality of medical care you received after the mishap?

Very well, they cared for us greatly and didn't want us to be stoic about our injuries

28. Do you have any information that would be helpful to our investigation that we have not asked you?

It wasn't the pilots fault ~~they~~ them and Collett did what they could to fix what they could fix

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(b) (6) (making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

I MEF

Unit/Organization

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, **(b) (6)** _____ have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 0827 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do do not desire to submit a statement.
(circle one)

20230905

Date

(b) (6)

Signature

(b) (6)

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF-D Unit: V 3-1
Telephone number: (b) (6)

Today, 20230905, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 20230905
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
AUTHORITY: PRINCIPAL PURPOSE: recorded. ROUTINE USES: retrieval. DISCLOSURE:		PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN) To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barracks	20230905	1230	
(b) (6)			STATUS
5. ORGANIZATION OR ADDRESS			
V 3-1			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

Yes underwater egress

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

Yes, around 10 times

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

Yes, no questions

4. Were you briefed on how where emergency exits were located?

Yes

5. If so, did you understand how to operate the emergency exit releasing device?

Yes

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

It was a bit shaky at times

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

NO

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

It did not stroke to the deck

10. What did you do once the aircraft came to a stop?

I got my bearing, saw a bunch of smoke and flames and quickly got out.

11. How long (estimated) did it take for you to egress the aircraft?

No more than 5 minutes

12. Once away from the aircraft where did you move to? What did you see?

I moved about 100 M from crash site

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

during egress

14. How long was it before you were recovered from the mishap site?

Do not recall fully but around 3 hours

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

(b) (6)

helped me walk away from crash site

18. If injured, when was the first time you received the next higher level of care? From whom?

Darwin hospital

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

it felt like we where doing evasive maneuvers, we where really close to the ground and going really fast. At some points i was fully laying on my back. we ended up being leveled seconds before hitting the 1st tree

22. Tell us about what you remember after the initial impact?

I only remember the aircraft on fire and quickly getting out.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? I got out by MYSELF

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. NO

26. How were you rescued?

initially by Australian military

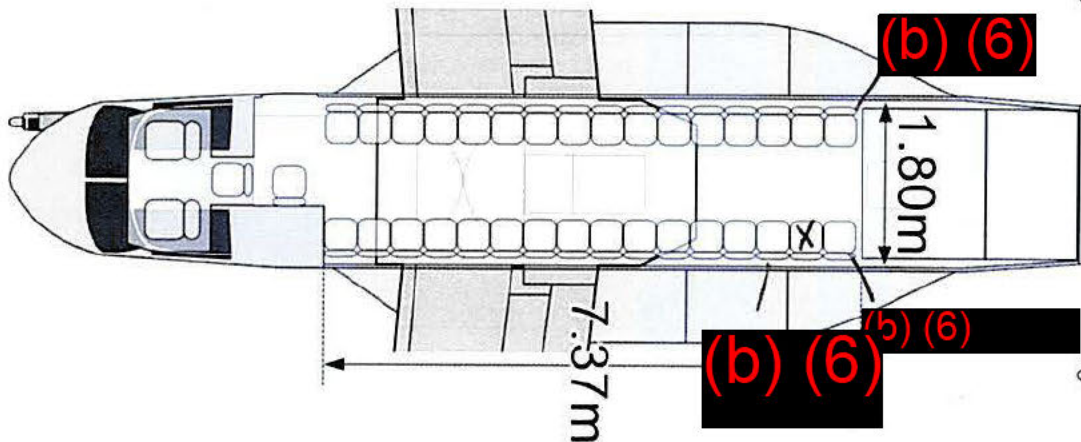
27. Describe the quality of medical care you received after the mishap?

good

28. Do you have any information that would be helpful to our investigation that we have not asked you?

NO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Unit/Organization

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6)

Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 Aug 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

(do) do not desire to submit a statement.
(circle one)

20230905

Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF-D Unit: 3/1 L Co.
Telephone number: (b) (6)

Today, 5 SEP, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

20230905

(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barracks	20230905	1300	
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. EDIP	7. GRADE/STATUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			
3/1 L Co.			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

Yes. Prior to Steel Knight in 2022 we practiced dismount drills for the air assault portion. We also did VET training in June of 2022.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

Yes, one time in early December of 2022 for Steel Knight.

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

A briefing was provided, I had no questions.

4. Were you briefed on how where emergency exits were located?

Not to my memory.

5. If so, did you understand how to operate the emergency exit releasing device?

No.

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

we kept banking sharply to the right. I was sitting front left so I could see out of the gunner's hatch, and kept seeing the trees get closer with each bank. on our final (third?) bank we were incredibly close, and getting closer in a downward spiral. It appeared that we were getting close to being upside down as well. (b) (6) then tapped my helmet and yelled for us to brace. The bird leveled

out and we slammed horizontally (level with the ground) through the trees and then slid. Throughout the flight CPL collar kept flipping through a book, going back and forth from the cabin and cockpit, and messing with something behind my seat.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

No.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I don't know, I was briefly knocked out on impact.

10. What did you do once the aircraft came to a stop?

The XO shook me awake, I took my seat belt off, and exited out of the back.

11. How long (estimated) did it take for you to egress the aircraft?

15-30 seconds.

12. Once away from the aircraft where did you move to? What did you see?

we moved about 100-200 yards to the left of the aircraft and set up a CCP there. The aircraft looked to be completely engulfed in flames.



13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

I took a couple breaths of smoke while exiting.

14. How long was it before you were recovered from the mishap site?

2-3 hours I think.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

A few of us went around to the right side of the aircraft to see if the pilots and crew chief exited from that side, but nobody reentered the aircraft.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

(b) (6) shook me awake, and **(b) (6)** instructed me to sit under a tree with some food and water.

18. If injured, when was the first time you received the next higher level of care? From whom?

At the hospital. Up until then I was just given food / water and told to take it easy.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

Already detailed in question #7

22. Tell us about what you remember after the initial impact?

I came to after we stopped sliding, the gunner's ^{hatch} was gone and there was a wall of flame in front of me where it used to be. A line had burst behind me and hydraulic fluid or something was spraying on me. The XO was yelling for everybody to leave their stuff and get out. It was very hot and smoky, hard to breathe. For about half an hour afterwards I was coughing and seeing spots in my vision.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I exited through the back. (b) (6) was working to pull (b) (6) out, he was unconscious by the ramp, so we had to go around them. A lot of the ground outside was on fire.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

No.

26. How were you rescued?

The Aussies echeloned us away from the site by injury priority. They drove us to the airfield on some kind of trucks.

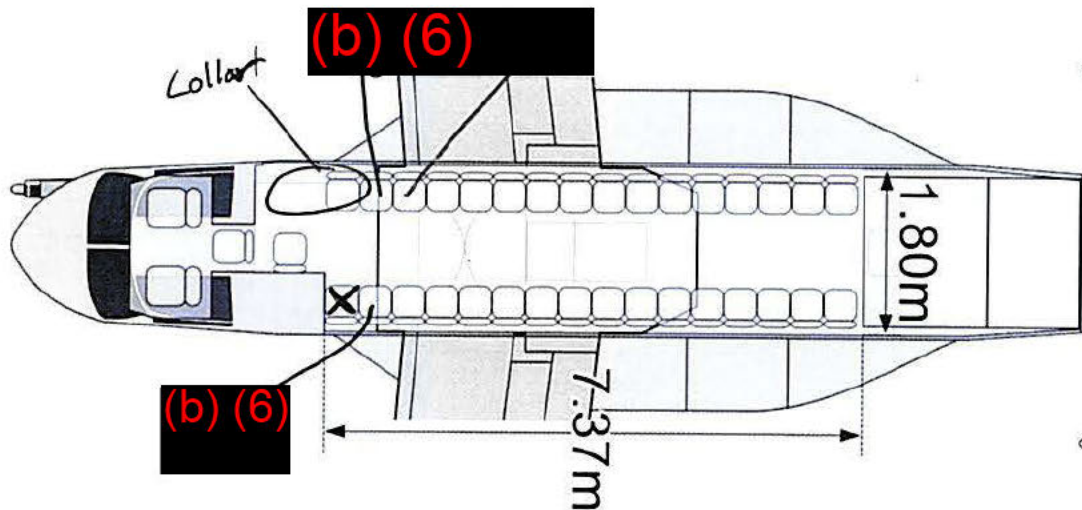
27. Describe the quality of medical care you received after the mishap?

It was good, very thorough.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

Not that I can think of.

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6) have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

IMEF

Unit/Organization

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

- ☒ Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 06/13 2023, was incurred in the line of duty or as a result of my own misconduct;
- ☒ In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;
- ☒ Lost duty time will not count as creditable service for pay entitlement purposes;
- ☒ I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);
- ☒ If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;
- ☒ I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I (do) do not desire to submit a statement.
(circle one)

20230913
Date

(b) (6)
Signature

(b) (6)
Witness Signature

(b) (6)
Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRP-13 Unit: V 3/1
Telephone number: (b) (6)

Today, 09/13, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

(Signature and date)

20230413

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barracks, Dairn	20230913	0914	
5. LAST NAME FIRST NAME MIDDLE NAME			TUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRE-D			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

Yes, doing on and off drills.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

Never

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

Yes

4. Were you briefed on how where emergency exits were located?

No

5. If so, did you understand how to operate the emergency exit releasing device?

I knew where they were at beforehand.

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

It was fine taking off and going over the ocean. Once we got over the island that's when we were getting too low doing evasive maneuvers with the speeds that we did. Also how the MV-22 was at a 90° angle until the pilots got us back to being level. At that point it was too late and we're going down hitting trees.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

It was repeated back "Brace for impact."

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

No

10. What did you do once the aircraft came to a stop?

I froze for five seconds then tried to find my seatbelt clip to get out and help Saucedo.

11. How long (estimated) did it take for you to egress the aircraft?

30 seconds or less.

12. Once away from the aircraft where did you move to? What did you see?

Moved 100-150m out and saw the MV-22 being in a bigger fire.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

Yes, while running out.

14. How long was it before you were recovered from the mishap site?

3 or 4 hours

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

Didn't go inside but tried to get (b) (6)
body away from the MV-22.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

I didn't need it.

18. If injured, when was the first time you received the next higher level of care? From whom?

Darwin Hospital.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

Over the Island we're getting too low and close to the trees. I knew something was wrong going at a 90° angle. Then people said "Brace for Impact."

22. Tell us about what you remember after the initial impact?

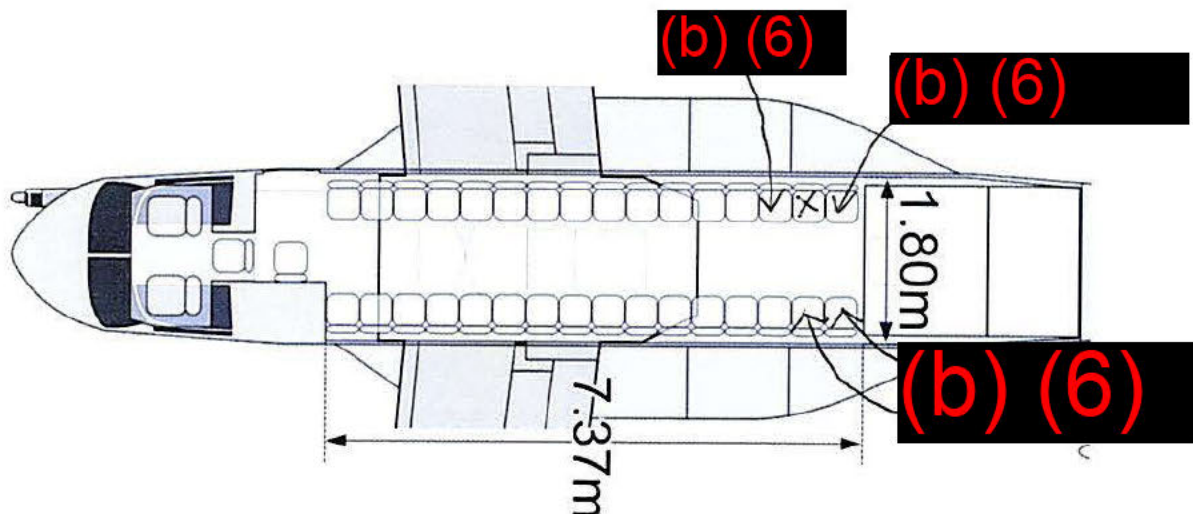
I froze, saw (b) (6) on top of ~~the~~ ^{the} ~~parachute~~ ^{parachute} with his seat on him, got out while seeing (b) (6) with massive hemorrhage and being unconscious running to a certain point, moving again, then helping anyone that needed it, ran with med bags to people helping (b) (6), got a ride to the airfield, and got to ride in the cockpit on the plane to the RAAF.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No and No

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? Unbuckled my seat, grabbed my rifle, and saw others running or limping away.
25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. No
26. How were you rescued?
I got a ride from the ADF to airfield.
27. Describe the quality of medical care you received after the mishap?
Seen by nurses and doctors at Melville Island airfield, Corpsman took vitals at RAAF, Nurses and Doctors took vitals and X-rays at Darwin hospital, and Nurses and Doctors took vitals at Robertson Barracks Clinic.
28. Do you have any information that would be helpful to our investigation that we have not asked you? Make sure everyone has a full oxygen tank and check if every nozzle is turned. Have Pilots and Aircrew put Zap cards in pockets.

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
Signature

IMEF CE SSA
Unit/Organization

(b) (6)
Signature of person administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, **(b) (6)** have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on August 27th 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

2023 09 05

Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRSV Unit: ✓ 571 Lima Co
Telephone number: (b) (6)

Today, September 5th, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

2023 0705

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	Robertson Barracks	2. DATE	2003 09 05
		3. TIME	12 17
4. FILE NUMBER			
5. LAST NAME FIRST NAME MIDDLE NAME	(b) (6)		
6. GRADE/STATUS			
8. ORGANIZATION OR ADDRESS	3/1 MRS-10		

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

yes, About 10, unsure

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

yes, I had no questions or concerns

4. Were you briefed on how where emergency exits were located?

No I do not remember
JBD

5. If so, did you understand how to operate the emergency exit releasing device?

yes

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

The flight felt a bit rough but was within the boundaries of what I had come to expect from prior flights in ospreys. I remember hearing a alarm of some kind 2 or 3 times around the time we were nearing the airfield. I believe we were performing evasive maneuvers banking left to right when the osprey seemed to stall or lose control and then leveling out as I watched out the rear of the osprey as we tore through trees and impacted the ground. ~~The front of the osprey was on fire as soon as~~ (b) (6) we stopped moving.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

We were told to brace

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I do not recall the position of my seat during or after impact

10. What did you do once the aircraft came to a stop?

I saw fire spreading from the front of the aircraft to my right. I heard others screaming get out so I unbuckled and exited the rear of the osprey

11. How long (estimated) did it take for you to egress the aircraft?

15 seconds at most

12. Once away from the aircraft where did you move to? What did you see?

I saw small fires starting along the path I took out of the osprey. I moved at an angle away from the rear of the osprey pausing and looking back every 25-30 meters reaching about 150 meters out. By the time I was settled the osprey appeared to be entirely engulfed in flames

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

Briefly during egress

14. How long was it before you were recovered from the mishap site?

I saw our CO and 2 or 3 marines go back to ~~the~~ rescue the crewman from the rear of the osprey

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

yes

18. If injured, when was the first time you received the next higher level of care? From whom?

HMS Siphongsay, shortly after crash at crash site

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I remember watching the osprey collide with the trees, thinking I was gonna die, feeling the osprey hit the ground, realizing I wasn't dead and that there was a wall of fire at the front of the osprey, and thinking I needed to get out

22. Tell us about what you remember after the initial impact?

I remember the fire and the red glow of the jet and smoke in the osprey

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

No

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I saw sire, unbuckled myself and got out

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO

26. How were you rescued?

Pulled myself out of Osprey, ~~W~~ic'd away from crash site, Flown off island in police plane

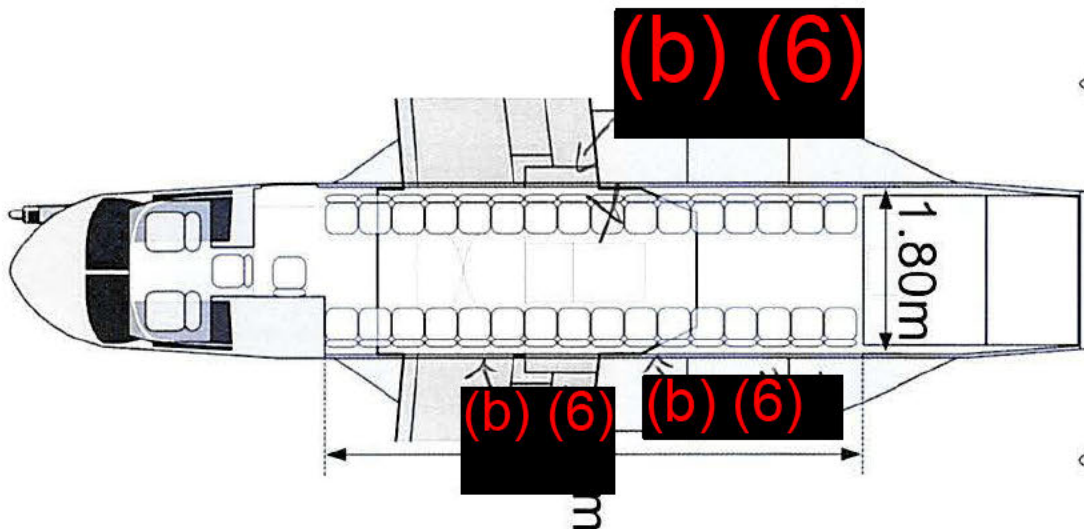
27. Describe the quality of medical care you received after the mishap?

Outstanding

28. Do you have any information that would be helpful to our investigation that we have not asked you?

NO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature) (ent)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)
S

7 MFT
Unit/Organization

(b) (6)
Signature of Person Administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6)

Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 AUG 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

5 SEPT 2023
Date

(b) (6)

(b) (6)

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF -D Unit: 3/1 L co
Telephone number: (b) (6)

Today, Sept 5, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
Robertson Barrickes	5 SEPT 2023	1227	
5. LAST NAME FIRST NAME MIDDLE NAME		6. GRADE STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

We have done loading off osprey drills upon landing and setting security until the osprey takes off. We have also done loading onto osprey drills.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

I have been on MV-22 manytimes during WTX in Yuma. We loaded onto Osprey on every field ops there as many as 5-7 times.

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

We did get a passenger briefing from the crew prior to boarding and I did not ask any question.

4. Were you briefed on how where emergency exits were located?

yes.

5. If so, did you understand how to operate the emergency exit releasing device?

you turn the handle downwards and push the window out.

6. What was your role in the mission?

(b) (6) and our mission was to take northern side of the airstrip, preventing any enemy access and reconnaissance.

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

I can recall that during most of the flight, I was asleep and only woken up 5 minutes before getting to the obj. Once I was woken up I looked out the window across from me and saw that we were closed to trees. We started maneuvering around and as we leveled out, we got closer to the trees and soon started hitting them.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

NO

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

The seat partially took the impact.

10. What did you do once the aircraft came to a stop?

I unbuckled my seatbelt and headed to the rear of the bird.

11. How long (estimated) did it take for you to egress the aircraft?

less than 30 seconds.

12. Once away from the aircraft where did you move to? What did you see?

We moved away from the aircraft and as I looked back, the bird was engulfed in flames and black smoke.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

NO

14. How long was it before you were recovered from the mishap site?

I was one of the routine patients so it took around 4-5 hours before heading to the air strip.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

I did see 4 marines carrying out the crew chief, After that the Aircraft was completely on fire.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

I didn't receive any injuries on impact but the next day I started feeling [REDACTED] (b) (6) [REDACTED] [REDACTED] [REDACTED] (b) (6) [REDACTED]

17. If injured, did anyone conduct "buddy aid" for you?

N/A

18. If injured, when was the first time you received the next higher level of care? From whom?

N/A

19. If injured, are you currently recovering from your injuries or fully recovered?

N/A

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

N/A

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I just remember waking up ~~and~~ ^{before} crashing. I remember hitting trees on the way down and crashing, smoke, fire, dirt flying into the Aircraft, and everyone getting out.

22. Tell us about what you remember after the initial impact?

After the impact, I got off the bird and just saw a massive black cloud of smoke coming from the aircraft and surrounding trees with orange red and yellow flames creating the black smoke.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

I unbuckled my seatbelt after the impact, so did everyone else

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? same as question 7

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. I did not encounter any difficulties with my gear.

26. How were you rescued?

The Australian army came and got us and dropped us off at the airstrip.

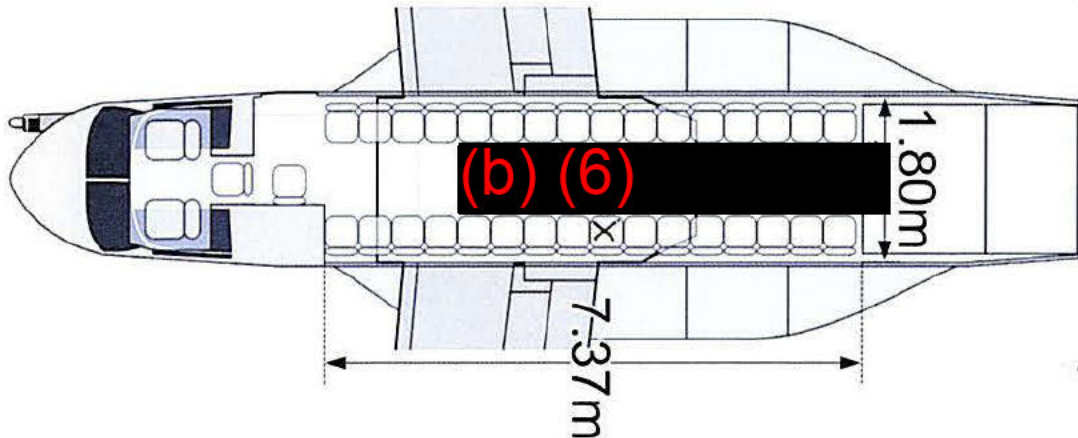
27. Describe the quality of medical care you received after the mishap?

We had gotten medical care at the airstrip with the Australians where they asked us questions seeing if we were hurt. Then The US Navy where they took our heart rate/blood pressure and ultra sound, followed by more questions, and the Australian hospital where they further assessed us.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

No

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)
Printed Name

(b) (6)

J MEF
Unit/Organization

(b) (6)
Signature of person administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on Aug 27 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required for forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I (do) / do not desire to submit a statement.
(circle one)

20230905
Date

(b) (6)

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRFID Unit: 3/1
Telephone number: (b) (6)

Today, September 5, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

20230905

(date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN) PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	20230905	1750	
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			

QUESTIONS

- Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?
yes, qualified for Under Water Egress training, on Camp Horn, Camp Pendleton.
- Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? 10 times
- On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? Yes, we had a passenger briefing, as well as a brief on the equipment we should use in case of a crash in the water. (oxygen tank, vest)
- Were you briefed on how where emergency exits were located?
~~ms~~ I don't recall
- If so, did you understand how to operate the emergency exit releasing device?
I ~~ms~~ don't recall
- What was your role in the mission?
I was assigned (b) (6) for my squad.

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

The aircraft was doing maneuvers, really fast. At one point it was at a 90 degree angle going down fast to the point where my stomach felt funny, the aircraft started to level the closer we got to the ground. I could see it happening because I sat next to the ramp, across from the rear crew chief. ^{Before} Upon impact, the tail of the aircraft was hitting trees, once it hit the ground, everything was getting thrown around, my seat detached from the rails and I was hitting the ceiling and landed on my face on top of the mainpicks, on the floor.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)?

Yes, the rear crewchief yelled "brace, brace, brace", and I ~~shouted~~ shouted back, repeating what he said to everyone else, I knew what was going to happen.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

I'm not quite sure, it did drop but then my seat detached from its railing and I went flying ~~in~~ hitting the ceiling for a bit.

10. What did you do once the aircraft came to a stop?

I came to, realized (b) (6) started yelling, "Get out, Get out", I grabbed a seat across from me with my right hand, it got burned as the metal was hot. I got myself up, with some help and exited.

11. How long (estimated) did it take for you to egress the aircraft?

2-3 minutes

12. Once away from the aircraft where did you move to? What did you see?

I had dropped my ~~rifle~~ and dark pro glasses, there was smoke, I wanted to be able to see. I grabbed the rifle, walked back to the rear of the aircraft to see if they needed help with the (b) (6). Afterwards, I moved to a CCP that was established 100 meters away from the crash site. There was fire all around the aircraft, a while after we had all egressed, there was blanks going off and explosions.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

A little bit of smoke, maybe fumes as ~~we~~^{we} were egressing, there was fire everywhere.

14. How long was it before you were recovered from the mishap site?

I had USMC doc's look at me at the CCP site, about 30 minutes to an hour, Aussie medical arrived and started to recover myself and any other casualties.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

I couldn't remember faces exactly, when I ran back to help, I was trying to unclip the casualties harness, from a piece of metal from the aircraft, as they pulled him out. I want to say, squad leaders, docs, and officers were assisting the casualty.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

I conducted self aid first, made sure I wasn't bleeding or severely hurt, then Doc Syphonse conducted buddy aid.

18. If injured, when was the first time you received the next higher level of care? From whom?

(b) (6) was my first, after that it was Aussie medical staff, who splinted my leg.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I personally remember, after trying to get up off the floor, I fell backwards, I look down and back and see blood, and an unconscious crew chief. I looked across and saw fire and smoke coming out of the cockpit.

22. Tell us about what you remember after the initial impact?

After the initial impact, when the tail kept hitting trees, everyone was bracing holding on. The crew chief was kneeling on the ramp still, after the impact I can hear yelling, the explosion of whatever part of the bird it was outside, I could hear the fire burning.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO, I stayed buckled in prior to. I only saw the rear crew chief across from me not buckled in to the seat, but he was attached to the floor with his waist harness, observing the ramp and outside.

24. What happened to you once the Osprey crashed (how you got out, what you observed,

etc.)? I got up, my leg was stuck in between meinpucks, it was in pain. Marines were exiting while I was trying to get up, I grabbed the seat to my right, with my right hand, & I stood up and ran out.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

No problems, I had dirt covering my dark pro glasses so I took them off to be able to see clearly.

26. How were you rescued?

I had my friends (b) (6) assist me, they carried me to the CCP, where I then had treatment from (b) (6), and Aussie medical staff.

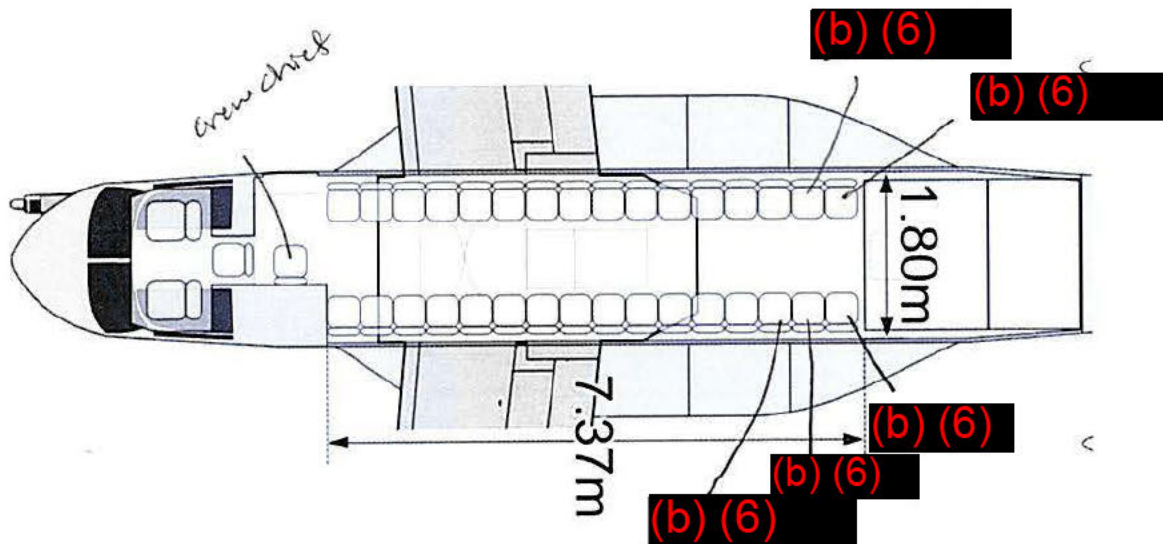
27. Describe the quality of medical care you received after the mishap?

Excellent

28. Do you have any information that would be helpful to our investigation that we have not asked you?

NO

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b)(6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b)(6) (Signature of the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b)(6)

Printed Name

(b)(6)

Signature

I MEF

Unit/Organization

(b)(6)

Signature of person administering Oath

(b)(6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

- (b) (6)
- Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 08/27/ 2023, was incurred in the line of duty or as a result of my own misconduct;
 - In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;
 - Lost duty time will not count as creditable service for pay entitlement purposes;
 - I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);
 - If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;
 - I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

20230905
Date

(b) (6)
Signature

(b) (6)
Witness Signature

(b) (6)
Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MR F - D Unit: V 3/1
Telephone number: (b) (6)

Today, 20230906, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6) 20230405
(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	20230905	1215	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. EDPI	7. GRADE/STATUS	
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRF-D V 311			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

Yes UET right before deployment

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

Yes 2 or 3 times

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

4. Were you briefed on how where emergency exits were located?

Yes

5. If so, did you understand how to operate the emergency exit releasing device?

Yes

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

I felt nervous, like excitement. When we did the first evasive maneuver I was smiling, laughing. The second one was the same however it felt off and by that time the trees got closer we leveled then trees started hitting the osprey and final we impacted the ground.

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

Negative.

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

The seat stroked but only partially.

10. What did you do once the aircraft came to a stop?

I unbuckled and yelled get out while egressing.

11. How long (estimated) did it take for you to egress the aircraft?

20sec at most

12. Once away from the aircraft where did you move to? What did you see?

I ran back to assist getting (b) (6) out.

Fire was on the left side of the ramp like a hook.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

Yes when helping (b) (6) get out.

14. How long was it before you were recovered from the mishap site?

waiting to leave island.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

I don't know I just knew two others were helping drag (b) (6) out.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them? (b) (6)

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

Adrenaline was too high for me to notice I was injured.

18. If injured, when was the first time you received the next higher level of care? From whom?

Back from the island / our corpsman at the airfield

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

Still doing follow ups

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight? we were smiling/laughing. (b) (6)
was asleep then we were doing evasive maneuvers

22. Tell us about what you remember after the initial impact?

After impact the dust was heavy and turned orange-red the front exit/cockpit was vented off by fire. I unbuckled ran to the ramp saw (b) (6)
in the middle still in his seat and (b) (6) motionless just behind him.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

Negative / Nobody

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? I unbuckled saw (b) (6) in the middle still in his seat, (b) (6) motionless behind him. I ran pass both ~~of~~ when I got out I handed my rifle to (b) (6) and ran back to save (b) (6) or (b) (6)

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. None

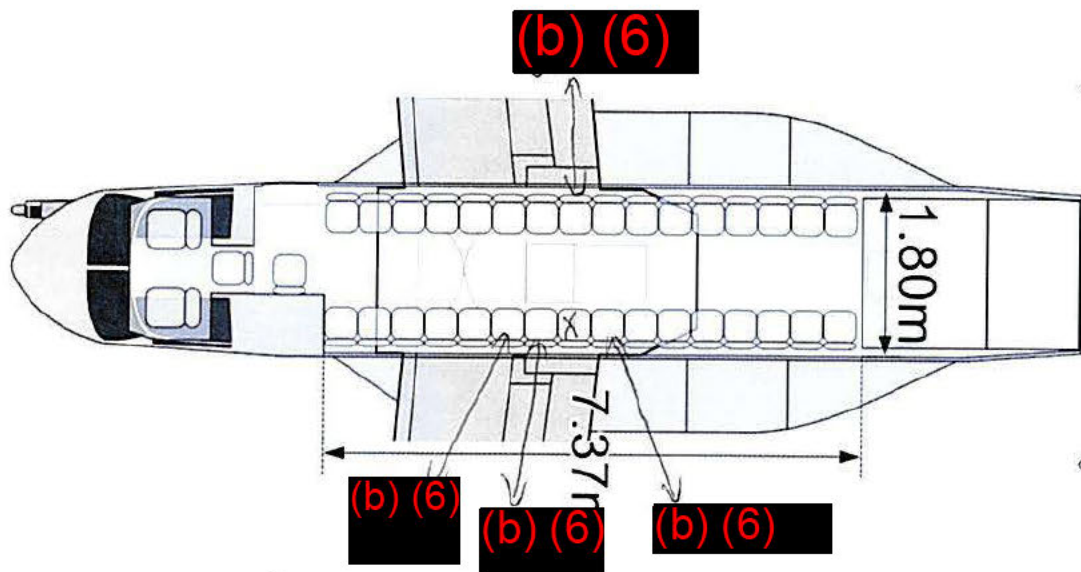
26. How were you rescued?
etc to the airfield then police fixed wing back to RAAF

27. Describe the quality of medical care you received after the mishap?

Standard, RAAF more in depth, Hospital a lot (very good)

28. Do you have any information that would be helpful to our investigation that we have not asked you? Not at this time.

29. See diagram: Mark you seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

I MEF

Unit/Organization

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, (b) (6) have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on 27 AUG 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I do / do not desire to submit a statement.
(circle one)

2023 09 05
Date

(b) (6)

Signature

(b) (6)

Witness Signature

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MRF-D Unit: 3/1 LONESTAR CO.
Telephone number: (b) (6)

Today, September 5th, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE. CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

2088/09/05

(Signature and date)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 391; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded. ROUTINE USES:	
retrieval. DISCLOSURE:		Your social security number is used as an additional/alternate means of identification to facilitate filing and Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	20250905	1216	
5. LAST NAME FIRST NAME MIDDLE NAME		6. EDIP	7. GRADE/STATUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			
317 LONESTAR CD.			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent? YES I HAVE DONE UET IN CAMP HORNO, CAMP PENDLETON, AS WELL AS ON OFF DRILLS AND FAMILIARIZATION OF AIRCRAFT
2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times? Yes 30+ I HAVE BEEN WITH A HELO COMPANY FOR (b) (6)
3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question? PASSENGER BRIEFING WAS PROVIDED NO QUESTIONS OR CONCERNS AT THE TIME
4. Were you briefed on how where emergency exits were located? YES
5. If so, did you understand how to operate the emergency exit releasing device? YES
6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

FLIGHT TOOK OFF VERY SHAKELY ABNORMAL TAKE OFF
AIRCRAFT SEEMED TO STRUGGLE, I HEAR ALARM BUZZING
4x THROUGHOUT THE FLIGHT. AND THE CREW CHIEF FLIPPED
THROUGH A MANUAL AND MESSING WITH PANELS THROUGHOUT FLIGHT
HE EVENTUALLY LOOKED THROUGH MANUAL MULTIPLE TIMES AS
IF HE COULD NOT FIND AN ANSWER ~~AND~~ AIRCRAFT SEEM TO STALL OVER
WATER AND DROPPED ONCE MAINLAND HET ALARMS CONTINUED AND AIRCRAFT
BEGAN TO LOSE CONTROL

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing)? NEGATIVE CRASH WAS OBSERVED AND SELF CONCLUDED AS WELL AS SLIGHT VISUAL PANIC FROM AIRCREW MEMBERS

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially? SEAT DID NOT DROP THAT WAS THE FIRST THING I LOOKED FOR THE SEAT DID NOT DROP NOR MOVED

10. What did you do once the aircraft came to a stop?

UNBUCKLE HARNESS, WATER VEST CAUGHT IN SEAT I UNCLIPPED MY KEVLAR AND THREW IT YELLED 'FIRE FIRE FIRE' AND TOLD MARINES TO EXIT ~~THE~~ THROUGH RAMPS, CALLED TO PILOTS GOT NO RESPONSE ASSISTED MARINES THROUGH EXIT UNTIL I CAME UPON (b) (6)

11. How long (estimated) did it take for you to egress the aircraft?

UNDER 2 MINUTE ~~FOR~~ FOR ALL PERSONNEL TO EXIT

12. Once away from the aircraft where did you move to? What did you see?

TO A TENTATIVE COP ON THE DECK AS MYSELF AND (b) (6) WHERE DRAGGING A CASUALTY, AIRCRAFT WAS ON FIRE AND WAS ENGULFED WITHIN MINUTES

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery? YES AIRCRAFT IMMEDIATELY FILLED WITH FUMES FROM SMALL NOT JUST FIRE POSSIBLE HYDRAULIC FLUID

14. How long was it before you were recovered from the mishap site?

4(+) HR

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions. (b) (6) TO TRY AND GRAB

MED BAG (b) (6) MYSELF TO LOOK FOR BODIES AROUND AIRCRAFT AND TO SEE IF ANYONE WAS IN THE COCKPIT

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them? (b) (6)

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

NEGATIVE ASSISTED WITH TRIAGE OF (b) (6) WITH (b) (6)

18. If injured, when was the first time you received the next higher level of care? From whom?

AT ABERFELD I WAS ASSESSED AFTER COLLAPSING TO GROUND AFTER APPARENTLY WORE OFF CAREFULTY ASSESSED ME AND EVACUATED ME

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight? $\approx 90^\circ$ TURN FLYING LOW ABOVE TREES MULTIPLE 90° TURNS AS FF AIRCRAFT WAS SPIRALING OUT OF CONTROL, AIRCRAFT LEVELED OUT WENT INTO TREES SAW RIGHT SEAT PILOT PULL UP ON JOY STICK CREW CHIEF WAS NEAR COCKPIT DOORWAY AND WAS THROWN IN COCKPIT UPON IMPACT COCKPIT COMBUSTED ON

22. Tell us about what you remember after the initial impact? IMPACT REFER TO (10.)

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who? NO, NOBODY ELSE UNBUCKLED PRIOR TO CRASH

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)? REFER TO (ID) GO TO (b) (6) HE WAS ON HIS BACK LOW TAIL PANEL WERE STUCK ON SIDE OF AIRCRAFT, LINE WAS CUT (b) (6), MYSELF DRAGGED CASUALTY 200(+)' M (b) (6) AND MYSELF CONDUCTED TCCC, AND I WROTE UP Q-LINE AND CONTINUED ASSISTANCE OVER TIME AIRCRAFT SEEMED TO CRUMBLE

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them. NO

26. How were you rescued?

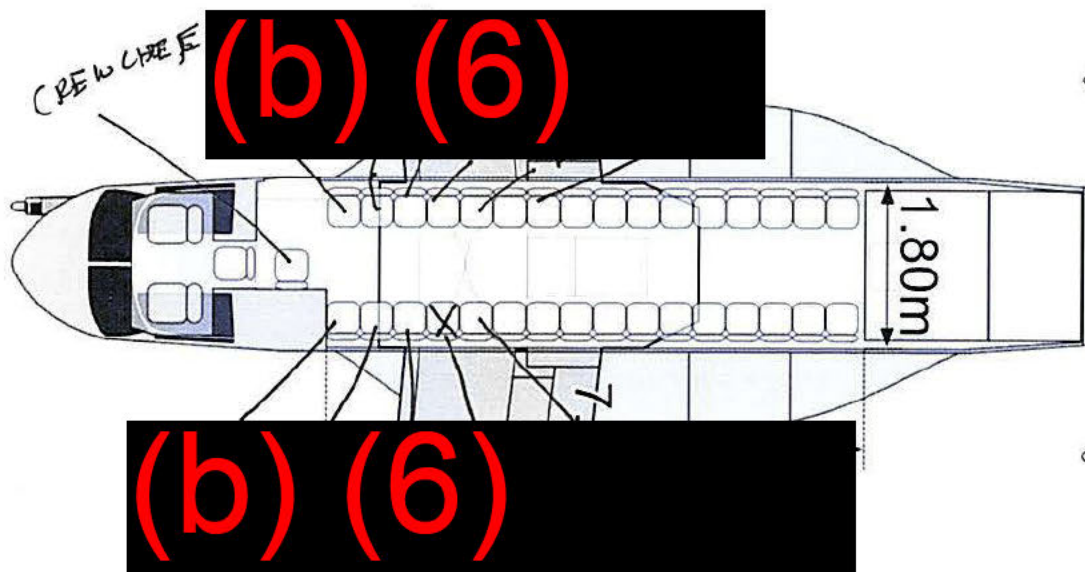
GROUND EVAL BY AUSTRALIANS PUT IN BED OF THEIR VTC

27. Describe the quality of medical care you received after the mishap?

FAST QUICK BUT SEEMED RUSHED TO GET ME OUT OF HOSPITAL

28. Do you have any information that would be helpful to our investigation that we have not asked you? LIKE TO GIVE VERBAL STATEMENT

29. See diagram: Mark your seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)

(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 th day of September 2023.

Witness:

(b) (6)

Printed Name

(b) (6)

Signature

Unit/Organization

I MEF

(b) (6)

Signature of person administering Oath

(b) (6)

Printed Name

INVESTIGATING OFFICER

Authority to Administer Oaths

**WARNING ADVISEMENT ABOUT STATEMENTS
REGARDING ORIGIN OF DISEASE OR INJURY
COMPLIANCE WITH SECTION 0221 OF JAGINST 5800.7G Ch-1**

I, **(b) (6)** have been advised that:

(b) (6) Questions have arisen concerning whether or not my injury/disease, sustained or discovered on Aug 27 2023, was incurred in the line of duty or as a result of my own misconduct;

In the event such injury/disease is determined to have been incurred not in the line of duty or as a result of my own misconduct, I will be required to serve for an additional period beyond my present enlistment to make up for the duty time lost;

Lost duty time will not count as creditable service for pay entitlement purposes;

I may be required to forfeit some pay (where absence from duty in excess of one day immediately follows intemperate use of liquor or habit-forming drugs);

If I am permanently disabled and that disability is determined to have been the result of misconduct or was incurred not in the line of duty, I may be barred from receiving disability pay or allowances, as well as veteran's benefits;

I may **NOT** be required to give a statement relating to the origin, incidence, or aggravation of any disease/injury that I may have.

I (do) / do not desire to submit a statement.
(circle one)

20230905
Date

(b) (6)

(b) (6)

(b) (6)

Witness Name/Rate/Grade/Unit/Telephone Number

PRIVACY ACT STATEMENT

Name: (b) (6) Rank/Rate: (b) (6)
Activity: MAF-22 Unit: V 3/1 LSC
Telephone number: (b) (6)

Today, Sept 5th, 2023, I acknowledge that I have received the following advisement under the guidelines of the Privacy Act.

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 972, 1201-1221, 2733, 2734-2734b., 2737, 5013, 5031-5036, 5131-5150, 5947, 6148, 7205, 7622-7623; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 240-243, 3521-3531, 3701-3702, 3717-3718; 37 U.S.C. 802; 38 U.S.C. 105; 42 U.S.C. 2651-2653; 44 U.S.C. 3101; 49 U.S.C. 1901.

2. PRINCIPAL PURPOSES. The information which will be solicited is intended principally and may be used for the following purposes:

- a. Determinations on the status of personnel regarding entitlements to pay during disability, disability benefits, severance pay, retirement pay, increases of pay for longevity, survivor's benefits, involuntary extensions of enlistments, date of expiration of active obligated service, and accrual of annual leave.
- b. Determinations on disciplinary or punitive action.
- c. Determinations on liability of personnel for losses of, or damage to, public funds or property.
- d. Evaluation of petitions, grievances, and complaints.
- e. Adjudication, pursuit, or defense of claims for or against the Government or among private parties.
- f. Other determinations, as required, in the course of naval administration.
- g. Public information releases.
- h. Evaluation of procedures, operations, material, and designs by the Navy and contractors, with a view to improving the efficiency and safety of the Department of the Navy.

3. ROUTINE USES: In addition to being used within the Department of the Navy and Defense for the purpose(s) indicated above, records of investigations are routinely furnished, as appropriate, to the Department of Veterans Affairs for use in determinations concerning entitlement to veterans' and survivors' benefits; to Servicemen's Group Life Insurance administrators for determinations concerning payment of life insurance proceeds; to the U.S. General Accounting Office for purposes of determinations concerning relief of accountable personnel from liability for losses of public funds and related fiscal matters; and to the Department of Justice for use in litigation involving the Government. Additionally, such investigations are sometimes furnished to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings. The records of investigations are provided to agents and authorized representatives of persons involved in the incident, for use in legal or administrative matters. The records are provided to contractors for use in connection with settlements, adjudication, or defense of claims by or against the Government, and for use in design

and evaluation of products, services, and systems. The records are also furnished to agencies of the Federal, State, or local law enforcement authorities, and regulatory authorities, for use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSING TO DISCLOSE:

i. Where an individual is a subject of an investigation for purpose 2a or 2b, above: Disclosure is voluntary. You are advised that you are initially presumed to be entitled to have the personnel determination and/or disciplinary determinations in paragraph 2, above, resolved in your favor, but the final determination will be based on all the evidence in the investigative record. If you do not provide the requested information, you will be entitled to a favorable determination if the record does not contain sufficient evidence to overcome the presumption in your favor. If the completed record does contain sufficient evidence to overcome the presumption in your favor, however, your election not to provide the requested information possible could prevent the investigation from obtaining evidence which may be needed to support a favorable determination.

j. Where an individual is a subject of an investigation for purpose 2c, above: Disclosure is voluntary, and if you do not provide the requested information, any determination as to whether you should be held pecuniarily liable for repayment of the Government's loss would be based on the other evidence in the investigative record, which possibly might not support a favorable determination.

k. Where the individual is a claimant or potential claimant in an investigation for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could prevent the investigation from obtaining sufficient information to substantiate any claim which you have made or may make against the Government as a result of the incident under investigation.

l. Where the individual was treated at Government expense for injuries caused by third parties in connection with a matter being investigated for purpose 2e, above: Disclosure is voluntary, but refusal to disclose the requested information could result in a requirement for you to assign to the Government your medical care claims against third parties in connection with the incident, or authorize withholding of the records of your treatment in naval medical facilities.

m. In any other case: Disclosure is voluntary, and if you do not provide the requested information, and determinations or evaluations made as a result of the investigation will be made on the basis of the evidence that is contained in the investigative record.

(b) (6)

20230905

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent of this form is ODCSOPS			
PRIVACY ACT STATEMENT			
AUTHORITY:		Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)	
PRINCIPAL PURPOSE:		To provide commanders and law enforcement officials with means by which information may be accurately recorded.	
ROUTINE USES:		Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.	
DISCLOSURE:		Disclosure of your social security number is voluntary.	
1. LOCATION	2. DATE	3. TIME	4. FILE NUMBER
ROBERTSON BARRACKS	200830905	1230	
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. EDIP1	7. GRADE/STATUS
(b) (6)			
8. ORGANIZATION OR ADDRESS			
MRF-D V3/1 LICO			

QUESTIONS

1. Prior to the mission on 27 August, had you been trained on egress procedures from the MV-22 Osprey aircraft? If so, to what extent?

YES, UET Training Being submerged under water in a helo dunker.

2. Prior to the mission on 27 August, had you flown in an MV-22 aircraft before? How many times?

YES, 3 Times.

3. On 27 August, were you provided a passenger briefing from the crew prior to boarding the aircraft? If so, did you have any questions or concerns prior to the flight? Did you ask your question?

YES, Did not have any Questions

4. Were you briefed on how where emergency exits were located?

NO

5. If so, did you understand how to operate the emergency exit releasing device?

YES

6. What was your role in the mission?

(b) (6)

7. What do you recall about the flight after takeoff until the aircraft impacted the ground?

A Lot OF Shaking, received info of
EN ON Airfield with weapons. When we lost
control we were side ways 90° to the ground.
We leveled out again before we crashed.
I heard the ~~prop~~ rotors clip the trees
Before impact,

8. Did any aircrew communicate to you that the aircraft may not land as intended (that is, was it communicated in any way that the aircraft was crashing?

NO,

9. Did your seat stroke to the deck of the aircraft upon impact? If so, did it drop all the way to the deck of the aircraft or partially?

~~Yes~~ I do NOT Believe it did.

10. What did you do once the aircraft came to a stop?

Looked around, SAW The fire at the cockpit,
and egressed to the BACK OF The Aircraft.

11. How long (estimated) did it take for you to egress the aircraft?

under 1 minute

12. Once away from the aircraft where did you move to? What did you see?

I checked that my guys ~~who~~ were out,
Then SAW whole Aircraft on fire, with
a lot of small explosions happening randomly.

13. Did you inhale in smoke or fumes during egress from the aircraft or once away from the aircraft while awaiting recovery?

YES, when I was trying to pull the rear crew man from the Air craft.

14. How long was it before you were recovered from the mishap site?

I was AT the Site for about 4-5 hrs.

15. Did you, or did you observe anyone else, attempt to go back to the mishap aircraft to rescue individuals? If so, explain the actions.

I did to pull out the rear crewman, Immediately After egress, and There was a group that went around Air craft To Look But couldn't get in.

16. Describe any and all injuries you received during the mishap (including soreness) and how you received them?

(b) (6)

17. If injured, did anyone conduct "buddy aid" for you?

I was Not in any pain, so NO.

18. If injured, when was the first time you received the next higher level of care? From whom?

From NAVY doctors, when Brought Back To THE RAAF BASE.

19. If injured, are you currently recovering from your injuries or fully recovered?

(b) (6)

20. What have medical professionals stated, or communicated to you, regarding how long until you are fully recovered?

(b) (6)

21. Tell us about what you personally remember, not what others have told you about the last moments of the flight?

I Looked out The BACK RAMP, AND could see the ground again, thought we were landing But relized we were coming in to ~~Fast~~ fast and heard the rotors clip the trees,

22. Tell us about what you remember after the initial impact?

Nothing, I Beleive I may have gone
(b) (6) I remmber hitting, and then I ~~opened~~ opened my eyes and we were stopped.

23. Did you unbuckle your restraints prior to the crash? Did you observe anyone else unbuckle their restraint prior to the crash? If so, who?

NO, AND NO.

24. What happened to you once the Osprey crashed (how you got out, what you observed, etc.)?

I simply UnBuckled Stood up and walked out The BACK RAMP, I SAW ONE seat detached from the Aircraft (b) (6) seat with him still in it. AND THE Bottom of the aircraft was split down the middle.

25. Did you encounter difficulties with your body armor and/or Kevlar? If so, please describe them.

NO

26. How were you rescued?

CTC personnel ran to ~~the~~ US, and CTC vehicles moved us to the Airstrip. I Left the Island on a Small Darwin police Air plane.

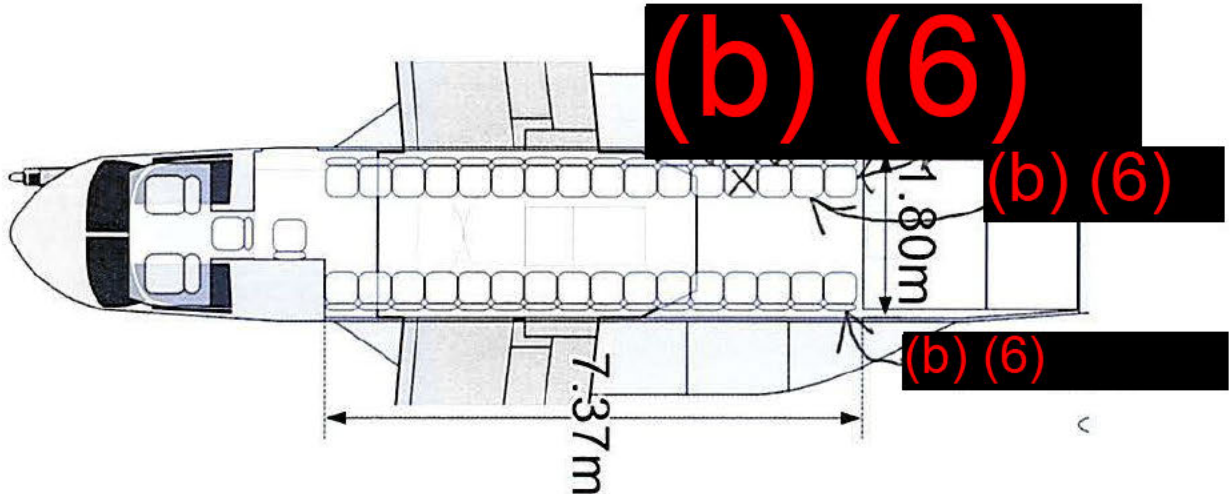
27. Describe the quality of medical care you received after the mishap?

minimal until I got to the RAAF, and Darwin Hospital care. Then I was observed over night. The Quality of my diagnostics, IS Questnable due To the doctors disagreeing.

28. Do you have any information that would be helpful to our investigation that we have not asked you?

AFTER TO Air craft mishap I checked The Air Levels on MX LPV, and had none, I was told By (b) (6) He tried To get A New canaster But NO one could here him

29. See diagram: Mark you seat with an X. Identify the seats of anyone sitting around you that you can remember by writing their names and drawing an arrow to their seats.



AFFIDAVIT

I, (b) (6), have read or have had read to me this statement which begins on page 1, and ends on page 6. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (6)
(Signature of Person Making the Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of September 2023.

Witness:

(b) (6)

(b) (6)
Signature

I MET
Unit/Organization

(b) (6)
Signature of person administering Oath

(b) (6)
Printed Name

INVESTIGATING OFFICER
Authority to Administer Oaths

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Records -Medical (Royal Darwin Hospital (Rdh))

(b) (6) unlisted

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL

Hospital Address:
Rocklands Drive TIWI NT 0810
Hospital Phone:
(08) 8922 8888

Hospital Fax:
(08) 8922 8286

Next of Kin

(b) (6)

Phone: No data (Home)
No data (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: . NO GP NOMINATED

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
(b) (6)					

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

trauma - helicopter crash

Reason for Presentation:

Secondary Diagnosis:

Complications:

Past Medical History:

nil known

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Theatre Visit Procedure Complications:

No data

Royal Darwin Hospital

Northern Territory Government

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia.

The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1600 on 27/8/23.

(b) (6)

(b) (6)

Royal Darwin Hospital

Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

Medicines on Discharge

Medication Name	Instruction
No data	No data

Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Information Provided to the Patient

Selected Investigation Results

Dept: Radiology

(b) (6)

Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 17:19:00

Message Time: 27 Aug 2023 18:18:00

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of:

(b) (6)

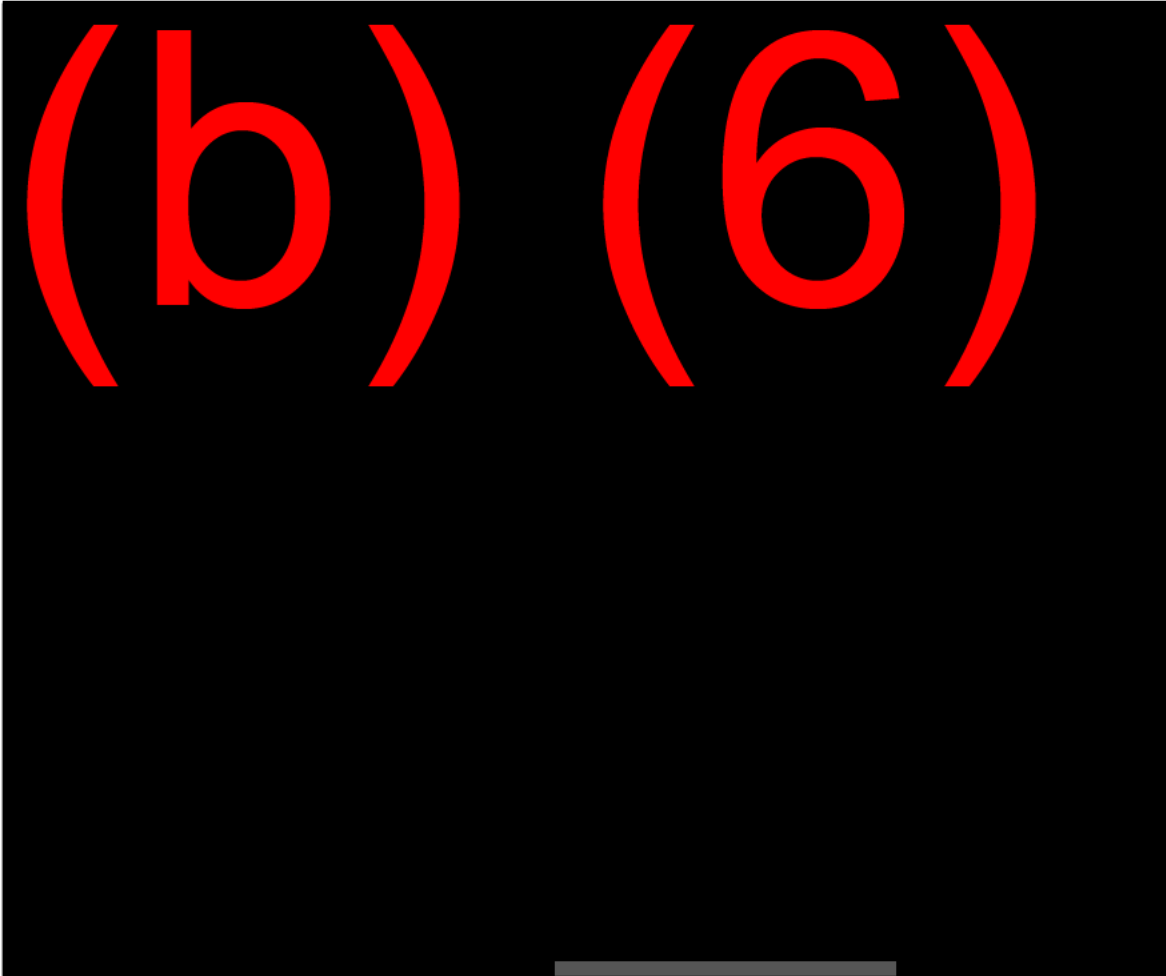
HIV-980

28 August 2023

Page 5 of 7

Royal Darwin Hospital

Northern Territory Government



Administrative Details

Date / Time Attested:
Author:

End of Document

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number
------------------	---------------	-------------

HR 66a Private & Confidential Summary of: (b) (6)

Department of Health

PO Box 41326
Casuarina NT 0811
Telephone: (08) 89228888
ABN 84 085 734 992

Royal Darwin Hospital

Northern Territory Government

HR 66a Private & Confidential Summary of: (b) (6)

HIV-980

28 August 2023

Page 7 of 7

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Records -Medical (Royal Darwin Hospital (Rdh))

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL

Hospital Address:
Rocklands Drive TIWI NT 0810
Hospital Phone:
(08) 8922 8888

Hospital Fax:
(08) 8922 8286

Next of Kin

(b) (6)

Phone: No data (Home)
No data (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: . NO GP NOMINATED

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
-------------------	----------------	--------------	---------------	------------------	-----------------------

(b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

trauma - helicopter crash

Reason for Presentation:

Secondary Diagnosis:

Complications:

Past Medical History:

nil past medical history, NKDA

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Theatre Visit Procedure Complications:

No data

Royal Darwin Hospital

Northern Territory Government

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia.

The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1600 on 27/8/23.

(b) (6)

Royal Darwin Hospital

Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

Medicines on Discharge

Medication Name	Instruction
No data	No data

Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

Royal Darwin Hospital

Information Provided to the Patient

Selected Investigation Results

Dept: Pathology (b) (6) 1 Result Status: Authorised Report ()

(b) (6)

Observation Time: 27 Aug 2023 15:34:00 Message Time: 28 Aug 2023 15:18:00

(b) (6)

Authorised for release by (b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Authorised for release by (b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

(b) (6)

Authorised for release by (b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

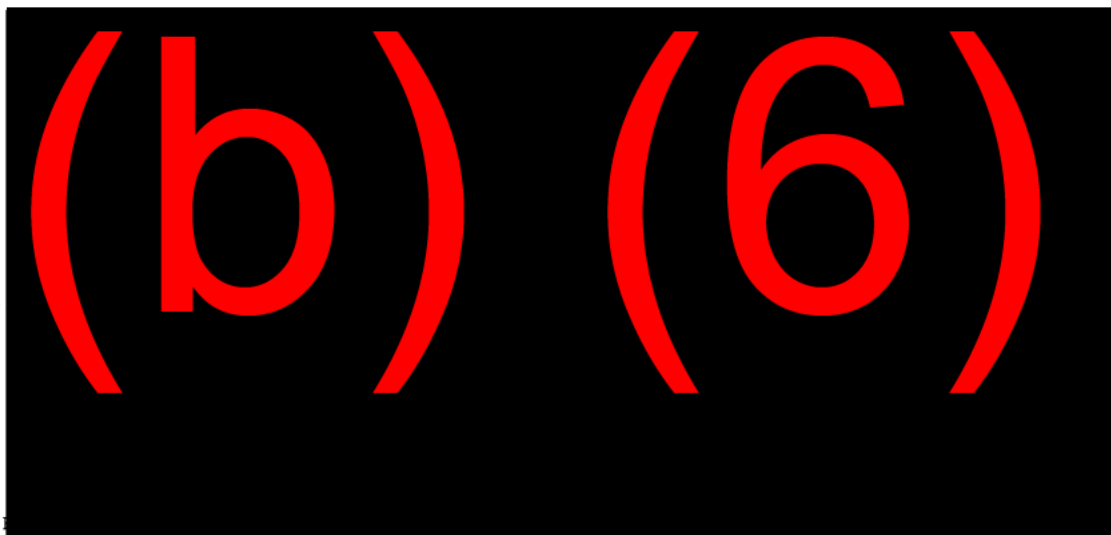
(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government



Administrative Details

Date / Time Attested:
Author:

End of Document

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:25

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR

NO GP NOMINATED . .

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRE THORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:21:47

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 16:49:00 Message Time: 27 Aug 2023 18:08:00

(b) (6)

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:21:49

Dept: Radiology

Test ID: (b) (6)

Result Status: Verified Report ()

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:26:38

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:00

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:04

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employ	176206		
Given n	(b) (6)		
Medical			
Reason for admission			
Allergies	UKA		
Comments			

Date	27/08/23			28/08/23								
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observations

Daily	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BD	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDS	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QID	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene

Self	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility

Ambulate	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed rest	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diet

FWD	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CF	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBM	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special instructions

RICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan by

Initials			(b) (6)									
----------	--	--	---------	--	--	--	--	--	--	--	--	--



JOINT HEALTH COMMAND		GENERAL OBSERVATION CHART		FAM	(b) (6)	ID
				GIV		
				DO		
<input type="checkbox"/> Altered calling criteria				FAC		
ALL OBSERVATIONS MUST BE GRAPHED				COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL		
Date		3/21/2020				
Time		3:20:00				
AIRWAY/BREATHING	Respiratory rate	35				
		30				
		25	(b) (6)			
AIRWAY/BREATHING	SpO ₂ %	100	(b) (6)			
		95				
		90				
AIRWAY/BREATHING	Oxygen	O ₂ Lpm				
		Device / mode				
	Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask					
CIRCULATION	Blood pressure (mmHg)	230				
		220				
		210				
CIRCULATION	SBP is trigger	200				
		190				
		180				
CIRCULATION	Heart rate (Bpm)	170				
		160				
		150	(b) (6)			
CIRCULATION	Rhythm	140				
		130				
		120				
CIRCULATION	Heart rate (Bpm)	110				
		100				
		90				
DISABILITY	Neurological	80	(b) (6)			
		70				
		60				
DISABILITY		50				
		40				
		30				
Enter app (b) (6)				A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive		
Initials						

Test Results Report

Sunday, 27 August 2023 19:27:08

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:12

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

Authorised for release by

(b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:16

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:25

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED . .

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:21:47

Dept: Radiology

Test ID: (b) (6)

Result Status: Verified Report ()

(b) (6)

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:21:49

Dept: Radiology

Test ID: (b) (6)

Result Status: Verified Report ()

(b) (6)

(b) (6)

(b) (6)

Original Report Reported by: (b) (6)

Test Results Report

Sunday, 27 August 2023 19:26:38

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:00

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (7)(A), (b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:04

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:08

Dept: Pathology Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

***** End of Report *****

Test Results Report

Sunday, 27 August 2023 19:27:12

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Test Results Report

Sunday, 27 August 2023 19:27:16

Dept: Pathology

Test ID: (b) (6)

Result Status: Authorised Report ()

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Printed by animal on Asset VDIGDC05-107

***** End of Report *****



GENERAL OBSERVATION CHART

FAM

GIV

DOE

FAC

EE ID

(b) (6)☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date														Date	
Time														Time	
EXPOSURE	Temperature (°C)	41													41
		40.5													40.5
		40													40
		39.5													39.5
		39													39
		38.5													38.5
		38													38
		37.5													37.5
		37													37
		36.5													36.5
		36													36
		35.5													35.5
		35													35
		34.5													34.5
34													34		
Pain	Assess pain level at rest and with movement. Enter R for at rest, M for movement														
	Severe (7-10)													Severe (7-10)	
	Moderate (4-6)													Moderate (4-6)	
	Mild (1-3)													Mild (1-3)	
	Nil													No pain	
Initials														Initials	
Blood glucose	Date													Date	
	Time													Time	
	BGL													BGL	
Bowels	Date													Date	
Weight	Date													Date	
	<input type="checkbox"/> Daily													Daily	
Urinalysis	Date													Date	
	Time													Time	
	SG													SG	
	pH													pH	
	Leuk													Leuk	
	Blood													Blood	
	Nitrite													Nitrite	
	Ketones													Ketones	
	Bilirubin													Bilirubin	
	U/Bil													U/Bil	
	Protein													Protein	
Glucose													Glucose		

Sensitive: Personal (Health Information) after first entry

OFFICIAL: Sensitive *(After first entry)*
Personal privacy // Health information
 Department of Defence
Medication Record

<h2 style="margin: 0;">Attach ADR sticker</h2>		
Allergies and adverse drug reactions (ADR) <input checked="" type="checkbox"/> Nil known <input type="checkbox"/> Unknown (Tick appropriate box or complete details below)		
Medicine (Or other)	Reaction, type or date	Initials
Date 27/08/23		

PMKey5 number	
Ran	
Farr	
Give	
Date	
Weight (kg)	Height (cm)
Unit	

Facility or service
Ward or unit

Medication chart number _____ of _____

Additional charts

- ☐ IV fluid ☐ BGL or insulin ☐ Acute pain ☐ Other
☐ Palliative care ☐ Chemotherapy ☐ IV heparin

[illegible][illegible]

Medicines taken prior to presentation to hospital (Prescribed, over the counter, complementary)			Own medicines brought in? <input type="checkbox"/> Yes <input type="checkbox"/> No		Administration aid (Specify)	
Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration	
GP			Community pharmacy			
Signature		Printed name		Date		Medicines usually administered by

PM 221 Medication Record

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:37

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR

NO GP NOMINATED ..

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRE THORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:37

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

(b) (6)

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID	Rank		
Given name(s)	(b) (6)		
Medical facility	Date of birth	Gender	
Reason for admission			
Allergies	NKA		
Comments			
Date	27.8.23	28.8.23	
Shift	M E N	M E N	
Observations			
Daily	(b) (6)		
BD	(b) (6)		
TDS	(b) (6)		
QID	(b) (6)		
Hygiene			
Self			
Assist			
Mobility			
Ambulate			
Crutches			
Bed rest			
Diet			
FWD			
CF			
NBM			
Fluid balance			
Special instructions			
RICE			
IVC			
Other			
Plan by			
Initials			



Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:37

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED ..

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:37

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

(b) (6)

(b) (6)



GENERAL OBSERVATION CHART

(b) (6)

EE ID

☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date Time														Date Time		
AIRWAY/BREATHING	Respiratory rate	35													35	
		30													30	
		25													25	
		20													20	
	SpO ₂ %	15													15	
		10													10	
		5													5	
	O ₂ Lpm Device / mode	100													100	
		95													95	
		90													90	
		85													85	
Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask																
CIRCULATION	Blood pressure (mmHg) SBP is trigger	230													230	
		220													220	
		210													210	
		200													200	
		190													190	
		180													180	
		170													170	
		160													160	
		150													150	
		140													140	
		130													130	
		120													120	
	Heart rate (Bpm)	110													110	
		100													100	
		90													90	
		80													80	
		70													70	
		60													60	
		50													50	
		40													40	
		Rhythm	160													160
			150													150
			140													140
130													130			
120													120			
110													110			
100													100			
90													90			
80													80			
70													70			
60													60			
50													50			
DISABILITY Neurological	A													A		
	V													V		
	P													P		
	U													U		
Enter		A = Alert, V = Rousable by voice (conduct GCS), P = Rousable only by pain (conduct GCS), U = Unresponsive														
Initials		Initials														

Sensitive: Personal (Health Information) after first entry



GENERAL OBSERVATION CHART

FAMILY N

GIVEN N

DOB

FACILITY

Altered calling criteria

OBSERVATIONS MUST BE GRAPHED

_____ HERE

Date	Time																	Date	Time
41																		41	
40.5																		40.5	
40																		40	
39.5																		39.5	
39																		39	
38.5																		38.5	
38																		38	
37.5																		37.5	
37																		37	
36.5																		36.5	
36																		36	
35.5																		35.5	
35																		35	
34.5																		34.5	
34																		34	
Pain level at rest and with movement. Enter R for at rest, M for movement																			
Severe (7-10)																		Severe (7-10)	
Moderate (4-6)																		Moderate (4-6)	
Mild (1-3)																		Mild (1-3)	
Nil																		No pain	
Initials																		Initials	
Date																		Date	
Time																		Time	
BGL																		BGL	
Date																		Date	
Date																		Date	
<input type="checkbox"/> Daily																		Daily	
Date																		Date	
Time																		Time	
SG																		SG	
pH																		pH	
Leuk																		Leuk	
Blood																		Blood	
Nitrite																		Nitrite	
Ketones																		Ketones	
Bilirubin																		Bilirubin	
U/Bil																		U/Bil	
Protein																		Protein	
Glucose																		Glucose	

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Health Centre Doctor Robertson (Robertson Health Centre)

- 0879718033

Surgical Discharge Summary - General

Admission Date:

27 August 2023

HRN:

Name:

Address:

(b) (6)

Discharge Date:

28 August 2023

Phone (Home):

Phone (Bus):

DOB/Sex:

Ward/Specialist:

(b) (6)

Referring Doctor:

. NO GP NOMINATED

General Practitioner/Local Medical Officer:

HEALTH CENTRE ROBERTSON

Principal Diagnosis: Aircraft crash

Other Diagnoses/Co-morbidities:

Operations / Procedures:

Theatre Visit Procedure Date	Theatre Visit Procedure Time	Theatre Visit Procedure Description	Theatre Visit Procedure Site	Theatre Visit Procedure Side	Theatre Visit Procedure Surgeon	Theatre Visit Procedure Implants	Theatre Visit Procedure Complications
No data	No data	No data	No data	No data	No data	No data	No data

Additional procedures:

HR 66a Private & Confidential Summary of:

(b) (6)

Royal Darwin Hospital

Northern Territory Government

Admission Summary: Dear Doctor

Thank you for the ongoing management of (b) (6)

PC: (b) (6) from US military aircraft (Osprey) crash on Tiwi Islands

(b) (6)

(b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Immunised during admission?: Details:

Complications:

Investigations:

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 19:42:00 Message Time: 27 Aug 2023 20:56:00

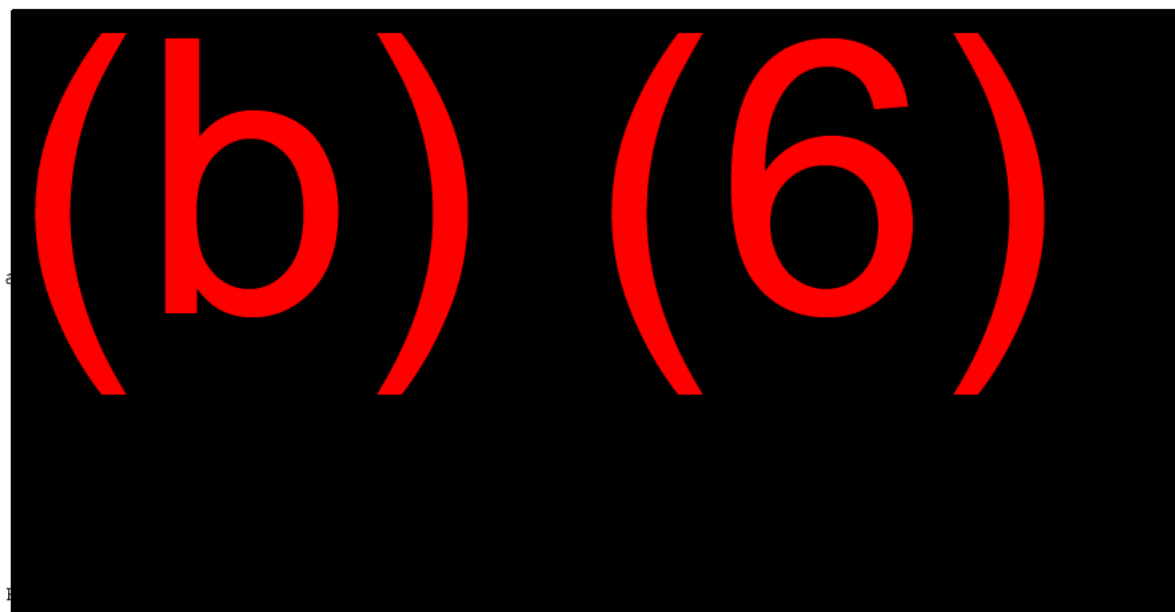
(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

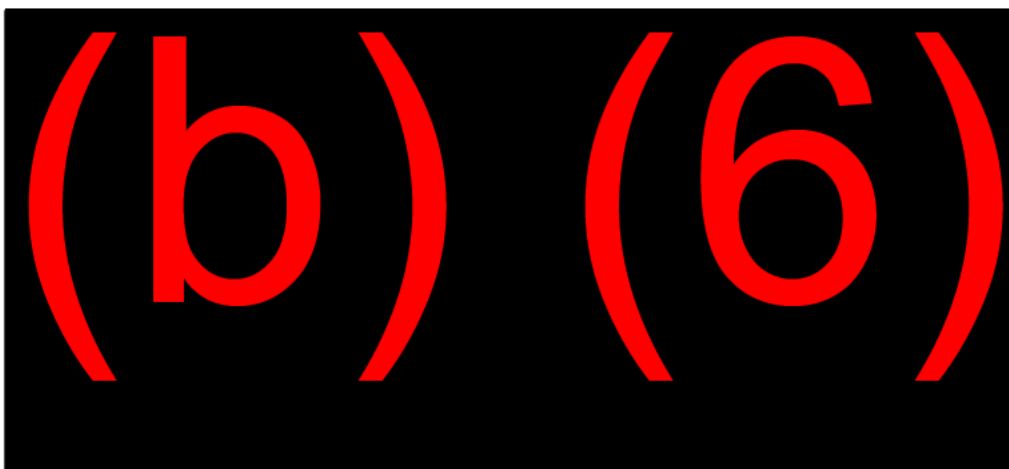
Northern Territory Government



Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()

(b) (6)

Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 20:12:00



Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 20:12:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 20:08:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 20:08:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: D4973279 C066B 1 Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 19:18:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 19:11:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 19:11:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

(b) (6)

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report (Path
Result Out of Norm. Range)
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 19:10:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 18:57:00

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:25:00 Message Time: 27 Aug 2023 18:57:00

(b) (6)

Authorised for release by (b) (6)

Specialty Consultation:

Consultant/Specialty	Opinion & Recommendations

Discharge Care Plan:

Discharged to: Home

Care Provider	Reason for Review	Review Date

Existing Advanced Care Directive: No

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Discharge Medication (MedChart)

Medication Name

No data

Instruction

No data

Document completed by:

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Health Centre Doctor Robertson (Robertson Health Centre)
Records -Medical (Royal Darwin Hospital (Rdh))

- 0879718033

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL

Hospital Address:
Rocklands Drive TIWI NT 0810
Hospital Phone:
(08) 8922 8888

Hospital Fax:
(08) 8922 8286

Next of Kin

(b) (6)

Phone: No data (Home)
No data (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: HEALTH CENTRE ROBERTSON

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
-------------------	----------------	--------------	---------------	------------------	-----------------------

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

Trauma - helicopter crash

Reason for Presentation:

Presented following US military helicopter/osprey crash in Northern Territory, Australia.
The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1500 Hrs
on 27/8/23.

Secondary Diagnosis:

Complications:

Past Medical History:

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Royal Darwin Hospital

Northern Territory Government

Theatre Visit Procedure Complications:

No data

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital- Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia. The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1500 Hrs on 27/8/23.

(b) (6)

Investigations (full reports below):

(b) (6)

(b) (6)

Discharge plan:

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government



Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

Medicines on Discharge

Medication Name	Instruction
No data	No data

Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

As above

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

Information Provided to the Patient

Selected Investigation Results

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 16:21:00 Message Time: 27 Aug 2023 18:31:00

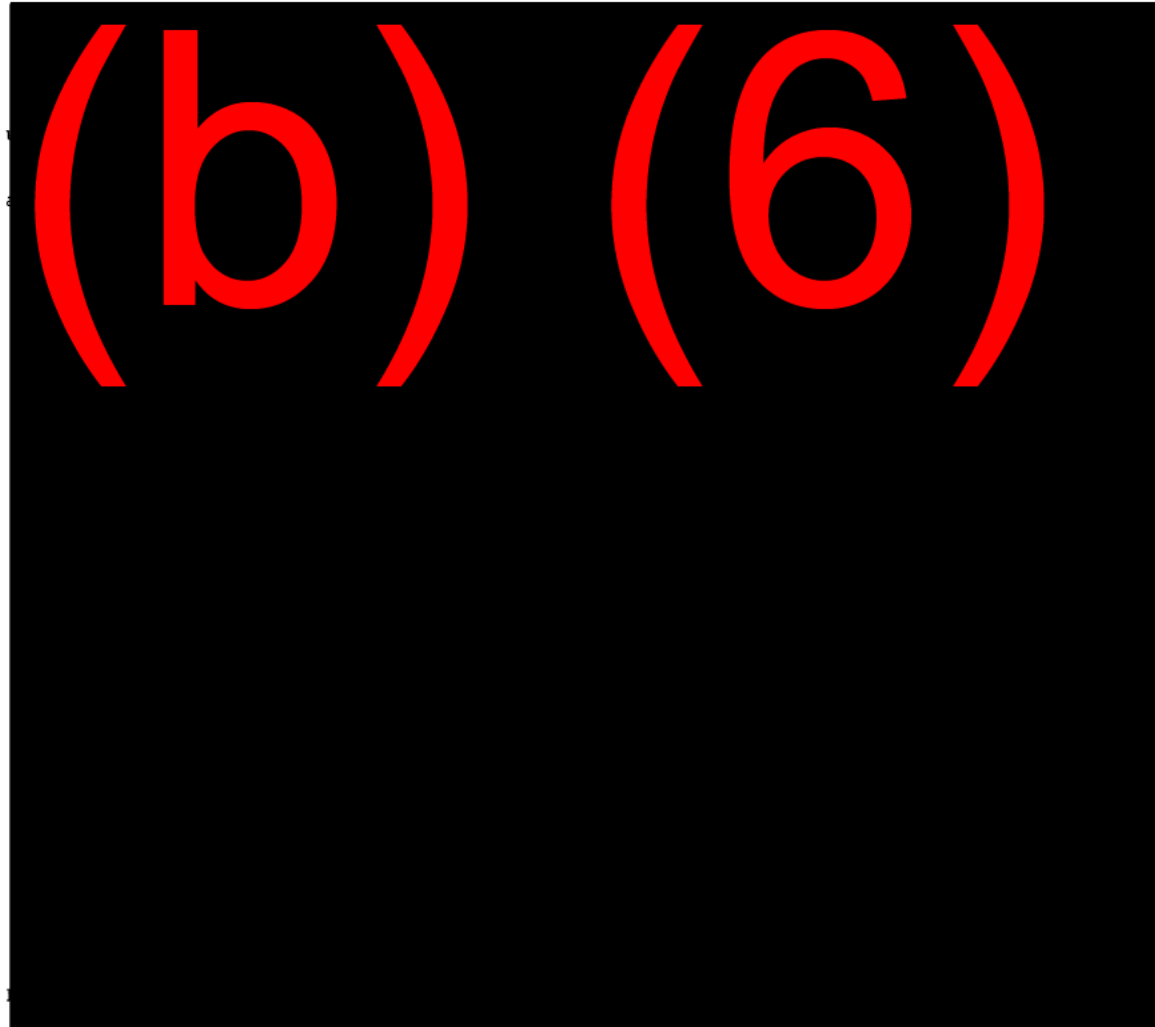
(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

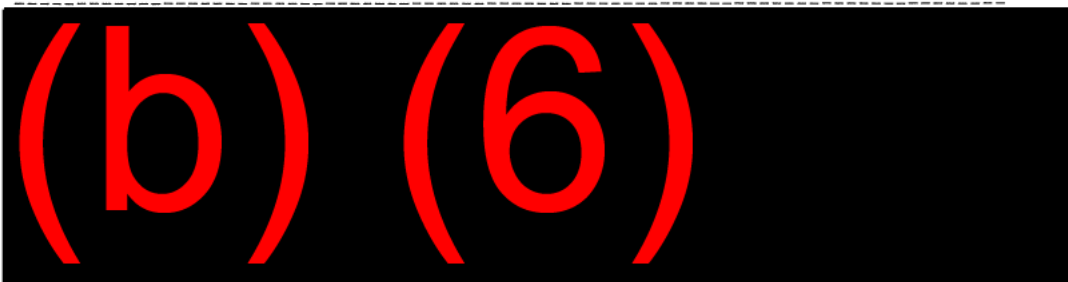
Northern Territory Government



Dept: Radiology Test ID: (b) (6)
Observation Time: 28 Aug 2023 17:28:00

Result Status: Verified Report ()
Message Time: 29 Aug 2023 11:50:00

(b) (6)



HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Administrative Details

Date / Time Attested:

Author:

End of Document

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:28

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED...

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:28

Patient: (b) (6)

Patient Id: (b) (6)
Birth Date:
Gender:

REFERRING DOCTOR
NO GP NOMINATED...

GP/LMO/HC
ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID	Rank	Family name										
	(b) (6)											
Given name(s)	Date of birth	Gender										
(b) (6)	(b) (6)											
Medical facility												
Reason for admission												
(b) (6)												
Allergies												
NKA												
Comments												
Reg No (b) (6)												
Date	28/8/23											
Shift	M	E	N	M	E	N	M	E	N	M	E	N
Observations												
Daily	(b) (6)											
BD												
TDS												
QID												
Hygiene												
Self												
Assist												
Mobility												
Ambulate												
Crutches												
Bed rest												
Diet												
FWD												
CF												
NBM												
Fluid balance												
Special instru												
RICE												
IVC												
Other												
Plan by												
Initials												

28 Jul 23 10 32:07

Defending Australia and its National Interests
www.defence.gov.au



OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information

Any changes in a patient's responses and/or reactions must be reported immediately to a medical officer or nursing officer.

Number	Rank	Unit	Family name
			(b) (6)
Given name(s)			Date of birth
(b) (6)			(b) (6)

Date	Time	(b) (6)	
Glasgow coma score (Out of 15)			
Eye opening			
Best verbal			
Best motor			
Pupils	1	2	3
	4	5	6
	7	8	9
	10	11	12
R	Size		
R	Reaction		
L	Size		
L	Reaction		
Eye opening		Temp °C (o)	BP HR
Spontaneous = 4		SBP = ▼	DBP = ▲
To name = 3		HR = ●	Temp = ■
To pain = 2			
None = 1			
Best verbal			
Orientated = 5			
Confused = 4			
Inappropriate = 3			
Incomprehens = 2			
None = 1			
Best motor			
Obeys = 6			
Localising to pain = 5			
Withdraw = 4			
Flex to pain = 3			
Extend pain = 2			
None = 1			
Pupils			
+/-c (Closed)			
Respiratory rate			
Scale	Muscle strength (AM = Active movement)		
0	No contraction		
1	Flicker or trace of contraction		
2	AM with gravity eliminated		
3	AM against gravity		
4	AM against gravity and resistance		
5	Normal power		

Other observations

Date	Time	Observation	Date	Time	Observation



JOINT HEALTH COMMAND		GENERAL OBSERVATION CHART		FAMILY NAME (b) (6)		EMPLOYEE ID
				GIVEN NAME		
DOB (b) (6)		MO		FACILITY		
<input type="checkbox"/> Altered calling criteria				ALL OBSERVATIONS MUST BE GRAPHED		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE						
Date		Time				Date
						Time
AIRWAY/BREATHING	(b) (6)					35 -
						30 -
						25 -
						20 -
						15 -
						10 -
						5 -
						100 -
						95 -
						90 -
				85 -		
				O ₂ Lpm		
				Device / mode		
= Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask						
CIRCULATION	(b) (6)					230 -
						220 -
						210 -
						200 -
						190 -
						180 -
						170 -
						160 -
						150 -
						140 -
				130 -		
				120 -		
				110 -		
				100 -		
				90 -		
				80 -		
				70 -		
				60 -		
				50 -		
				40 -		
				Rhythm		
				130 -		
				150 -		
				140 -		
				130 -		
				120 -		
				110 -		
				100 -		
				90 -		
				80 -		
				70 -		
				60 -		
				50 -		
				40 -		
DISABILITY	(b) (6)					A
						V
						P
						U
Letter: A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive						
				Initials		

Sensitive: Personal (Health Information) after first entry



GENERAL OBSERVATION CHART

FAMILY NAME

(b) (6)

EMPLOYEE ID

GIVEN NAME

DOB

MO

Altered calling criteria

FACILITY

OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date

Time

Date

Time

41

40.5

40

41

40.5

40

39.5

39

38.5

38

37.5

37

36.5

36

35.5

35

34.5

34

Assess pain level at rest and with movement. Enter R for at rest, M for movement

Severe (7-10)

Severe (7-10)

Moderate (4-6)

Moderate (4-6)

Mild (1-3)

Mild (1-3)

Nil

No pain

Initials

Initials

Date

Date

Time

Time

BGL

BGL

Date

Date

Date

Date

☐ Daily

Daily

Date

Date

Time

Time

SG

SG

pH

pH

Leuk

Leuk

Blood

Blood

Nitrite

Nitrite

Ketones

Ketones

Bilirubin

Bilirubin

U/Bil

U/Bil

Protein

Protein

Glucose

Glucose

Sensitive: Personal (Health Information) after first entry

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:55

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

GP/LMO/HC

NO GP NOMINATED ..

.....

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

Discharge Date

Discharge Doctor

Discharge Status

Refer on Disch

Transfer Dest'n

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:20

Dept: Radiology

Test ID: (b) (6)

Result Status: Verified Report ()

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:21

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:21

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

(b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID	Rank	Family name			
Given name(s)			Date of birth	Gender	
(b) (6)					
Medical facility					
Reason for admission					
Allergies					
NKA					
Comments					

Date	27/8/23	28/8/23										
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observations

Daily	(b) (6)											
BD	(b) (6)											
TDS	(b) (6)											
QID	(b) (6)											

Hygiene

Self	(b) (6)											
Assist	(b) (6)											

Mobility

Ambulate	(b) (6)											
Crutches	(b) (6)											
Bed rest	(b) (6)											

Diet

FWD	(b) (6)											
CF	(b) (6)											
NBM	(b) (6)											
Fluid balance	(b) (6)											

Special instructions

RICE	(b) (6)											
IVC	(b) (6)											
Other	(b) (6)											
	(b) (6)											
	(b) (6)											

Plan by

Initials												
----------	--	--	--	--	--	--	--	--	--	--	--	--

28 Jul 23 10:32:07

Defending Australia and its National Interests
www.defence.gov.au



1.9.2p



GENERAL OBSERVATION CHART

(b) (6)

YEE ID

☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date Time														Date Time	
AIRWAY/BREATHING	Respiratory rate	35													35
		30													30
		25													25
		20													20
		15													15
	SpO ₂ %	100													100
		95													95
		90													90
		85													85
		O ₂ Lpm Device mode													O ₂ Lpm Device mode
CIRCULATION	Blood pressure (mmHg) SBP is trigger > <	230													230
		220													220
		210													210
		200													200
		190													190
		180													180
		170													170
		160													160
		150													150
		140													140
		130													130
		120													120
		110													110
		100													100
	90													90	
	80													80	
	70													70	
	60													60	
	50													50	
	40													40	
	Heart rate (Bpm)	160													160
		150													150
		140													140
		130													130
		120													120
		110													110
		100													100
		90													90
80														80	
70														70	
60														60	
50														50	
40														40	
DISABILITY		Neurological	A												
	V														V
	P														P
	U														U
Initials														Initials	

Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask

r. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive

Sensitive: Personal (Health Information) after first entry



GENERAL OBSERVATION CHART

FAMILY N

GIVEN N

DOB

FACILITY

(b) (6)

☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date Time														Date Time	
Temperature (°C)	41													41	
	40.5													40.5	
	40													40	
	39.5													39.5	
	39													39	
	38.5													38.5	
	38													38	
	37.5													37.5	
	37													37	
	36.5													36.5	
	36													36	
	35.5													35.5	
35													35		
34.5													34.5		
34													34		
Pain level at rest and with movement. Enter R for at rest, M for movement															
Severe (7-10)													Severe (7-10)		
Moderate (4-6)													Moderate (4-6)		
Mild (1-3)													Mild (1-3)		
Nil													No pain		
Initials														Initials	
Date													Date		
Time													Time		
BGL													BGL		
Date													Date		
Date													Date		
<input type="checkbox"/> Daily													Daily		
Date													Date		
Time													Time		
SG													SG		
pH													pH		
Leuk													Leuk		
Blood													Blood		
Nitrite													Nitrite		
Ketones													Ketones		
Bilirubin													Bilirubin		
U/Bil													U/Bil		
Protein													Protein		
Glucose													Glucose		

OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information
Department of Defence
Medication Record

PM 221
Revised 28 Sep 20

Attach ADR sticker

Allergies and adverse drug reactions (ADR)

☒ Nil known ☐ Unknown (Tick appropriate box or complete details below)

Medicine (Or other)	Reaction, type or date	Initials

Signature

Date

PMK

Ran

Fam

Give

Date

Weight (kg)

Height (cm)

Unit

Medication chart number
of

Facility or service

RoBHC

Ward or unit

Marunda Ward.

Additional charts

☐ IV fluid

☐ BGL or insulin

☐ Acute pain

☐ Other

☐ Palliative care

☐ Chemotherapy

☐ IV heparin

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (Use generic name)	Route	Dose	Date and time of dose	Prescriber or Nurse Initiator (NI)		Given by	Time given	Pharmacy
					Signature	Printed name			
(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)

Telephone orders (To be signed within 24 hours of order)

Date and time	Medicine (Use generic name)	Route	Dose	Frequency	Check initials		Prescriber's name	Prescriber's signature	Date	Record of administration			
					Nurse 1	Nurse 2				Time and given by	Time and given by	Time and given by	Time and given by

Medicines taken prior to presentation to hospital
(Prescribed, over the counter, complementary)

Own medicines brought in?

☐ Yes ☐ No

Administration aid (Specify)

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration

GP

Community pharmacy

Signature

Printed name

Date

Medicines usually administered by

Personal privacy // Health information
OFFICIAL: Sensitive (After first entry)

PM 221 Medication Record

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:55

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

GP/LMO/HC

NO GP NOMINATED . .

.....

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

Discharge Date

Discharge Doctor

Discharge Status

Refer on Disch

Transfer Dest'n

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:20

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 16:02:00 Message Time: 27 Aug 2023 18:35:00

(b) (6)

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:21

Dept: Radiology

Test ID: (b) (6)

Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 16:02:00

Message Time: 27 Aug 2023 18:35:00

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 19:37:21

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

(b) (6)

Observation Time: 27 Aug 2023 16:02:00 Message Time: 27 Aug 2023 18:35:00

(b) (6)

(b) (6)

Printed by animal on Asset VDIGDC05-107

*** End of Report ***

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:13

Patient: (b) (6)

Patient Id: (b) (6)

Birth Date: (b) (6)

Gender: (b) (6)

REFERRING DOCTOR
NO GP NOMINATED ..

GP/LMO/HC
ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRE THORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

(b) (6)

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID	Rank	Family name
(b) (6)		
Given name(s)	Date of birth	Gender
(b) (6)	(b) (6)	
Medical facility		
ROBHC		
Reason for admission		
(b) (6)		
Allergies		
Comments		


Date	27 8 23	28 8 23										
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observations													
Daily	(b) (6)												
BD	(b) (6)												
TDS	(b) (6)												
QID	(b) (6)												
Hygiene													
Self													
Assist													
Mobility													
Ambulate													
Crutches													
Bed rest													
Diet													
FWD													
CF													
NBM													
Fluid balance													
Special instructions													
RICE													
IVC													
Other													
Plan by													
Initials													

28 Jul 23 10:32:07

Defending Australia and its National Interests
www.defence.gov.au



 GENERAL OBSERVATION CHART		FAMILY NAME (b) (6)		EMPLOYEE ID
		GIVEN NAME (b) (6)		
		DOB (b) (6)	MO	
		FACILITY		
<input type="checkbox"/> Altered calling criteria		ALL OBSERVATIONS MUST BE GRAPHED COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL		
Date 2/8/08 Time 2:02 PM				
AIRWAY/BREATHING	Respiratory rate	(b) (6)		
	SpO ₂ %			
	Oxygen			
CIRCULATION	Blood pressure (mmHg) SBP is trigger	(b) (6)		
	Heart rate (Bpm)			
	Neurological			
DISABILITY	Neurological			
Initials				

Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask

A = Alert, V = Rousable by voice (conduct GCS). P = Rousable only by pain (conduct GCS). U = Unr



GENERAL OBSERVATION CHART

FAMILY NAME

(b) (6)

EMPLOYEE ID

(b) (6)

GIVEN NAME

DOB

(b) (6)

FACILITY

☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

 Date 2/8/00
 Time 2100

 Date
 Time

EXPOSURE

Temperature (°C)

(b) (6)

 41
 40.5
 40
 39.5
 39
 38.5
 38
 37.5
 37
 36.5
 36
 35.5
 35
 34.5
 34

Pain

 Severe
 Moderate
 Mild

at rest and with movement. Enter R for at rest, M for movement

 Severe
(7-10)
 Moderate
(4-6)
 Mild
(1-3)
 No pain

Initials

Blood glucose

BGL

 Date
 Time
 BGL

Bowels

Date

Date

Weight

Date

☐ Daily

 Date
 Daily

Urinalysis

Date

Date

Time

Time

SG

SG

pH

pH

Leuk

Leuk

Blood

Blood

Nitrite

Nitrite

Ketones

Ketones

Bilirubin

Bilirubin

U/Bil

U/Bil

Protein

Protein

Glucose

Glucose

OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information

PM 221
Revised 28 Sep 20

Department of Defence

Medication Record

Attach ADR sticker

Allergies and adverse drug reactions (ADR)

☒ Nil known ☐ Unknown (Tick appropriate box or complete details below)

Medicine (Or other)	Reaction, type or date	Initials
Signature (b) (6)		Date

PMKeyS number

Rank

Family name

Given name(s)

Date of birth

Gender

Weight (kg)

Height (cm)

Unit

Medication chart number
of

Facility or service

Ward or unit

Additional charts

- ☐ IV fluid ☐ BGL or insulin ☐ Acute pain ☐ Other
☐ Palliative care ☐ Chemotherapy ☐ IV heparin

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (Use generic name)	Route	Dose	Date and time of dose	Prescriber or Nurse Initiator (NI) Signature Printed name	Given by	Time given	Pharmacy
(b) (6)								

Telephone orders (To be signed within 24 hours of order)

Date and time	Medicine (Use generic name)	Route	Dose	Frequency	Check initials		Prescriber's name	Prescriber's signature	Date	Record of administration			
					Nurse 1	Nurse 2				Time and given by	Time and given by	Time and given by	Time and given by

Medicines taken prior to presentation to hospital
(Prescribed, over the counter, complementary)

Own medicines brought in?

☐ Yes ☐ No

Administration aid (Specify)

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration

GP

Community pharmacy

Signature

Printed name

Date

Medicines usually administered by

Personal privacy // Health information
OFFICIAL: Sensitive (After first entry)

PM 221 Medication Record

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:13

Patient:

(b) (6)

Patient Id:
Birth Date:
Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED ..

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

(b) (6)

(b) (6)

(b) (6)

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Health Centre Doctor Robertson (Robertson Health Centre)
Records -Medical (Royal Darwin Hospital (Rdh))
Dr. Richard Bradbury - 0889228888

- 0879718033

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL
Hospital Address:
Rocklands Drive TIWI NT 0810
Hospital Phone:
(08) 8922 8888
Hospital Fax:
(08) 8922 8286

Next of Kin

(b) (6)

Phone: No data (Home)
+3139102215 (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: HEALTH CENTRE ROBERTSON

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
(b) (6)					

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

trauma - helicopter crash

Reason for Presentation:

Secondary Diagnosis:

Complications:

Past Medical History:

nil pmhx, NKDA

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Theatre Visit Procedure Complications:

No data

Royal Darwin Hospital

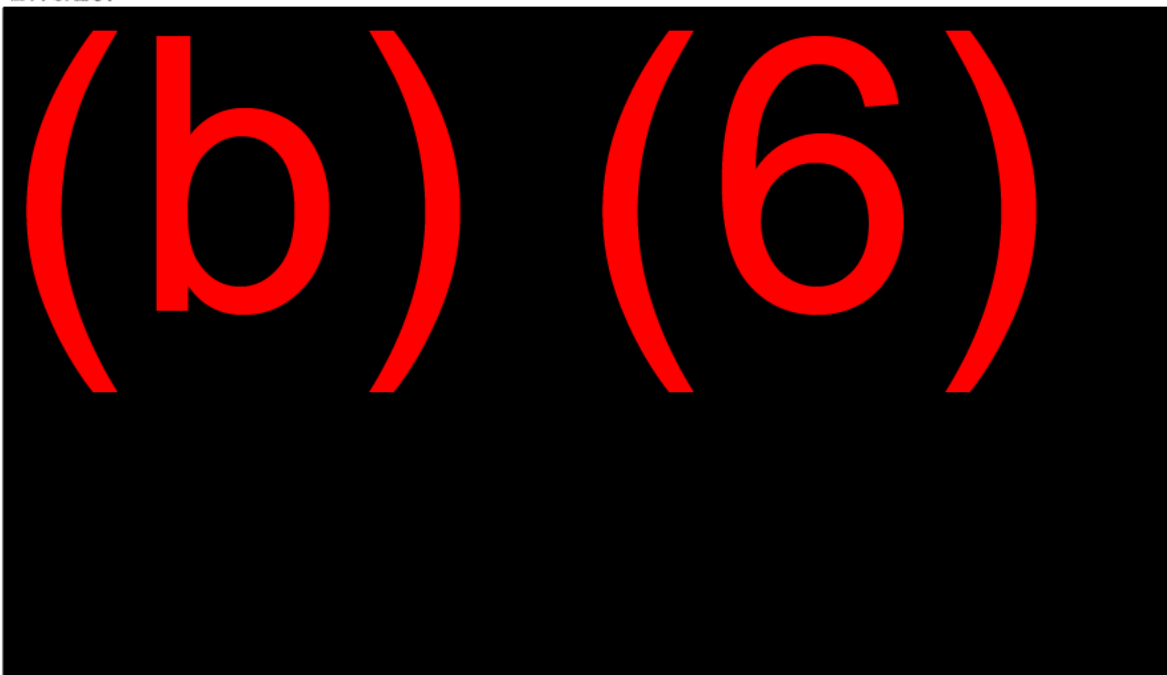
Northern Territory Government

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia.

The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1900 on 27/8/23.



Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

HR 66a Private & Confidential Summary of: (b) (6)

HIW-052

28 August 2023

Page 3 of 11

Royal Darwin Hospital

Medicines on Discharge

Medication Name	Instruction
No data	No data

Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

Information Provided to the Patient

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Selected Investigation Results

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 20:09:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 20:08:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 19:18:00

(b) (6)

2023

HR 66a Private & Confidential Summary of: (b) (6)

HIW-052

28 August 2023

Page 5 of 11

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 19:10:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 19:10:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 19:09:00

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 19:09:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report (Path Result
Out of Norm. Range)
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 18:58:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

HIW-052

28 August 2023

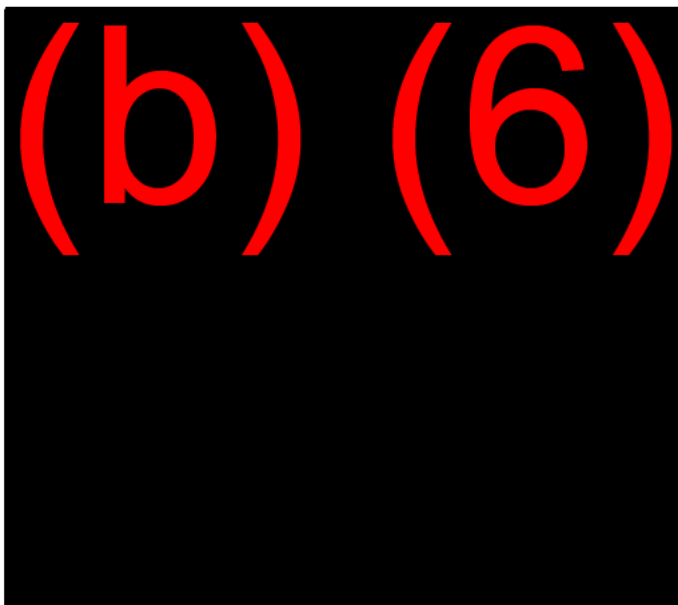
Page 8 of 11

Royal Darwin Hospital

Northern Territory Government

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report (Path Result
Out of Norm. Range)
Observation Time: 27 Aug 2023 18:30:00 Message Time: 27 Aug 2023 18:58:00



Authorised for release by (b) (6)

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 19:13:00 Message Time: 27 Aug 2023 20:52:00

(b) (6)

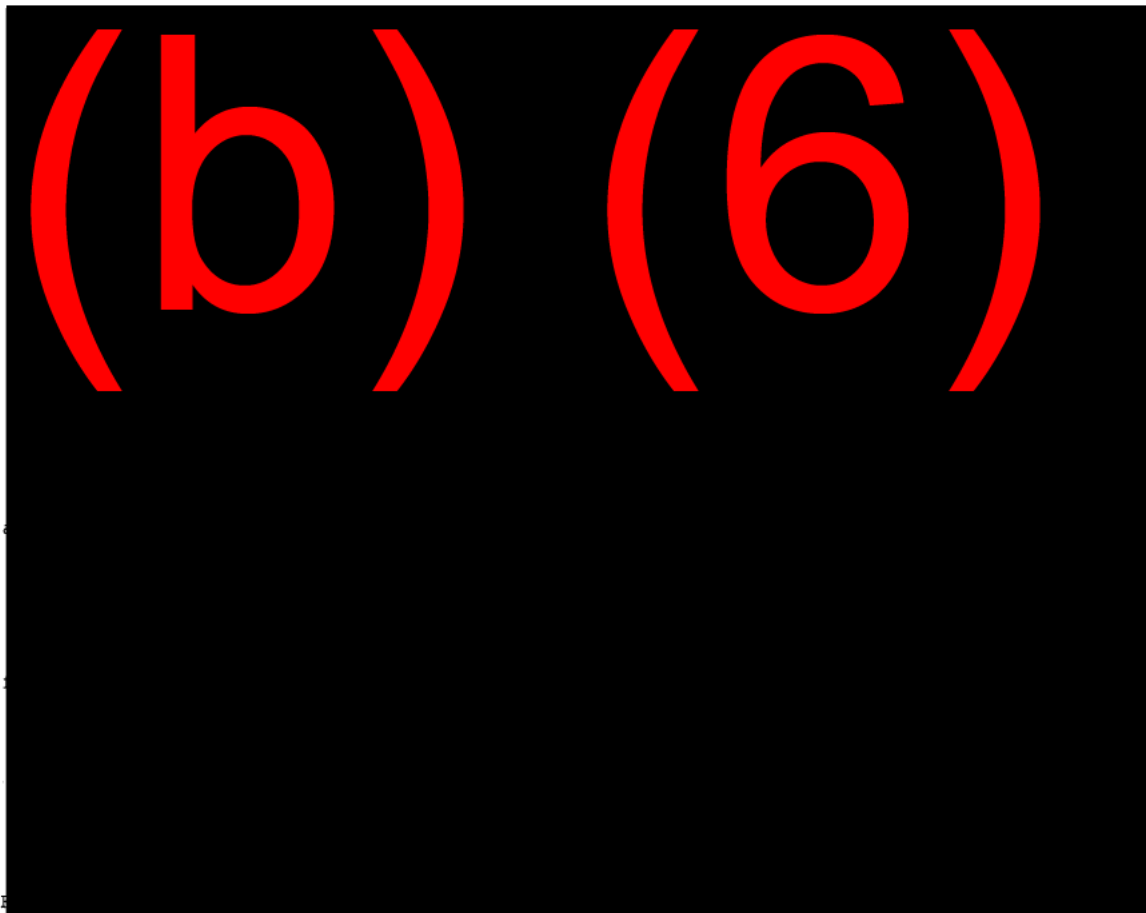
A rectangular area of the document is redacted with a solid black background. In the top-left corner of this redacted area, the text "(b) (6)" is written in large, bold, red font.

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

****ORIGINAL REPORT****



Administrative Details

Date / Time Attested:

Author:

End of Document

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number
------------------	---------------	-------------

HR 66a Private & Confidential Summary of:

(b) (6)

Royal Darwin Hospital

Northern Territory Government

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 21:59

Patient: (b) (6)

Patient Id: (b) (6)
Birth Date: (b) (6)
Gender: (b) (6)

REFERRING DOCTOR
NO GP NOMINATED . .
.....

GP/LMO/HC
ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRE THORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE
Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES
Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS
(b) (6)

Emergency Consultant

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Records -Medical (Royal Darwin Hospital (Rdh))

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL

Hospital Address:

Rocklands Drive TIWI NT 0810

Hospital Phone:

(08) 8922 8888

Hospital Fax:

(08) 8922 8286

Next of Kin

(b) (6)

No data (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: . NO GP NOMINATED

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
-------------------	----------------	--------------	---------------	------------------	-----------------------

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

(b) (6)

Reason for Presentation:

Secondary Diagnosis:

Complications:

Past Medical History:

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Theatre Visit Procedure Complications:

No data

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital- Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia.

The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1500 Hrs on 27/8/23.

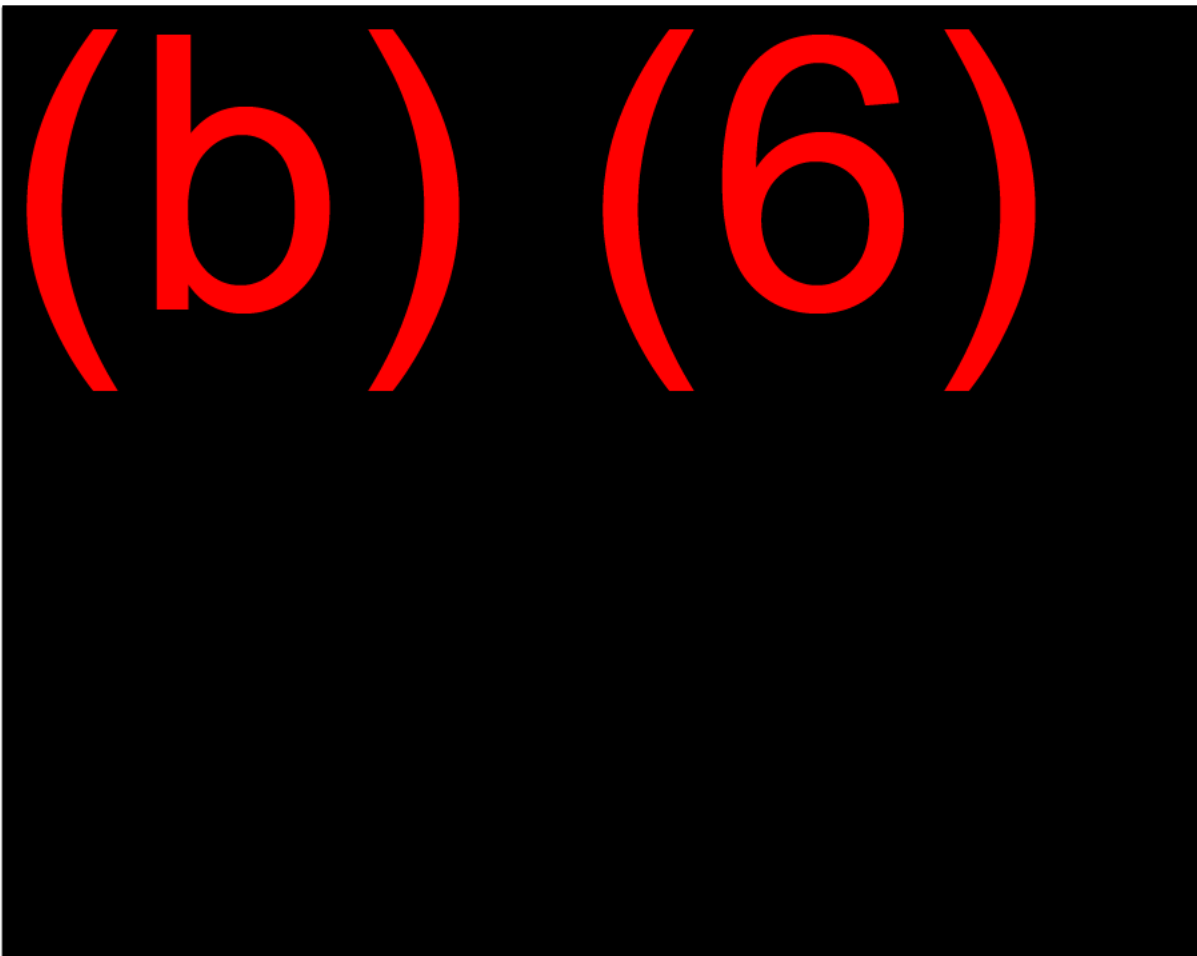
(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government



Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

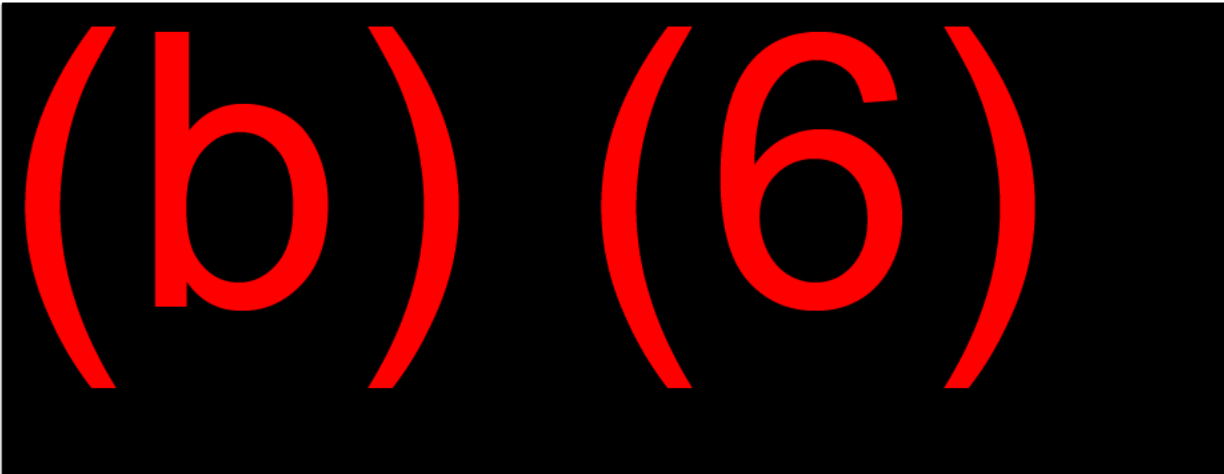
Medicines on Discharge

Medication Name	Instruction
(b) (6)	(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government



Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

As above

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Information Provided to the Patient

Selected Investigation Results

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 15:29:00 Message Time: 27 Aug 2023 16:36:00

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Dept: Radiology Test ID: (b) (6)
Observation Time: 27 Aug 2023 15:05:00

Result Status: Verified Report ()
Message Time: 27 Aug 2023 16:29:00

(b) (6)

(b) (6)

Dept: Radiology Test ID: (b) (6)
Observation Time: 28 Aug 2023 16:19:00

Result Status: Verified Report ()
Message Time: 28 Aug 2023 19:11:00

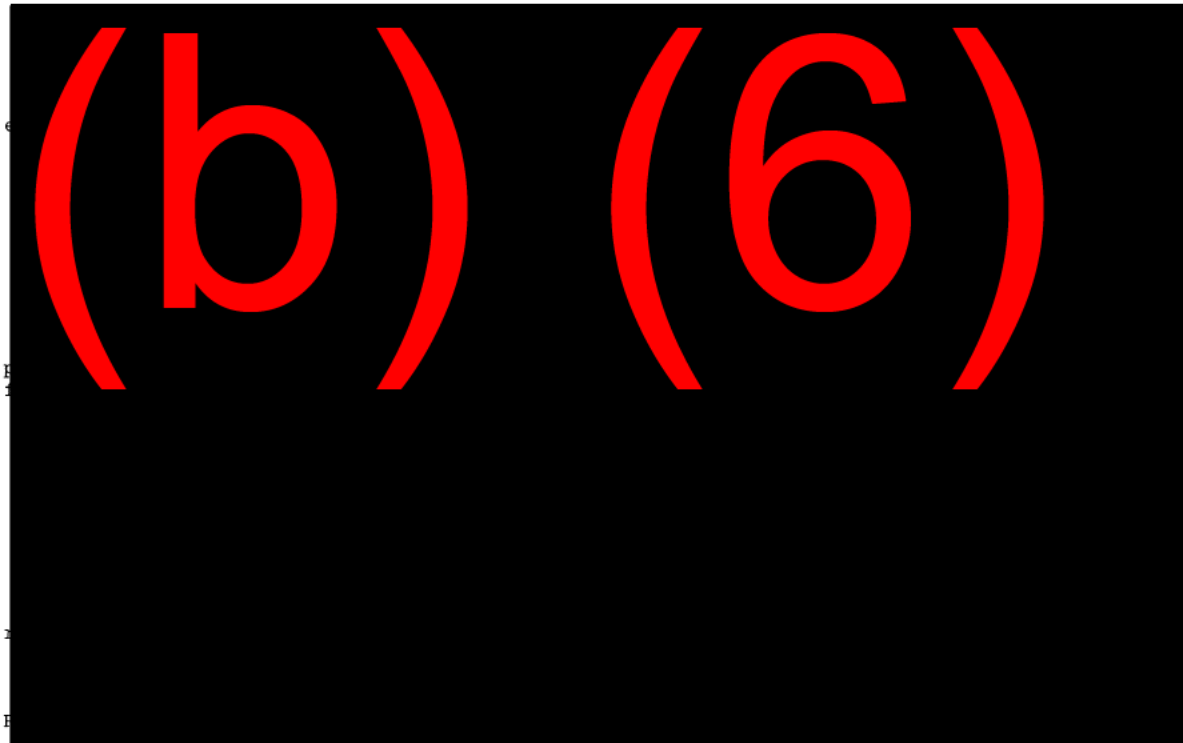
(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government



Administrative Details

Date / Time Attested:
Author:

End of Document

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Recipients of this Document:

Health Centre Doctor Robertson (Robertson Health Centre)
Records -Medical (Royal Darwin Hospital (Rdh))
Dr. Kim Alexander Bade unlisted

- 0879718033

Discharge Summary - General Surgical

Patient Details

(b) (6)

Hospital Details

ROYAL DARWIN HOSPITAL

Hospital Address:
Rocklands Drive TIWI NT 0810
Hospital Phone:
(08) 8922 8888

Hospital Fax:
(08) 8922 8286

Next of Kin

(b) (6)

No data (Other)

Start of Document

Recipients

Referring Doctor: . NO GP NOMINATED

Nominated Clinic / GP: HEALTH CENTRE ROBERTSON

Treating Specialist:

Presentation Details

Presentation Date	Discharge Date	Episode Type	Clinical Unit	Senior Clinician	Discharge Destination
-------------------	----------------	--------------	---------------	------------------	-----------------------

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Problems and Diagnosis

Principal Diagnosis:

trauma - helicopter crash

Reason for Presentation:

Secondary Diagnosis:

Complications:

Past Medical History:

Nil, no reg meds, NKDA

Procedures

Theatre Visit Procedure Date:

No data

Theatre Visit Procedure Time:

No data

Theatre Visit Procedure Description:

No data

Theatre Visit Procedure Site:

No data

Theatre Visit Procedure Side:

No data

Theatre Visit Procedure Surgeon:

No data

Theatre Visit Procedure Implants:

No data

Theatre Visit Procedure Complications:

No data

Royal Darwin Hospital

Northern Territory Government

Clinical Summary

Dear Doctor,

Thank you for your ongoing care of (b) (6) who was admitted under the care of Royal Darwin Hospital Surgical Acute Care Unit following a US military helicopter/osprey crash in Northern Territory, Australia.

The crash occurred 0930 on 27/8/23. (b) (6) arrived to RDH ED at approximately 1920 on 27/8/23.

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Allergies / Adverse Reactions

Substance / Agent	Reaction Type	Clinical Manifestation
-------------------	---------------	------------------------

Medicines on Discharge

Medication Name	Instruction
No data	No data

Ceased or Changed Medications

Medication Name	Reason for Ceasing / Changing
-----------------	-------------------------------

Discharge Care Plan

Recommendations to the GP

Recommendation	Person Responsible
----------------	--------------------

Recommendations to the Patient

Follow Up Appointments

Description	When	Booking Status	Appoint Clinic / Service Name	Location	Contact Details
-------------	------	----------------	-------------------------------	----------	-----------------

Advanced Personal Plan

HR 66a Private & Confidential Summary of: (b) (6)

HIV-770

28 August 2023

Page 4 of 11

Royal Darwin Hospital

Information Provided to the Patient

Selected Investigation Results

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 22:11:00

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 21:08:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

HIV-770

28 August 2023

Page 5 of 11

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 21:04:00

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 21:04:00

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 21:04:00

(b) (6)

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report (Path Result
Out of Norm. Range)
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 20:54:00

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

Observation Time: 27 Aug 2023 22:45:00

Message Time: 28 Aug 2023 03:27:00

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

Royal Darwin Hospital

Northern Territory Government

(b) (6)

(b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

HIV-770

28 August 2023

Page 10 of 11

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Administrative Details

Date / Time Attested:

Author:

End of Document

Covid 19 Vaccination:

Patient has received a COVID-19 Vaccination whilst in hospital?

Vaccination Date	Vaccine/Brand	Dose Number

Royal Darwin Hospital

Northern Territory Government

(b) (6)

Authorised for release by (b) (6)

Dept: Pathology Test ID: (b) (6) Result Status: Authorised Report ()
Observation Time: 27 Aug 2023 20:20:00 Message Time: 27 Aug 2023 20:54:00

(b) (6)

Authorised for release by (b) (6)

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

HR 66a Private & Confidential Summary of: (b) (6)

HIV-770

28 August 2023

Page 8 of 11

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:26

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR

NO GP NOMINATED ...

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRE THORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

Discharge Date :

Discharge Doctor :

Discharge Status :

Refer on Disch :

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:26

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

Transfer Dest'tn
Transfer Reason
Escort Source
Transport Type

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:26

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED . . .

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

Discharge Date :

Discharge Doctor :

Discharge Status :

Refer on Disch :

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:26

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

Transfer Dest'tn
Transfer Reason
Escort Source
Transport Type

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20


Nursing Care Plan Record

Employee ID	Rank	Family name
(b) (6)		
Given name(s)	Date of birth	Gender
(b) (6)	(b) (6)	
Medical facility		
MANJADA WARD, ROBYC.		
Reason for admission		
Allergies		
NKA.		
Comments		
Date	27/08/23	28/08/23
Shift	M E N	M E N
Observations		
Daily	<input type="checkbox"/>	(b) (6)
BD	<input type="checkbox"/>	
TDS	<input type="checkbox"/>	
QID	<input type="checkbox"/>	
Hygiene		
Self	<input type="checkbox"/>	
Assist	<input type="checkbox"/>	
Mobility		
Ambulate	<input type="checkbox"/>	
Crutches	<input type="checkbox"/>	
Bed rest	<input type="checkbox"/>	
Diet		
FWD	<input type="checkbox"/>	
CF	<input type="checkbox"/>	
NBM	<input type="checkbox"/>	
Fluid balance	<input type="checkbox"/>	
Special instructions		
RICE Revue	<input type="checkbox"/>	
IVC	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Plan by		
Initials		



JOINT HEALTH COMMAND		GENERAL OBSERVATION CHART		FAMILY NAME (b) (6)		EMPLOYEE ID	
				GIVEN NAME (b) (6)			
				DOB (b) (6) MO			
<input type="checkbox"/> Altered calling criteria				FACILITY <u>ROBO HC MANJAOA</u>			
ALL OBSERVATIONS MUST BE GRAPHED				COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
Date <u>02/11/20</u> Time <u>08:40:00</u>							
AIRWAY/BREATHING	Respiratory rate	35 30 25 20 15 10 5	(b) (6)				
	SpO ₂ %	100 95 90 85					
	Oxygen	O ₂ Lp Device mode					
om Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask							
CIRCULATION	Blood pressure (mmHg) SBP is trigger	230 > 220 < 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40	(b) (6)				
	Heart rate (Bpm)	160 150 140 130 120 110 100 90 80 70 60 50 40					
	Rhyth						
DISABILITY	Neurological	A V P U E	(b) (6)				
Initials							

Sensitive: Personal (Health Information) after first entry

 GENERAL OBSERVATION CHART		FAMILY NAME (b) (6)		EMPLOYEE ID (b) (6)			
		GIVEN NAME (b) (6)					
		DOB (b) (6)		MO			
		FACILITY <u>ROBOWIC MANUNDA</u>					
<input type="checkbox"/> Altered calling criteria		ALL OBSERVATIONS MUST BE GRAPHED					
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE							
Date <u>2/28/20</u> Time <u>14:00</u>		Date Time					
EXPOSURE	Temperature (°C)	41	(b) (6)				41
		40.5					
		40					
		39.5					
		39					
		38.5					
		38					
		37.5					
		37					
		36.5					
		36					
		35.5					
		35					
		34.5					
		34					
		Pain					level at rest and with movement. Enter R for at rest, M for movement
Severe (7-10)					Severe (7-10)		
Moderate (4-6)					Moderate (4-6)		
Mild (1-3)					Mild (1-3)		
Nil					No pain		
Initials		Initials					
Blood glucose	Date					Date	
	Time					Time	
	BGL					BGL	
Bowels	Date					Date	
Weight	Date					Date	
	<input type="checkbox"/> Daily					Daily	
Urinalysis	Date					Date	
	Time					Time	
	SG					SG	
	pH					pH	
	Leuk					Leuk	
	Blood					Blood	
	Nitrite					Nitrite	
	Ketones					Ketones	
	Bilirubin					Bilirubin	
	U/Bil					U/Bil	
	Protein					Protein	
Glucose					Glucose		

OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information
Department of Defence
Medication Record

Attach ADR sticker		
Allergies and adverse drug reactions (ADR) <input checked="" type="checkbox"/> Nil known <input type="checkbox"/> Unknown (Tick appropriate box or complete details below)		
Medicine (Or other)	Reaction, type or date	Initials
Signature	Printed name	Date

PMKeyS number	
Rank	(b) (6)
Family name	
Given name	
Date of birth	
Weight (kg)	Gender
Height (cm)	(b) (6)
Unit	

Facility or service
Ward or unit

Additional charts

- ☐ IV fluid ☐ BGL or insulin ☐ Acute pain ☐ Other
☐ Palliative care ☐ Chemotherapy ☐ IV heparin

Medication chart number
of

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (Use generic name)	Route	Dose	Date and time of dose	Prescriber or Nurse Initiator (NI)		Given by	Time given	Pharmacy
					Signature	Printed name			

Telephone orders (To be signed within 24 hours of order)

Date and time	Medicine (Use generic name)	Route	Dose	Frequency	Check initials		Prescriber's name	Prescriber's signature	Date	Record of administration			
					Nurse 1	Nurse 2				Time and given by	Time and given by	Time and given by	Time and given by

Medicines taken prior to presentation to hospital
(Prescribed, over the counter, complementary)

Own medicines brought in?

☐ Yes ☐ No

Administration aid (Specify)

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration
GP	Community pharmacy				
Signature	Printed name	Date	Medicines usually administered by		

Personal privacy // Health information
OFFICIAL: Sensitive (After first entry)

PM 221 Medication Record



Australian Government
Department of Defence

AB 912

Revised 28 Sep 20

Nursing Care Plan Record

(b) (6) (b) (6) (b) (6)

Employee ID (b) (6) Family name (b) (6)

Given name(s) (b) (6) Date of birth (b) (6) Gender (b) (6)

Medical facility ROBHC

Reason for admission Injuries in Helicopter Crash - (b) (6)

Allergies NKA

Comments

Date	28.8.23											
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observations

	(b) (6)											
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene

Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility

Ambulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diet

FWD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special instructions

RICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan by

Initials



Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 28/08/2023 00:12

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

REFERRING DOCTOR
NO GP NOMINATED . .

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Colleague,

(b) (6)

Test Results Report

Sunday, 27 August 2023 23:30:39

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 21:18:00 Message Time: 27 Aug 2023 22:58:00

(b) (6)

Test Results Report

Sunday, 27 August 2023 23:30:40

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 21:18:00 Message Time: 27 Aug 2023 22:58:00

(b) (6)

(b) (6)

OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information
Department of Defence
Medication Record

Attach ADR sticker		
Allergies and adverse drug reactions (ADR)		
<input checked="" type="checkbox"/> Nil known <input type="checkbox"/> Unknown (Tick appropriate box or complete details below)		
Medicine (Or other)	Reaction, type or date	Initials
Signature	Printed name	Date
(b) (6)		28.8.23

PMKeyS number	(b) (6)
Rank	(b) (6)
Family name	(b) (6)
Given name	(b) (6)
Date of birth	(b) (6)
Weight (kg)	
Height (cm)	
Unit	US Marine

Medication chart number
of

Facility or service	ROBHC
Ward or unit	Manunda

Additional charts

<input type="checkbox"/> IV fluid	<input type="checkbox"/> BGL or insulin	<input type="checkbox"/> Acute pain	<input type="checkbox"/> Other
<input type="checkbox"/> Palliative care	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> IV heparin	

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (Use generic name)	Route	Dose	Date and time of dose	Prescriber or Nurse Initiator (NI) Signature	Printed name	Given by	Time given	Pharmacy
(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)

Telephone orders (To be signed within 24 hours of order)

Date and time	Medicine (Use generic name)	Route	Dose	Frequency	Check initials		Prescriber's name	Prescriber's signature	Date	Record of administration				
					Nurse 1	Nurse 2				Time and given by	Time and given by	Time and given by	Time and given by	

Medicines taken prior to presentation to hospital
(Prescribed, over the counter, complementary)

Own medicines brought in? ☐ Yes ☐ No

Administration aid (Specify)

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration

GP	Community pharmacy		
Signature	Printed name	Date	Medicines usually administered by

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 28/08/2023 00:12

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR

NO GP NOMINATED ..

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Colleague,

(b) (6)

Test Results Report

Sunday, 27 August 2023 23:30:39

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 21:18:00 Message Time: 27 Aug 2023 22:58:00

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 23:30:40

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 21:18:00 Message Time: 27 Aug 2023 22:58:00

(b) (6)

(b) (6)

Test Results Report

Sunday, 27 August 2023 23:30:40

Dept: Radiology Test ID: (b) (6) Result Status: Verified Report ()

Patient: (b) (6)
Sex: (b) (6)
Address: (b) (6)

Observation Time: 27 Aug 2023 21:18:00 Message Time: 27 Aug 2023 22:58:00

(b) (6)

(b) (6)

Printed by animal on Asset VDIGDC05-083

*** End of Report ***

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:52

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED . .

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:52

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

Discharge Doctor

Discharge Status

Refer on Disch

Transfer Dest'n

Transfer Reason

Escort Source

Transport Type

(b) (6)

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID	Rank	Family name	Date of birth	Gender
(b) (6)				
(b) (6)				

Medical facility
ROBHC

Reason for admission
(b) (6)

Allergies
NKA

Comments

Date	28-8-23												
Shift	M	E	N	M	E	N	M	E	N	M	E	N	

Observations	(b) (6)												
Daily													
BD													
TDS													
QID													

Hygiene													
Self													
Assist													

Mobility													
Ambulate													
Crutches													
Bed rest													

Diet													
FWD													
CF													
NBM													
Fluid balance													

Special inst													
RICE													
IVC													
Other													

Plan by													
Initials													





GENERAL OBSERVATION CHART

FAMILY NAME

GIVEN NAME

DOB

MO

EMPLOYEE ID

☐ Altered calling criteria

FACILITY

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date

Time

Date

Time

(b) (6)

35

30

25

20

15

10

5

100

95

90

85

O₂Lpm

Device / mode

= Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask

230

220

210

200

190

180

170

160

150

140

130

120

110

100

90

80

70

60

50

40

Rhythm

160

150

140

130

120

110

100

90

80

70

60

50

40

A

V

P

U

er. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive

Initials

Sensitive: Personal (Health Information) after first entry



FACILITY

MO

OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date
Time

Date
Time

Temperature (°C)

41
40.5
40
39.5
39
38.5
38
37.5
37
36.5
36
35.5
35
34.5
34

Assess pain level at rest and with movement. Enter R for at rest, M for movement

Initials

Initials

Date _____

Date _____

☐ **Daily**

Daily

Date _____

Date _____

Time

Time

SG

SG

pH

pH

Leuk

Leuk

Blood

Blood

Nitrite

Nitrite

Ketones

Ketones:

Bilirubin

Billrubin

U/Bil

U/Bil

Protein

Protein

Glucose

Glucose

Heart _____
Bloo _____
Othe _____

Resp

Mei

JO
HEA
CON

Sensitive: Personal (Health Information) after first entry

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:52

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED . .

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

DISCHARGE DETAILS

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 23:52

Patient: (b) (6)

Patient Id: (b) (6)
Birth Date:
Gender:

Discharge Doctor (b) (6)
Discharge Status
Refer on Disch
Transfer Dest'tn
Transfer Reason
Escort Source
Transport Type

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:59

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR
NO GP NOMINATED ..

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health shall not bear any liability for reliance by any user on the materials contained on this website.

Reviewed on: 30-09-2012



The Victorian Government acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past and present.

The Department of Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Privacy statement: <https://www.betterhealth.vic.gov.au/about/privacy>

Copyright notice: <https://www.betterhealth.vic.gov.au/about/terms-of-use>

Disclaimer notice: <https://www.betterhealth.vic.gov.au/about/terms-of-use>



Health
and Human
Services

This web site is managed and authorised by the Department of Health, State Government of Victoria, Australia © Copyright State of Victoria 2021.

Caring for the fracture

The plaster cast supports and protects the fracture while the bone heals. However, the cast can sometimes cause circulation problems. To help prevent this:

- In the case of an upper limb plaster cast, exercise the fingers often.
- In the case of a lower limb plaster cast, exercise the toes often.
- Keep the plastered body part raised to prevent swelling, especially for the first 48 hours. For example, use a sling to keep an arm raised, or place pillows under your leg. Ask the doctor or nurse for suggestions.

Caring for the plaster

The plaster is important, as it keeps the fracture in an acceptable position. Suggestions include:

- Rest for a couple of days once the plaster is applied to allow it to set completely.
- Keep the plaster dry. Put a plastic bag over the plaster and seal with a rubber band when having a shower or bath.
- Try to keep the plaster out of the rain.
- Don't stick objects down the plaster, as this will damage the skin.
- Don't cut or interfere with the cast.
- Don't walk on the plaster. It is better to use crutches instead.
- Don't lift anything or drive until the fracture is healed.
- Follow all plaster care instructions given to you by medical staff.

Seek urgent medical help

You should see your doctor or go to the nearest hospital emergency department straight away if you have:

- Pain despite taking painkillers
- Fingers or toes of the affected limb that go white or blue
- Fingers or toes that won't move
- Pain on moving your fingers or toes
- Numbness or pins and needles
- Any concerns about your plaster cast.

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:59

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

Sashika Harasgama

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:59

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

REFERRING DOCTOR

NO GP NOMINATED . .

.....

GP/LMO/HC

ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE

ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category

Attendance Date

Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear Doctor,

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health shall not bear any liability for reliance by any user on the materials contained on this website.

Reviewed on: 30-09-2012



The Victorian Government acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past and present.

The Department of Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Privacy statement: <https://www.betterhealth.vic.gov.au/about/privacy>

Copyright notice: <https://www.betterhealth.vic.gov.au/about/terms-of-use>

Disclaimer notice: <https://www.betterhealth.vic.gov.au/about/terms-of-use>



Health
and Human
Services

This web site is managed and authorised by the Department of Health, State Government of Victoria, Australia © Copyright State of Victoria 2021.

Caring for the fracture

The plaster cast supports and protects the fracture while the bone heals. However, the cast can sometimes cause circulation problems. To help prevent this:

- In the case of an upper limb plaster cast, exercise the fingers often.
- In the case of a lower limb plaster cast, exercise the toes often.
- Keep the plastered body part raised to prevent swelling, especially for the first 48 hours. For example, use a sling to keep an arm raised, or place pillows under your leg. Ask the doctor or nurse for suggestions.

Caring for the plaster

The plaster is important, as it keeps the fracture in an acceptable position. Suggestions include:

- Rest for a couple of days once the plaster is applied to allow it to set completely.
- Keep the plaster dry. Put a plastic bag over the plaster and seal with a rubber band when having a shower or bath.
- Try to keep the plaster out of the rain.
- Don't stick objects down the plaster, as this will damage the skin.
- Don't cut or interfere with the cast.
- Don't walk on the plaster. It is better to use crutches instead.
- Don't lift anything or drive until the fracture is healed.
- Follow all plaster care instructions given to you by medical staff.

Seek urgent medical help

You should see your doctor or go to the nearest hospital emergency department straight away if you have:

- Pain despite taking painkillers
- Fingers or toes of the affected limb that go white or blue
- Fingers or toes that won't move
- Pain on moving your fingers or toes
- Numbness or pins and needles
- Any concerns about your plaster cast.

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 20:59

Patient:

(b) (6)

Patient Id:

(b) (6)

Birth Date:

Gender:

(b) (6)

(b) (6)



Australian Government
Department of Defence

AB 912
Revised 28 Sep 20

Nursing Care Plan Record

Employee ID (b) (6) Rank Family name

Given name(s) (b) (6) Date of birth Gender

Medical facility
ROBINK MANUNDA WARD

Reason for admission

Allergies

Comments

Date	27.8.23			28.8.23								
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observation	(b) (6)											
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene	(b) (6)											
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility	(b) (6)											
Ambulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diet	(b) (6)											
FWD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special ins	(b) (6)											
RICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan by

Initials



OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information



Australian Government
Department of Defence

PM 281-1
Revised 28 Sep 20

Neurov

art - Upper Limb

Room

Number

Unit

Given name(s)

Date of birth

Gender

(b) (6)

Radial nerve (R)



Sensation



Motion

Ulnar nerve (U)



Sensation



Motion

Median nerve (M)



Sensation



Motion

Sensation

☐ Prick web space between thumb and index finger

Motion

☐ Have member hyperextend thumb, then wrist and hyperextend the four fingers at the MCP joints.

Sensation

☐ Prick the distal fat pad of the small finger

Motion

☐ Have member abduct all fingers

Sensation

☐ Prick the distal surface of the index finger

Motion

☐ Have member oppose thumb and small finger

		Date	Time
Colour	N = Normal B = Bruised P = Pale F = Flushed D = Dusky	(b) (6)	(b) (6)
Warmth	H = Hot C = Cold W = Warm Peripheral return (Time in seconds)	(b) (6)	(b) (6)
Pulse	S = Strong A = Absent W = Weak R = L Yes / no	(b) (6)	(b) (6)
Movement	A = Active movement without pain A+ = Active movement with pain P = Passive movement without pain P+ = Passive movement with pain	R	(b) (6)
		U	(b) (6)
		M	(b) (6)
Sensation	GN - Good and normal PN - Pins and needles NS - No sensation	R	(b) (6)
		U	(b) (6)
		M	(b) (6)
Swelling	N = Normal M = Moderate S = Severe Elevated Yes / no	(b) (6)	(b) (6)
Bruising	N = Nil M = Moderate S = Severe	(b) (6)	(b) (6)
Pain score	Score on scale of 1 - 10 1 = very mild pain, 10 = severe	(b) (6)	(b) (6)
	Date applied	(b) (6)	(b) (6)
Plaster condition	S = Soft L = Loose D = Dry I = Intact C = Cracked NA = No plaster applied	(b) (6)	(b) (6)
Staff initials		(b) (6)	(b) (6)

Defending Australia and its National Interests
www.defence.gov.au



10 May 22 11 26 46

PM 281-1 - Page 1 of 2

1.9.1

Personal privacy // Health information
OFFICIAL: Sensitive (After first entry)

Enclosure (32)

OFFICIAL: Sensitive (After first entry)
Personal privacy // Health information
Department of Defence
Medication Record

PM 221
Revised 28 Sep 20

Attach ADR sticker

Allergies and adverse drug reactions (ADR)
☐ Nil known ☐ Unknown (Tick appropriate box or complete details below)

Medicine (Or other)	Reaction, type or date	Initials
(b) (6)		
(b) (6)		
(b) (6)		

PMKeyS number

(b) (6)

(b) (6)

Family name

(b) (6)

Given name

(b) (6)

Date of birth

(b) (6)

Gender

(b) (6)

Weight (kg)

Height (cm)

Unit

Medication chart number

1 of 1

Facility or service

ROBHL

Ward or unit

Manunda Ward

Additional charts

☐ IV fluid

☐ BGL or insulin

☐ Acute pain

☐ Other

☐ Palliative care

☐ Chemotherapy

☐ IV heparin

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (Use generic name)	Route	Dose	Date and time of dose	Prescriber or Nurse Initiator (NI) Signature	Printed name	Given by	Time given	Pharmacy
(b) (6)	(b) (6)								

Telephone orders (To be signed within 24 hours of order)

Date and time	Medicine (Use generic name)	Route	Dose	Frequency	Check initials		Prescriber's name	Prescriber's signature	Date	Record of administration			
					Nurse 1	Nurse 2				Time and given by	Time and given by	Time and given by	Time and given by

Medicines taken prior to presentation to hospital
(Prescribed, over the counter, complementary)

Own medicines brought in? ☐ Yes ☐ No

Administration aid (Specify)

Medicine	Dose and frequency	Duration	Medicine	Dose and frequency	Duration
GP			Community pharmacy		
Signature	Printed name	Date	Medicines usually administered by		

Not for administration

Personal privacy // Health information
OFFICIAL: Sensitive (After first entry)

Enclosure (32)

PM 221 Medication Record



GENERAL OBSERVATION CHART

FAMILY NAME

GIVEN NAME

DOE

MO

EMPLOYEE ID

☐ Altered calling criteria

FACILITY

ROBONE MANU-DOX

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date		Time														Date		Time	
AIRWAY/BREATHING	Respiratory rate	35	(b) (6)														35		
		30	(b) (6)														30		
		25	(b) (6)														25		
		20	(b) (6)														20		
		15	(b) (6)														15		
		10	(b) (6)														10		
		5	(b) (6)														5		
	SpO ₂ %	100	(b) (6)														100		
		95	(b) (6)														95		
		90	(b) (6)														90		
		85	(b) (6)														85		
	Oxygen	O ₂ Lpm	(b) (6)														O ₂ Lpm		
		Device / mode	(b) (6)														Device / mode		
Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask																			
CIRCULATION	Blood pressure (mmHg)	SBP is trigger	<	230	(b) (6)												230		
			>	220	(b) (6)												220		
				210	(b) (6)												210		
				200	(b) (6)												200		
				190	(b) (6)												190		
				180	(b) (6)												180		
				170	(b) (6)												170		
				160	(b) (6)												160		
				150	(b) (6)												150		
				140	(b) (6)												140		
				130	(b) (6)												130		
				120	(b) (6)												120		
			110	(b) (6)												110			
			100	(b) (6)												100			
			90	(b) (6)												90			
			80	(b) (6)												80			
			70	(b) (6)												70			
			60	(b) (6)												60			
			50	(b) (6)												50			
			40	(b) (6)												40			
	Rhythm																Rhythm		
				160	(b) (6)												160		
				150	(b) (6)												150		
				140	(b) (6)												140		
				130	(b) (6)												130		
				120	(b) (6)												120		
				110	(b) (6)												110		
				100	(b) (6)												100		
				90	(b) (6)												90		
				80	(b) (6)												80		
				70	(b) (6)												70		
				60	(b) (6)												60		
				50	(b) (6)												50		
				40	(b) (6)												40		
DISABILITY	Neurological	A	(b) (6)														A		
		V	(b) (6)														V		
		P	(b) (6)														P		
		U	(b) (6)														U		
Alert, V = Rousable by voice (conduct GCS). P = Rousable only by pain (conduct GCS). U = Unresponsive																			
Initials																Initials			

Sensitive: Personal (Health Information) after first entry



GENERAL OBSERVATION CHART

FAMILY NAME

(b) (6)

EMPLOYEE ID

GIVEN NAME

(b) (6)

DOB

(b) (6)

MO

FACILITY

ROBO HE MANUNDA HP.

Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date
TimeDate
Time

Temperature (°C)

(b) (6)

 41
40.5
40
39.5
39
38.5
38
37.5
37
36.5
36
35.5
35
34.5
34

n level at rest and with movement. Enter R for at rest, M for movement

Severe

Severe (7-10)

Moderate

Moderate (4-6)

Mild

Mild (1-3)

No pain

Initials

Date

Date

Time

Time

BGL

BGL

Date

Date

Date

Date

☐ Daily

Daily

Date

Date

Time

Time

SG

SG

pH

pH

Leuk

Leuk

Blood

Blood

Nitrite

Nitrite

Ketones

Ketones

Bilirubin

Bilirubin

U/Bil

U/Bil

Protein

Protein

Glucose

Glucose

 A ☐
 F ☐
 N ☐
 OTH ☐
 ALL ☐
 CO ☐
 H ☐
 J ☐

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:59

Patient: (b) (6)

Patient Id: (b) (6)
Birth Date: (b) (6)
Gender: (b) (6)

REFERRING DOCTOR
NO GP NOMINATED ..

GP/LMO/HC
ROBERTSON HEALTH CENTRE ROBERTSON HEALTH CENTRE
ROBERTSON HEALTH CENTRETHORNGATE ROAD HOLTZE NT 0830 0879718033

TRIAGE

Triage Category
Attendance Date
Seen By Doctor

(b) (6)

CLINICAL NOTES

Dear doctor,

(b) (6)

Emergency Department
Royal Darwin Hospital

PO Box 41326 Casuarina
89228888

Medical Summary 27/08/2023 19:59

Patient:

(b) (6)

Patient Id:

Birth Date:

Gender:

(b) (6)

(b) (6)

EMERGENCY DIAGNOSIS

(b) (6)

Emergency Consultant

Australian Government
Department of DefenceAB 912
Revised 28 Sep 2013

Nursing Care Plan Record

Employee	(b) (6)		
Given name	(b) (6)		
Medical			
Reason for admission			
Allergies	NKA		
Comments			

Date	27/08/23			28/08/23								
Shift	M	E	N	M	E	N	M	E	N	M	E	N

Observations

Daily	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BD	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDS	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QID	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene

Self	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility

Ambulate	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed rest	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diet

FWD	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CF	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBM	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special instructions

RICE	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVC	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	(b) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan by

Initials											
----------	--	--	--	--	--	--	--	--	--	--	--





GENERAL OBSERVATION CHART

FAI

GN

DO

FA(

(b) (6)

☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL

[illegible]



GENERAL OBSERVATION CHART

FAMILY NAME

GIVEN NAME

DOB

FACILITY

(b) (6)

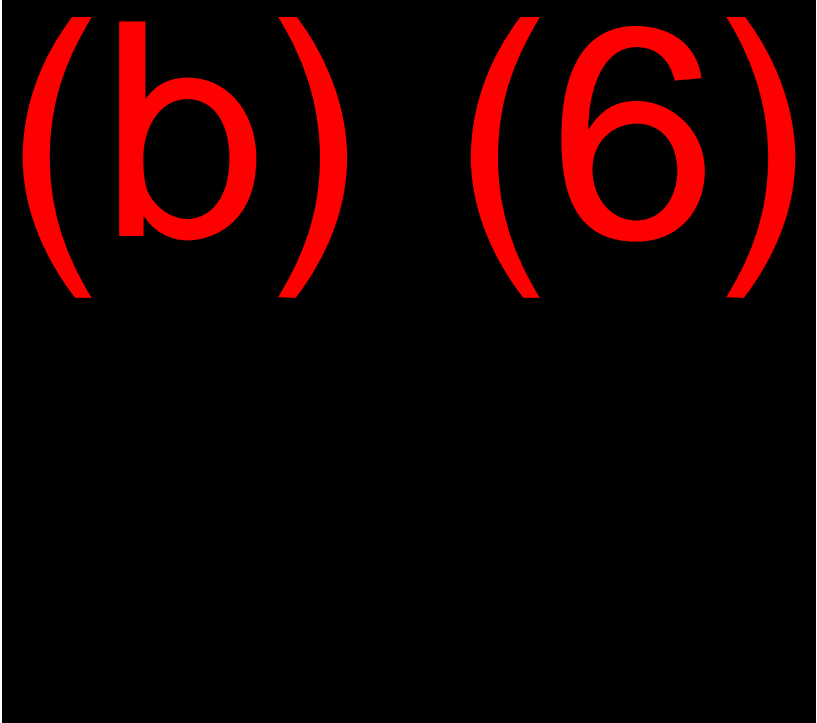
☐ Altered calling criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date		Time														Date		Time	
EXPOSURE	Temperature (°C)	(b) (6)														41			
																40.5			
																40			
																39.5			
																39			
																38.5			
																38			
																37.5			
																37			
																36.5			
																36			
																35.5			
														35					
														34.5					
														34					
Pain	Severe (7-10)															Severe (7-10)			
	Moderate (4-6)															Moderate (4-6)			
	Mild (1-3)															Mild (1-3)			
	Nil															No pain			
Initials																Initials			
Blood glucose	Date															Date			
	Time															Time			
BGL																	BGL		
	Date															Date			
Bowels	Date															Date			
	Time															Time			
Urinalysis	Date															Date			
	Time															Time			
	SG															SG			
	pH															pH			
	Leuk															Leuk			
	Blood															Blood			
	Nitrite															Nitrite			
	Ketones															Ketones			
	Bilirubin															Bilirubin			
	U/Bil															U/Bil			
	Protein															Protein			
	Glucose															Glucose			

Sensitive: Personal (Health Information) after first entry

Name	Rank	Service	Age	Unit	Home Station	Injuries Sustained
Lewis, Tobin J.	Major	USMC	37	VMM-363 (REIN)	MCB Kaneohe Bay	Death. See enclosure (34).
LeBeau, Eleanor V.	Captain	USMC	29	VMM-363 (REIN)	MCB Kaneohe Bay	Death. See enclosure (35).
Collart, Spencer	Corporal	USMC	22	VMM-363 (REIN)	MCB Kaneohe Bay	Death. See enclosure (36).
			25	V31	Camp Pendleton	See enclosures (31) and (32)
			24	V31	Camp Pendleton	See enclosures (31) and (32)
			25	V31	Camp Pendleton	See enclosures (31) and (32)
			27	V31	Camp Pendleton	See enclosures (31) and (32)
			26	V31	Camp Pendleton	See enclosures (31) and (32)
			24	V31	Camp Pendleton	See enclosures (31) and (32)
			22	V31	Camp Pendleton	See enclosures (31) and (32)
			23	V31	Camp Pendleton	See enclosures (31) and (32)
			23	V31	Camp Pendleton	See enclosures (31) and (32)
			21	V31	Camp Pendleton	See enclosures (31) and (32)
			21	V31	Camp Pendleton	See enclosures (31) and (32)
			21	VMM-363 (REIN)	MCB Kaneohe Bay	See enclosure (90)
			21	V31	Camp Pendleton	See enclosures (31) and (32)
			28	V31	Camp Pendleton	See enclosures (31) and (32)
			22	V31	Camp Pendleton	See enclosures (31) and (32)
			23	V31	Camp Pendleton	See enclosures (31) and (32)
				V31	Camp Pendleton	See enclosures (31) and (32)
			23	V31	Camp Pendleton	See enclosures (31) and (32)
			20	V31	Camp Pendleton	See enclosures (31) and (32)
			23	V31	Camp Pendleton	See enclosures (31) and (32)

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

The attached documents (Autopsy Report) is designed "CUI"

Controlled by: AFMES

Controlled by: Director, Forensic Pathology Investigations

Category: DREC/INV/PRVCY

LDC: FEDCON

POC: Armed Forces Medical Examiner/ 302-346-8648

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI



DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

Armed Forces Medical
Examiner System

November 9, 2023

VIA DoD SAFE: (b) (6)

United States Marine Corps
1 Marine Expeditionary Force
(b) (6)
Box 555300
Camp Pendleton, CA 92055-5300

Dear (b) (6)

As requested, attached is a complete copy of the Autopsy Examination Report of Maj Tobin J. Lewis.

I understand this report will be used as part of a Death Review. If you have any questions regarding the report provided or require interpretation of the findings, please do not hesitate to contact our office at (302) 346-8648.

If the next-of-kin or other investigative agencies desire a copy of this report, please have them contact the Armed Forces Medical Examiner System directly. Work products generated by the Armed Forces Medical Examiner System may only be released through our office.

Sincerely,

(b) (6)



CUI

DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

Armed Forces Medical
Examiner System

AUTOPSY REPORT

Autopsy Number: ME23-0176
Name: Lewis, Tobin J.
Grade: O-4; US Marine Corps
Date of Birth: 28 Dec 1985
Date of Death: 27 Aug 2023
Place of Death: Melville Island, Australia
Date/Time of Autopsy: 06 Sep 2023 @ 0900 hours
Place of Autopsy: Forensic Pathology Investigations, Dover AFB, DE
Date Report Signed: 08 Nov 2023

Circumstances of Death: By report, this Marine was in a MV-22B Osprey participating in a training exercise when the aircraft lost altitude and crashed into Melville Island with a subsequent post-crash fire. The mishap resulted in the death of this Marine and associated cases ME23-0177 and ME23-0178.

Authorization for Autopsy: Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Positive identification by ante-mortem and post-mortem dental and DNA comparisons.

CAUSE OF DEATH: Multiple Injuries due to Aviation Mishap

MANNER OF DEATH: Accident

CUI

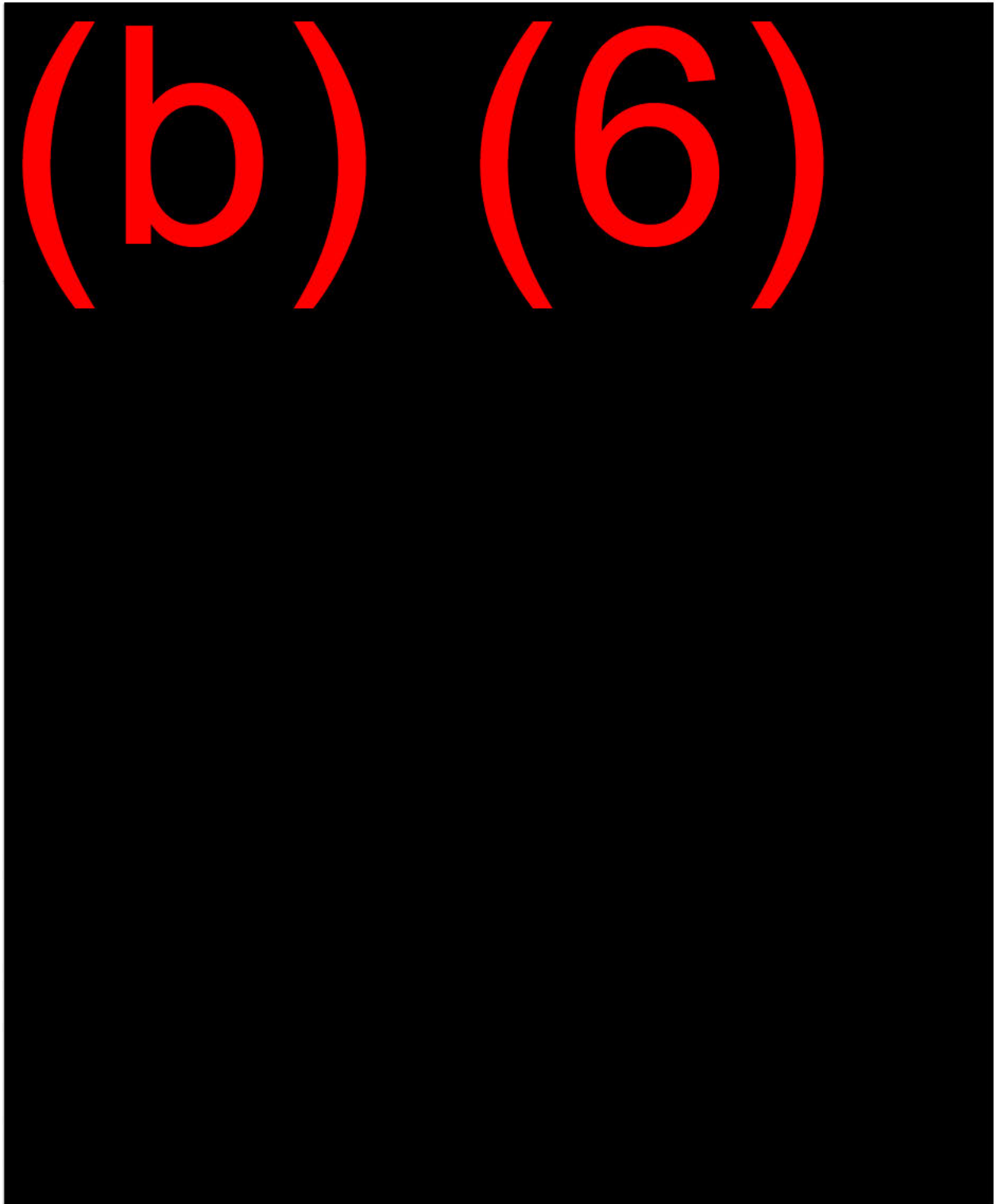
Controlled by: AFMES
Category: DREC/INV/PRVCY
LDC: FEDCON; AFMES Only
POC: Armed Forces Medical Examiner / 302-346-8648

Enclosure (34)

CUI

AUTOPSY REPORT: ME23-0176
Lewis, Tobin J.

Page 2 of 5



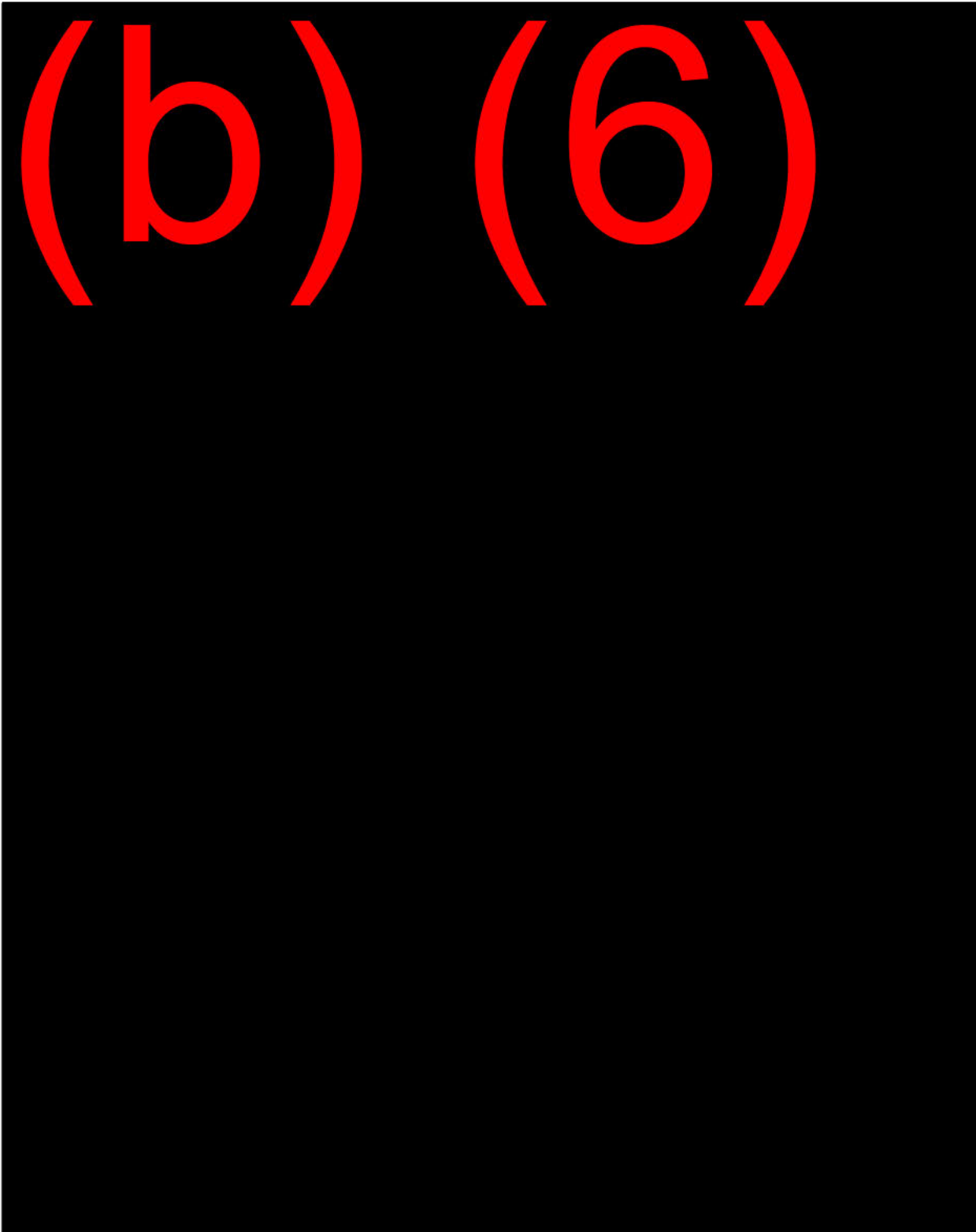
CUI

CUI

AUTOPSY REPORT: ME23-0176
Lewis, Tobin J.

Page 3 of 5

(b) (6)

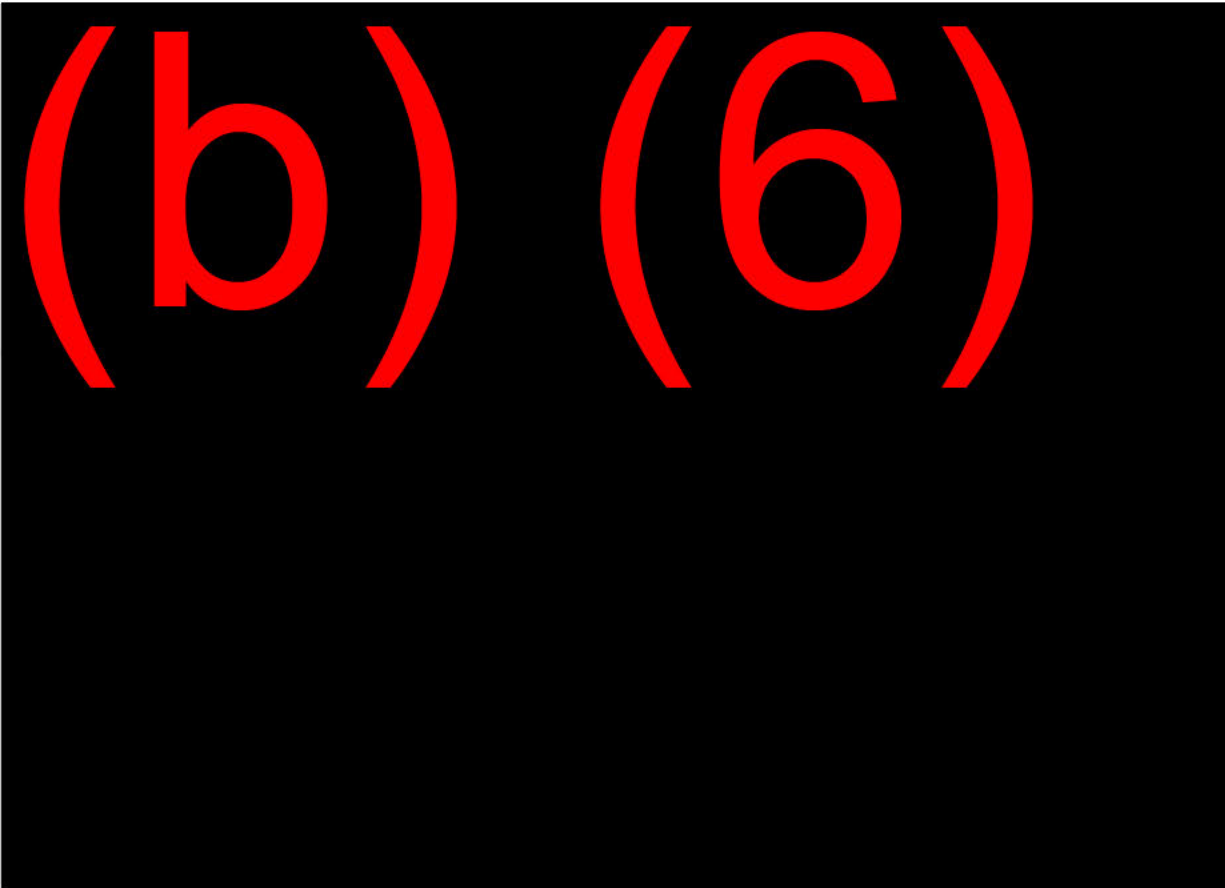


CUI

CUI

AUTOPSY REPORT: ME23-0176
Lewis, Tobin J.

Page 4 of 5



CUI

CUI

AUTOPSY REPORT: ME23-0176
Lewis, Tobin J.

Page 5 of 5

(b) (6)

OPINION

This Marine, Tobin J. Lewis, died of multiple injuries due to an aviation mishap. The autopsy examination is limited due to the thermal changes caused by the post-crash fire and early decomposition changes. The toxicology screen is positive for ethanol due to decomposition changes. The carboxyhemoglobin saturation of 49% indicates inhalation of combustion products. The manner of death is accident.

(b) (6)

CUI

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

The attached documents (Autopsy Report) is designed "CUI"

Controlled by: AFMES

Controlled by: Director, Forensic Pathology Investigations

Category: DREC/INV/PRVCY

LDC: FEDCON

POC: Armed Forces Medical Examiner/ 302-346-8648

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI



DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

Armed Forces Medical
Examiner System

November 9, 2023

VIA DoD SAFE: (b) (6)

United States Marine Corps
1 Marine Expeditionary Force
(b) (6)
Box 555300
Camp Pendleton, CA 92055-5300

Dear (b) (6)

As requested, attached is a complete copy of the Autopsy Examination Report of Capt Eleanor V. Lebeau.

I understand this report will be used as part of a Death Review. If you have any questions regarding the report provided or require interpretation of the findings, please do not hesitate to contact our office at (302) 346-8648.

If the next-of-kin or other investigative agencies desire a copy of this report, please have them contact the Armed Forces Medical Examiner System directly. Work products generated by the Armed Forces Medical Examiner System may only be released through our office.

Sincerely,

(b) (6)



Armed Forces Medical
Examiner System

CUI

DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

AUTOPSY REPORT

Autopsy Number: ME23-0177

Name: Lebeau, Eleanor

Grade: O-3, Marine Corps

Date of Birth: 23 APR 1994

Date of Death: 27 AUG 2023

Place of Death: Melville Island, Australia

Date/Time of Autopsy: 06 SEPT 2023 @ 0900

Place of Autopsy: Forensic Pathology Investigations, Dover Air Force Base, DE

Date Report Signed: 07 NOV 2023

Circumstances of Death: By report, this 29-year-old Marine was in a MV-22B Osprey participating in a training exercise when the aircraft lost altitude and crashed into Melville Island with a subsequent post-crash fire. The mishap resulted in the death of this Marine and associated cases ME23-0176 and ME23-0178.

Authorization for Autopsy: Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Positive identification by ante-mortem and post-mortem DNA comparisons with known reference.

CAUSE OF DEATH: Multiple Injuries due to Aviation Mishap

MANNER OF DEATH: Accident

CUI

Controlled by: AFMES
Category: DREC/INV/PRVCY
LDC: FEDCON; AFMES Only
POC: Armed Forces Medical Examiner / 302-346-8648

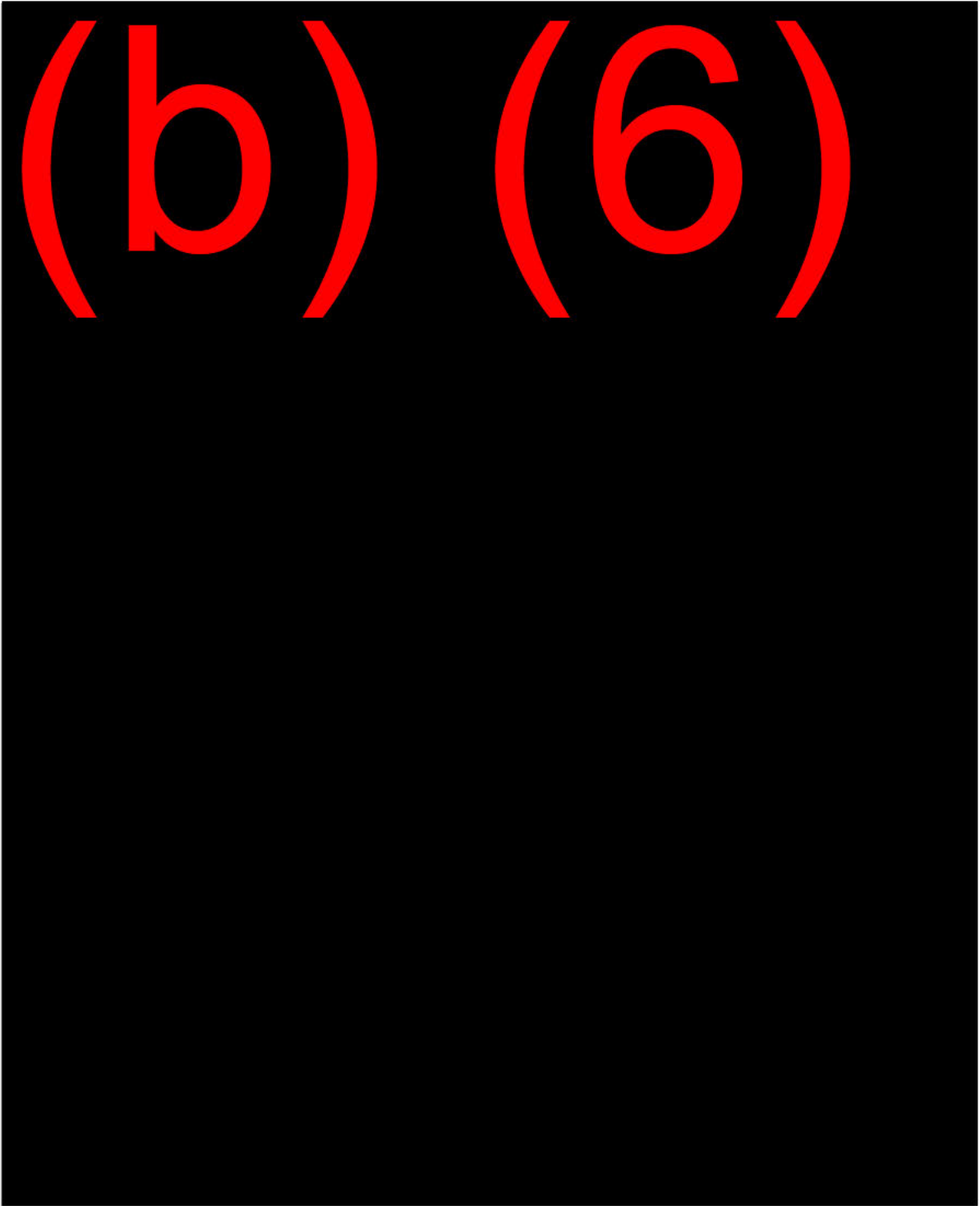
Enclosure (35)

CUI

AUTOPSY REPORT: ME23-0177
Lebeau, Eleanor

Page 2 of 6

(b) (6)



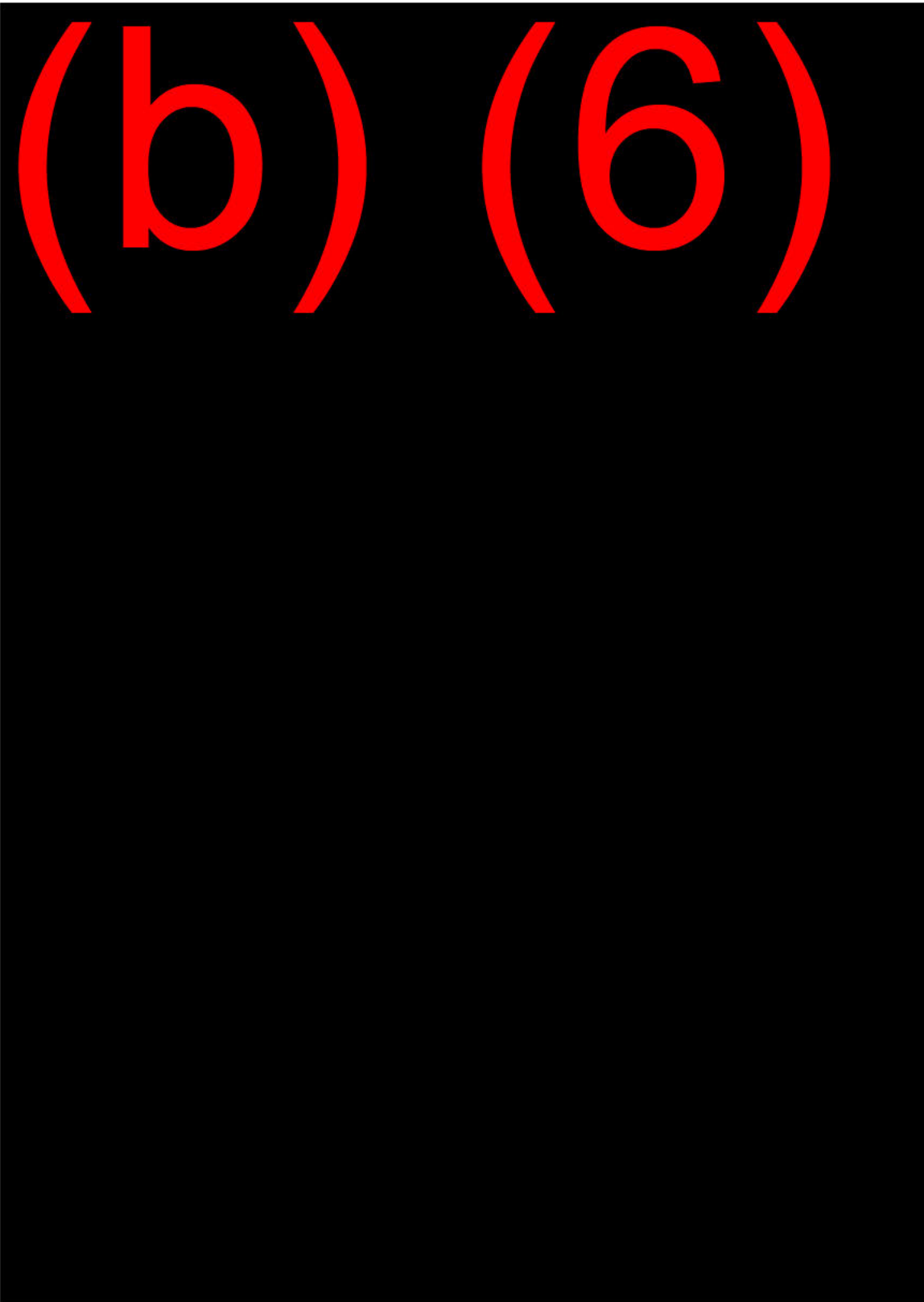
CUI

Enclosure (35)

CUI

AUTOPSY REPORT: ME23-0177
Lebeau, Eleanor

Page 3 of 6

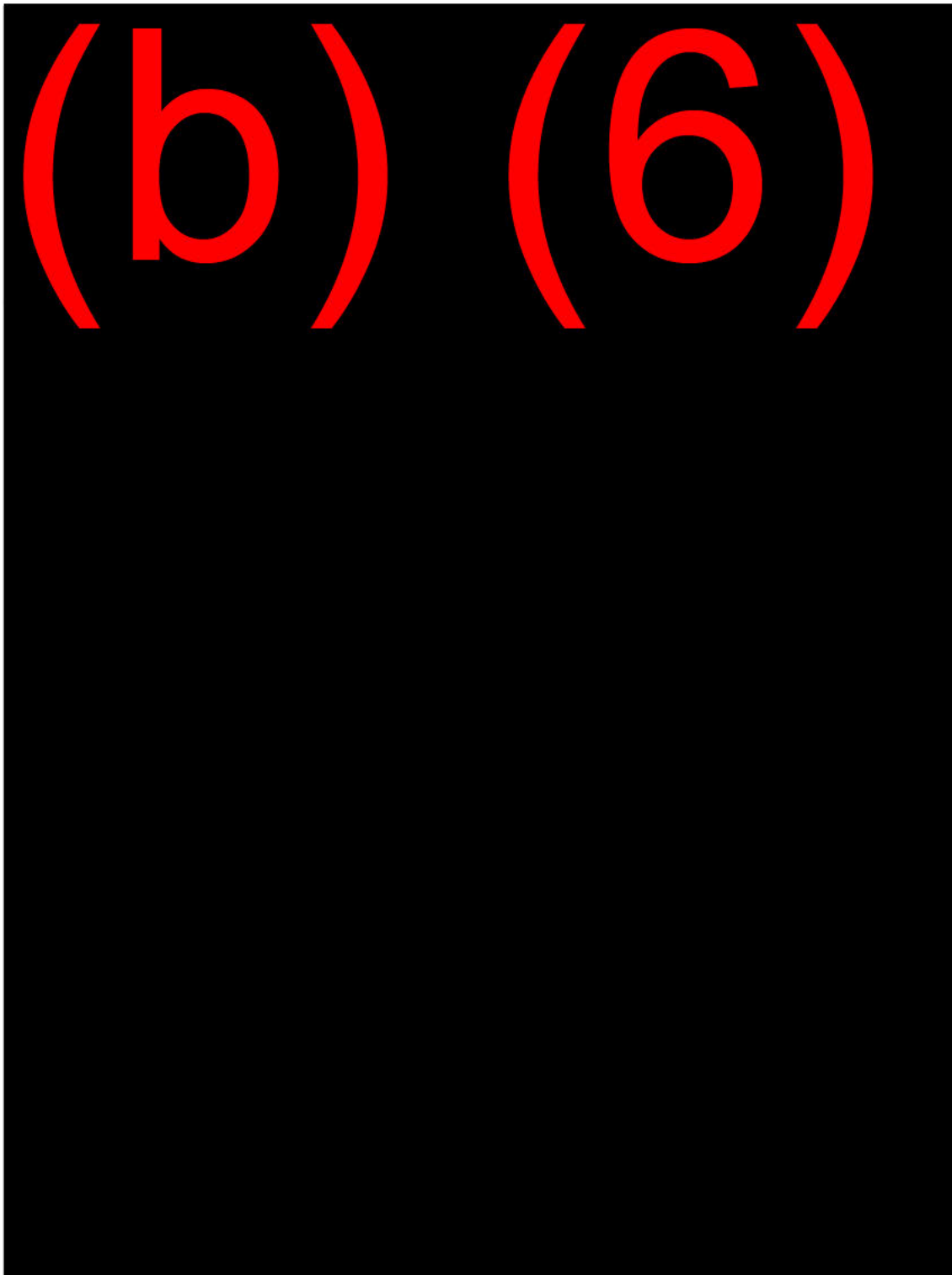


CUI

CUI

AUTOPSY REPORT: ME23-0177
Lebeau, Eleanor

Page 4 of 6

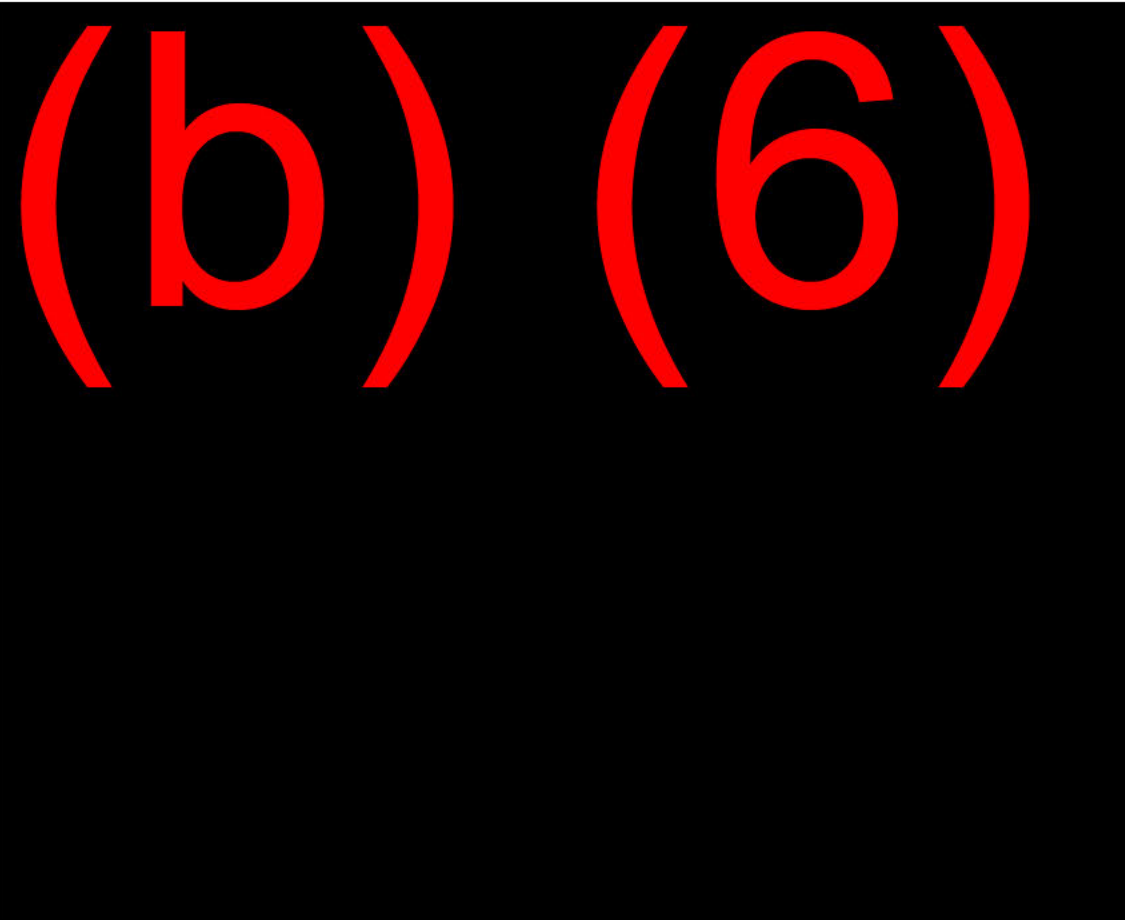


CUI

CUI

AUTOPSY REPORT: ME23-0177
Lebeau, Eleanor

Page 5 of 6



CUI

CUI

AUTOPSY REPORT: ME23-0177
Lebeau, Eleanor

Page 6 of 6

(b) (6)

OPINION

This 29-year-old Marine, Eleanor Lebeau died of multiple injuries due to an aviation mishap. Autopsy examination showed extensive thermal injuries and blunt force injuries of the spine. Carboxyhemoglobin saturation was 11% demonstrating inhalation of a low level of products of combustion. Toxicology was negative. The manner of death is accident.

(b) (6)

CUI

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

The attached documents (Autopsy Report) is designed "CUI"

Controlled by: AFMES

Controlled by: Director, Forensic Pathology Investigations

Category: DREC/INV/PRVCY

LDC: FEDCON

POC: Armed Forces Medical Examiner/ 302-346-8648

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI



DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

Armed Forces Medical
Examiner System

November 9, 2023

VIA DoD SAFE: (b) (6)

United States Marine Corps
1 Marine Expeditionary Force
(b) (6)
Box 555300
Camp Pendleton, CA 92055-5300

Dear (b) (6)

As requested, attached is a complete copy of the Autopsy Examination Report of Cpl Spencer R. Collart.

I understand this report will be used as part of a Death Review. If you have any questions regarding the report provided or require interpretation of the findings, please do not hesitate to contact our office at (302) 346-8648.

If the next-of-kin or other investigative agencies desire a copy of this report, please have them contact the Armed Forces Medical Examiner System directly. Work products generated by the Armed Forces Medical Examiner System may only be released through our office.

Sincerely,

(b) (6)



Armed Forces Medical
Examiner System

DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

AUTOPSY REPORT

Autopsy Number: ME23-0178

Name: Collart, Spencer Roman

Grade: E-4, U.S.M.C.

Date of Birth: 18 Apr 2002

Date of Death: 27 Aug 2023

Place of Death: Melville Island, Australia

Date/Time of Autopsy: 06 Sep 2023 @ 09:00

Place of Autopsy: Forensic Pathology Investigations, Dover Air Force Base, DE

Date Report Signed: 07 Nov 2023

Circumstances of Death: By report, this 21-year-old active-duty, male, Marine was in a MV-22B Osprey participating in a training exercise when the aircraft lost altitude and crashed into Melville Island with a subsequent post-crash fire. The mishap resulted in the death of this Marine and associated cases ME23-0176 and ME23-0177.

Authorization for Autopsy: Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Positive identification by ante-mortem and post-mortem DNA comparisons.

CAUSE OF DEATH: Multiple Injuries due to Aviation Mishap

MANNER OF DEATH: Accident

CUI

Controlled by: AFMES
Category: DREC/INV/PRVCY
LDC: FEDCON; AFMES Only
POC: Armed Forces Medical Examiner / 302-346-8648

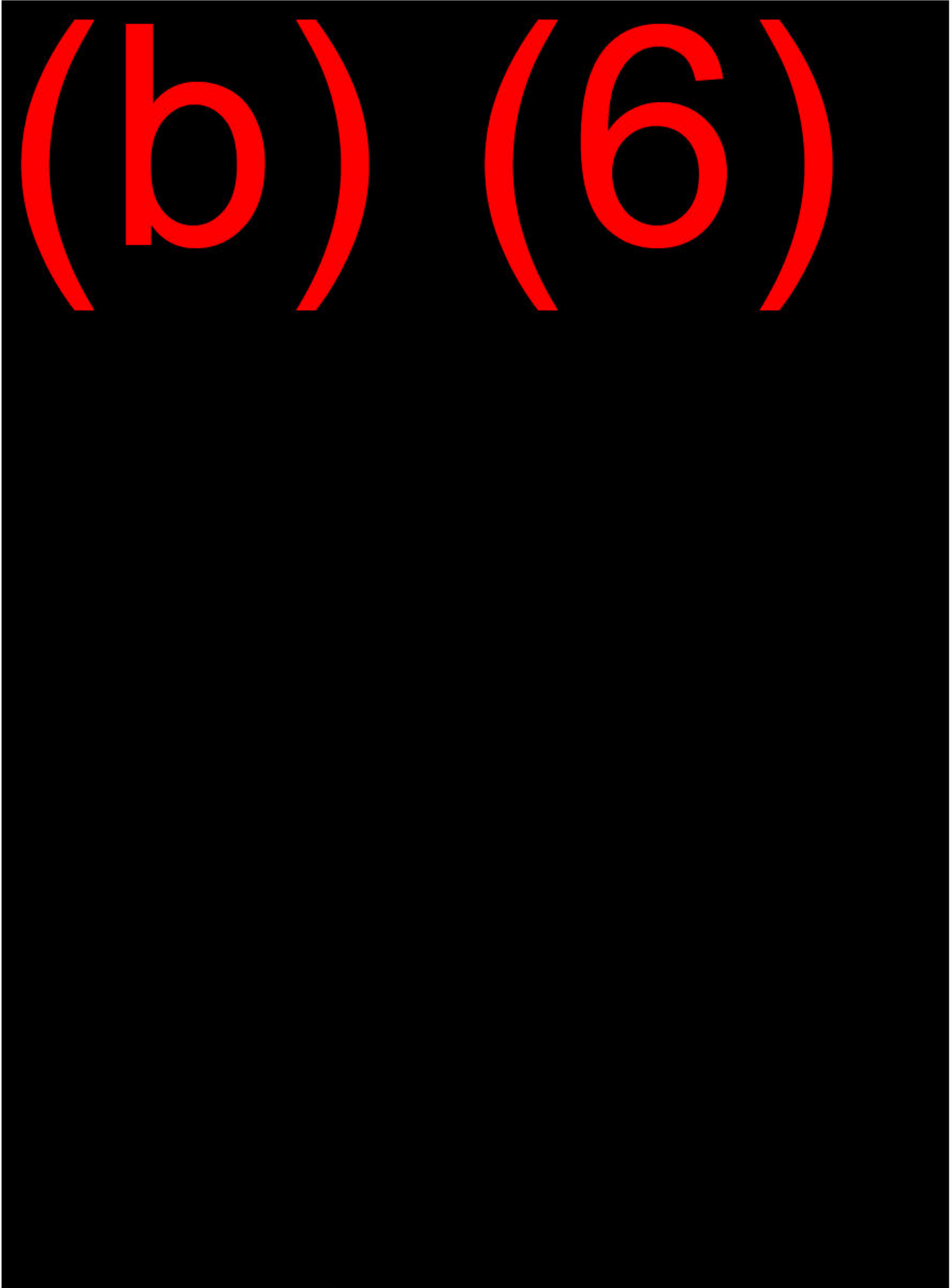
Enclosure (36)

CUI

AUTOPSY REPORT: ME23-0178
Collart, Spencer Roman

Page 2 of 6

(b) (6)



CUI

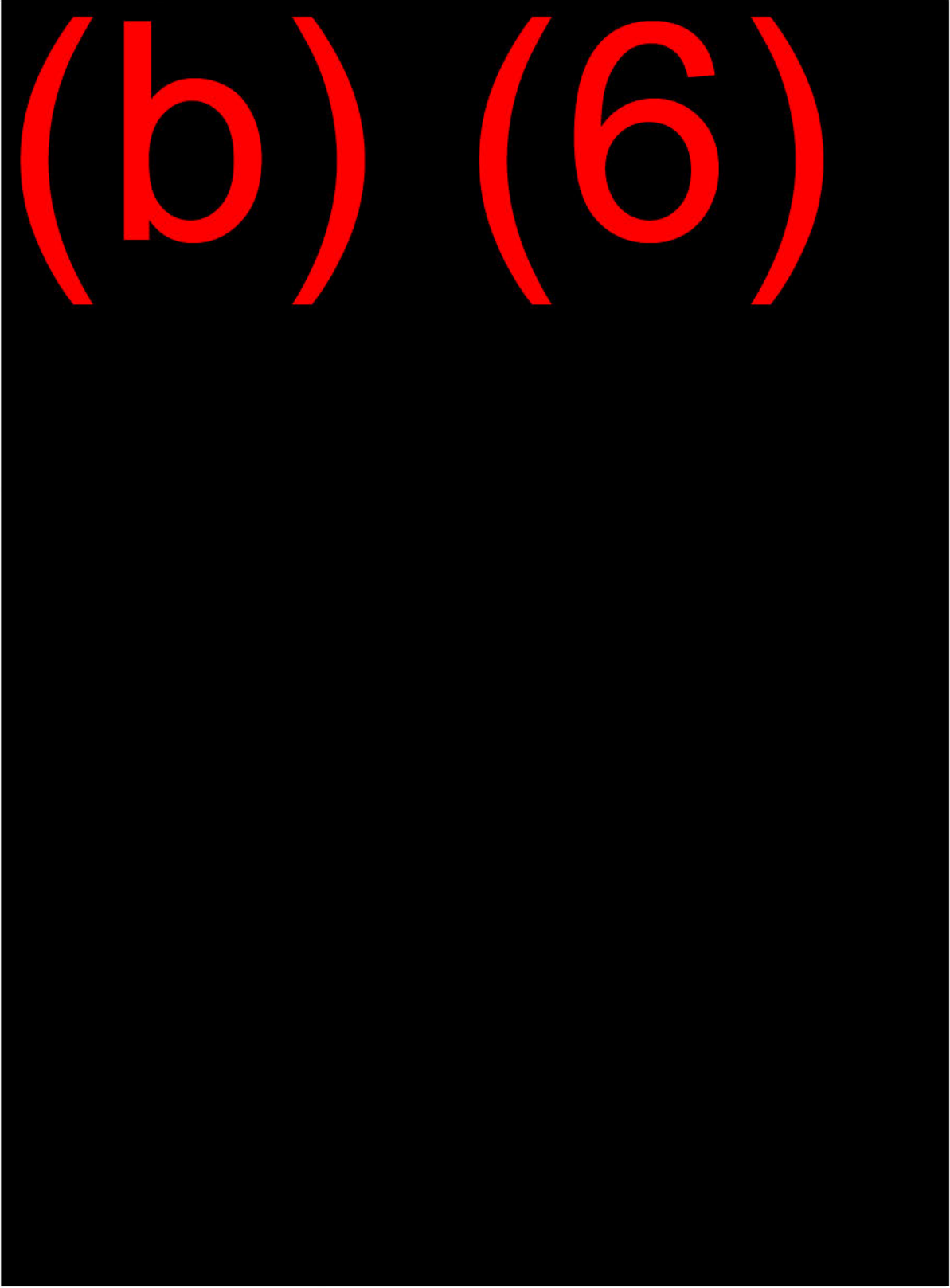
Enclosure (36)

CUI

AUTOPSY REPORT: ME23-0178
Collart, Spencer Roman

Page 3 of 6

(b) (6)



CUI

Enclosure (36)

CUI

AUTOPSY REPORT: ME23-0178
Collart, Spencer Roman

Page 4 of 6

(b) (6)

CUI

Enclosure (36)

CUI

AUTOPSY REPORT: ME23-0178
Collart, Spencer Roman

Page 5 of 6

(b) (6)

CUI

Enclosure (36)





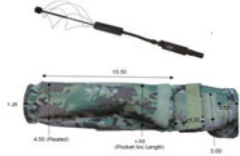

(b) (6)

OPINION

The opinion as to the cause and manner of death is based on the information available for review at the date of this report. If additional objective, probative, relevant information becomes available, this report may be amended, including the cause and manner of death.





This 21-year-old active-duty, male, Marine, Spencer Roman Collart, died of multiple injuries due to aviation mishap. The toxicology screen is positive for ethanol in the liver consistent with postmortem decomposition production. The toxicology is positive for Carboxyhemoglobin at 23% saturation demonstrating inhalation of products of combustion. This is supported by the finding of soot deposition throughout the remaining airway. Based on the investigative information and autopsy findings, the manner of death is accident.



(b) (6)



Unrecoverable EDL from Exercise Predator's Run								
TAMCN	MARES Category	NSN	NOMENCLATURE	QUANTITY	SERIAL NUMBER(S)	SUC	REMARKS	IMAGE REFERENCE
A03367G	MARES NON-MEE	5820015862327	RADIO SET (PRC-117G)	2	Parent: 2EF0-9FE-562 Child: 34560 Parent: 2EF0-9FE-56B Child: 08434	YMRFD_LIMA	**CCI** Parent is the CMR set number, child is the actual serial number on the data plate on the radio. Note arrangement of ports.	
A03367G	MARES NON-MEE	5820015862327	RADIO SET (PRC-117G)	1	Parent: 2EF7-559-6F8 Child: 15690	YWPNS_FIRES_FWD	**CCI** Parent is the CMR set number, child is the actual serial number on the data plate on the radio. Note arrangement of ports.	
A01987G	NON-MARES	5820016839499	RADIO SET (PRC-160)	1	Parent: 160-0490 Child: 008714	YMRFD_LIMA	**CCI** Parent is the CMR set number, child is the actual serial number on the data plate on the radio. Note different of ports. Note knob on left side.	
A90607G	NON-MARES	7010016463913	COMPUTER SYSTEM,DIG (GETAC)	1	RI205B0549	YLIMA_GCE		 GETAC B300 G6
A02117G	NON-MARES	5985016752889	ANTENNA GROUP	1	0719	YLIMA_GCE	Serial number is on a data plate on the bag.	
A02117G	NON-MARES	5985016752889	ANTENNA GROUP	1	1287	YWPNS_FIRES_FWD	Serial number is on a data plate on the bag.	
TOTAL ITEMS UNRECOVERABLE				7				

Legend:
_FWD: Rotational V31 Equipment
YMRFD.: UDP-W Equipment
_GCE: GESP (MRF-D) Equipment

Unrecoverable EDL from Exercise Predator's Run									Legend: _FWD: Rotational V31 Equipment _YMRFD : UDP-W Equipment _GCE: GESP (MRF-D) Equipment
TAMCN	MARES Category	NSN	NOMENCLATURE	QUANTITY	SERIAL NUMBER(S)	SUC	REMARKS	IMAGE REFERENCE	
N/A	Other	6650-01-649-9529	MONOCULAR, Stabilized (Handheld)	1	1010	YARM_FWD	Component of the E01617B (CLRF IC)		
E00347M	MARES MEE	1015-64-000-1068	ROLE ANTI-ARMOR / ANTIPERSONNEL WEAPON SYSTEM (MAAWS)	2	15170, 15176	YMRFD_LIMA			
N/A	NON-MARES	1230-01-674-5202	COMBAT CONTROL SYSTEM (FCS)	2	4538539, 4844488	YMRFD_LIMA	Used with the E00347M (MAAWS)		
E09897M	MARES MEE	1005-01-412-3129	MACHINE GUN, 7.62 MILLIMETER M240B	1	U147319	YMRFD_LIMA			
E00887B	NON-MARES	1240-01-578-0211	MACHINE GUN DAY OPTIC (MDO)	1	009002	YMRFD_LIMA	Used with the E09897M (M240B)		
E01002M	NON-MARES	1005-01-579-5325	M27, INFANTRY AUTOMATIC RIFLE (IAR)	9	172-001013 172-003276 172-006828 172-006979 172-006988 172-007185 172-007216 172-011594 172-012022	YLIMA_FWD			
E01957M	NON-MARES	1005-01-231-0973	CARBINE, 5.56 MM M4	6	W209034 W457783 W458257 W501264 W650495 W744818	YLIMA_FWD			
E08922M	NON-MARES	1010-01-557-2542	GRENADE LAUNCHER 40MM M320A1	1	CB027615	YLIMA_FWD			
E01347G	NON-MARES	1240-01-619-2962	GRENADE LAUNCHER SIGHT (GLS)	1	16268	YLIMA_FWD			
E01142B	NON-MARES	1240-01-687-6809	SQUAD COMMON OPTIC (SCO)	11	023225,023228 023238,023241 023287,023341 023464,023474 023538,023540 023604	YLIMA_FWD			
E00177M	NON-MARES	1240-01-645-3117	SIGHT, BORE, OPTICAL (RCO)	4	438988 905544 909392 909416	YLIMA_FWD			
E00092M	NON-MARES	1005-01-664-8135	SQUAD DESIGNATED MARKSMANSHIP RIFLE (SDMR), M38	1	M380504 (Rifle SN: 172-005610)	YLIMA_FWD	This is system on a IAR platform with a (MK4) Leopold Scope		

N/A	NON-MARES	1240-01-562-0953	SIGHT,BORE,OPTICAL (MK4)	1	485509AC	YLIMA_FWD	Component of the E00092M (SDMR)	
E11542B	NON-MARES	5855-01-432-0524	NIGHT VISION, IMAGE, INTENSIFIER (AN/PVS-14)	1	6576792	YLIMA_FWD		
E00272G	NON-MARES	5855-01-665-7552	BINOCULAR NIGHT VISION DEVICE (BNVD) (PVS-31)	3	200790 201190 212103	YLIMA_FWD		
E00312G	NON-MARES	5855-01-676-6081	ENHANCED-CLIP ON THERMAL IMAGER (ECOTI) SURVEILLANCE,THERMA	2	22-0131 22-0378	YLIMA_FWD		
E00127G	NON-MARES	5855-01-573-2483	MEDIUM RANGE THERMAL BI-OCULAR (MRTB) AN/PAS-28	1	03591	YMRFD_LIMA		
E00587G	NON-MARES	5855-01-582-1584 5855-01-550-2780	ILLUMINATOR, INFRARED (AN/PEQ-16)	15	0004617, 0004932, 0004936, 0005148, 0005191, 0005269, 0021049, 0008250, 0012704, 0035337, 0037063, 0042860, 0042942, 0043731, 0044948	YLIMA_FWD		
E01742G	NON-MARES	1240-01-667-8204	LASER RANGE FINDER-TARGET DESIGNATOR, I-CUGR	1	1808	YLIMA_FWD		
E01772B	NON-MARES	1240-01-412-3128	M24 Binos	1	N/A	YMRFD_LIMA		
K42222E	NON-MARES	6605-01-196-6971	COMPASS,MAGNETIC,UN	2	N/A	(1) YMRFD_LIMA, (1) YARM_FWD		
N/A	NON-MARES	N/A	Garmin Foretex	1	N/A	Local CMR		
N/A	NON-MARES	N/A	Garmin Etrex	1	N/A	Local CMR		
TOTAL ITEMS UNRECOVERABLE				69				

Unrecoverable EDL from Exercise Predator's Run								
TAMCN	MARES Category	NSN	NOMENCLATURE	QUANTITY	SERIAL NUMBER(S)	SUC	REMARKS	IMAGE REFERENCE
E00347M	MARES MEE	1015-64-000-1068	ROLE ANTI-ARMOR / ANTIPERSONNEL WEAPON SYSTEM (MAAWS)	2	15170, 15176	YMRFD_LIMA		
N/A	NON-MARES	1230-01-674-5202	COMBAT CONTROL SYSTEM (FCS)	2	4538539, 4844488	YMRFD_LIMA	Used with the E00347M (MAAWS)	
E09897M	MARES MEE	1005-01-412-3129	MACHINE GUN, 7.62 MILLIMETER M240B	1	U147319	YMRFD_LIMA		
E00887B	NON-MARES	1240-01-578-0211	MACHINE GUN DAY OPTIC (MDO)	1	009002	YMRFD_LIMA	Used with the E09897M (M240B)	
E00127G	NON-MARES	5855-01-573-2483	MEDIUM RANGE THERMAL BI-OCULAR (MRTB) AN/PAS-28	1	03591	YMRFD_LIMA		
E01772B	NON-MARES	1240-01-412-3128	M24 Binos	1	N/A	YMRFD_LIMA		
K42222E	NON-MARES	6605-01-196-6971	COMPASS,MAGNETIC,UN	1	N/A	YMRFD_LIMA		
A03367G	MARES NON-MEE	5820015862327	RADIO SET (PRC-117G)	2	Parent: 2EF0-9FE-562 Child: 34560 Parent: 2EF0-9FE-56B Child: 08434	YMRFD_LIMA	**CCJ** Parent is the CMR set number, child is the actual serial number on the data plate on the radio. Note arrangement of ports.	
A01987G	NON-MARES	5820016839499	RADIO SET (PRC-160)	1	Parent: 160-0490 Child: 008714	YMRFD_LIMA	**CCJ** Parent is the CMR set number, child is the actual serial number on the data plate on the radio. Note different of ports. Note knob on	
TOTAL ITEMS UNRECOVERABLE				12				

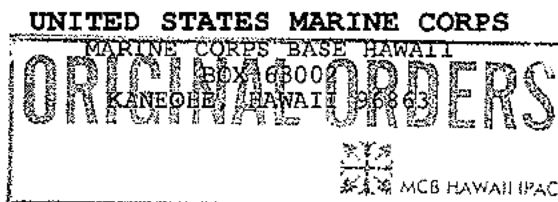
Missing EDL from Exercise Predator's Run									Legend:
TAMCN	MARES Category	NSN	NOMENCLATURE	QUANTITY	SERIAL NUMBER(S)	SUC	REMARKS	IMAGE REFERENCE	
A90607G	NON-MARES	7010016463913	COMPUTER SYSTEM,DIG (GETAC)	1	R1205B0549	YLIMA_GCE		 <p>GETAC B300 G6</p>	
A02117G	NON-MARES	5985016752889	ANTENNA GROUP	1	0719	YLIMA_GCE	Serial number is on a data plate on the bag.		
TOTAL ITEMS UNRECOVERABLE				2					

(Read Privacy Act Statement and Instructions on back before completing form.)

DD FORM 2992, JAN 2015

Adobe Designer 9.0

Enclosure (38)



IN REPLY REFER TO:
1321
IPAC
11 May 22

FIRST ENDORSEMENT on CMC Washington DC Basic Orders of 6 May 2022

From: Commanding Officer, Marine Corps Base Hawaii
To: Major Tobin J. Lewis 1291292603/7532 USMC

Subj: PERMANENT CHANGE OF ASSIGNMENT ORDERS


1. Delivered. Effective 0800, 11 May 2022 you will stand detached from your present station and duties and report by 2359, 11 May 2022 to COMMANDING OFFICER, VMM-363 MAG-24(-) 1ST MAW, MCBH BOX 63059, KANEOHE, HAWAII 96863 (MCC VHB) for duty.
2. No entitlements are authorized in connection with these orders.
3. Upon arrival at your new duty station you are required to recertify your entitlement to BAH per the JTR Ch 10 para 10100.C.
4. REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MCO 1900.16.
5. Member has been verified to be fully vaccinated against COVID-19 and is authorized to execute orders in accordance with MarAdmin 621/21.

(b) (6)

Copy to:
Files

RECEIVING ENDORSEMENT

1. I have read and understand the contents of my orders. I received these orders at Kaneohe, Hawaii at 0800 on 11 May 2022. I understand that I am to report no later than 2359, 11 May 2022, to COMMANDING OFFICER, VMM-363 MAG-24(-) 1ST MAW, MCBH BOX 63059, KANEOHE, HAWAII 96863 VHB for duty. I have in my possession my medical and dental records.


T. J. LEWIS



MARINE CORPS BASIC ORDER

RANK: MAJ
FROM MCC: LJT

NAME: TOBIN J LEWIS
PRESENT COMMAND: HQ MAG 24 1STMAW KANEOHE BAY HI

EDIPI: 1291292603 PMOS: 7532

HQMC ORDER DETAILS - 20220508

FMCC:
VHB

FUTURE COMMAND:
VMM-363 MAG-24(-) 1ST MAW
KANEOHE BAY HI

TOUR:
30 MONTHS, CONUS (OPERATIONAL-NO COST
REASSIGNMENT OR PCA)

ESTIMATED DETACH DATE:
20220511

REPORT NO LATER THAN:
20220512

BILLET:
7532, O4, DIFOP

THIS IS AN INVOLUNTARY ASSIGNMENT.

A SECRET SECURITY CLEARANCE IS REQUIRED FOR THIS ASSIGNMENT.

20220508 - Original Order

PCA (DIFOP) (TOUR LENGTH 30 MONTHS)

1. DIR SNO RPT NLT 12 MAY 2022 TO CO VMM-363 MAG-24(-) 1ST MAW KANEOHE BAY HI (MCC VHB) DUTY IN FLYING STATUS INVOLVING OPERATIONAL FLIGHTS (DIFOP).
2. INCLUDE IN ORDERS ISSUED: REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MCO 1900.16.
3. NO ENTITLEMENTS ARE AUTHORIZED IN CONNECTION WITH THIS ASSIGNMENT.

TRAVEL FUNDING DETAILS

There is no travel funding associated with these no-cost orders

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

SECTION IIIA - FLIGHT PERSONNEL DESIGNATION RECORD[illegible]

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

OPNAV 3760/32C (4-81) SN 0107-LF-738-2140

SECTION IIA - FLIGHT PERSONNEL DESIGNATION RECORD

NAME (Last, first, middle initial)

LEWIS TOWN J

SSN

DATE	DESIGNATION	MODEL	UNIT	PROMULGATION BY	VERIFIED
28 FEB 12	Naval Aviator	TC12B	VT-35		
10 MAY 12	Asst Ops Duty Off		VMMT-204		
06 JUN 12	T2P	MV22B	VMMT-204		
31 OCT 14	TAC	MV22B	VMM-365 (REV)		
12 MAR 15	Section Lead	MV22B	VMM-365 (REV)		
4 JUN 15	LATI	MV22B	VMM-365 (REV)		
23 OCT 15	ACCEPT OF PREV	MV22B	VMM-265		
23 JUL 15	FCP	MV22B	VMM-365		
3 JUN 16	Acceptance ^{Comedi-}	MV22B	VMM-265		
8 JUN 16	DL	MV22B	VMM-265		
13 JUN 16	INST G	MV22B	VMM-265		
14 JUN 16	CRMF	MV22B	VMM-265		
15 JUN 16	CRMI	MV22B	VMM-265		
15 JUN 16	CRM VLM	MV22B	VMM-265		
* 31 OCT 14	BIP	MV22B	VMM-265		
5 AUG 16	NSI	MV22B	VMM-265		
18 OCT 16	AARI	MV-22B	VMM-265		
8 DEC 16	FL	MV-22B	VMM-265		
27 JAN 17	AARI REVOKED	MV22B	Vmm 265		
12 FEB 18	ACCEPTANCE	MV22B	Vmm 265		
24 MAY 18	ACCEPTANCE	MV22B	Vmm 265		
29 JUN 18	ANI	MV22B	VMM 265		
18 OCT 18	ACCEPTANCE	MV-22-B	VMMT-204		
4 JAN 19	FRS-I	MV-22B	VMMT-204		

(b) (6)



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO:
3710
DOSS
29 Nov 22

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363
To: Maj Tobin J. Lewis 1291229603/7532 USMC

Subj: REDUCED VISIBILITY LANDING INSTRUCTOR DESIGNATION

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14E
(c) NAVMC 3500.11F

1. Per the references, and having demonstrated the knowledge, proficiency, and leadership capabilities in the MV-22B Tiltrotor, you are hereby designated a Reduced Visibility Landing Instructor.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO:
3710
DOSS
16 May 22

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363
To: Major Tobin J. Lewis 1291292603/7532 USMC

Subj: DESIGNATION AS THE NATOPS INSTRUCTOR

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14E
(c) NAVMC 3500.11F

1. Per the references, and having demonstrated the knowledge, proficiency, and leadership capabilities in the MV-22B Tiltrotor, you are hereby designated a NATOPS Instructor.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 265
MARINE AIRCRAFT GROUP 36
1ST MARINE AIRCRAFT WING
UNIT 37239
FPO AP 96372-7239

IN REPLY REFER TO:
3710
DSS
15 Jun 16

From: Commanding Officer, Marine Medium Tiltrotor Squadron 265
To: Captain Tobin J. Lewis 1291292603/7532 USMC

Subj: DESIGNATIONS

Ref: (a) OPNAVINST 3710.7U
(b) NAVMC 3500.14 SERIES
(c) NAVMC 3500.11 SERIES
(d) A1-V22AB-NFM-000

1. Per the references, you are designated as noted below.

Designation	Effective Date
NAVAL AVIATOR	28 Feb 12
TILTROTOR SECOND PILOT	6 Aug 12
TILTROTOR AIRCRAFT COMMANDER	31 Oct 14
FUNCTIONAL CHECK PILOT	23 Jul 15
SECTION LEAD	12 Mar 15
LOW ALTITUDE TACTICS INSTRUCTOR	4 Jun 15
DIVISION LEAD	8 Jun 16
NATOPS INSTRUMENT EVALUATOR	13 Jun 16
CREW RESOURCE MANAGEMENT FACILITATOR	14 Jun 16
CREW RESOURCE MANAGEMENT INSTRUCTOR	15 Jun 16
CREW RESOURCE MANAGEMENT UNIT LEVEL MANAGER	15 Jun 16

2. This letter will be maintained in your NATOPS jacket until superseded or cancelled by su

(b) (6)

Copy to:
Operations/APR
DSS



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR TRAINING SQUADRON 204
MARINE AIRCRAFT GROUP 28
POSTAL SERVICE CENTER BOX 21018
JACKSONVILLE, NC 28545

IN REPLY REFER TO:
3710
DSSN
15 Jun 16

From: Commanding Officer, Marine Medium Tiltrotor Training Squadron 204
To: Captain Tobin J. Lewis 1291292603/7532 USMC

Subj: DESIGNATION

Ref: (a) OPNAVINST 3710.7U
(b) CNAFINST 1542.7B
(c) NASC CRM IMM Completion Certificate dtd 5 May 16
(d) CRM Facilitator Designation Letter dtd 14 Jun 16
(e) CRM check ride ATF dtd 14 Jun 16

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B tiltrotor, you are hereby designated as a Crew Resource Management Instructor.

2. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
Operations/APR
Logbook entry



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 365 (REINFORCED)
24TH MARINE EXPEDITIONARY UNIT
II MARINE EXPEDITIONARY FORCE
UNIT 14026
FPO AE 09510-4026

IN REPLY REFER TO:
3710
DSSN
4 Jun 15

From: Commanding Officer, Marine Medium Tiltrotor Squadron 365 (Reinforced)
To: Captain Tobin J. Lewis 1291292603/7532 USMC

Subj: DESIGNATION

Ref: (a) OPNAVINST 3710.7T
(b) MCO P3500.34
(c) A1-V22AB-NFM-000

1. Per the references, you are designated as noted below.

Designation	Effective Date
TILTROTOR SECOND PILOT	6 Aug 12
TILTROTOR AIRCRAFT COMMANDER	31 Oct 14
SECTION LEAD	12 Mar 15
DIVISION LEAD	N/A
FLIGHT LEAD	N/A
AIR MISSION COMMANDER	N/A
FLIGHT LEADERSHIP STANDARDIZATION EVALUATOR	N/A
AERIAL REFUELING INSTRUCTOR	N/A
FUNCTIONAL CHECK PILOT	N/A
LOW ALTITUDE TACTICS INSTRUCTOR	4 Jun 15
DEFENSIVE COMBAT MANEUVERS INSTRUCTOR	N/A
TACTICAL SIMULATION INSTRUCTOR	N/A
NIGHT SYSTEMS INSTRUCTOR	N/A
WEAPONS AND TACTICS INSTRUCTOR	N/A
ASSISTANT NATOPS INSTRUCTOR	N/A
INSTRUMENT EVALUATOR	N/A
CREW RESOURCE MANAGEMENT FACILITATOR	N/A

2. This letter will be permanently maintained in your NATOPS jacket.

(b) (6)

Copy to:
Operations/APR
Flight logbook entry



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 365 (REINFORCED)
24TH MARINE EXPEDITIONARY UNIT
II MARINE EXPEDITIONARY FORCE
UNIT 14026
FPO AE 09510-4026

IN REPLY REFER TO:
3710
DSSN
12 Mar 15

From: Commanding Officer, Marine Medium Tiltrotor Squadron 365 (Reinforced)
To: Captain Tobin J. Lewis 1291292603/7532 USMC

Subj: DESIGNATION

Ref: (a) OPNAVINST 3710.7T
(b) MCO P3500.34
(c) A1-V22AB-NFM-000

1. Per the references, you are designated as noted below.

Designation	Effective Date
TILTROTOR SECOND PILOT	6 Aug 12
TILTROTOR AIRCRAFT COMMANDER	31 Oct 14
SECTION LEAD	12 Mar 15
DIVISION LEAD	N/A
FLIGHT LEAD	N/A
AIR MISSION COMMANDER	N/A
FLIGHT LEADERSHIP STANDARDIZATION EVALUATOR	N/A
AERIAL REFUELING INSTRUCTOR	N/A
FUNCTIONAL CHECK PILOT	N/A
LOW ALTITUDE TRAINING INSTRUCTOR	N/A
DEFENSIVE COMBAT MANEUVERS INSTRUCTOR	N/A
TACTICAL SIMULATION INSTRUCTOR	N/A
NIGHT SYSTEMS INSTRUCTOR	N/A
WEAPONS AND TACTICS INSTRUCTOR	N/A
ASSISTANT NATOPS INSTRUCTOR	N/A
INSTRUMENT EVALUATOR	N/A
CREW RESOURCE MANAGEMENT FACILITATOR	N/A

2. This letter will be permanently maintained in your NATOPS jacket.

(b) (6)

Copy to:
Operations/APR
Flight logbook entry



UNITED STATES MARINE CORPS
24TH MARINE EXPEDITIONARY UNIT
II MARINE EXPEDITIONARY FORCE
POSTAL SERVICE CENTER BOX 20083
JACKSONVILLE NORTH CAROLINA 28545-0083

IN REPLY REFER TO:
3710
DSSN
31 Oct 14

From: Commanding Officer, 24th Marine Expeditionary Unit
To: Captain Tobin J. Lewis 1291292603/7532 USMC
Via: Commanding Officer, Marine Medium Tiltrotor Squadron 365 (Reinforced)

Subj: DESIGNATION

Ref: (a) OPNAVINST 3710.7T
(b) MCO P3500.34
(c) A1-V22AB-NFM-000

1. Per the references, you are designated as noted below.

Designation	Effective Date
TILTROTOR SECOND PILOT	6 Aug 12
TILTROTOR AIRCRAFT COMMANDER	31 Oct 14
SECTION LEAD	N/A
DIVISION LEAD	N/A
FLIGHT LEAD	N/A
AIR MISSION COMMANDER	N/A
FLIGHT LEADERSHIP STANDARDIZATION EVALUATOR	N/A
AERIAL REFUELING INSTRUCTOR	N/A
FUNCTIONAL CHECK PILOT	N/A
LOW ALTITUDE TRAINING INSTRUCTOR	N/A
DEFENSIVE COMBAT MANEUVERS INSTRUCTOR	N/A
TACTICAL SIMULATION INSTRUCTOR	N/A
NIGHT SYSTEMS INSTRUCTOR	N/A
WEAPONS AND TACTICS INSTRUCTOR	N/A
ASSISTANT NATOPS INSTRUCTOR	N/A
INSTRUMENT EVALUATOR	N/A
CREW RESOURCE MANAGEMENT FACILITATOR	N/A

2. This letter will be permanently maintained in your NATOPS jacket.

(b) (6)

Copy to:
Operations/APR
Flight logbook entry



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 365 (REINFORCED)
24TH MARINE EXPEDITIONARY UNIT
II MARINE EXPEDITIONARY FORCE
POSTAL SERVICE CENTER BOX 21026
JACKSONVILLE NORTH CAROLINA 28545-1026

IN REPLY REFER TO:
3710
DSSN
31 Oct 14

From: Commanding Officer, Marine Medium Tiltrotor Squadron 365 (Reinforced)
To: Commanding Officer, 24th Marine Expeditionary Unit

Subj: TILTROTOR AIRCRAFT COMMANDER RECOMMENDATION ICO CAPTAIN TOBIN J.
LEWIS 1291292603/7532

Ref: (a) OPNAVINST 3710.7U
(b) NAVMC 3500.11
(c) A1-V22AB-NFM-000
(d) GruO 3710.32

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities, it is recommended that Captain Tobin J. Lewis be designated a Tiltrotor Aircraft Commander (TAC) in the MV-22B model aircraft. He meets the requirements set forth in references (a) and (b) as follows:

a. Total flight hours: 570.4

b. Total time in model: 350.7

c. Qualifications: Captain Lewis is Low Altitude Tactics (LAT), High Light Level (HLL) Night Systems, Low Light Level (LLL) Night Systems, Aerial Refueling and Carrier qualified.

(b) (6)

Copy to:
Operations/APR
DSSN



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 365
MARINE AIRCRAFT GROUP 26
2D MARINE AIRCRAFT WING
POSTAL SERVICE CENTER BOX 21026
JACKSONVILLE, NORTH CAROLINA 28545-1026

IN REPLY REFER TO:
3750
DSSN
10 Apr 14

From: Commanding Officer, Marine Medium Tiltrotor Squadron 365
To: Captain Tobin J. Lewis 1291292603/7532 USMC

Subj: QUALIFICATION

Ref: (a) OPNAVINST 3710.7U
(b) MCO P3500.34
(c) A1-V22AB-NFM-000

1. Per the references, you are qualified as noted below.

Qualification	Effective Date
Low Altitude Tactics	15 Dec 12 <i>act</i>
Night Systems Qualified-High Light Level	27 Feb 13
Night Systems Qualified-Low Light Level	13 Mar 13
Aerial Refueling	5 Jul 13
Carrier Qualification	10 Apr 14
Defensive Combat Maneuvers	N/A

2. This letter will be maintained in your NATOPS jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
Operations/APR
Flight logbook entry

CRM TRAINING & EVALUATION RECORD

1. NAME (Last, first, middle initial): LEWIS, TOBIN E	2. RANK: MAJ	3. EDIP NUMBER: 1291292603
--	-----------------	-------------------------------

Note: This form shall be permanently maintained in the NATOPS Flight Personnel Training/Qualification Jacket (Section II, Part C).

CRM IMM Instructor Course	4. Date: _____	5. Location: _____
---------------------------	----------------	--------------------

CRM FACILITATOR TRAINING

6. T/M AIRCRAFT	7. UNIT	8. DATE	9. GROUND/FLIGHT

GROUND TRAINING / FLIGHT EVALUATIONS

Note: Valid for 12 months from the last day of the month in which training/evaluation was completed.

Note: Renewal flight evaluations may be completed within 60 days preceding the expiration of the current qualification.

10. T/M AIRCRAFT	11. UNIT	12. GROUND/ FLIGHT	13. INITIAL/ RENEWAL	14. DATE COMPLETED	15. EXPIRATION DATE
MV22B	VMM363	F	R	24 OCT 22	31 OCT 23
MV22B	VMM363	G	R	4 JAN 23	31 JAN 24

EXTENSIONS

16. T/M AIRCRAFT	17. UNIT	18. GROUND/ FLIGHT	19. AUTHORITY	20. EXPIRATION DATE

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET
 OPNAV 3760/32E (4-81) SN 0107-LF-738-2160

SECTION IIIA - SCHOOL/COURSE ATTENDANCE RECORD

NAME (Last, first, middle)

SSN

LENN, JOHN J

7075

RECORD ALL SPECIALIZED, FORMAL AVIATION SCHOOLS, INCLUDING:

UNDERGRADUATE PILOT/ NFO
 FRS SYLLABI
 FIRE FIGHTING

FASOTRAGRP SYLLABI
 WEAPONS SYSTEMS
 FRAMP

MAINTENANCE (3M) COURSES

SCHOOL/COURSE	DATES ATTENDED	PASS/FAIL/SCORE	UNIT	REMARKS	VERIFIED BY
API	17 JUN 2010	PASS	NASC		(b) (6)
CRM	1 NOV 2010	PASS	TW-5		
PRI	16 May 2011	PASS	VT-3		
Intermediate CQB System Completion	28 May 11 - 18 AUG 11 7 Oct 11	P	1H8 VTBS	—	
Advanced	23 Sep 11 - 28 Feb 12	P	VT-35		
GUNBEL-5	30 Jul 12	P	VT-35 204	online	
CRM CERT	5 MAY 16	P	265	—	
BITC	25 SEP 14	P	MCAS NEWBORN	—	
FROM CRS RLS REFRESH	8 SEP 17	P	265		
TOWER SAFETY OFFICER BRIEF	9 MAR 18	P	265		
WP NVG TRANSITION TRAINING	14 SEP 20	P	201	—	(b) (6)
TOWER SAFETY OFF INSTRUCTOR	29 JUN 22	P	863	—	

LATE ENTRY



"Supporting Mission Effectiveness
Through Enhanced
Aircrew Performance"

Naval School of Aviation Safety

Certificate of Completion

This is to certify that

CAPT Tobin Lewis, USMC

has successfully completed the

**Crew Resource Management
CRM Instructional Model Manager Course
Q-050-1503**



Given this 5th Day of May 2016

(b) (6)

CNATRINST 1500

NAVAL AVIATOR AVIATION TRAINING JACKET (ATJ) SUMMARY CARD

NAME (LAST, FIRST, AND MIDDLE) LEWIS, TOBIN J		RANK/SERVICE 2ND LT / USMC		SSN *** 3075		SEX/RACE/ETHNIC CODE MEY	
COLLEGE LIBERTY U	MAJOR/DEGREE AVIATION	PROCUREMENT SOURCE 29	AQT 6	FAR 6	BI	DATE OF COMMISSION 22-AUG-2008	
PERMANENT HOME OF RECORD 21363 COLONIST WAY MORRISON, CO			PLACE OF BIRTH CO			DATE OF BIRTH 28-DEC-1985	
TYPE OF TRAINING				AVW <input type="checkbox"/> YES <input type="checkbox"/> NO		ANTHRO CODES SEH - TTR - BXL - SH	
<input checked="" type="checkbox"/> PILOT <input type="checkbox"/> STRIKE <input type="checkbox"/> MARITIME <input type="checkbox"/> E-2/C-2 <input type="checkbox"/> E-6 <input type="checkbox"/> NFO <input type="checkbox"/> NAV <input type="checkbox"/> STRIKE <input type="checkbox"/> STRIKE FIGHTER <input type="checkbox"/> ATDS(E-2/C-2)				<input type="checkbox"/> HELICOPTER <input checked="" type="checkbox"/> V-22 <input type="checkbox"/> ATDS(E-2/C-2)		12-12-4-3	

PHASE OF TRAINING	DATE REPORTED	DATE COMPLETED	RAW SCORES			NAVY STANDARD SCORE						PRIMARY AGGREGATE SCORE
			FLIGHT	ACADEMIC	SIM	FLIGHT	ACADEMIC		SIM			
PREFLIGHT	07-MAY-10	19 JUN 10	N/A	90		N/A	45		N/A			
						SQ AVE	SD	SQ AVE	SD	SQ AVE	SD	
PRIMARY	18 Oct 10	15 May 11	1.16	94.9	94.9	53.2	40.2		N/A		55.930	
						SQ AVE	SD	SQ AVE	SD	SQ AVE	SD	
INTERMEDIATE	26 MAY 11	18 AUG 11	1.1654	93		—	—		—			
						SQ AVE	SD	SQ AVE	SD	SQ AVE	SD	
ADVANCED	23 SEP 2011	28 FEB 2012	1.1019	95		57.25	39.2				COMPOSITE SCORE	
						SQ AVE	SD	SQ AVE	SD	SQ AVE	SD	
OTHER												
						SQ AVE	SD	SQ AVE	SD	SQ AVE	SD	

SUMMARY OF FLIGHT AND SIMULATOR TRAINING IN THE NAVAL TRAINING COMMAND

SQUADRON	A/C/SIM MODEL	TOTAL NUMBER OF EVENTS		TOTAL NUMBER OF HOURS		FIRST PILOT HOURS		CO-PILOT HOURS		SPECIAL CREW HOURS		NIGHT HOURS		INSTRUMENT HOURS	
		SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	ACTUAL	SIMULATED
VT-3	2F207B	10	1	13	1.3	13	1.3	-	-	-	-	-	-	-	7.8
VT-3	2F208B	26	-	33.8		33.8	-	-	-	-	-	7.8	-	-	17.4
VT-3	T-6B	49	1	76.1	.4	63.2	.1	12.9	.3	-	-	9.2	-	.2	16.8
HT-8	2B42	9	-	11.5	-	10.2	-	1.3	-	-	-	1.1	-	-	7.8
HT-8	TH57	20	-	36.3	-	29.4	-	6.9	-	-	-	1.8	-	-	0.3
VT-35	TC-12	44	/	88.7	/	65.4	/	23.3	/	22	/	11.7	/	14.5	16.3
VT-35	C120FT	23	/	57	/	34.5	/	22.5	/	/	/	/	/	/	22.5

REASON FOR ATTRITION (ENTER CODE)	PHASE/STAGE AT TIME OF ATTRITION	DATE OF ATTRITION	PIPELINE CHANGE / PROGRAM CHANGE APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF DESIGNATION 09 MARCH 2012	FLEET REPLACEMENT SQUADRON ASSIGNMENT VMMT-204 MCAS NEW RIVER, NC	NEW PIPELINE / PROGRAM	

CNATRA 1542 95 (Rev. 9-00)

Enclosure (38)

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET
OPNAV 3760/32F (Rev 4-90)

SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING

NAME (Last, first, middle initial)

LEWIS, TOBIN S.

RANK/RATE

SSN

COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL DWEST, SERE		
MV22 EMERGENCY EGRESS	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	24 OCT 22			Q 360								
	SIGNATURE			(b) (6)			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		

TRAINING ACTIVITIES

1. Pensacola, FL	8. Barbers Point, HI	15. Brunswick, ME
2. Miramar, CA	9. Cecil Field, FL	16. FASOTRAGRUPAC
3. Norfolk, VA	10. Cherry Point, NC	17. FASOTRAGRULANT
4. Corpus Christi, TX	11. Whidbey Island, WA	18. MCAS New River, NC
5. Lemoore, CA	12. Beaufort, SC	19. Okinawa
6. El Toro, CA	13. Point Mugu, CA	20. Other (List)
7. Jacksonville, FL	14. Patuxent River, MD	21.

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING

NAME (Last, First, Middle Initial) LEWIS, TOBIN J.	RANK/RATE	DoD ID Number
--	-----------	---------------

COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL DWEST, SERE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
MV-22 EMERGENCY EGRESS				22 OCT 20	Q	204						
	SIGNATURE			(b) (6)			SIGNATURE			SIGNATURE		
Water Survival							21 MAY 20	Q	204			
	SIGNATURE			SIGNATURE			(b) (6)			SIGNATURE		
Annual Aerosol	06 JAN 20	Q	204									
	(b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		
Annual Aerosol	09 JAN 21	Q	204									
	(b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		
WATER SURVIVAL							17 DEC 21	Q	204			
	SIGNATURE			SIGNATURE			(b) (6)			SIGNATURE		
MV-22B Emergency Egress				25 OCT 21	Q	204						
	SIGNATURE			(b) (6)			SIGNATURE			SIGNATURE		
Annual Aerosol	4 Jan 22	Q	204									
	(b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		
MAG-24 Aeromedical Briefs SDO ALSS CSEL LEP AAE RYP 1ST MAWNVG Refresher	25 APR 22	Q	363									
	(b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		

TRAINING ACTIVITIES

- | | | |
|------------------|---------------------|-----------------------|
| 1. Pensacola, FL | 4. Lemoore, CA | 7. Patuxent River, MD |
| 2. Miramar, CA | 5. Jacksonville, FL | 8. Whidbey Island, WA |
| 3. Norfolk, VA | 6. Cherry Point, NC | 9. Other (List) |

10. Other Information
Let's Entry

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING

NAME (Last, First, Middle Initial)	RANK/RATE	DoD ID Number
------------------------------------	-----------	---------------

COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL DWEST, SERE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
AEROMED + NESTLAD	04 JAN 23	Q	363	SIGNATURE			SIGNATURE			SIGNATURE		
	(b) (6)											
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		

TRAINING ACTIVITIES		
1. Pensacola, FL	4. Lemoore, CA	7. Patuxent River, MD
2. Miramar, CA	5. Jacksonville, FL	8. Whidbey Island, WA
3. Norfolk, VA	6. Cherry Point, NC	9. Other (List)
10. Other Information		



UNITED STATES MARINE CORPS
MARINE AIRCRAFT GROUP 24
1ST MARINE AIRCRAFT WING, FMF
BOX 63047
MCBH KANE OHE BAY HAWAII 96863-3047

IN REPLY REFER TO:
3710
AMSO
11 Jan 23

MEMORANDUM FOR THE RECORD

From: Aeromedical Safety Officer, Marine Aircraft Group 24
To: NATOPS Officer, VMM-363

Subj: ADJUNCTIVE NAVAL AVIATION SURVIVAL TRAINING PROGRAM TRAINING
PROVIDED ON 4 JANUARY 2023

Ref: (a) CNAFM-3710.7
(b) WgO 3700.2A

Encl: (1) Student Roster

1. The Aeromedical Safety Team taught the following adjunctive Naval Aviation Survival Training Program training: Sensory Physiology/Situational Awareness, Aviation Life Support Systems, 1st MAW NITE Lab refresh, Hypoxia and Stress and Human Performance conducted on 4 January 2023. This training is valid for 12 months from the last day of the month in which the current training was conducted. **EXPIRES: 31JAN2024**

2. Direct all questions or concerns to the Marine Aircraft Group 24 Aeromedical Safety Officer,
(b) (6)

(b) (6)

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

OPNAV 3760/32G (4-81) SN 0107-LF-736-2180

SECTION IIIC - EXAMINATION RECORD

NAME (Last, first, middle initial)

LEWIS TOLIN J

SSN

NATOPS EXAMS

OPEN BOOK

DATE	GRADE	PASS/FAIL	GRADED BY
7 JUL 11	4.0	P	JP
6 AUG 12	4.0	P	JP
5 AUG 13	4.0	P	VMM-365
20 AUG 14	3.88	P	VMM-365
25 OCT 14	3.91	P	BAS
22 OCT 15	4.0	P	CNY 265
18 OCT 16	3.98	P	VMM-265
16 OCT 17	3.93	P	VMM-265
29 JUN 18	4.0	P	VMM-265
24 JUN 19	4.0	P	VMMT-204
15 OCT 19	4.0	P	VMMT-204
14 OCT 20	4.0	P	VMMT-204
25 OCT 21	3.92	P	VMMT-204
22 SEP 22	4.0	P	VMM-365

CLOSED BOOK

DATE	GRADE	PASS/FAIL	GRADED BY
7 JUL 11	3.88	P	JP
6 AUG 12	3.96	P	JP
6 AUG 13	3.82	P	VMM-365
20 AUG 14	4.0	P	VMM-365
25 OCT 14	4.0	P	BAS
22 OCT 15	4.0	P	CNY 265
18 OCT 16	3.98	P	VMM-265
13 OCT 17	3.68	P	VMM-265
29 JUN 18	4.0	P	VMM-265
27 JUN 19	4.0	P	VMMT-204
15 OCT 19	4.0	P	204
11 OCT 20	4.0	P	204
25 OCT 21	3.96	P	204
10 OCT 22	3.85	P	VMM-365

INSTRUMENT EXAM

DATE	GRADE	PASS/FAIL	GRADED BY
25 JUN 12	-	P	MCALMS
7 JUL 13	100%	P	MCALMS
8 JUL 14	98%	P	MCALMS
1 AUG 14	-	P	MCALMS
1 JUN 15	Q	P	MCALMS
1 AUG 16	Q	P	MCALMS
2 AUG 17	Q	P	MCALMS
4 AUG 18	Q	P	MCALMS
1 AUG 19	Q	P	MCALMS
4 AUG 20	Q	P	MCALMS
21 JUL 21	Q	P	MCALMS
20 JUL 22	Q	P	MCALMS
1 AUG 23	Q	P	MCALMS

COURSE RULES

DATE	GRADE
6 SEP 13	Q
21 AUG 14	Q
21 APR 22	Q
14 OCT 2018	100%

OTHER EXAMS

TITLE	DATE	GRADE	PASS/FAIL	GRADED BY
BUTLER RACE	21 DEC 17	100%	P	265
VT3 SOP	16 NOV 10		P	VT3 *

Enclosure (38)

* LATE ENTRY

1. Preflight:
 - *a. Records Check
 - *b. Crew Briefing
 - *c. Flight Planning/DTM Load Procedure
 - d. Preflight Check
2. Start/Engage/Post Engagement:
 - a. Start/Engage
 - b. Post Engagement
3. Taxi:
 - a. Procedures
 - b. Taxi
4. Takeoff/Transition
 - a. Procedures
 - b. Type Takeoff
 - * (1) Vertical
 - * (2) STO
 - (3) Crosswind
 - (4) Max Gross
- *5. Climb/Cruise:
 - a. Procedures
 - b. Power Control
 - c. Aircraft Control
 - d. CMS Utilization/Knowledge
 - (1) CDU/EICAS
 - (2) MFD's
 - (3) Digital Map
 - (4) FLIR
 - (5) Key Pad Functions
 - e. Slow Flight in Airplane Mode
 - f. Steep Turns
 - g. Stalls
- *6. Approach and Landing:
 - a. Procedures
 - b. Power Control
 - c. Aircraft Control
 - d. Type of Landing
 - * (1) Vertical
 - * (2) ROL
 - * (3) No-Hover
 - (4) Crosswind
 - (5) Max Gross
 - (6) Steep
 - a. Normal
 - b. Nose Low
- *7. Emergency Procedures (critical area/subarea)
 - a. Procedures
 - b. Aircraft Control
- *8. Cockpit Resource Management
 - a. Decision Making
 - b. Assertiveness
 - c. Mission Analysis
 - d. Communication
 - e. Leadership
 - f. Adaptability/Flexibility
 - g. Situational Awareness
9. Shutdown/Post Flight
 - a. Shutdown
 - b. Post Flight Inspection
- *10. Debriefing

MISSION EVALUATION AREAS

1. CALS (critical area/subai)
 - a. Procedures
 - (1) Zone Evaluation
 - b. Approach
 - c. Power Control
 - d. Aircraft Control
2. Internal Cargo
3. External Hoist
4. External Cargo
 - a. Procedures
 - b. Signal Response
 - c. Aircraft Control
5. Navigation
6. Instrument Procedures
7. LAT
8. Aerial Refueling
9. NVD
10. Search and Rescue
11. Special/Other

[illegible]

Comments: WELL QUALIFIED. SEE NATOR EVALUATION
REPORT.

Strengths: 11

Weaknesses:

Narrative:

Instructor Name:

Instructor Signature:

Evaluee Name:

Evaluee EDIPI:

Date of Flight:

BUNO:

NAVELIR:

Duration of Flight:

Total Hours:

Total Hours in Model:

Date of Last NATOPS Eval:

Date/Grade Open Book:

Date/Grade Closed:

Flight Physical Expires:

CRM Ground Expires:

(b) (6)

MA TODIN T. LEWIS

129 129 2603

24 Oct

2FTD-12 MOBH

20

1870.5

1660-8

25 Oct 21

70

DEC 23

25 Oct 72

Enclosure (38)

NATOPS EVALUATION REPORT

1. NAME (Last, first, middle initial): LEWIS, TOBIN, J		2. RANK: MAJ	3. EDIPI NUMBER: 129 129 2603	4. DATE OF LAST EVALUATION: 25 Oct 2021
5. UNIT: VMM-363	6. CREW POSITION & QUALIFICATIONS: MV-22B TAC / NI		7. HOURS IN MODEL: 1660.8	8. DATE OF CHECK FLIGHT: 24 Oct 2022
9. TOTAL FLIGHT HOURS: 1870.5	10. AIRCRAFT MODEL: MV-22B	11. AIRCRAFT BUINO: CFTD-11	12. FLIGHT DURATION: 2.0	13. EXPIRATION DATE: 31 Oct 2023

NATOPS EVALUATION

14a. REQUIREMENT	14b. DATE COMPLETED	14c. GRADE		
		Q	CQ	U
OPEN BOOK EXAMINATION	22 Sep 2022	4.0		
CLOSED BOOK EXAMINATION	20 Oct 2022	3.85		
ORAL EXAMINATION	24 Oct 2022	Q		
EVALUATION FLIGHT	24 Oct 2022	Q		

OVERALL FINAL GRADE: Q

14d. REMARKS OF EVALUATOR:

Maj Lewis' NATOPS check was conducted in CFTD-11 and IAW CNAF M-3710.7 Series and A1-V22AB-NFM-000. Maj Lewis provided all of the appropriate products for the event and simulated an ANI NATOPS check for another pilot. The event departed PHNG and included shore and shipboard operations within the local training area. Maj Lewis demonstrated excellent instructional techniques throughout the event, as well as procedural knowledge for all maneuvers conducted. During emergency procedures, his aircraft control and CRM were above average. Emergency Procedure training included ENGINE TORQUE SPLIT, FADEC A/B FAIL, DUAL ENVIR BUS FAIL, TAGB Pressure Invalid, and Drive Train Degraded/HCE scenarios. Maj Lewis is well qualified as a MV-22B Tiltrotor Aircraft Commander and NATOPS Instructor at the discretion of the Commanding Officer.

Strengths: Instructional techniques, procedural knowledge.

Weakness: None noted.

Annual CRM Flight flown in accordance with CNAF 1542.7 Series.

Annual Egress and Restraint Systems training conducted in accordance with CNAF M-3710.7.

15a. PRINT NAME OF EVALUEE: T. J. LEWIS	15b. RANK: MAJ	15c. DATE: 25 Oct 2022	15d. SIGNATURE: LEWIS.TOBIN.J.1291292603 Digitally signed by LEWIS.TOBIN.J.1291292603 Date: 2022.10.25 13:50:05 -1000'
16a. PRINT NAME OF EVALUATOR:	16b. RANK:	16c. DATE:	16d. SIGNATURE:

(b) (6)

17. REMARKS OF UNIT COMMANDER:

18a. UNIT COMMANDER:	18b. RANK:	18c. DATE:	18d. SIGNATURE:
(b) (6)			

SECTION IVB - MISHAP/FLIGHT VIOLATION RECORD

SSN

LEWIS. THOM J

3075

MISHAP DESCRIPTION

COMMANDING
OFFICER'S SIGNATURE

13 DECEMBER

VMM-265

DITCHED AT SEA DURING NVD TRAINING, FLIGHT

(b) (6)



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

IN REPLY REFER TO:

5420

DCA

JAN 24 2019

From: Deputy Commandant for Aviation
To: Commanding General, 2nd Marine Aircraft Wing

Subj: TERMINATION OF CONDITIONAL FLIGHT STATUS ICO CAPTAIN TOBIN J. LEWIS
1291292603/7532 USMC

Ref: (a) MCC 1000.6 (ACTSMAN)
(b) CO, VMAT-204 ltr 3710 dtd 10 Dec 18 with endorsements

1. Having considered the recommendation in the reference (b), I am authorizing the removal of Captain Lewis from Conditional Flight Status and a return to full flight status.

2. This is the final disposition of this case and it is considered closed.

3. Point of contact for this matter is (b) (6) at
(b) (6)


S. B. RUDBER

Copy to:
CO, VMAT-204
Captain Lewis



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR TRAINING SQUADRON 204
MARINE AIRCRAFT GROUP 26
POSTAL SERVICE CENTER BOX 21018
JACKSONVILLE, NC 28545

IN REPLY REFER TO:

3710

S-3

10 Dec 18

From: Commanding Officer, Marine Medium Tiltrotor Training Squadron 204
To: Commandant of the Marine Corps (ASM-52)
Via: Commanding General, 2nd Marine Aircraft Wing
Subj: REQUEST FOR TERMINATION OF CONDITIONAL FLIGHT STATUS ICO MAJOR TOBIN
J. LEWIS 1291292603/7532 USMC

Ref: (a) MCO 1000.6 (ACTSMAN)
(b) NAVMC 3500.11E (16 Apr 18) MV-22 Training and Readiness Manual

Encl: (1) Deputy Commandant for Aviation ltr 5420 of 24 Aug 18
(2) VMMT-204 Remedial Training Syllabus of 5 Nov 18

1. SNM has completed all requirements set forth in the references and enclosures, and has demonstrated the knowledge, proficiency, and capabilities required in the MV-22B Tiltrotor.

2. All remedial training outlined in enclosure (2) was conducted by experienced Assistant NATOPS Instructors and Fleet Replacement Squadron Instructors with emphasis placed on instructor skills and decision-making ability.

3. I recommend no additional remedial training, and SNM be returned to full flight status per direction in enclosure (1).

4. Point of contact for this matter is (b) (6) at (b) (6)

(b) (6)

Copy to:
NATOPS
OPS



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR TRAINING SQUADRON 204
MARINE AIRCRAFT GROUP 26
2D MARINE AIRCRAFT WING
PSC BOX 21018
JACKSONVILLE, NC 28545-1018

IN REPLY REFER TO
3500
CO
05 Nov 18

From: Commanding Officer, Marine Medium Tiltrotor Training Squadron 204
To: Operations Department
Via: Department of Safety and Standardization
Subj: TERMINATION OF CONDITIONAL FLIGHT STATUS ASSIGNED SYLLABUS ICO MAJOR
TOBIN J. LEWIS 1291292603/7532 USMC
Ref: (a) MCO 1000.6 (ACTSMAN)
(b) NAVMC 3500.11E (16 Apr 18) MV-22 Training and Readiness Manual
Encl: (1) Deputy Commandant for Aviation letter dtd 24 Aug 2018

1. Major Lewis arrived to the squadron under a Deputy Commandant for Aviation (DCA) directed Conditional Flight Status (CFS) per enclosure (1). Prior to assuming instructor duties as a Fleet Replacement Squadron instructor, he will complete the following syllabus and the command will report completion to DCA for removal from CFS. He is enrolled in the following syllabus:

- Event 1: FIT-5140, FRS FAM Instruction (2.0), Simulator.
- Event 2: FIT-5141, FRS Night FAM Instruction (2.0), Simulator.
- Event 3: SFIT-5142, FRS IFR Instruction (2.0), Simulator.
- Event 4: FIT-5143, FRS CAL/FCLP Instruction (2.0), Simulator.
- Event 5: SFIT-5144, FRS NAV Instruction (2.0), Simulator.
- Event 6: FIT-5145, FRS FORM Instruction (2.0), Simulator.

2. VMFT-204 cadre shall instruct all aspects of the above enumerated events in accordance with reference (b). These events will not be conducted faster than one event per day.

3. The purpose of this syllabus is to ensure Major Lewis' instructor skills and decision-making meet the standard required to teach and evaluate pilots under instruction.

Copy to:
Major Lewis

(b) (6)



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

IN REPLY REFER TO
5420
DCA

AUG 24 2018

From: Deputy Commandant for Aviation
To: Commanding General, 1st Marine Aircraft Wing

Subj: TERMINATION OF CONDITIONAL FLIGHT STATUS ICO CAPTAIN TOBIN J. LEWIS
1291292603/7532 USMC

Ref: (a) MCO 1000.6 (ACTSMAN)
(b) CO, VMM-265 ltr 5420 dtd 25 Apr 18 with endorsements

1. Having considered the recommendation in the reference (b), I am directing the continuation of the Conditional Flight Status (CFS) in the case of Captain Lewis.

2. The original Conditional Flight Status syllabus assigned to Captain Lewis included a refly requirement of his Tiltrotor Air-to-Air Refueling Instructor (TAAR-I) syllabus. By not requiring this portion of the assigned syllabus to be completed, leadership omitted the anticipated reinforcement and verification of Captain Lewis's instructorship abilities. His future squadron, VMFT-204, is the appropriate venue to ensure instructor ability and standardization. I am directing a CFS syllabus be designed and executed under the supervision of the VMFT-204 Commanding Officer to ensure his instructor skills and decision-making meet the standard required to teach and evaluate pilots under instruction.

3. Upon completion of the CFS syllabus, report completion and any further recommendations to this Headquarters (i.e. no further action required or further action required with suggestions of what that may entail).

4. Point of contact for this matter is (b) (6) at
(b) (6)


G. R. RUDDER

Copy to:
CO, MAG-36
CO, VMM-265
Captain Lewis



UNITED STATES MARINE CORPS
MARINE AIRCRAFT GROUP 36
UNIT 37131
FPO AP 96372-7131

IN REPLY REFER TO:
5420
CO
JAN 27 2017

From: Senior Member, Field Flight Performance Board
To: Commanding Officer, Marine Aircraft Group 36

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

Ref: (a) WgO 5420.10C
(b) CO Ltr 5420 of 19 Dec 16
(c) A1-V22AB-NFM-000 (IC 80)
(d) September 2015 ANTTP 3-22.3-MV22
(e) MAWTS-1 NVD Manual, 9th Edition

Encl: (1) Convening Order
(2) Respondent Notification & Acknowledgment
(3) Aviation Background Review Summaries
(4) Flight Surgeon Evaluation
(5) Flight Surgeon Waiver
(6) Summary of Testimony, (b) (6)
(7) Summary of Testimony, (b) (6)
(8) Summary of Testimony, (b) (6)
(9) Summary of Testimony, (b) (6)
(10) Summary of Testimony, (b) (6)
(11) Summary of Testimony, (b) (6)
(12) Summary of Testimony, (b) (6)
(13) Summary of Testimony, (b) (6)
(14) Summary of Testimony, (b) (6)
(15) Summary of Testimony, (b) (6)
(16) Summary of Testimony, (b) (6)
(17) Summary of Testimony, (b) (6)
(18) Written Statement, (b) (6)
(19) Written Statement, (b) (6)
(20) Written Statement, (b) (6)
(21) Written Statement, (b) (6)
(22) Written Statement, (b) (6)
(23) VMM-265 Flight Schedule 13 Dec 2016
(24) Dragon 05 Flight Brief 13 Dec 2016
(25) MSHARP Crew Event Proficiency
(26) Weather Report
(27) MSHARP Hotboard 13 Dec 2016
(28) Dragon 06 Flight Products
(29) Flight Data Recorder, C-130 and MV-22
(30) MV-22 Schematics
(31) MC-130J Photo of Left Refuel Hose
(32) Navigation Log and Map

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

(33) Request for Extension ICO VMM-265 FFPB
(34) Respondent Receipt of FFPB Report

PRELIMINARY STATEMENT

1. The board was called to order at 1300, 20 December 2016 at Marine Medium Tiltrotor Squadron 265 (VMM-265). All members of the board were present. The respondent, Captain Lewis was present. Enclosures (1) through (34) are provided in support of this report.
2. The Senior Member ascertained that Captain Lewis and all board members were familiar with reference (a). The Senior Member reminded Captain Lewis of the rights to which the respondent was entitled, as indicated in enclosure (2). Captain Lewis elected rights as indicated in enclosure (2).
3. Captain Lewis did not object to the composition of the board.
4. The Flight Surgeon member of the board was the same flight surgeon who prepared the flight surgeon's evaluation for the board, as shown in enclosure (4). Captain Lewis was apprised of the right to have a flight surgeon independent of the board perform the medical evaluation. Captain Lewis elected to waive that right, as indicated in enclosure (5).
5. The following persons appeared and testified before the board: Captain Tobin Lewis (Mishap Aircraft Commander), (b) (6) (Mishap Co-pilot), (b) (6) (Mishap Crew Chief), (b) (6) (Mishap Crew Chief), (b) (6) (Mishap Section Leader), (b) (6) (Mishap Passenger), (b) (6) (USAF MC-130J Aircraft Commander), (b) (6) (USAF MC-130J Co-Pilot), (b) (6) (USAF MC-130J Combat Systems Officer), (b) (6) (USAF MC-130J Loadmaster), (b) (6) (USAF MC-130J Loadmaster), and (b) (6) (USAF MC-130J Loadmaster). The Senior Member has summarized their testimony before the board. These testimonies are summarized and appended to this report as enclosures (6) through (17).

6. The following persons provided written statements but did not appear in person before the board: (b) (6)

(b) (6)

7. The board's report could not be completed within 14 working days of the date of the convening order, for the following reason: the board waiting on release of information from the mishap aircraft flight data recorders. Enclosure (33) is the authorization request for an extension in this case.

FINDINGS OF THE BOARD

1. The respondent's flight hours are summarized in enclosure (3), Aviation Background Review Summaries.

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

2. Captain Lewis was the Aircraft Commander and was operating as the pilot flying (PF) at the time of the mishap. (b) (6) was the Co-Pilot and was operating as the pilot not flying (PNF) at the time of the mishap. [Enclosures (6-9)]
3. Captain Lewis was a proficient Tiltrotor Aircraft Commander (TAC), Night Systems Instructor (NSI), and Air-to-Air Refueling Instructor (AARI) with 1,012.9 total hours, 803.2 hours in model, and 176.3 Night Vision Goggle (NVG) hours. He also holds a leadership position within VMM-265 as the Department of Safety Standardization and NATOPS Officer in Charge. [Enclosure (3)]
4. Captain Lewis is highly regarded by his Commanding Officer and other senior instructors within VMM-265. He has progressed with or ahead of peers since the beginning of his military flight career. [Enclosures (3), (18-22)]
5. On the night of the mishap, Captain Lewis had 17 prior Tiltrotor Air-to-Air Refueling (TAAR) events, and was on his second flight acting in capacity as an AARI. [Enclosure (6, 25)]
6. Co-Pilot, (b) (6) is a Night Systems Qualified Tiltrotor Second Pilot currently in the Tiltrotor Aircraft Commander (TAC) syllabus with 525.3 total hours, 290.9 hours in model, and 47.3 NVG hours. She has recently fallen behind her peers in regards to progression towards TAC with the failure of her second TAC Board. [Enclosure (3, 6, 10)]
7. (b) (6) was delinquent in event AAR-2433 on the night of the mishap. Her only other Night Systems (NS) TAAR event was her initial qualification on 24 November 2015. (b) (6) (b) (6) last TAAR event was for AAR-2431 on 22 November 16. She was scheduled to conduct event AAR-2433 the same day but was unable to complete due to insufficient time at the tanker. [Enclosures (7, 25)]
8. Dragon 06 was scheduled to fly as wingman for Dragon 05 section, conducting High Light Level (HLL) single and section Low Altitude Tactics (LAT), Confined Area Landings (CAL), and ending with NS TAAR. Planning for the event was conducted by (b) (6) (Dragon 05 Aircraft Commander and the Section Leader), (b) (6) Co-Pilot for Dragon 05) (b) (6) passenger for Dragon 06 during time of mishap). Captain Lewis did not participate in the flight planning. [Enclosures (6, 23)]
9. The section brief was conducted by (b) (6) During the brief the following items were discussed: NS AAR emergency procedures, visual signals, and tanker sequence. [Enclosures (6, 7, 10, 24)]
10. Following the section brief, Captain Lewis conducted a NATOPS brief. Items such as closure rates and comfort level during TAAR were never discussed prior to execution. [Enclosure (6)]
11. Individual Training and Readiness (T&R) Manual discussion items were not covered by Captains Lewis or (b) (6) after the section brief or prior to manning the aircraft. Because (b) (6) (b) (6) was proficient in day TAAR and had recently incompleted NS TAAR, Captain Lewis did not believe a thorough AAR-2433 T&R discussion prior to flight was necessary. T&R

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

discussion items for event AAR-2433 that were not briefed prior to flight included Night Vision Device (NVD) AAR Crew Resource Management (CRM), comfort level, and closure rates. [Enclosures (6, 7, 10)]

12. During the TAAR phase, (b) (6) believes she provided an adequate amount of CRM calls as the PNF to Captain Lewis, to include torque and airspeed. Captain Lewis, on the other hand, did not believe an appropriate amount of CRM calls were being made. This issue was not addressed during the flight as Captain Lewis intended to address the issues during the debrief. [Enclosures (6), (7)]

13. As the PNF, Captain Lewis stated the approximate torque and airspeeds to maintain a stable observation position were 60-66% mast torque and 205-206 knots calibrated airspeed (KCAS). Once assuming controls, Captain Lewis focused more on maintaining proper formation position from the MC-130J, reducing his scan on airspeed and torque setting. [Enclosure (6)]

14. The mishap occurred on a HLL night (Lux .214), with predicted ceilings from 3000 feet up to 10,000 feet and winds approximately 320 degrees magnetic at 20 knots. After arriving to conduct TAAR the cloud layer was determined to be scattered at 3000 feet and winds 340 degrees magnetic at 20 knots. Turbulence was present during the mishap causing the drogue to move an estimated five to 15 feet from center position. [Enclosures (6-17, 26)]

15. On the northbound leg of the TAAR Shark Track, both pilots made multiple unsuccessful attempts prior to a "BINGO FUEL" caution posting at 1209Z with 2116 pounds of total fuel. The pilots then requested the tanker to turn south to continue training in route towards Marine Corps Air Station (MCAS) Futenma. A failure to receive fuel from the tanker aircraft would have resulted in a cessation of training and an early return to base. [Enclosure (29)]

16. The aircrew expected to be at or near 1,200 pounds on landing (VMM-265 Standard Operating Procedure minimum fuel reserve). All crewmembers testified as to not feeling pressured to receive fuel for any purpose including landing with a higher fuel state, accomplishing the scheduled training, gaining flight hours, or being successful at making contact with the drogue. [Enclosures (6-9)]

17. Calculations by the board determined that arrival fuel at MCAS Futenma would have been 979 pounds had Dragon 06 terminated TAAR training just prior to the mishap. Paragraph 4.15.2 of reference (c) states that minimum feed tank quantity for the MV-22B is 300 pounds (totaling 600 pounds). [Enclosure (32)]

18. Captain Lewis stated his target closure rate with the drogue during aerial refueling events is generally five KCAS. [Enclosure (6)]

19. According to the interviews of the MC-130J crew, none of the attempts until the mishap seemed uncontrolled or out of the ordinary. At no point did they consider the actions of the MV-22B unsafe. [Enclosures (12-17)]

20. On the attempt to make contact prior to the mishap, the drogue came in close proximity to the nose of the aircraft and out of Captain Lewis' field of view. Captain Lewis did not verbalize this to the aircrew. According to (b) (6) however, she never lost sight of the drogue.

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

Following this attempt, Captain Lewis elected to drop back to a distant astern position to state his intentions to pursue one more attempt. No objections were stated by the aircrew.
[Enclosures (6-9)]

21. The briefed MC-130J refueling airspeed was 200 KIAS with fluctuations of approximately two KIAS. The torque required by the MV-22B to stabilize in an astern position was approximately 55% engine torque and 2.3 inches of Thrust Control Lever (TCL). The maximum engine torque applied during the final attempt was 87.5% and 3.69 inches of TCL out of a maximum of four inches. This resulted in a max airspeed of 204.8 KCAS. No significant factors other than pilot flight control inputs have been identified that would cause excess closure between the MV-22B and MC-130J refueling drogue. [Enclosure (29)]

22. The distance between the tip of the refueling probe and the prop rotor blades on the MV-22B is 15 feet, three inches. Additionally, blade strikes were evident on the refueling hose nine feet, six inches beyond the coupling connecting the drogue to the refueling hose. [Enclosures (30, 31)]

23. Captain Lewis failed to arrest a closure rate that resulted in the impact of the right prop rotor to the left refueling drogue of the MC-130J, leading to the total destruction of an aeronautically sound aircraft. [Enclosures (6-17)]

OPINIONS

1. Based on the opinions of his Commanding Officer, senior squadron pilots, and his aviation flight grades, the board feels that Captain Lewis' potential, motivation, and probability for success within the MV-22B community is high. [Findings (1-5)]

2. The brief conducted by (b) (6) was sufficient for Dragon 06 to conduct a safe NS TAAR evolution. The NATOPS brief provided by Captain Lewis for Dragon 06 was insufficient and should have covered CRM expectations during the TAAR phase of flight. [Findings (6-10)]

3. Due to the differences in opinions between Captains Lewis and (b) (6) during their interviews, it is of the board's opinion that a breakdown in CRM occurred while conducting TAAR. Had a T&R AAR-2433 discussion occurred prior to the flight, items pertinent to the mishap would have been addressed. The lack of discussion in the NATOPS or T&R briefs on NVD AAR CRM, closure rate, and comfort level were contributing factors to the mishap. [Findings (10-12, 20-21)]

4. Reference (d), paragraph 6.5.1.3.8 states, "As another technique for smooth TCL control, note mast torque when in a stable astern position as a baseline. Use approximately ± 5 percent from the baseline mast torque for corrections to close with or back away from the drogue". As the PNF, (b) (6) duties included executing required checklist items, monitoring aircraft systems and monitoring PF inputs (speed, torque settings, closure rate, etc.). Based on flight control inputs and the highest recorded airspeed made during the mishap attempt, the board believes excessive changes in power were being made by Captain Lewis. Therefore, as the PNF, (b) (6) CRM was insufficient, either by failing to recognize these flight control inputs or failing to announce them. [Findings (13, 21-23)]

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

5. Reference (e) states, "Even though vastly superior to the performance of the human eye at night, the NVD...does not match the performance of the human eye during the daytime. NVDs should be treated as very reliable sensors, but as with all sensors, NVD imagery must be continually validated with an instrument crosscheck and through confirmation from other crewmembers or wingmen to ensure one's perceptions and assessments of the environment are accurate." Captain Lewis' response to his perception of the lack of CRM calls from (b) (6) (b) (6) should have either been to request more torque and airspeed calls, or to increase his own crosscheck either utilizing his HUD or scanning his Multifunctional Displays. [Findings (12, 13, 21)]

RECOMMENDATIONS

1. The board unanimously recommends Captain Lewis be placed on conditional flight status and be allowed to continue to fly. However, he shall not participate in an aerial refueling event or act in the capacity as an AARI until the following conditions are met:

- a. Flight currency is regained per NATOPS and squadron standard operating procedures.
- b. He repeats all simulator and flight TAAR events for the T&R 2000 level series.
- c. His AARI designation is revoked with the ability to be reinstated with squadron nomination and the recompletion of all events within the syllabus. Additionally, AARI-5331 shall be flown with an AARI not assigned to VMM-265.

2. Due to his proven history as a highly qualified and valued instructor, coupled with his leadership and decision making ability immediately following the mishap, any more severe restrictions would do a disservice to the MV-22B community and the Marine Corps as a whole.

AUTHENTICATION

1. The foregoing is a complete and accurate record of the FFPB conducted in the case of Captain Tobin J. Lewis 1291292603/7532 USMC.

(b) (6)



UNITED STATES MARINE CORPS
1ST MARINE AIRCRAFT WING
UNIT 37101
FFO AP 95603-7101

IN REPLY REFER TO:

5420

CG

28 FEB 2017

FINAL ADJUDICATION on Field Flight Performance Board ltr of 27 Jan 17

From: Commanding General, 1st Marine Aircraft Wing
To: Commandant of the Marine Corps (ASM)

Subj: FIELD FLIGHT PERFORMANCE BOARD IN THE CASE OF CAPTAIN TOBIN J. LEWIS
1291292603/7532 USMC

Ref: (a) CO MAG 36 5420 CO of 9 Feb 17
(b) FFPB 5420 of 27 Jan 17

1. I have reviewed the Field Flight Performance Board (FFPB) report and subsequent endorsements enclosed in references (a) and (b) and believe the FFPB was properly convened and conducted in accordance with MCO P1000.6G, the ACTS manual, and Wing Order 5420.10C, Instructions for Field Flight Performance Boards.

2. In the case of Captain Tobin J. Lewis, I concur with the findings and opinions of the FFPB, and Commanding Officer, Marine Aircraft Group 36. Captain Lewis shall be placed in a conditional flight status until he remediates the Air to Air Refueling (AAR) and Air to Air Refueling Instructor (AARI) syllabus as outlined in reference (a).

3. Point of contact for this matter is (b) (6) Assistant Chief of Staff for Operations (G-3), 1st Marine Aircraft Wing, DSN (b) (6)

R. A. C. Sanborn

R. A. C. SANBORN

Copy to:
CMC (ASM 52)
CG MARFORPAC (G-3)
CG III MEF (G-3)



UNITED STATES MARINE CORPS
MARINE AIRCRAFT GROUP 36
UNIT 37131
FPO AP 96372-7131

IN REPLY REFER TO:

5420

CO

FEB 9 2017

FIRST ENDORSEMENT on Senior Member, Field Flight Performance Board letter
Dtd 27 Jan 17

From: Commanding Officer, Marine Aircraft Group 36
To: Commandant of the Marine Corps (ASM-52)
Via: Commanding General, 1st Marine Aircraft Wing

Subj: FIELD FLIGHT PERFORMANCE BOARD (FFPB) IN THE CASE OF CAPTAIN
TOBIN J. LEWIS 1291292603/7532 USMC

1. I have thoroughly reviewed the results of this Field Flight Performance Board (FFPB) and concur with the facts, findings, and opinions of the board.
2. The events leading up to the mishap on the evening of 13 December, 2016 do call into question the decisions made by Captain Lewis. After multiple failed attempts by both pilots to plug with the refueling aircraft, Captain Lewis should have opted to return to MCAS Futenma when he hit his bingo fuel. Instead he decided to remain at the tanker putting himself in a gradually deteriorating low fuel situation. The investigation reveals that his control inputs became more aggressive with each attempt ultimately resulting in a collision with the refueling aircraft's hose/basket. I believe Captain Lewis became complacent and overconfident in his abilities to plug due to the routine nature of aerial fueling operations in the Pacific Theater.
3. I do not believe Captain Lewis was negligent or violated any orders or directives that govern Marine Aviation. Captain Lewis is an experienced instructor pilot with no previous aircraft incidents. He is known to be conservative in the aircraft and has a good reputation in the squadron. As such, Captain Lewis shall be placed on conditional flight status as prescribed below:
 - a. Simulator Air-to-Air Refueling (SAAR-2430)
 - b. Simulator Air-to-Air Refueling (SAAR-2432)
 - c. Air-to-Air Refueling (AAR-2431)
 - d. Air-to-Air Refueling (AAR-2433)
 - e. Air-to-Air Refueling Instructor Lecture (ACAD-5310)
 - f. Simulator Air-to-Air Refueling Instructor (SAAR-5530)
 - g. Air-to-Air Refueling Instructor Certification (AARI-5331), shall be flown with an AARI not assigned to VMM-265.

4. I consider the date of the FFPB report as the commencement of this conditional period. Once complete the squadron commander shall re-evaluate Captain Lewis for removal from conditional flight status as well as reinstatement of designations and qualifications

5. The point of contact regarding this matter is (b) (6) or
via email at (b) (6)

(b) (6)



UNITED STATES MARINE CORPS

MARINE CORPS BASE HAWAII

BOX 63002
KANELOE, HAWAII 96863
ORIGINAL ORDERS

FILE
DATE 06/22/22

IN REPLY, REFER TO:
1121
IPAC
1 JUN 22

FIRST ENDORSEMENT on CMC Washington DC Basic Orders of 23 June 2022

From: Commanding Officer, Marine Corps Base Hawaii

To: First Lieutenant Eleanor V. Lebeau 1523222666/7532 USMC

Subj: PERMANENT CHANGE OF ASSIGNMENT ORDERS

1. Delivered. Effective 0900, 30 June 2022 you will stand detached from your present station and duties and report by 2359, 30 June 2022 to COMMANDING OFFICER, VMM-363 MAG-24(-) 1ST MAW, MCBH BOX 63059, KANELOE, HAWAII 96863 (MCC VHB) for duty.
2. No entitlements are authorized in connection with these orders.
3. Upon arrival at your new duty station you are required to recertify your entitlement to BAH per the JTR Ch 10 para 10100.C.
4. REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MCC 1900.16.
5. Member has been verified to be fully vaccinated against COVID-19 and is authorized to execute orders in accordance with MarAdmin 621/21.

(b) (6)

Copy to:
Files

RECEIVING ENDORSEMENT

I. I have read and understand the contents of my orders. I received these orders at Kaneohe, Hawaii at 0800 on 30 June 2022. I understand that I am to report no later than 2359, 30 June 2022, to COMMANDING OFFICER, VMM-363 MAG-24(-) 1ST MAW, MCBH BOX 63059, KANELOE, HAWAII 96863 VHB for duty. I have in my possession my medical and dental records.

E. V. LEBEAU



MARINE CORPS BASIC ORDER

RANK: 1STLT

NAME: ELEANOR V LEBEAU

EDIPE: 1523222666

PMOS: 7532

FROM MCC: 1JF

PRESENT COMMAND: HQ MAG 24 1STMAW KANEOHE BAY HI

FMCC:

VHB

FUTURE COMMAND:

VMM-363 MAG-24(-) 1ST MAW
KANEOHE BAY HI

TOUR:

48 MONTHS, CONUS (OPERATIONAL-NO COST
REASSIGNMENT OR PCA)

ESTIMATED DETACH DATE:

20220629

REPORT NO LATER THAN:

20220630

BILLET:

7532, O3, DIFOP

THIS IS AN INVOLUNTARY ASSIGNMENT.

PCA (DIFOP) (TOUR LENGTH 48 MONTHS)

1. DIR SNO RPT NLT 30 JUN 2022 TO CO VMM-363 MAG-24(-) 1ST MAW KANEOHE BAY HI (MCC VHB) DUTY IN FLYING STATUS INVOLVING OPERATIONAL FLIGHTS (DIFOP).
2. INCLUDE IN ORDERS ISSUED: REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MCO 1900.16.
3. NO ENTITLEMENTS ARE AUTHORIZED IN CONNECTION WITH THIS ASSIGNMENT.

There is no travel funding associated with these no-cost orders



UNITED STATES MARINE CORPS
MARINE MEDICAL CENTER, CAMP PENDLETON
MARINE MEDICAL GROUP 124
PO BOX 579
MARINE AIRFIELD, CAMP PENDLETON, CALIF. 92038

0011
MED
001113

From: Commanding Officer, Marine Medium Helicopter Squadron 363
To: Flight Surgeon, Marine Medium Helicopter Squadron 363

Subject: EXTENSION OF FLIGHT PHYSICAL VULNERABILITY WINDOW

REF: (d) NAVMED P-117, SECTION 15-70
(d) OPNAVINST 3400.7, SECTION 8-6.1


1. In accordance with references (a) and (b), VMH-363 flight status personnel's annual flight physical vulnerability window is extended to six months due to deployment requirements without sufficient medical facilities.

(b) (6)

Copy To:
NAIDOP's Locker
Medical Record

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO: CO, VMM-363 "Red Lions"		2. FROM: FS, VMM-363 "Red Lions"		3. DATE (YYYYMMDD) 20230215	
4. MEMBER NAME (Last, First, Middle Initial) Lebeau, Eleanor, V		5. IDENTIFICATION NUMBER 1523222666		6. GRADE O-2	
7. DATE OF BIRTH (YYYYMMDD) 19940423		8. ORGANIZATION USMC/VMM-363		9. TYPE OF DUTY Class I	
10. FLIGHT PHYSICAL DATE (YYYYMMDD) (If applicable) 20230215					
11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.					
a. X one: <input type="checkbox"/> CLEARED AFTER (X): <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input checked="" type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION:					
b. EFFECTIVE DATE (YYYYMMDD) 20230215			c. EXPIRATION DATE (YYYYMMDD) 20240430		
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.					
a. X one: <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X): <input type="checkbox"/> Illness or injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) MAY PARTICIPATE IN (X): <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION					
b. EFFECTIVE DATE (YYYYMMDD)			c. ESTIMATED DURATION OF GROUNDING		
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES. PQ/AA/DIACA/Class I/SG I					
14. (X one): <input checked="" type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy upsip)					
a. TYPED NAME (Last, First, Middle Initial)		b. GRADE		c. PROVIDER SIGNATURE	
(b) (6)					
d. DATE SIGNED (YYYYMMDD) 20230215					
e. TYPED NAME (Last, First, Middle Initial)		f. GRADE		g. FLIGHT SURGEON COUNTERSIGNATURE	
h. DATE SIGNED (YYYYMMDD)					
15. MEMBER CERTIFICATION					
a. I certify that I understand the above recommendations and that I: <input checked="" type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties.			b. AIRCREW MEMBER SIGNATURE 		c. DATE SIGNED (YYYYMMDD) 20230215
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy)					
			<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE		c. SIGNATURE	
d. DATE SIGNED (YYYYMMDD)					



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR TRAINING SQUADRON 204
MARINE AIRCRAFT GROUP 26
2D MARINE AIRCRAFT WING, FMF
PSC BOX 21018
JACKSONVILLE, NC 28545-1018

3710
DSSN
12 Apr 22

From: Commanding Officer, Marine Medium Tiltrotor Training Squadron 204
To: First Lieutenant Eleanor V. Lebeau 1523222666/7532 USMC

Subj: DESIGNATION

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.11F
(c) A1-V22AB-NFM-000

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B tiltrotor, you are hereby designated as a Tiltrotor Second Pilot (T2P).
2. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
Operations/APR
Logbook entry



DEPARTMENT OF THE NAVY
TRAINING AIR WING FOUR
245 FIFTH STREET SUITE 105
CORPUS CHRISTI TX 78419-5008

1650
Ser N00/1138
22 Oct 21

From: Commander, Training Air Wing FOUR
To: First Lieutenant Eleanore Victoria Lebeau 7531 USMC

Subj: COMMODORE'S LIST FOR FLIGHT AND ACADEMIC ACHIEVEMENT

Ref: (a) COMTRAWINGFOURINST 1650.1G

Encl: (1) Commodore's List Certificate

1. In recognition of meritorious performance and having met the requirements set forth in reference (a), you are hereby named to the Commodore's List (Advanced) for academic and flight excellence for Winging Class 2134.
2. Your performance is noted with pleasure and serves to exemplify pride in yourself and the United States Marine Corp. Recognition of this award will be entered in your NATOPS Jacket.

(b) (6)

Copy to:
NATOPS Jacket



DEPARTMENT OF THE NAVY
TRAINING AIR WING FOUR
245 FIFTH ST SUITE 105
CORPUS CHRISTI TX 78419-5242

1500
Ser N00/1122
22 Oct 2021

From: Commander, Training Air Wing FOUR
To: First Lieutenant Eleanor Victoria Lebeau 7531 USMC

Subj: DESIGNATION AS A NAVAL AVIATOR

Ref: (a) CNATRAINST 1500.4J

1. Pursuant to the provisions of reference (a), and having demonstrated those qualities of sound judgment and professional competence in your completion of the Advanced Multi-Engine Flight Training Syllabus of the Naval Air Training Command, you are designated a Naval Aviator effective 22 October 2021.

2. Congratulations on a job well done!

(b) (6)

Copy to:
VT-35
PERS 313



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO:
3710
DOSS
22 Dec 22

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363
To: First Lieutenant Eleanor V. Lebeau 1523222666/7532 USMC

Subj: QUALIFICATION FOR DAY LOW ALTITUDE TACTICS

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14E
(c) NAVMC 3500.11F

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B Tiltrotor, you are hereby Day Low Altitude Tactics Qualified.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS

CRM TRAINING & EVALUATION RECORD

1. NAME (Last, first, middle initial): <i>LeSean, Eleanor V.</i>	2. RANK:	3. EDIPI NUMBER:
---	----------	------------------

Note: This form shall be permanently maintained in the NATOPS Flight Personnel Training/Qualification Jacket (Section II, Part C).

CRM IMM Instructor Course	4. Date:	5. Location:
---------------------------	----------	--------------

CRM FACILITATOR TRAINING

6. T/M AIRCRAFT	7. UNIT	8. DATE	9. GROUND/FLIGHT

GROUND TRAINING / FLIGHT EVALUATIONS

Note: Valid for 12 months from the last day of the month in which training/evaluation was completed.

Note: Renewal flight evaluations may be completed within 60 days preceding the expiration of the current qualification.

10. T/M AIRCRAFT	11. UNIT	12. GROUND/ FLIGHT	13. INITIAL/ RENEWAL	14. DATE COMPLETED	15. EXPIRATION DATE
<i>MV22B</i>	<i>VMM363</i>	<i>G</i>	<i>R</i>	<i>4 JAN 23</i>	<i>31 JAN 24</i>

EXTENSIONS

16. T/M AIRCRAFT	17. UNIT	18. GROUND/ FLIGHT	19. AUTHORITY	20. EXPIRATION DATE

NAVAL AVIATOR AVIATION TRAINING JACKET (ATJ) SUMMARY CARD

NAME (LAST, FIRST, AND MIDDLE) LEBEAU, ELEANOR V.		RANK/SERVICE 1STLT/USMC	DOD IDNUMBER (10-digit) 1523222668	SEX/RACE/ETHNIC CODE FEZ	
COLLEGE MURRAY STATE UNIVERSITY	MAJOR/DEGREE AGRICULTURE	PROCUREMENT SOURCE 29	AQR 4	PFAR/FOFAR 6	DATE OF COMMISSION 11SEP2018
CARRIER QUALIFICATION INFORMATION (GPA/BOARDING RATE)			CARRIER QUALIFICATION DATE (MONTH/YEAR)		

TYPE OF TRAINING			AVW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOMETRIC CODE 9-7-3-5
<input checked="" type="checkbox"/> PILOT	<input type="checkbox"/> STRIKE	<input type="checkbox"/> MARITIME	<input type="checkbox"/> E-2/C-2	<input type="checkbox"/> E-6	<input type="checkbox"/> HELICOPTER
<input type="checkbox"/> NFO	<input type="checkbox"/> NAV	<input type="checkbox"/> STRIKE	<input type="checkbox"/> STRIKE FIGHTER	<input type="checkbox"/> ATDS (E-2/C-2)	<input checked="" type="checkbox"/> MV-22

PHASE OF TRAINING	DATE REPORTED	DATE COMPLETED	RAW SCORES				NSS		
			FLIGHT/DEVICE	ACAD	# UNSAT	# MARG	PHASE	ACAD	
NIFE	13JUL2019	10AUG2019	-	-	-	-	-	-	
PREFLIGHT	17SEP2019	30OCT2019	-	91.0	-	-	-	41.0	
PRIMARY	30MAR2020	25OCT2020	1.247	99.3	-	-	57.5	66.9	
PRIMARY 2 (NFO)	-	-	-	-	-	-	-	-	
INTERMEDIATE 1	21JAN2021	20APR2021	1.086	96.0	-	-	50.1	55.0	COMPOSITE SCORE 236
INTERMEDIATE 2	-	-	-	-	-	-	-	-	
ADVANCED	07MAY2021	19OCT2021	1.1160	98.0	-	-	63.3	61.0	

* Indicates the NSS Phase value displayed is the Flight/Device NSS score.

SUMMARY OF FLIGHT AND SIMULATOR TRAINING IN THE NAVAL AIR TRAINING COMMAND

SQUADRON	A/C / SIM MODEL	TOTAL NUMBER OF EVENTS		TOTAL NUMBER OF HOURS		FIRST PILOT HOURS		CO-PILOT HOURS		SPECIAL CREW HOURS		NIGHT HOURS		NVG HOURS	INSTRUMENT HOURS	
		SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL	SYL	N-SYL		ACTUAL	SIMULATED
VT-28	T-6B	47.0	-	77.0	-	62.5	-	14.5	-	-	-	8.2	-	-	4.8	15.5
VT-28	UTD/OFT	39.0	-	50.7	-	50.7	-	-	-	-	-	-	-	-	-	28.6
HT-8	2B42	14.0	-	18.2	-	16.9	-	1.3	-	-	-	-	-	-	-	7.8
HT-8	TH-57B	13.0	1.0	21.7	0.1	16.4	0.1	5.3	-	-	-	-	-	-	-	-
HT-8	TH-57C	7.0	-	12.9	-	8.9	-	4.0	-	-	-	3.5	-	-	1.3	-
VT-35	T-44C	32.0	-	89.0	-	49.2	-	17.2	-	-	22.6	13.0	-	-	4.0	14.9
VT-35	T-44/OFT	30.0	-	65.5	-	44.9	-	20.6	-	-	-	-	-	-	-	28.3

ASON FOR ATTRITION (ENTER CODE)	PHASE/STAGE AT TIME OF ATTRITION	DATE OF ATTRITION	PIPELINE CHANGE/PROGRAM CHANGE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
FE OF DESIGNATION 22OCT2021	FLEET REPLACEMENT SQUADRON ASSIGNMENT VMMT-204, MCAS NEW RIVER, NC	NEW PIPELINE/PROGRAM	

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET

SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING

NAME (Last, First, Middle Initial)	RANK/RATE	DoD ID Number
------------------------------------	-----------	---------------

COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL DWEST, SERE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
AEROMED TRAINING	220104	Q	204									
	SIGNATURE (b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		
MV-22 EGRESS				24 JUN 22	G	9						
	SIGNATURE			SIGNATURE (b) (6)			SIGNATURE			SIGNATURE		
AC REF Class "3" Letter							20 APR 22	G	204			
	SIGNATURE			SIGNATURE			SIGNATURE (b) (6)			SIGNATURE		
MV-22B Emergency Egress				12 APR 22	Q	204						
	SIGNATURE			SIGNATURE (b) (6)			SIGNATURE			SIGNATURE		
AEROMED + NITELAB	04 JAN 22	G	204									
	SIGNATURE (b) (6)			SIGNATURE			SIGNATURE			SIGNATURE		
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		

TRAINING ACTIVITIES

- | | | |
|-----------------------|---------------------|-----------------------|
| 1. Pensacola, FL | 4. Lemoore, CA | 7. Patuxent River, MD |
| 2. Miramar, CA | 5. Jacksonville, FL | 8. Whidbey Island, WA |
| 3. Norfolk, VA | 6. Cherry Point, NC | 9. Other (List) |
| 10. Other Information | | |



UNITED STATES MARINE CORPS
MARINE AIRCRAFT GROUP 24
1ST MARINE AIRCRAFT WING, FMF
BOX 63047
MCBH KANEOHE BAY HAWAII 96863-3047

IN REPLY REFER TO
3710
AMSO
11 Jan 23

MEMORANDUM FOR THE RECORD

From: Aeromedical Safety Officer, Marine Aircraft Group 24
To: NATOPS Officer, VMM-363

Subj: ADJUNCTIVE NAVAL AVIATION SURVIVAL TRAINING PROGRAM TRAINING
PROVIDED ON 4 JANUARY 2023

Ref: (a) CNAF M-3710.7
(b) WgO 3700.2A

Encl: (1) Student Roster

1. The Aeromedical Safety Team taught the following adjunctive Naval Aviation Survival Training Program training: Sensory Physiology/Situational Awareness, Aviation Life Support Systems, 1st MAW NITE Lab refresh, Hypoxia and Stress and Human Performance conducted on 4 January 2023. This training is valid for 12 months from the last day of the month in which the current training was conducted. **EXPIRES: 31JAN2024**

2. Direct all questions or concerns to the Marine Aircraft Group 24 Aeromedical Safety Officer,
(b) (6)

(b) (6)



DEPARTMENT OF THE NAVY
NAVY MEDICINE OPERATIONAL TRAINING COMMAND
NAVAL SURVIVAL TRAINING INSTITUTE DETACHMENT
340 HULSE ROAD
PENSACOLA FL 32508-1089

IN REPLY REFER TO
3760
20 Apr 2022

From: Officer in Charge, Naval Survival Training Institute

To: 1ST LIEUTENANT ELEANOR LEBEAU

Subj: NASTP TRAINING QUALIFICATION LETTER

Refs: (a) CNAF M-3710.7,
(b) MCO 3502.3C

1. In accordance with the listed references, 1ST LIEUTENANT ELEANOR LEBEAU has received AC REF CLASS 3 on 20 Apr 2022 at Aviation Survival Training Center CHERRY POINT.

2. 1ST LIEUTENANT ELEANOR LEBEAU received a grade of Q. All required modules were completed.

Dynamic training elements were conducted for the following modules:

• HYPOXIA LABORATORY C4

3. This qualification expires on 30 Apr 2026 unless additional conditions listed in reference (a) chapter 8, paragraph 8.4 apply.

4. This qualification applies to the following aircrafts only:

Class 3: AH-1, H-3, H-46, H-53, H-60, H-72, H-92, OH-58C, TH-57, UH-1, V-22

(b) (6)

NOTE: Weighted Vest Used

NATOPS EVALUATION REPORT

1. NAME (Last, first, middle initial): LeBeau, Eleanor V.		2. RANK: Capt	3. EDIP NUMBER: 1523222666	4. DATE OF LAST EVALUATION: 11 Apr 2022
5. UNIT: VMM-363	6. CREW POSITION & QUALIFICATIONS: Copilot		7. HOURS IN MODEL: 115.3	8. DATE OF CHECK FLIGHT: 22 Mar 2023
9. TOTAL FLIGHT HOURS: 297.1	10. AIRCRAFT MODEL: MV-22B	11. AIRCRAFT BUNO: CFTD-12	12. FLIGHT DURATION: 2	13. EXPIRATION DATE: 30 Apr 2023

NATOPS EVALUATION

14a. REQUIREMENT	14b. DATE COMPLETED	14c. GRADE		
		Q	CQ	U
OPEN BOOK EXAMINATION	17 Mar 2023	3.96		
CLOSED BOOK EXAMINATION	20 Mar 2023	4.0		
ORAL EXAMINATION				
EVALUATION FLIGHT				

OVERALL FINAL GRADE: Qualified

14d. REMARKS OF EVALUATOR:

NATOPS evaluation conducted in simulator aboard MCAS Kaneohe Bay. The brief consisted of multiple emergency procedure discussions which precipitated into full blown descriptions of the aircraft's systems IOT demonstrate the "why" behind each step in the checklist. The flight was conducted at MCAS Kaneohe Bay, MCTAB, and the TFTA. All NATOPS maneuvers were flown IAW published procedures. Hung Start, Landing Gear Abort, TAGB Box Hot, Chip Detector Fail and PRGB emergencies and challenging CRM situations were all part of the check flight. Capt LeBeau is well qualified to hold a NATOPS qualification as a Tilt-Rotor Second Pilot.

Annual CRM Flight flown in accordance with CNAF 1542.7 Series.

Annual Egress and Restraint Systems training conducted in accordance with CNAF M-3710.7.

Strengths: Headwork, SA, BAW

Weaknesses: None

15a. PRINT NAME OF EVALUEE: Eleanor V. LeBeau	15b. RANK: Capt	15c. DATE: 22 Mar 2023	15d. SIGNATURE: LEBEAU.ELEANOR.VIC TORIA.1523222666 <small>Digitally signed by LEBEAU.ELEANOR.VICTORIA.1523222666 Date: 2023.03.27 07:42:48 -1000</small>
16a. PRINT NAME OF EVALUATOR: (b) (6)	16b. RANK: (b) (6)	16c. DATE: 22 Mar 2023	16d. SIGNATURE: (b) (6)

17. REMARKS OF UNIT COMMANDER:

18a. UNIT COMMANDER: (b) (6)	18b. RANK: (b) (6)	18c. DATE: 27 Mar 2023	18d. SIGNATURE: (b) (6)
--	------------------------------	---------------------------	-----------------------------------

LOT NATOPS EVALUATION FORM

Evaluatee: Capt. Euanor LeBeau EDIP: 1523222666
 Instructor: MS. Begeb Date of Flight: 22 MAR 2023

Total Hours: 297.1 Model Hours: 115.3
 Flight Duration: 2.0 Runo: CTD-12
 Date of Last Evaluation: 11 APR 2023

Open Book Date and Grade: 17 MAR 23 3.96
 Closed Book Date and Grade: 20 MAR 24 .0

Turn in completed ATF to S-3 Pilot Training
 Correct IIR code entered into NATCOMS:

Phase I Ground Evaluation
 Open / Closed Book
 Oral Exam

Phase II Flight Evaluation

1. Preflight:

*a. Records check

*b. Crew briefing

*c. Flight Planning / DTM load procedure

d. Preflight check

2. Start / Engage / Post-engagement:

a. Start/Engage

b. Post-engagement

*3. Taxi:

a. Procedures

b. Taxi

4. Takeoff/Transition:

*a. procedures

b. Type takeoff

*11 Vertical

*12 STD / RTO

(3) Crosswind

(4) Maximum Gross

*c. Transition to airplane mode

5. Climb/cruise

*a. Procedures

*b. Power control

*c. Aircraft control

*d. CMS utilization / knowledge

(1) CDE / EICAS

(2) METDs

(3) Display Map

(4) FLIR

(5) Key Pad functions

c. Slow flight airplane mode

f. Sleep turns

g. Stalls

*6. Approach and Landing:

a. Procedures

b. Power control

c. Aircraft control

d. Type of landing

*13 Vertical

*14 ROL

*15 No-Hover

(4) Crosswind

(5) Maximum gross

(6) Sleep

a. Normal

b. Nose Low

*7. Emergency Procedures (critical area sub area)

a. Procedures

b. Aircraft control

*8. Crew Resource Management

a. Decision Making

b. Assertiveness

c. Mission analysis

d. Communication

e. Leadership

f. Adaptability/Flexibility

g. Situational Awareness

h. Shutdown / postflight

a. Shutdown

b. Post flight inspection

*10. Debriefing



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO
1326
CO
30 Sep 22

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363

To:

(b) (6)

(b) (6)

Subj: ASSIGNMENT OF CREWMEMBER TEMPORARY-INDEFINITE FLIGHT ORDERS

Ref: (a) MCO 1326.2H

1. Per the reference, you are hereby ordered to duty in a flying status involving flights as a crewmember. These orders are effective from 1 October 2022 and will terminate on 30 September 2023.
2. If during this period you are discharged and reenlist at this station without a break in active service, these orders will remain in effect for the period specified herein.
3. You are hereby notified that these flight orders and your flight status as per paragraph one above, will be terminated as of 30 September 2023 unless subsequently renewed.
4. These orders will be automatically revoked upon transfer from this unit.
5. The point of contact for this matter is (b) (6)

(b) (6)

Copy to:

S-1

S-3

NATOPS

Individual Concerned

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO: CO, VMM-363 "Red Lions"		2. FROM: FS, VMM-363 "Red Lions"		3. DATE (YYYYMMDD) 20230208	
4. MEMBER NAME (Last, First, Middle Initial) Collart, Spencer, R		5. IDENTIFICATION NUMBER 1589952835		6. GRADE E-4	
7. DATE OF BIRTH (YYYYMMDD) 20020418		8. ORGANIZATION USMC/VMM-363		9. TYPE OF DUTY Class II	
10. FLIGHT PHYSICAL DATE (YYYYMMDD) (if applicable) 20230208		11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.			
a. X one: <input type="checkbox"/> CLEARED AFTER (X): <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION:					
b. EFFECTIVE DATE (YYYYMMDD) 20230208			c. EXPIRATION DATE (YYYYMMDD) 20240430		
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.					
a. X one: <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X): <input type="checkbox"/> Illness or Injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> MAY PARTICIPATE IN (X): <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION					
b. EFFECTIVE DATE (YYYYMMDD)			c. ESTIMATED DURATION OF GROUNDING		
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES. PQ/AA/DIF/CLASS II/AC/RW/TR					
14. (X one): <input checked="" type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy upslip)					
a. TYPED NAME (Last, First, Middle Initial) (b) (6)		b. GRADE (b) (6)		c. PROVIDER SIGNATURE (b) (6)	
d. DATE SIGNED (YYYYMMDD) 20230208		e. TYPED NAME (Last, First, Middle Initial)		f. GRADE	
g. FLIGHT SURGEON COUNTERSIGNATURE		h. DATE SIGNED (YYYYMMDD)			
15. MEMBER CERTIFICATION					
a. I certify that I understand the above recommendations and that I: <input checked="" type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties.			b. AIRCREW MEMBER SIGNATURE 		c. DATE SIGNED (YYYYMMDD) 20230208
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE		c. SIGNATURE	
d. DATE SIGNED (YYYYMMDD)					



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363 (REINFORCED)
MARINE ROTATIONAL FORCES - DARWIN 23.3
UNIT 89012
FPO AP 96610

IN REPLY REFER TO:
3710
DOSS
8 May 23

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363 (REINFORCED)
To: Corporal Spencer R. Collart 1589952835/6176 USMC

Subj: DESIGNATION AS A BASIC INSTRUCTOR CREW CHIEF

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14E
(c) NAVMC 3500.11F

1. Per the references, and having demonstrated the knowledge, proficiency, and leadership capabilities in the MV-22B Tiltrotor, you are hereby designated a Basic Instructor Crew Chief.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR TRAINING SQUADRON 204
MARINE AIRCRAFT GROUP 26
2D MARINE AIRCRAFT WING, FMF
PSC BOX 21018
JACKSONVILLE, NC 28545-1018

IN REPLY REFER TO:
3710
DSSN
19 Apr 22

From: Commanding Officer, Marine Medium Tiltrotor Training Squadron 204
To: Lance Corporal Spencer R. Collart 1589952835/6176 USMC

Subj: DESIGNATION

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.11F
(c) A1-V22AB-NFM-000

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B tiltrotor, you are hereby designated as a Crew Chief.

2. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
Operations/APR
Logbook entry



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO:
3710
DOSS
13 Oct 22

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363
To: Lance Corporal Spencer R. Collart 1589952835/6176 USMC

Subj: DAY LOW ALTITUDE TACTICS QUALIFICATION

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14D
(c) NAVMC 3500.11F

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B Tiltrotor, you are hereby Day Low Altitude Tactics Qualified.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS

CRM IMM Instructor Course 4. Date: _____ 5. Location: _____



NAVAL AVIATION SCHOOLS COMMAND

Certificate of Completion

This is to certify that

PFC SPENCER R. COLLART USMC

has successfully completed the

NAVAL AIRCREW CANDIDATE SCHOOL (Q-050-1500)

*In witness whereof, this certificate has been
signed and the seal of the Commanding Officer
Naval Aviation Schools Command, has been affixed on
May 20, 2021*

(b) (6)

Commanding Officer



NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET												
SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING												
NAME (Last, First, Middle Initial)								RANK/RATE		DoD ID Number		
COLLART, SPENCER R								PVT		1589952835		
COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL, DWEST, SERE		
INTERMEDIATE WATER SURVIVAL TRAINING	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	30-Apr-21			Q 1			(b) (6)					
LAND SURVIVAL TRAINING	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
										Q 1		
MV-22B Emergency	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	17 Dec 21			Q 2-1			(b) (6)					
ANNUAL AEROMED	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	01 Jan 2022			Q 9								
NITE Lab Training INDOC / REF Other: System: <i>12/15/21</i>	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	23 MAR 22			Q 146-22			(b) (6)					
MV-22B Emergency Egress	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	19 APR 22			Q 20			(b) (6)					
MAG-24 Aeromedical Briefs SDO ALSS CSEL LEP AAE 1YP 1ST MAW NVG Refresher	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	6 JUN 22			Q 27			(b) (6)					
Level A "Aeromed"	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	8 Feb 23			Q 363			(b) (6)					
TRAINING ACTIVITIES												
1. Pensacola, FL						7. Patuxent River, MD						
2. Miramar, CA						8. Whidbey Island, WA						
3. Norfolk, VA						9. Other (List)						
10. Other Information												

EGRESS 23 FEB 23
APT 0060
NEEDS NEW SHEET



DEPARTMENT OF THE NAVY
NAVY MEDICINE OPERATIONAL TRAINING COMMAND
NAVAL SURVIVAL TRAINING INSTITUTE DETACHMENT
340 HULSE ROAD
PENSACOLA FL 32508-1089

IN REPLY REFER TO
3760
17 May 2021

From: Officer in Charge, Naval Survival Training Institute

To: **PRIVATE FIRST CLASS SPENCER COLLART**

Subj: NASTP TRAINING QUALIFICATION LETTER

Ref: (a) CNAF M-3710.7

1. In accordance with reference (a), **PRIVATE FIRST CLASS SPENCER COLLART** has received **AC INDOC CLASS 3** on **11 May 2021** at Aviation Survival Training Center **PENSACOLA**.

2. **PRIVATE FIRST CLASS SPENCER COLLART** received a grade of **Q**. All required modules were completed.

3. This qualification expires on **31 May 2025** unless additional conditions listed in reference (a) chapter 8, paragraph 8.4 apply.

4. This qualification applies to the following aircrafts only:

Class 3: AH-1, H-3, H-46, H-53, H-60, H-72, H-92, OH-58C, TH-57, TH-73, UH-1, V-22

5. Per DCA Directed Policy Change for all USMC Helo and Tilt Rotor, DTG: 051347Z, student has received Advanced Water Survival Training utilizing a weighted Aircrew Endurance vest.

(b) (6)

NATOPS EVALUATION REPORT

1. NAME (Last, first, middle initial): Collart, Spencer R.		2. RANK: Cpl	3. EDIPI NUMBER: 1589952835	4. DATE OF LAST EVALUATION: 19 Apr 2022
5. UNIT: VMM-363	6. CREW POSITION & QUALIFICATIONS: Crew Chief		7. HOURS IN MODEL: 182.2	8. DATE OF CHECK FLIGHT: 23 Feb 2023
9. TOTAL FLIGHT HOURS: 182.2	10. AIRCRAFT MODEL: MV-22B	11. AIRCRAFT BUNO: 168687	12. FLIGHT DURATION: 3	13. EXPIRATION DATE: 29 Feb 2024

NATOPS EVALUATION

14a. REQUIREMENT	14b. DATE COMPLETED	14c. GRADE		
		Q	CQ	U
OPEN BOOK EXAMINATION	23 Feb 2023	3.96		
CLOSED BOOK EXAMINATION	23 Feb 2023	3.84		
ORAL EXAMINATION	23 Feb 2023	Q		
EVALUATION FLIGHT	23 Feb 2023	Q		

OVERALL FINAL GRADE: **Qualified**

14d. REMARKS OF EVALUATOR:

Cpl Collart flew his MV-22 NATOPS check ride IAW CNAF M-3710.7 Series, A1-V22AB-NFM-000, MCO P3500.34, and V-22 T&R. He was thoroughly prepared for the flight by providing a thorough brief and demonstrating a strong understanding of systems knowledge. Cpl Collart demonstrated outstanding knowledge over the CRM and RRM process. His outstanding crew coordination and head work assisted in the safe execution of flight. Cpl Collart demonstrated exceptional knowledge of the "Fire in Flight" and the "fire on ground" procedures with no discrepancies noted. Cpl Collart is well qualified to maintain his designation as a MV-22B Crew Chief.

Strengths: Crew coordination, Communication
Weakness: None Noted

Annual Egress was performed IAW CNAF M-3710.7 Series.
Annual CRM evaluation flight conducted IAW CNAFINST 1542.7 Series.

CRM EXPIRES: 29 Feb 2024
EVALUATION EXPIRES: 29 Feb 2024

15a. PRINT NAME OF EVALUEE: S. R. Collart	15b. RANK: Cpl	15c. DATE: 23 Feb 2023	15d. SIGNATURE: COLLART.SPENCER.RO MAN.1589952835 <small>Digitally signed by COLLART.SPENCER.RO/AN.1589952835 Date: 2023.02.17 01:26:51 -1000</small>
16a. PRINT NAME OF EVALUATOR: (b) (6)	16b. RANK: (b) (6)	16c. DATE: 23 Feb 2023	16d. SIGNATURE: (b) (6)

17. REMARKS OF UNIT COMMANDER:

MISSING KB CARD

18a. UNIT COMMANDER: (b) (6)	18b. RANK: (b) (6)
---------------------------------	-----------------------

by
1112515-1000



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63059
MCBH KANEOHE BAY HAWAII 96863-3059

IN REPLY REFER TO:
1326
CO
6 Feb 23

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363

To:

(b) (6)

Subj: ASSIGNMENT OF NON-CREWMEMBER TEMPORARY-INDEFINITE FLIGHT ORDERS

Ref: (a) MCO 1326.2H

1. Per the reference, you are hereby ordered to duty in a flying status involving flights as a non-crewmember. These orders are effective from 6 February 2023 and will terminate on 30 September 2023.
2. If during this period you are discharged and extend at this station without a break in active service, these orders will remain in effect for the period specified herein.
3. You are hereby notified that these flight orders and your flight status as per paragraph one above, will be terminated as of 30 September 2023 unless subsequently renewed.
4. These orders will be automatically revoked upon transfer from this unit.
5. The point of contact for this matter is (b) (6)

(b) (6)

Copy to:

S-1

S-3

NATOPS

Individual Concerned

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO: CO. VMM-363 "Red Lions"		2. FROM: FS. VMM-363 "Red Lions"		3. DATE (YYYYMMDD) 20221205	
4. MEMBER NAME (Last, First, Middle Initial) (b) (6)		5. IDENTIFICATION NUMBER (b) (6)		6. GRADE (b) (6)	
7. DATE OF BIRTH (YYYYMMDD) (b) (6)		8. ORGANIZATION USMC VMM-363		9. TYPE OF DUTY Class-II	
10. FLIGHT PHYSICAL DATE (YYYYMMDD) 20220423		11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.			
a. X one <input type="checkbox"/> CLEARED AFTER (X) <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input checked="" type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION					
b. EFFECTIVE DATE (YYYYMMDD) 20221205		c. EXPIRATION DATE (YYYYMMDD) 20231130			
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.					
a. X one <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X) <input type="checkbox"/> Illness or injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> MAY PARTICIPATE IN (X) <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION					
b. EFFECTIVE DATE (YYYYMMDD)		c. ESTIMATED DURATION OF GROUNDING			
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES PQ AA DIF CLASS II AC RW TR					
14. (X) one: <input checked="" type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy only)					
a. TYPED NAME (Last, First, Middle Initial) (b) (6)		b. GRADE (b) (6)		c. DATE SIGNED (YYYYMMDD) 20221205	
d. TYPED NAME (Last, First, Middle Initial)		e. GRADE		f. FLIGHT SURGEON COUNTERSIGNATURE	
g. DATE SIGNED (YYYYMMDD)					
15. MEMBER CERTIFICATION					
a. I certify that I understand the above recommendations and that I <input checked="" type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties		b. AIRCREW MEMBER SIGNATURE (b) (6)		c. DATE SIGNED (YYYYMMDD) 20221205	
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy)					
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE		c. SIGNATURE	
d. DATE SIGNED (YYYYMMDD)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			

NATOPS FLIGHT PERSONNEL TRAINING/QUALIFICATION JACKET
OPNAV 3760/32D (4-90)

SECTION IIB -- MISSION QUALIFICATION RECORD

[illegible]



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363 (REINFORCED)
MARINE ROTATIONAL FORCES - DARWIN 23.2
UNIT 89012
FPO AP 96610

IN REPLY REFER TO:
3710
DOSS
3 July 23

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363 (Reinforced)
To: (b) (6)

Subj: DAY LOW ALTITUDE TACTICS QUALIFICATION

Ref: (a) CNAF M-3710.7
(b) NAVMC 3500.14E
(c) NAVMC 3500.11G

1. Per the references, and having demonstrated the knowledge, proficiency, and capabilities in the MV-22B Tiltrotor, you are hereby Day Low Altitude Tactics Qualified.
2. You are to familiarize yourself with all applicable orders and directives.
3. An appropriate entry will be made in your Aviator Flight Log Book and your NATOPS Training/Qualification Jacket.
4. This letter will be maintained in your NATOPS Jacket until superseded or cancelled by subsequent correspondence.

(b) (6)

Copy to:
S-1
S-3
DOSS

Note: This form shall be permanently maintained in the NATOPS Flight Personnel Training/Qualification Jacket (Section II, Part C).

CRM FACILITATOR TRAINING

GROUND TRAINING / FLIGHT EVALUATIONS

SECTION IIIB - OPERATIONAL PHYSIOLOGY & SURVIVAL TRAINING

NAME (Last, first, middle initial)

RANK/RATE

SSN

COURSE CATEGORY	TYPE OF TRAINING											
	AVIATION PHYSIOLOGY			EMERGENCY EGRESS			WATER SURVIVAL			LAND SURVIVAL DWEST, SERE		
SWIM QUAL	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
							2 FEB 23	C2	263			
	SIGNATURE			SIGNATURE			(b) (6)			SIGNATURE		
NITE LAB	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
NITE Lab Training NDOC/ REF Other: System: AN/AVS-9 p45	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	23 MAR 23	Q	363									
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	(b) (6)											
Emergency Egress	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
				07 Feb 23	Q	363						
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
				(b) (6)								
Aeromed	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	04 JUN 23	Q	363									
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	(b) (6)											
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		
	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT	DATE	GRADE	UNIT
	SIGNATURE			SIGNATURE			SIGNATURE			SIGNATURE		

TRAINING ACTIVITIES

1. Pensacola, FL	8. Barbers Point, HI	15. Brunswick, ME
2. Miramar, CA	9. Cecil Field, FL	16. FASOTRAGRUPAC
3. Norfolk, VA	10. Cherry Point, NC	17. FASOTRAGRULANT
4. Corpus Christi, TX	11. Whidbey Island, WA	18. MCAS New River, NC
5. Lemoore, CA	12. Beaufort, SC	19. Okinawa
6. El Toro, CA	13. Point Mugu, CA	20. Other (List)
7. Jacksonville, FL	14. Patuxent River, MD	21.



DEPARTMENT OF THE NAVY
NAVY MEDICINE OPERATIONAL TRAINING COMMAND
NAVAL SURVIVAL TRAINING INSTITUTE DETACHMENT
340 HULSE ROAD
PENSACOLA FL 32508-1089

From: Officer in Charge, Naval Survival Training Institute

To: (b) (6)

Subj: NASTP TRAINING QUALIFICATION LETTER

Refs: (a) CNAF M-3710.7,
(b) MCO 3502.3C

1. In accordance with the listed references, (b) (6) has received
on 2 Feb 2023 at Aviation Survival Training Center **CHERRY POINT**.

2. (b) (6) received a grade of Q. All required modules were

Dynamic training elements were conducted for the following modules:

• **HYPOXIA LABORATORY C6**

3. This qualification expires on 28 Feb 2027 unless additional conditions listed in reference (a) apply.

4. This qualification applies to the following aircrafts only:

Class 3: AH-1, H-3, H-53, H-60, H-72, H-92, OH-58C, TH-57, UH-1, V-22

(b) (6)

[illegible]

CODES:	A—Automatic	F—ADF	L—LF range	T—TACAN
	C—CCA	G—GCA	O—OMNI	S—Simulated
		I—ILS	R—Radar	J—Jet

[illegible]

Pilot-time report submitted through fast (or, —) day of this month; note

LEWIS, T. J. USMC

MONTH SEPT YEAR 2015

DAY	AIRCRAFT		KIND OF FLIGHT CODE	PILOT TIME				TOTAL PILOT TIME
	MODEL	SERIAL NUMBER		TOTAL PILOT TIME	FIRST PILOT	CO-PILOT	A/C COMDR.	
10	MV22B	(b) (6)	212	5.0	2.0	3.0	5.0	
13	MV22B	(b) (6)	1A9	5.0	2.5	2.5	5.0	5.0
14	MV22B	(b) (6)	1A9	3.5	1.7	1.8	3.5	3.5
17	MV22B	(b) (6)	1A9	4.5	2.2	2.3	4.5	4.5
20	MV22B	(b) (6)	213	3.5	1.8	1.7	3.5	3.5
22	MV22B	(b) (6)	2K2	1.0	0.5	0.5	1.0	
25	MV22B	(b) (6)	1A3	3.0	1.5	1.5	3.0	
25	MV22B	(b) (6)	1A3	3.0	1.0	2.0	3.0	
TOTAL THIS PAGE				28.5	13.2	15.3	28.5	16.5
BROUGHT FORWARD				2008.7	152.9	72.0	80.9	136.1
TOTAL TO DATE				2036.7	181.4	85.2	96.2	164.6
*See page 2 for codes.				TOTAL ACCUM. PILOT TIME	TOTALS, THIS FISCAL YEAR			

CODES: A—Automatic
 C—CCA
 F—ADF
 G—GCA
 I—ILS
 L—LF range
 O—OMNI
 R—Radar
 T—TACAN
 S—Simulated
 J—Jet

INSTRUMENT TIME		NIGHT TIME	LANDINGS					CATAPULT	STD INST. APPR. COMPLETED			REMARKS
ACT	SIM		CARRIER			SEA/ LAND	NO		TYPE	S		
			ARR	TAG	BOL							
1.0	0.5	0.5									(b)	
1.0	0.3	5.0				M 2						
2.0	1.0	3.5				SI M 2						
1.0	0.5	4.5				P-1						
3.0		3.5										
	1.0											
1.0	0.5					P-1						

LEWIS, T.J. USMC

Enclosure (43)

MONTH July YEAR 2013

DAY	AIRCRAFT		KIND OF FLIGHT CODE	PILOT TIME				SPECIAL CREW TIME
	MODEL	SERIAL NUMBER		TOTAL PILOT TIME	FIRST PILOT	CO-PILOT	A/C COMDR.	
09	MV22B	(b) (6)	1A1 1A3 232	3.0	1.5	1.5		
12	MV22B		2K2	0.5	0.3	0.2		
14	MV22B		2K2	0.5	0.3	0.2		
17	MV22B		1A9	2.3	1.2	1.1		2.3 2.3
18	MV22B		1A3 1A1	2.3	1.2	1.1		1.7 1.7
21	MV22B		2K2	1.0	0.5	0.5		
22	MV22B		2K2	1.0	0.5	0.5		
25	MV22B		1A3 1A1	3.0	1.5	1.5		
25	MV22B		2A9 1A3	3.0	2.0	1.0		
26	MV22B		2K2	1.0	0.5	0.5		
TOTAL THIS PAGE				17.6	9.5	8.1		4/4
BROUGHT FORWARD				342.5	102.0	52.9	49.2	25.4 13.0
TOTAL TO DATE				360.1	119.6	62.4	57.3	27.4 17
*See page 2 for codes.				TOTAL ACCUM. PILOT TIME	TOTALS, THIS FISCAL YEAR			

CODES: A-Automatic G-GCA L-LF range T-TACAN
C-CCA I-ILS O-OMNI S-Simulated
J-Jet R-Radar

INSTRUMENT TIME			NIGHT TIME	LANDINGS					CATAPULT	STD INST. APPR. COMPLETED			REMARKS
ACT	SIM	CARRIER			SEA/ LAND	NO	TYPE	S					
		AIR		TUG						BOL			
	1.0						9-1					(b) (6)	
							9-1						
	0.5	2.3					M 1		1	B			
							"						
	0.5						9-5						
	0.1						9-1						
							9-2						
	1.0						9-1		1	B			
1.0	0.5						9-1						
1.0	3.6	2.3					12/1		CERTIFIED A CORRECT RECORD			Pilot	
2.2	14.6	15.6					123/55						
3.2	18.2	17.9					134/54		Approved				
TOTALS, THIS FISCAL YEAR												C.O. or authorized deputy	

LEBEAU, E.V. USMC

MONTH JULY YEAR 2007

DAY	AIRCRAFT		KIND OF FLIGHT CODE	PILOT TIME				SPECIAL CREW TIME
	MODEL	SERIAL		TOTAL PILOT TIME	FIRST PILOT	CO-PILOT	A/C COMDR.	
06	MJ22B	(b) (6)	1A2					4.5
10	MJ22B	(b) (6)	2A2					5.0
11	MJ22B	(b) (6)	1A1					5.0
13	MJ22B	(b) (6)	1A9					5.0
14	MJ22B	(b) (6)	1A3					3.5
17	MJ22B	(b) (6)	1A1					3.5
18	MJ22B	(b) (6)	1A1					4.0
22	MJ22B	(b) (6)	1A1					4.5
TOTAL THIS PAGE								25
BROUGHT FORWARD				241.3				145.8
TOTAL TO DATE				276.8				180.9
*See page 2 for codes.				TOTAL ACCUM. PILOT TIME	TOTALS, THIS FISCAL YEAR			

CODES: A-Automatic G-GCA L-LF range T-TACAN
 C-CCA I-ILS R-Radar S-Simulated J-Jet

INSTRUMENT TIME		NIGHT TIME	LANDINGS				CATAPULT	STD INST. APPR. COMPLETED			REMARKS
ACT	SIM		CARRIER			SEA/LAND		NO	TIME	S	
			ABE	TAC	BOL	FCL					
		0.5									(b) (6)
5.0	4.5	5.0									
5.0	5.0	5.0									
Pilot-time report submitted through last (or,)											
10.0	9.5	10.5									CERTIFIED A CORRECT RECORD
5.0	24.0	43.5									Pilot
6.0	33.5	54									Approved
TOTALS, THIS FISCAL YEAR											C.O. or authorized deputy

COLLART, S.R. USMC

INSTRUMENT TIME		NIGHT TIME	LANDINGS				CATAPULT	STD INST. APPR. COM- PLETED		REMARKS
ACT	SIM		CARRIER			SEA/ LAND		NO	TYPE	
			ARR	TEG	BOI					
										(b) (6)
TOTALS, THIS FISCAL YEAR										

CERTIFIED A
CORRECT RECORD

 Pilot

 Approved:

 C.O. or authorized deputy

Enclosure (44)

Signature

[illegible][illegible]

Pilot-time report submitted through last (or, _____) day of this month, noted by _____ (author).



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
BOX 555300
CAMP PENDLETON, CALIFORNIA 92055-5363

IN REPLY REFER TO:

5800

IO

16 Oct 23

From: (b) (6) 1186525627/8042 USMC
To: Head, Department of Patient Administration

Subj: REQUEST FOR RELEASE OF PROTECTED HEALTH INFORMATION IN CASE
OF MAJOR TOBIN J. LEWIS XXX-XX-3075, CAPTAIN ELEANOR V. LEBEAU
XXX-XX-5635, CORPORAL SPENCER COLLART XXX-XX-3260, AND
(b) (6)

Ref: (a) DoDM 6025.18, Implementation of the Health Insurance Portability and
Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs
(b) CG, I MEF ltr 5830 CG of 30 Aug 23 (Appointing Order)
(c) JAGINST 5800.7G CH 1 (JAGMAN)

1. Per section 4.4.k of reference (a), protected health information (PHI) may be disclosed for activities deemed necessary by appropriate military command authorities to assure the proper execution of the mission of the Armed Forces. Any such disclosure is limited to the minimum amount of PHI necessary to accomplish the purpose for which it is requested.

2. I certify that I am duly authorized as a designee of an appropriate military command authority and acting in the course of my official duties. My specific title and duties relating to this request are as follows:

a. Investigating Officer

b. Investigate the cause and any contributing factors to the Class A aviation mishap that occurred near Darwin, Australia on 27 August 2023 in accordance with reference (c), which specifically mandates I assess whether any medical or psychological factors may have contributed to the mishap. The subject patients were the air crew for that mishap flight.

3. I request the following medical information pertaining to the above referenced patients.

a. Any prescriptions/medication lists and associated diagnoses/conditions and treatment plans; behavioral health records and any associated notes, diagnoses, or treatment plans, whether electronically entered or maintained in hard copy with the unit, Marine Medium Tiltrotor Squadron 363 (Reinforced).

b. All records requested are limited to the following period: 27 May to 27 August 2023, 90 days prior to the mishap.

4. I need these records for the following purpose:

Subj: REQUEST FOR RELEASE OF PROTECTED HEALTH INFORMATION IN CASE
OF MAJOR TOBIN J. LEWIS XXX-XX-3075, CAPTAIN ELEANOR V. LEBEAU
XXX-XX-5635, CORPORAL SPENCER COLLART XXX-XX-3260, AND
(b) (6)

a. To determine whether any medical or psychological factor may have contributed to
the cause of the Class A aviation mishap on 27 August 2023.

b. I certify that the information sought is relevant and material to a legitimate command
inquiry.

5. The point of contact for this matter is the appointed Legal Advisor, (b) (6).
(b) (6)

(b) (6)

CERTIFICATION OF MEDICAL RECORDS

Patient Name: Lewis, Tobin DODID: 1291292603
DOB: 28DEC85

I certify that the documents attached to this certificate, consisting of 0 pages, are accurate and complete duplicates of the original medical records of the patient listed above for the following period of time:

27 May 2023 to 27 August 2023

Exclusions: ☐ None

☒ As follows: this certification does not include physical hard-copy record. Physical record if any is maintained at MAG-24 Flight Line Aid Station medical records room.

☒ **Certification of No Records:** A thorough search of our files, carried out under my direction, revealed no documents, records or other materials called for in the medical records request.

I further certify that the produced records are a true copy of ALL the records requested and are kept in the course of regularly conducted activity.

Executed on this 23rd day of October, 2023

(b) (6)

Records Custodian (signature)

(b) (6)

Printed Name of Records Custodian

Naval Health Clinic Hawaii

Name of Facility or Practice (Please Print)

CERTIFICATION OF MEDICAL RECORDS

DODID: 1523222666

Patient Name: Lebeau, Eleanor DOB: 23 APR 94

I certify that the documents attached to this certificate, consisting of 0 pages, are accurate and complete duplicates of the original medical records of the patient listed above for the following period of time:

27 May 2023 to 27 August 2023

Exclusions: ☐ None

☒ As follows: this certification does not include physical hard-copy record. Physical record if any is maintained at MAG-24 Flight Line Aid Station medical records room.

☒ **Certification of No Records:** A thorough search of our files, carried out under my direction, revealed no documents, records or other materials called for in the medical records request.

I further certify that the produced records are a true copy of ALL the records requested and are kept in the course of regularly conducted activity.

Executed on this 23rd day of October, 2023

(b) (6)

Records Custodian (signature)

(b) (6)

Printed Name of Records Custodian

Naval Health Clinic Hawaii

Name of Facility or Practice (Please Print)

CERTIFICATION OF MEDICAL RECORDS

DODID: 1589952835

Patient Name: Collart, Spencer DOB: 18 APR 02

I certify that the documents attached to this certificate, consisting of 0 pages, are accurate and complete duplicates of the original medical records of the patient listed above for the following period of time:

27 May 2023 to 27 August 2023

Exclusions: ☐ None

☒ As follows: this certification does

not include physical hard-copy
record. Physical record if any is
maintained at MAG-24 Flight Line Aid
Station medical records room.

☒ **Certification of No Records:** A thorough search of our files, carried out under my direction, revealed no documents, records or other materials called for in the medical records request.

I further certify that the produced records are a true copy of ALL the records requested and are kept in the course of regularly conducted activity.

Executed on this 23rd day of October, 2023

(b) (6)

Records Custodian (signature)

(b) (6)

Printed Name of Records Custodian

Naval Health Clinic Hawaii

Name of Facility or Practice (Please Print)

CERTIFICATION OF MEDICAL RECORDS

Patient Name:

(b) (6)

I certify that the documents attached to this certificate, consisting of 0 pages, are accurate and complete duplicates of the original medical records of the patient listed above for the following period of time:

(b) (6)

to

(b) (6)

Exclusions:

☐

None

☒

As follows:

this certification does not include physical hard-copy record. Physical record if any is maintained at (b) (6) (b) (6) medical records room.

☒

Certification of No Records: A thorough search of our files, carried out under my direction, revealed no documents, records or other materials called for in the medical records request.

I further certify that the produced records are a true copy of ALL the records requested and are kept in the course of regularly conducted activity.

Executed on this 23rd day of October, 2023

(b) (6)

Records Custodian (signature)

(b) (6)

Printed Name of Records Custodian

Naval Health Clinic Hawaii

Name of Facility or Practice (Please Print)



UNITED STATES MARINE CORPS
MARINE AIRCRAFT GROUP 24
1ST MARINE AIRCRAFT WING
BOX 63047
MCBH, KANEOHE BAY, HAWAII 96863-3047

IN REPLY REFER TO:

5800

IO

31 Oct 23

From: Officer-in-Charge, Medical Command, Marine Aircraft Group 24

To: (b) (6) 1186525627 USMC

Subj: REQUEST FOR RELEASE OF PROTECTED HEALTH INFORMATION IN CASE OF
MAJOR TOBIN J. LEWIS, CAPTAIN ELEANOR V. LEBEAU, CORPORAL SPENCER
COLLART, AND CORPORAL TRAVIS D. REYES

Ref: (a) DoDM 6025.18, Implementation of the Health Insurance Portability and
Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs

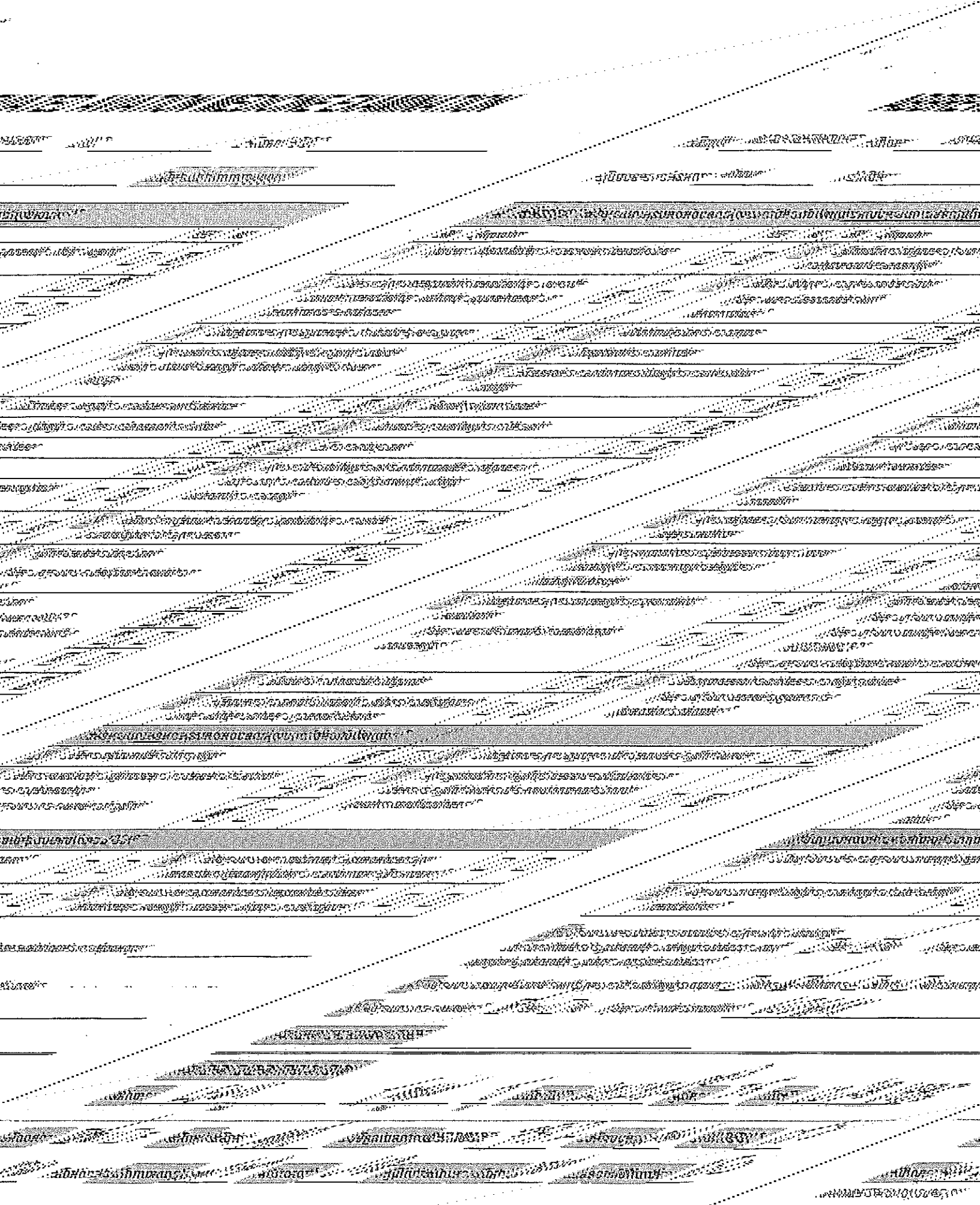
1. In regard to the request for medical information pertaining to patients who were the air crew for the Class A Aviation Mishap on 27 August 2023, all hardcopy medical records pertaining to the period from 27 May to 27 August 2023 were reviewed by the Flight Surgeon for Marine Medium Tiltrotor Squadron 363 (Reinforced).

a. There were no patient encounters and thus no hardcopy medical records for the aircrew of the above-mentioned mishap.

b. Electronic copies of the last two flight physicals, as well as supporting documentation, have already been provided to the Command Investigation Legal Advisor, Major Michael D. Minerva.

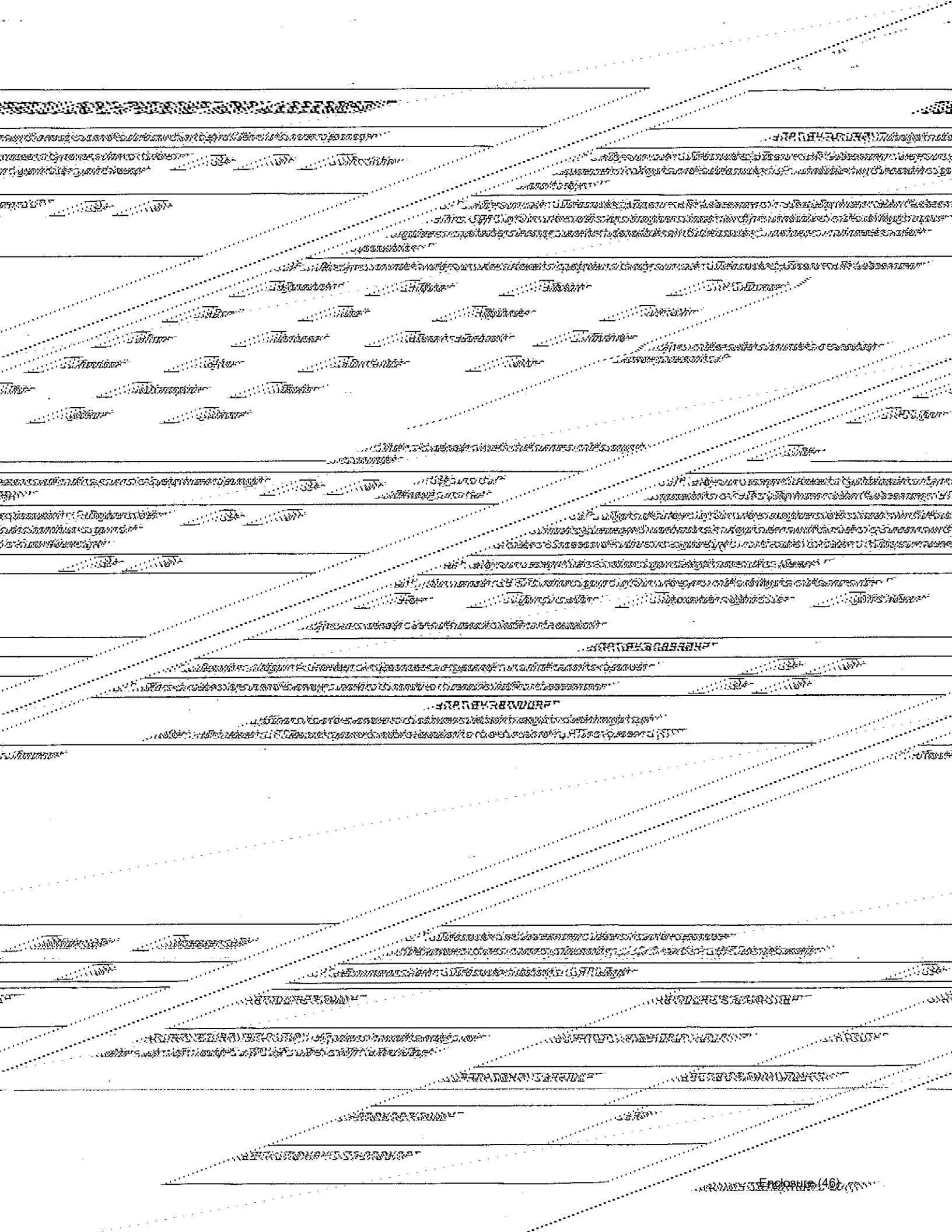
2. The point of contact is for this request is the Flight Surgeon for Marine Medium Tiltrotor Squadron 363 (Reinforced), (b) (6)
(b) (6).

(b) (6)



(b) (6)

(b) (6)





SSN :	524693075
Physical Date :	08/26/2009
Final Status :	Completed
Date Of Original Receipt :	10/19/2009
Disposition :	Waiver Disposition for 2NDLT LEWIS, TOBIN J 524693075, USMC; Date of Original Receipt: 10/19/2009; ; Physical Date: 08/26/2009; Date of Initial Review: 03/02/2010; Final Status: Completed; Date of Initial Status: 03/02/2010; 507 Date: 03/02/2010; Letter Mail Out Date: 03/02/2010; Facility Notification Date: 03/02/2010; Package Mail Out Date: 03/05/2010; Primary Reviewer in this case is: Col B Parsa; 1st Primary Review Date: 03/02/2010; Is NPQ/AA All Duties Involving Flying; Pending Student Naval Aviator and Student Naval Flight Officer; Waiver Submission: Annually until waiver approval confirmed;
NAMI 507 Date :	03/02/2010
Primary Status :	NPQ/AA
Primary Duty :	All Duties Involving Flying
Diagnosis 1:	contact dermatitis and other eczema due to other chemical products
Diagnosis 1 Code:	692.4
Diagnosis 2:	Seasonal allergic rhinitis
Diagnosis 2 Code:	477
Diagnosis 2 Remark:	controlled with Claritin.
Waiver Status :	Pending
Waiver Duty :	Student Naval Aviator and Student Naval Flight Officer
Provisions :	member remains asymptomatic ;
Waiver Submission :	Annually until waiver approval confirmed

[To AERO Home](#)

Pre AERO Dispositions (Newest to Oldest)

SSN :	524693075
Physical Date :	12/03/2009
Final Status :	Completed
Date Of Original Receipt :	12/18/2009
Disposition :	Waiver Disposition for 2NDLT LEWIS, TOBIN J 524693075, USMC; Date of Original Receipt: 12/18/2009; ; Physical Date: 12/03/2009; Date of Initial Review: 01/27/2010; Final Status: Completed; Date of Initial Status: 01/27/2010; Letter Serial: 1000180; Letter Date: 01/27/2010; Letter Mail Out Date: 01/27/2010; Package Mail Out Date: 02/04/2010; Primary Reviewer in this case is: Brian Hashey; 1st Primary Review Date: 01/27/2010; Secondary Reviewer in this case is: STASH1; 1st Secondary Review Date: 03/16/2010; Is NPQ/AA All Duties Involving Flying; Waiver requested and recommended Student Naval Aviator and Student Naval Flight Officer; Waiver Submission: Annually until waiver approval confirmed; Waiver granted by CMC 02/12/2010;
NAMI Letter Serial :	1000180
NAMI Letter Date :	01/27/2010
Primary Status :	NPQ/AA
Primary Duty :	All Duties Involving Flying
Diagnosis 1:	contact dermatitis and other eczema due to other chemical products
Diagnosis 1 Code:	692.4
Diagnosis 2:	Seasonal allergic rhinitis
Diagnosis 2 Code:	477
Diagnosis 2 Remark:	controlled with Claritin.
Waiver Status :	Waiver requested and recommended
Waiver Duty :	Student Naval Aviator and Student Naval Flight Officer
Provisions :	that while flying visual acuity and near vision are corrected to 20/20 and depth perception is corrected and the correction is worn ; member remains asymptomatic and on a stable dose of medication as noted above ;
Waiver Submission :	Annually until waiver approval confirmed
Waiver Authority Status :	Waiver granted by CMC
Waiver Authority Date :	02/12/2010

0285C-BMC MCAS KANEOHE BAY

HARRIS AVE

BLDG 6905

MCBH KANEOHE BAY, HI 96734-

Patient Name: **Lewis, Tobin J**

Admit: 1/9/2023

MRN: 4964794000001

Disch: 1/9/2023

FIN: 48791777

Admitting:

Sex/DOB/Age: Male 12/28/1985 37 years

Location: 0285C-MIL2-MCMHA

DOD ID (EDIPI): 1291292603

Veterans ID (ICN):

Office and Clinic Notes

Document Type:

Primary Care Note

Service Date/Time:

1/11/2023 11:52 HST

Result Status:

Auth (Verified)

Perform Information:

(b) (6) (1/11/2023 11:52 HST)

Sign Information:

(1/11/2023 11:52 HST)

Chief Complaint

SFF

Assessment/Plan

1. EXAM, OCCUPATIONAL, AVIATION, SHORT
SFF A/P

NPQ/AA DIACA SG1 WG 02 MAR 2010.

WG for Atopic Dermatitis, well controlled on no meds. NCD.
SMN recovered from R thumb UCL avulsion fracture. NCD.

No duty limiting or safety of flight concerns or complaints at this time. Up-chit given today

Fully medically ready (Imms,ePHA, Dental, Medical w/u all UTD). Pt given Aeromedical
Clearance/Upchit (DD2992). NAVMED 6410/10 (Abbreviated Aeromedical Examination) completed
and signed by Flight Surgeon. Finalized copy included in patient's medical record. QU verified in
AERO on day of examination.

- MRRS updated
- DD2992 exp date: 31 DEC 2023
- Counseled on medication use, supplement use
- All questions answered

2. EXAM/ASSESSMENT, OCCUPATIONAL, SERVICE MEMBER PERIODIC HEALTH
ASSESSMENT (PHA)

PHA completed with annual flight physical. Will follow up annually with next flight
physical.

History of Present Illness

=====

MAG-24 FLIGHT LINE AID CLINIC

SHORT FORM FLIGHT PHYSICAL

=====

Problem List/Past Medical History

Ongoing

EXAM, OCCUPATIONAL, AVIATION, SHORT
EXAM/ASSESSMENT, OCCUPATIONAL,
SERVICE MEMBER PERIODIC HEALTH
ASSESSMENT (PHA)
Vasectomy requested

Historical

No qualifying data

Medications

diazepam 5 mg tablet, See Rx Instructions, Oral
ibuprofen 600 mg oral tablet, 600 mg= 1 tab(s),
Oral, every 6 hr
loratadine 10 mg oral tablet, 10 mg= 1 tab(s),
Oral, Daily, PRN, 3 refills

Allergies

No Known Medication Allergies

Family History

Breast cancer: Paternal Grandmother - FH.
Cancer: Mother - FH.Negative: Paternal
Grandmother - FH.

Recommendations

Health Maintenance

Pending (in the next year)

Due

Adult - Advanced Directive Screening
due 01/11/23 Unknown Frequency
Adult - DoD/VA Domestic
Violence/Relationship Safety Screening
due 01/11/23 Unknown Frequency
Adult - Food Insecurity Screening
due 01/11/23 Unknown Frequency

This information has been disclosed to you from federal health records in accordance with an approved
written request. Unless you are the subject of the record, federal laws may prohibit you from making a further
disclosure of this record for a purpose other than why the information was provided to you. If this record contains
substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure
restrictions of those federal laws on individuals who are not the subject of the record apply.

0285C-BMC MCAS KANEOHE BAY

Patient Name: **Lewis, Tobin J**
MRN: 4964794000001 Admit: 1/9/2023
FIN: 48791777 Disch: 1/9/2023
Sex/DOB/Age: Male 12/28/1985 37 years Admitting:
DOD ID (EDIPI): 1291292603 Veterans ID (ICN):

Office and Clinic Notes

37 yo ADM presents for annual flight physical examination.

Command: VMM-363
UIC: 01363
Aircraft: MV-22
Flight Hours Total: 4900
Flight Hours Last 6 Months: 80
E-mail POC: alexander.s.jahncke.mil@mail.mil

Do you wear contact lenses: No

Any current concerns/complaints or duty limited factors? Patient denies

See SF6410 on chart for details of exam

SF History Items 1-50 reviewed:

25, 26. Flight related back and neck pain. No red flags. Relieved with rest and stretches. NCD.

28. SMN briefly disqualified from flying for R UCL avulsion fracture. Healed now with no deficits. NCD.

MEDS: None

PMHx: Avulsion fx UCL of R thumb (18AUG22)

Yes

Waiver UTD: Yes, Atopic Dermatitis

Annual Submission? No

WG NAMI date: 02 MAR 2010

Annual submission requirements: No

Copy of waiver letter in record: Yes

PSHx: None

Review of Systems

Negative except per HPI

Pain

No qualifying data available.

Adult - Hepatitis C Screening
due 01/11/23 One-time only
Adult - Tobacco Use Screening and
Cessation due 01/11/23 Unknown Frequency
Due In Future
Adult - Body Mass Index not due
until 08/17/23 and every 1 years
Adult - Alcohol Use Screening not due
until 01/09/24 and every 1 years
Adult - Depression Screening not due
until 01/09/24 and every 1 years
Satisfied (in the past 1 year)
Satisfied
Adult - Alcohol Use Screening
on 01/09/23. Satisfied by RICHARDS,
GIDEON
Adult - Body Mass Index
on 08/18/22. Satisfied by SPAGNA, JACOB L
Adult - Depression Screening
on 01/09/23. Satisfied by RICHARDS,
GIDEON

Care Pathways This Visit

No Results Found

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

0285C-BMC MCAS KANEOHE BAY

Patient Name: **Lewis, Tobin J**
MRN: 4964794000001 Admit: 1/9/2023
FIN: 48791777 Disch: 1/9/2023
Sex/DOB/Age: Male 12/28/1985 37 years Admitting:
DOD ID (EDIPI): 1291292603 Veterans ID (ICN):

Office and Clinic Notes

Physical Exam

Vitals & Measurements

HR: 51(Peripheral) **BP:** 129/76 **SpO2:** 98%

Physical Exam

Vitals: See above, reviewed

Gen: WD/WN, NAD

HEENT: NC/AT, MMM, EOMI, PEERLA, TM intact with +Valsalva AU and without erythema or concerning fluid level or other abnormalities

CV: RRR, no M/R/G

Pulm: CTAB

AB: Soft, NT/ND

Neuro: SBT steady

Mental Health: AA Favorable, Alert and Oriented, Judgement good

Audio/Vision: An audiogram was performed and complete visual screening was conducted and unless mentioned was unremarkable and within standards, see SF6410

ePHA: Complete, verified:

Dental Class: CLASS II 28 NOV 22

HIV date: 21 DEC 2022

IMR: FMR

MRRS Updated

Electronically Signed on: 01/11/2023 11:52 HST

(b) (6)

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

SHORT FORM FLIGHT PHYSICAL ICOFull Name (Last, First): LEWIS TOLAN EDIPI: 1291292603Phone: 303 807 7201 Unit: VMM-363

Ref: MANMED CH. 15

To be completed BETWEEN the ages of 20, 25, 30, etc. by the end of birth month, or if specified by waiver. May be completed 1 month prior to birth month or as directed by CO to meet needs of deployment. If past birth month or expiration date of most recent up-chit must complete Long Form Flight Physical.

[☒ Check for any waivers in section 3 of HREC or via AERO**Medical Requirements**

- [☒ Must be Fully Medically Ready
- [☐ Fill out NAVMED 6410/10
- [☒ Current Dental Exam within 1 year. 29 NOV 22
- [☒ Order Labs
 - [☐ HIV test completed within 2 years DRAWN 21 DEC 22
 - [☐ Prelims (Monday - Thursday) (Refer to ARWG checklist)
 - [☐ Eye exam
 - [☐ Audiogram within 3 months 21 DEC 22
 - [☐ PHA 1 JAN 23
- [☐ Once complete, book "SPEC" appointment with PCM

Notes:

NPQ1AA PLACA CLASS VLSG1
wb: 12 FEB 2014

Screening HM: (b) (6)Appointment/Inbox Date: 16 JAN @ M44Name of Provider: (b) (6)

Provider Notes:

AERO Date: _____

ABBREVIATED AVIATION MEDICINE EXAMINATION

Facility BHLCMBH Phone _____

UIC _____

E-mail POC _____

Purpose of exam Annual Pst Phys Other _____

Date (dd/mm/yyyy) _____

A. History: Have you experienced any of the following since your last flight physical?

Blk	Symptom	YES	NO	Blk	Symptom	YES	NO
1	Injured, hospitalized, or received medical care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	Significant changes to your appetite, thirst, weight, or temperature sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Use of any prescription medications, over-the-counter medications, vitamins, supplements, or performance enhancers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	Black, bloody, or clay-colored stool If yes, was it associated with hemorrhoids?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Undergone any surgeries, to include eye surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	Abdominal pain or cramps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Any vision changes, difficulty at night, double vision, trouble reading, floaters, inability to wear N/Gs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	Constipation or diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Dizziness, vertigo, or issues with balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	Excessive or abnormal bruising or slow blood clotting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Numbness, tingling, or loss of sensation in limbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	Swollen lymph nodes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Air sea or car sickness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	Jaundice or yellowing of the skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	Ear or sinus pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	A seizure or been evaluated for any neurological condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23	Any of the following skin abnormalities: changes in size, color, or texture of skin growths, itching, ulceration, or scaling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Any changes to your memory, energy, appetite, or sleep patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	Rapid or irregular heartbeat, palpitations, or visited a cardiologist for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Any symptoms of depressed mood, mood instability, or concerning feelings of irritability, anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	Flight-related back pain If yes, are you a helicopter aviator or aircrew?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Undergone any counseling or psychiatric evaluation If yes, was this marital or relationship counseling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	Flight-related neck pain If yes, do you routinely wear N/G? If yes, do you routinely wear a helmet with a HUD/HMCS? If yes, are you a helicopter aviator or aircrew?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Suicidal or homicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	Decompression sickness or diving injuries If yes, did you receive oxygen via hyperbaric chamber?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Have you ever experienced any of the following?

28	Been disqualified from flying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	Undergone any surgery that required a flight waiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Been evaluated, diagnosed, or treated for alcohol abuse or dependency If yes, are you on a waiver for flight status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If your gender is female, complete questions 32-35.

32	Could you be or are you currently pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34	Have you ever miscarried, experienced any menstrual irregularity, pain, or abnormal Pap smear?	<input type="checkbox"/>	<input type="checkbox"/>
33	Are you currently taking or planning to take fertility medications?	<input type="checkbox"/>	<input type="checkbox"/>	35	Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, or e-cigarettes, cigars, and pipe tobacco? ☐ Yes ☒ No If yes, please elaborate on frequency.

37. Are you sexually active with any of the following groups? ☐ Men ☒ Women ☐ Both ☐ Not currently active

38. Are you on a waiver? ☒ Yes ☐ No If yes, for what condition? A to P12 Acarthritis

PATIENT'S SIGNATURE

PATIENT IDENTIFICATION

Name: LEWIS TUNIN DoD ID: 1291242603 Age: 36 DoB: 12/28/1985

Gender: ☒ M ☐ F Rank (Rate): O-4/Maj Designator/NEC/MOS: 7532 Service: USMC UIC/RUC: VHAB

Phone: _____ Patient's Command: UMM-363 Aircraft: M-22 Flight Hours: Total 7900 Last 6 Months: 80

NAVVED 6410 10-106-21

B. Physical Exam39 Sitting Blood Pressure **129 76** 40 Pulse **51** 41 Height **68.5** 42 Weight **180**43 Tympanic Membrane Exam Tympanic membranes normal pearl-gray color with central concavity and cone of light in anterior inferior quadrant? ☐ Yes ☒ NoPositive Valsalva Both Ears (AU)? ☐ Yes / ☐ Positive Right Ear / ☐ Positive Left Ear / ☐ Negative Both Ears44 Does the patient wear corrective lenses? ☐ Yes ☒ No If Yes, date of last exam by eye professional _____

If patient eye exam is recommended within the past 2 years

45 DISTANT VISUAL ACUITY (VA)		46 NEAR VISUAL ACUITY (NVA)		47 COLOR VISION (Tested by and possible)		
<input type="checkbox"/> SNELL	<input checked="" type="checkbox"/> AFVT	<input type="checkbox"/> SNELL	<input checked="" type="checkbox"/> AFVT	<input checked="" type="checkbox"/> DIP	NUMBER CORRECT 14 14	
<input type="checkbox"/> INDEX		<input type="checkbox"/> SLOAN NOTATION NEAR POINT CARD		<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
RIGHT 2	20-40 CORR TO 20	21	20-40 CORR TO 20	<input type="checkbox"/> GRAY	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
LEFT 2	20-40 CORR TO 20	22	20-40 CORR TO 20	<input type="checkbox"/> FALANT	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
RIGHT 2	CORR TO 20	23	CORR TO 20	48 INTRAOCULAR PRESSURE		
49 HETEROPHORIA (Specify distance)						
ES 0.4 EX 3.4 IN 0.4 OS 13 DS 13						
or <input type="checkbox"/> NYCTOPHOSIA						
50 DEPTH PERCEPTION						
<input checked="" type="checkbox"/> UNCORRECTED <input type="checkbox"/> CORRECTED <input type="checkbox"/> PASS (if tested) <input type="checkbox"/> FAIL (if not tested)						
51. Audiogram						
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right Ear	10	5	10	20	10	10
Left Ear	5	5	15	20	25	5

C. Flight Medicine Provider Comments							
Item #	Comment					CD NCD	Waiver
25, 26	Flight related back & neck pain. No red flags, relieved with rest & stretcher. NCD.						
26	SAW briefly downed to recover from back avulsion fx, healed w/ no deficits. NCD						
Wt	for atopic dermatitis, well controlled w/ no restrictions. RW C.						

D. Assessment & Disposition Duty Status

<input type="checkbox"/> PQ Class	<input checked="" type="checkbox"/> I DIACA (SG <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 / <input type="checkbox"/> 3)	<input type="checkbox"/> II / <input type="checkbox"/> III DIF	<input type="checkbox"/> IV	UAS Group	
<input checked="" type="checkbox"/> NPO	<input type="checkbox"/> NAVMED 6150 2 Entry Made	<input type="checkbox"/> Medical Recommendation for Flying Issued (DD 2992)			
<input checked="" type="checkbox"/> AA	<input type="checkbox"/> NAA Evaluation Requested For				
<input checked="" type="checkbox"/> Waiver	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Granted (Date) 02 MAR 2010		Rec. Continue? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
<input type="checkbox"/> Waiver Restrictions and Maintenance/Submission Requirements Symptom free at this time.					

FLIGHT MEDICINE
PROVIDER SIGNATURE**(b) (6)**

Rank

(b) (6)

Sig

(b) (6)

JAN 2023

PATIENT IDENTIFICATION IF NOT SHOWN ON OTHER SIDE

Name: **LEWIS** **ROBIN** DoD ID: **124 129 2603**

HEARING CONSERVATION DATA

(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

1. ZIP CODE/APO/FPO/PAS
68098E

2 DOD COMPONENT

M

A - ARMY
N - NAVY

F - AIR FORCE
M - MARINE CORPS

C - COAST GUARD
1 - OTHER

3 SERVICE COMPONENT

R

R - REGULAR
V - RESERVE

G - NATIONAL GUARD
1 - OTHER

4 SOCIAL SECURITY NUMBER

524693075

5 NAME (Last, First, Middle Initial)

LEWIS, TOBIN J

6 DATE OF BIRTH

28 Dec 1985

7 SEX

M

M - MALE
F - FEMALE

8 PAY GRADE

UNIFORMED SERVICES

9 PAY GRADE

CIVILIAN

10 SERVICE DUTY

OCCUPATION CODE

7532

11 MAILING ADDRESS OF ASSIGNMENT

VMM-363 MAG-24(-) 1ST MAW

MCBH BOX 63059

01363VHB

KANEHOE BAY

VMM-363 MAG-24(-) 1ST MAW

HI 96863

12 LOCATION - PLACE OF WORK

XO

13 MAJOR COMMAND

I MAW

14 DUTY TELEPHONE

(303) 807-7201

(Include area code)

15 AUDIOMETRY

2

a PURPOSE

1 - 90 DAY

2 - ANNUAL

3 - TERMINATION

4 - OTHER

AUDIOMETRIC DATA

RE: ANSI S3.6

b CURRENT AUDIOGRAM

DATE 21 Dec 2022

c REFERENCE AUDIOGRAM

DATE L: 06 May 2009

R: 06 May 2009

d SIGNIFICANT THRESHOLD

SHIFT (STS)

L: 1

R: 1

1 - NO

2 - YES

e THRESHOLD

SHIFT

LEFT

500

1000

2000

3000

4000

6000

5

15

20

25

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

f REMARKS (Include Exposure Data)

H-1, Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Health Ed Prov, Tinnitus.

g TYPE OF PERSONAL HEARING PROTECTION USED

3 1 - SINGLE FLANGE (V51R) 4 - EAR CANAL CAPS
2 - TRIPLE FLANGE 5 - NOISE MUFFS
3 - HAND FORMED EARPLUG 6 - OTHER
7 - NONE

h EXAMINER NAME

(Last, First, Middle Initial)

PATRICK, POWELL M

i TRAINING CERTIFICATE NO

225005N

j SERVICE DUTY

OCCUPATION CODE

0640

k OFFICE SYMBOL

NHCH

l AUDIOMETER TYPE

1 - MANUAL

2 - SELF-RECORDING

3 - MICROPROCESSOR

3

m MODEL

CCA-200m

n MANUFACTURER

Benson Co.

o SERIAL NUMBER

74411

p LAST ELECTROACOUSTIC

CALIBRATION DATE

22 Apr 2022

16 FOLLOW-UP NO 1

AUDIOMETRIC DATA

RE: ANSI S3.6

500

1000

2000

3000

4000

6000

5

15

20

25

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

a MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM

(See Item 15 B)

AUDIOMETRIC DATA

RE: ANSI S3.6

500

1000

2000

3000

4000

6000

5

15

20

25

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

10

17 FOLLOW-UP NO 2

AUDIOMETRIC DATA

RE: ANSI S3.6

500

1000

2000

3000

4000

6000

5

15

20

25

5

10

5

5

10

5

5

10

5

5

10

5

5

10

5

5

a MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM

(See Item 15 B)

AUDIOMETRIC DATA

RE: ANSI S3.6

NATIC

FOR OFFICIAL USE ONLY - CONTAINS PRIVACY ACT INFORMATION
File in HREC Folder IAW MANMED 16-23 - File copy to NATOPS Jacket IAW 3710.7

6410
NAMI 342
Ser: NOMI-1000180
27 January 2010

From: Commanding Officer, Naval Operational Medicine Institute
To: Commandant of the Marine Corps, HQ US Marine Corps
Aviation Dept ASM 53, Pentagon Rm 5B720
Washington, DC 20380-1775

Subj: QUALIFICATION FOR DUTY INVOLVING FLYING IN THE CASE OF
2NDLT TOBIN J. LEWIS, USMC, ***-**-3075

1. Based on the flight physical examination of 3 December 2009 by Det NAVAEROSPMEDINST, 2NDLT Lewis is not physically qualified but aeronautically adapted for all duty involving flying due to:

a. Eczema both feet and hands- mild. (692.4); this condition is considered permanent.

b. Seasonal allergic rhinitis (477) controlled with Claritin.; this condition is considered permanent.

2. Waiver was requested and after review, is recommended for duty involving actual control of aircraft as Student Naval Aviator and duty involving flying as Student Naval Flight Officer. Waiver is contingent upon: that while flying visual acuity and near vision are corrected to 20/20 and depth perception is corrected and the correction is worn; and member remains asymptomatic and on a stable dose of medication as noted above. Annual submission required until waiver approval by line authority has been confirmed. Submit every five years thereafter (20,25,30,35, etc.) or upon change of condition or medication.

(b) (6)

Copy to:
CNATRA Corpus Christi TX
MATSG NAS Pensacola FL
Det NAVAEROSPMEDINST



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

IN REPLY REFER TO:

6410
ASM-53
12 Feb 10

From: Commandant of the Marine Corps (ASM)
To: Second Lieutenant Tobin J. Lewis Jr. XXX XX 3075/7599 USMC

Subj: QUALIFICATIONS FOR DUTY INVOLVING FLYING

Ref: (a) BUMED (MED-M3F83) NAS, PNCLA, FL 32508-1047
SER: NOMI-1000180 of 27 January 2010
(b) Aeromedical Reference and Waiver Guide

1. Based on the references, you are granted a waiver for duty involving actual control of aircraft as Student Naval Aviator and duty involving flying as a Student Naval Flight Officer. This waiver is contingent upon the requirements in reference (a).

2. You are directed to inform your chain of command and medical department, as well as ensure a copy of this letter is placed in your NATOPS jacket.

3. POC: HMC(AW) J. Raymond, ASM-53, Comm: (703) 614-1556/1244
DSN: 224-1244.

(b) (6)

Head, Aviation Manpower and
Support Branch
Aviation Department
By direction

Copy to:
NOMI (Code 42)

SHORT FORM FLIGHT PHYSICAL ICOFull Name (Last, First): LEBEAU, ELEANOR EDIPI: 1523222666Phone: (68) 570-9848 Unit: VMM-363

Ref: MANMED CH. 15

To be completed **BETWEEN** the ages of 20, 25, 30, etc. by the end of birth month, or if specified by waiver. May be completed 1 month prior to birth month or as directed by CO to meet needs of deployment. If past birth month or expiration date of most recent up-chit must complete Long Form Flight Physical.

[] Check for any waivers in section 3 of HREC or via AERO – (If not in sec. 3, print the waiver)

WAIVER (If applicable): Annual Submission (YES | NO)

Medical Requirements

- ☒ Must be Fully Medically Ready
- ☒ Fill out NAVMED 6410/10
- ☒ Current Dental Exam within 1 year. DATE of last exam: 01 SEP 2022
- ☒ Order Labs
 - ☐ HIV test completed within 2 years. DATE: 04 MAY 2021
- ☒ Prelims (Monday – Thursday) (Refer to ARWG checklist)
 - ☒ Eye exam – (AVI: Place results onto the member's ePHA)
 - ☐ UAS Pilots/Aircrew: Complete NAVMED 6410/13 UAS Worksheet
 - ☒ Audiogram within 3 months
 - ☐ PHA (Must be completed by the Patient before an Appointment can be booked)
- ☐ Once complete, book "SPEC" appointment with PCM

Notes:

Needs online pha complete before appt
PQ/AA

Screening HM: (b) (6)Appointment Date: 08 FEB 23 @ 1300Name of Provider: (b) (6)

Provider Notes:

AERO Date: _____

ABBREVIATED AVIATION MEDICINE EXAMINATION

Facility: _____ Phone: _____ UIC: _____ E-mail POC: _____

Purpose of exam: _____ if Other: _____ Date (dd mmm yyyy): _____

A. History: Have you experienced any of the following since your last flight physical?							
Blk	Symptom	YES	NO	Blk	Symptom	YES	NO
1	Injured, hospitalized, or received medical care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	Significant changes to your appetite, thirst, weight, or temperature sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Use of any prescription medications, over the counter medications, vitamins, supplements, or performance enhancers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	Black, bloody, or clay-colored stool If yes, was it associated with hemorrhoids?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Undergone any surgeries, to include eye surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	Abdominal pain or cramps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Any vision changes (difficulty at night, double vision, trouble reading, floaters, inability to wear NVGs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	Constipation or diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Dizziness, vertigo, or issues with balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	Excessive or abnormal bruising or slow blood clotting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Numbness, tingling, or loss of sensation in limbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	Swollen lymph nodes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Air, sea, or car sickness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	Jaundice or yellowing of the skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	Ear or sinus pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	A seizure or been evaluated for any neurological condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23	Any of the following skin abnormalities: changes in size, color, or texture of skin growths, itching, ulceration, or scaling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Any changes to your memory, energy, appetite, or sleep patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	Rapid or irregular heartbeat, palpitations, or visited a cardiologist for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Any symptoms of depressed mood, mood instability, or concerning feelings of irritability/anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	Flight-related back pain If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Undergone any counseling or psychiatric evaluation If yes, was this marital or relationship counseling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	Flight-related neck pain If yes, do you routinely wear NVG? If yes, do you routinely wear a helmet with a HUD/JHMCS? If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Suicidal or homicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	Decompression sickness or diving injuries If yes, did you receive oxygen in a hyperbaric chamber?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Have you ever experienced any of the following?							
28	Been disqualified from flying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30	Undergone any surgery that required a flight waiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Been evaluated, diagnosed, or treated for alcohol abuse or dependency If yes, are you on a waiver for flight status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your gender is female, complete questions 32-35.							
32	Could you be or are you currently pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34	Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Are you currently taking or planning to take fertility medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35	Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, vaping/e-cigarettes, cigars, and pipe tobacco? ☐ Yes / ☒ No If yes, please elaborate on frequency: _____

37. Are you sexually active with any of the following groups: ☒ Men / ☐ Women / ☐ Both / ☐ Not currently active

38. Are you on a waiver? ☐ Yes / ☒ No If yes, for what condition? _____

PATIENT'S SIGNATURE [Signature]

PATIENT IDENTIFICATION

Name: LEBEAU Last ELEANOR First V MI DoD ID: 102302864 Age: 28 DoB: 19940423

Gender: ☐ M / ☒ F Rank (Rate): K1 (O2) Designator/NEC/MOS: 7549 Service: USMC UIC/RUC: _____

Phone: (618) 570-9188 Patient's Command: VMM-263 Aircraft: MU-22 Flight Hours: Total 300 Last 6 Months: 80

B. Physical Exam39. Sitting Blood Pressure: 120 / 79 40. Pulse: 69 41. Height: 64 42. Weight: 12543. Tympanic Membrane Exam Tympanic membranes normal pearl-gray color with central concavity and cone of light in anterior inferior quadrant? ☒ Yes / ☐ NoPositive Valsalva Both Ears (AU)? ☒ Yes / ☐ Positive Right Ear / ☐ Positive Left Ear / ☐ Negative Both Ears44. Does the patient wear corrective lenses? ☐ Yes / ☒ No If Yes, date* of last exam by eye professional: _____

*Current eye exam is recommended within the past 2 years.

45. DISTANT VISUAL ACUITY (DVA) <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> GOODLITE		46. NEAR VISUAL ACUITY (NVA): <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> SLOAN NOTATION NEARPOINT CARD		47. COLOR VISION (Test used and result) <input checked="" type="checkbox"/> PIP NUMBER CORRECT: <u>14/14</u> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> CB CVT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> FALANT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
RIGHT	20/ <u>20-0</u> CORR TO 20/ <u>-</u>	20/ <u>20-0</u> CORR TO 20/ <u>-</u>				
LEFT	20/ <u>20-0</u> CORR TO 20/ <u>-</u>	20/ <u>20-0</u> CORR TO 20/ <u>-</u>				
BOTH	20/ <u>20-0</u> CORR TO 20/ <u>-</u>	20/ <u>20-0</u> CORR TO 20/ <u>-</u>				
48. HETEROPHORIA (Specify distance): ES <u>0</u> EX <u>0</u> RH <u>0</u> LH <u>0</u> or <input type="checkbox"/> NOTOSP (NOHOSH)				49. INTRAOCULAR PRESSURE: OD <u>19</u> OS <u>18</u>		
50. DEPTH PERCEPTION <input checked="" type="checkbox"/> UNCORRECTED / <input type="checkbox"/> CORRECTED		AFVT: <input type="checkbox"/> PASS (at least A - B with no misses) / <input type="checkbox"/> FAIL		STEREO BOOKLET (Titmus or Randot): <input checked="" type="checkbox"/> PASS (5-40 arc sec) / <input type="checkbox"/> FAIL (greater than 40 arc sec)		
51. Audiogram	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right Ear	<u>0</u>	<u>-5</u>	<u>-5</u>	<u>0</u>	<u>5</u>	<u>0</u>
Left Ear	<u>0</u>	<u>-5</u>	<u>0</u>	<u>-5</u>	<u>5</u>	<u>5</u>

C. Flight Medicine Provider Comments

Item #	Comment	CD/NCD	Waiver
	<u>NO CURRENT OR MEDICAL HISTORY IDENTIFIED</u>		
	<u>Flight Physical PERFORMED EARLY DUE TO UPCOMING DEPLOYMENT</u>		
	<u>SEE ATTACHED LETTER FROM THE CO FOR MORE DETAILS</u>		
	<u>PQ/AA DIACA (CLASS I SG 4)</u>		

D. Assessment & Disposition Duty Status

☒ PQ Class ☒ DIACA [SG ☒ 1 / ☐ 2 / ☐ 3] ☐ II / ☐ III DIF: _____ ☐ IV _____ UAS Group: _____

☐ NPQ ☐ NAVMED 6150/2 Entry Made ☐ Medical Recommendation for Flying Issued (DD 2992)

☒ AA ☐ NAA Evaluation Requested For _____

☐ Waiver: ☐ Recommended / ☐ Not Recommended / ☐ Pending / ☐ Granted (Date) _____ Rec. Continue? ☐ Yes / ☐ No

☐ Waiver Restrictions and Maintenance/Submission Requirements: _____

FLIGHT MEDICINE
PROVIDER SIGNATURE

(b) (6)

Rank

(b) (6)

S

(b) (6)

#5 FB6CS

PATIENT IDENTIFICATION IF NOT SHOWN ON OTHER SIDE

Name:

LEBEAU

Last

CLEANER

First

V

MI

DoD ID:

FD3020666

HEARING CONSERVATION DATA

(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

1. ZIP CODE/APO/FPO/PAS
68098E

2. DOD COMPONENT

M

A - ARMY
N - NAVY

F - AIR FORCE
M - MARINE CORPS

C - COAST GUARD
1 - OTHER

R

3. SERVICE COMPONENT

R - REGULAR
V - RESERVE

G - NATIONAL GUARD
1 - OTHER

4. SOCIAL SECURITY NUMBER

329905635

5. NAME (Last, First, Middle Initial)

LEBEAU, ELEANOR V

6. DATE OF BIRTH

23 Apr 1994

7. SEX

F

M - MALE
F - FEMALE

8. PAY GRADE
UNIFORMED SERVICES
OO2

9. PAY GRADE
CIVILIAN

10. SERVICE DUTY
OCCUPATION CODE
7532

11. MAILING ADDRESS OF ASSIGNMENT 01363VHB
VMM-363 MAG-24(-) 1ST MAW
MCBH BOX 63059

KANEOHE BAY HI 96863

VMM-363 MAG-24(-) 1ST MAW

12. LOCATION - PLACE OF WORK

MAG 24

13. MAJOR COMMAND

1 MAW

14. DUTY TELEPHONE (Include area code)

(618) 570-4848

15. AUDIOMETRY

2

a. PURPOSE

1 - 90 DAY

2 - ANNUAL

3 - TERMINATION

4 - OTHER

AUDIOMETRIC DATA
RE ANSI S3.6

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

b. CURRENT AUDIOGRAM
DATE 03 Feb 2023

0

-5

0

-5

5

5

0

-5

-5

0

5

0

c. REFERENCE AUDIOGRAM
DATE L: 20 Jun 2016
R: 20 Jun 2016

5

0

0

-5

-10

5

0

-5

-5

-5

5

5

d. SIGNIFICANT THRESHOLD
SHIFT (STS)

L: 1

R: 1

1 - NO

2 - YES

e. THRESHOLD
SHIFT

----->

-5

0

0

15

0

0

5

0

f. REMARKS (Include Exposure Data)

H-1, Steady Noise Exp(TWAdBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Early warning for a decrease in hearing (L), Health Ed Prov, Tinnitus.

g. TYPE OF PERSONAL HEARING PROTECTION USED

3

1 - SINGLE FLANGE (V51R)

2 - TRIPLE FLANGE

3 - HAND FORMED EARPLUG

4 - EAR CANAL CAPS

5 - NOISE MUFFS

6 - OTHER

7 - NONE

h. EXAMINER NAME

(Last, First, Middle Initial)

PATRICK, POWELL M

i. TRAINING CERTIFICATE NO

225005N

n. MANUFACTURER

Benson Co.

j. SERVICE DUTY
OCCUPATION CODE

0640

o. SERIAL NUMBER

65436

k. OFFICE SYMBOL

NHCH

p. LAST ELECTROACOUSTIC
CALIBRATION DATE

22 Apr 2022

i. AUDIOMETER TYPE

1 - MANUAL
2 - SELF-RECORDING
3 - MICROPROCESSOR

3

m. MODEL

CCA-200m

16. FOLLOW-UP NO. 1

AUDIOMETRIC DATA
RE ANSI S3.6

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

b. CURRENT AUDIOGRAM
DATE

c. REFERENCE AUDIOGRAM
DATE

d. SIGNIFICANT THRESHOLD
SHIFT (STS)

1 - NO

2 - YES

e. THRESHOLD
SHIFT

----->

f. EXAMINER NAME (Last, First, Middle Initial)

g. TRAINING CERTIFICATE NO.

h. SERVICE DUTY
OCCUPATION CODE

i. OFFICE SYMBOL

j. AUDIOMETER TYPE

1 - MANUAL
2 - SELF-RECORDING
3 - MICROPROCESSOR

17. FOLLOW-UP NO. 2

AUDIOMETRIC DATA
RE ANSI S3.6

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

b. CURRENT AUDIOGRAM
DATE

c. REFERENCE AUDIOGRAM
DATE

d. SIGNIFICANT THRESHOLD
SHIFT (STS)

1 - NO

2 - YES

e. THRESHOLD
SHIFT

----->

f. EXAMINER NAME (Last, First, Middle Initial)

g. TRAINING CERTIFICATE NO

h. SERVICE DUTY
OCCUPATION CODE

i. OFFICE SYMBOL

j. AUDIOMETER TYPE

1 - MANUAL
2 - SELF-RECORDING
3 - MICROPROCESSOR

k. MODEL

l. MANUFACTURER

m. SERIAL NUMBER

n. LAST ELECTROACOUSTIC
CALIBRATION DATE

No Facility Access

Patient Name: **Lebeau, Eleanor Victoria**
MRN:
FIN: HXPHA1523222666
Sex/DOB/Age: Female 4/23/1994 29 years
DOD ID (EDIPI): 1523222666

Admit: 3/22/2022
Disch: 3/22/2022
Admitting:
Location:
Veterans ID (ICN):

<i>Administrative</i>

This information has been disclosed to you from federal health records in accordance with an approved written request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

* Transcribed *

ABBREVIATED AVIATION MEDICINE EXAMINATION

Facility: MCAS NEWRIVER Phone: 910-440-6500 UIC: _____ E-mail POC: _____

Purpose of exam: Annual if Other: _____ Date (dd mmm/yyyy): 25 MAR 22

A. History: Have you experienced any of the following since your last flight physical?			
Blk	Symptom	YES	NO
1	Injured, hospitalized, or received medical care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Use of any prescription medications, over the counter medications, vitamins, supplements, or performance enhancers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Undergone any surgeries, to include eye surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Any vision changes (difficulty at night, double vision, trouble reading, floaters, inability to wear NVGs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Dizziness, vertigo, or issues with balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Numbness, tingling, or loss of sensation in limbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Air, sea, or car sickness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	A seizure or been evaluated for any neurological condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Any changes to your memory, energy, appetite, or sleep patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Any symptoms of depressed mood, mood instability, or concerning feelings of irritability/anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Undergone any counseling or psychiatric evaluation If yes, was this marital or relationship counseling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Suicidal or homicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Significant changes to your appetite, thirst, weight, or temperature sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Black, bloody, or clay-colored stool If yes, was it associated with hemorrhoids?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Abdominal pain or cramps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Constipation or diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Excessive or abnormal bruising or slow blood clotting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Swollen lymph nodes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Jaundice or yellowing of the skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	Ear or sinus pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Any of the following skin abnormalities: changes in size, color, or texture of skin growths, itching, ulceration, or scaling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Rapid or irregular heartbeat, palpitations, or visited a cardiologist for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Flight-related back pain If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26	Flight-related neck pain If yes, do you routinely wear NVG? If yes, do you routinely wear a helmet with a HUD/JHMCS? If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Decompression sickness or diving injuries If yes, did you receive oxygen in a hyperbaric chamber?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever experienced any of the following?			
28	Been disqualified from flying	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Been evaluated, diagnosed, or treated for alcohol abuse or dependency If yes, are you on a waiver for flight status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your gender is female, complete questions 32-35.			
32	Could you be or are you currently pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Are you currently taking or planning to take fertility medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, vaping/e-cigarettes, cigars, and pipe tobacco? ☐ Yes / ☒ No If yes, please elaborate on frequency: _____

37. Are you sexually active with any of the following groups? ☒ Men / ☐ Women / ☐ Both / ☐ Not currently active

38. Are you on a waiver? ☐ Yes / ☒ No If yes, for what condition? _____

PATIENT'S SIGNATURE

PATIENT IDENTIFICATION

Name: LEBEAU ELEANOR V DoD ID: 1523222666 Age: 27 DoB: 04/23/1994

Gender: ☐ M / ☒ F Rank (Rate): 1LT/02 Designator/NEC/MOS: 7531 Service: USMC UIC/RUC: _____

Phone: 618-570-9888 Patient's Command: VMC-24 Aircraft: AV-22 Flight Hours: Total 800 Last 6 Months: 30

NAVMED 6410/10 (06-21)

* Transcribed *

B. Physical Exam

39. Sitting Blood Pressure: 120 / 86 40. Pulse: 73 41. Height: 64 42. Weight: 125

43. Tympanic Membrane Exam Tympanic membranes normal pearl-gray color with central concavity and cone of light in anterior inferior quadrant? ☒ Yes / ☐ No

Positive Valsalva Both Ears (AU)? ☒ Yes / ☐ Positive Right Ear / ☐ Positive Left Ear / ☐ Negative Both Ears

44. Does the patient wear corrective lenses? ☐ Yes / ☒ No If Yes, date* of last exam by eye professional: _____

*Current eye exam is recommended within the past 2 years.

45. DISTANT VISUAL ACUITY (DVA): <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> GOODLITE		46. NEAR VISUAL ACUITY (NVA): <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> SLOAN NOTATION NEARPOINT CARD		47. COLOR VISION (Test used and result): <input checked="" type="checkbox"/> PIP NUMBER CORRECT: <u>14</u> / <u>14</u> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> CB CVT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> FALANT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
RIGHT 20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/		
LEFT 20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/		
BOTH 20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/	20/ <u>18</u> - <u>0</u> CORR TO 20/		
48. HETEROPHORIA (Specify distance): ES <u>0</u> EX <u>1.0</u> RH <u>0</u> LH <u>0.5</u> cc: <input type="checkbox"/> NOTOSP (NOHOSH) <u>0</u>				49. INTRAOCULAR PRESSURE: OD <u>18</u> OS <u>19</u>	
50. DEPTH PERCEPTION. AFVT: <input checked="" type="checkbox"/> UNCORRECTED / <input type="checkbox"/> CORRECTED <input type="checkbox"/> PASS (at least A - B with no misses) / <input type="checkbox"/> FAIL				STEREO BOOKLET (Titmus or Randot) <u>9/9</u> <input checked="" type="checkbox"/> PASS (5-40 arc sec) / <input type="checkbox"/> FAIL (greater than 40 arc sec)	
51. Audiogram		500 Hz	1000 Hz	2000 Hz	3000 Hz
Right Ear		<u>0</u>	<u>-5</u>	<u>-5</u>	<u>0</u>
Left Ear		<u>0</u>	<u>-5</u>	<u>-5</u>	<u>0</u>

C. Flight Medicine Provider Comments

Item #	Comment	CD/NCD	Waiver

D. Assessment & Disposition Duty Status

☒ PQ Class ☒ DIACA (SG ☐ 1 / ☐ 2 / ☐ 3) ☐ II / ☐ III DIF: _____ ☐ IV UAS Group: _____

☐ NPQ ☒ NAVMED 6150/2 Entry Made ☒ Medical Recommendation for Flying Issued (DD 2992)

☒ AA ☐ NAA Evaluation Requested For _____

☐ Waiver: ☐ Recommended / ☐ Not Recommended / ☐ Pending / ☐ Granted (Date) _____ Rec. Continue? ☐ Yes / ☐ No

☐ Waiver Restrictions and Maintenance/Submission Requirements: _____

FLIGHT MEDICINE
PROVIDER SIGNATURE

(b) (6)

Rank

(b) (6)

Date: Aug 3, 2022

PATIENT IDENTIFICATION IF NOT SHOWN ON OTHER SIDE

Name: LEBEAU ELEANOR V DoD ID: 1523222666

NAVMED 6410/10 (06-21)

* Transcribed *

TUBERCULOSIS EXPOSURE RISK ASSESSMENT	
FOR THE PATIENT (Including those with previous positive tuberculin skin test)(Check the correct response)	
1. Since your last Tuberculosis Exposure Risk Assessment, were you exposed to anyone known to have or suspected of having active tuberculosis (i.e., individuals with persistent cough, weight loss, night sweats, and/or fever)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know
2. Since your last Tuberculosis Exposure Risk Assessment or Post-Deployment Health Assessment (DD Form 2796), did you have direct and prolonged contact with any individuals of the following groups: refugees or displaced persons; patients hospitalized with tuberculosis; prisoners, or homeless shelter populations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a. Check any countries where you have traveled or deployed to since your last Tuberculosis Exposure Risk Assessment.	
<input type="checkbox"/> Bangladesh <input type="checkbox"/> Ethiopia <input type="checkbox"/> Pakistan <input type="checkbox"/> UR Tanzania <input type="checkbox"/> Brazil <input type="checkbox"/> India <input type="checkbox"/> Philippines <input type="checkbox"/> Viet Nam <input type="checkbox"/> Burma <input type="checkbox"/> Indonesia <input type="checkbox"/> Russian Federation <input type="checkbox"/> Zimbabwe <input type="checkbox"/> Cambodia <input type="checkbox"/> Kenya <input type="checkbox"/> South Africa <input type="checkbox"/> None <input type="checkbox"/> China <input type="checkbox"/> Mozambique <input type="checkbox"/> Thailand <input type="checkbox"/> DR Congo <input type="checkbox"/> Nigeria <input type="checkbox"/> Uganda <input type="checkbox"/> Other _____	If any of these listed countries are selected, answer question 3c. If "other" is checked, write in the name of the country or countries.
3b. Have you recently traveled to Afghanistan for any reason other than as part of a deployment requiring completion of a Post Deployment Health Assessment (PDHA)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, go to 3c. Otherwise, go to 4a.
3c. During this travel, did you have prolonged direct contact with the local population? Prolonged direct contact is generally understood as having been within six feet of a person with a bad continuous cough for at least 8 consecutive hours on a single day, or for a total of at least 15 hours per week of a multi-week stay.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a. Have you recently had a chronic cough lasting more than 2 weeks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4b. If you marked YES to chronic cough, did you have any of the following at the same time? <input type="checkbox"/> Fever <input type="checkbox"/> Cough up Blood <input type="checkbox"/> Unexplained Weight Loss <input type="checkbox"/> Night Sweats If any are checked, see the medical officer for evaluation.	
FOR THE SCREENER	
1. Questions 1 through 4 reviewed, all responses are negative, no further action is required.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. There is at least one positive answer, patient to continue to medical officer for assessment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FOR THE PROVIDER (Expand on above answers to document decision making in determining risk) (Note: Prior treated TST reactors require clinical evaluation to rule out active TB, not a repeat TST).	
1. Provider Comments clear	
2. Tuberculosis risk assessment, based on above responses (If the answer to one or more of questions 1, 2, 3c, or 4b is a YES, test the patient.)	
<input checked="" type="checkbox"/> Minimal Risk <input type="checkbox"/> Increased Risk	
3. Recommend Latent Tuberculosis Infection (LTBI) Testing	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROVIDER'S NAME Joseph M Schroeder MD LCDR MC/FS USN NPI-1083116297	(b) (6)
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.) LEBEAU, ELEANOR, VICTORIA 324-40-5635 04/23/1994 02-1STLT	DATE 5/3/2006
HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

NAVMED 6224/8 (Rev. 3-2011)

Enclosure (46)

0285C-BMC MCAS KANEHOE BAY

HARRIS AVE

BLDG 6905

MCBH KANEHOE BAY, HI 96734-

Patient Name: **Collart, Spencer Roman**
MRN: 14856370000001
FIN: 30097393
Sex/DOB/Age: Male 4/18/2002 21 years
DOD ID (EDIPI): 1589952835

Admit: 6/2/2022
Disch: 6/2/2022
Admitting:
Location: 0285C-MIL2-MCMHA
Veterans ID (ICN):

Office and Clinic Notes

Document Type:
Service Date/Time:
Result Status:
Perform Information:
Sign Information:

Primary Care Note
6/2/2022 13:28 HST
Auth (Verified)

(b) (6)

(6/2/2022 13:29 HST)
(6/2/2022 13:29 HST)

Assessment/Plan

1. EXAM, OCCUPATIONAL, AVIATION, LONG
PQ/AA, DIF, Class II AC/TR

Command: VMM-353

No concerns or complaints at this time. Up-chit given today.

Fully medically ready (Imms, PHA, Dental, Medical w/u all UTD). Pt given Aeromedical Clearance/Upchit. DD 2807/2808 completed; submitted digitally via AERO to NAMI by Flight Surgeon. Finalized copy signed and included in patient's medical record.

History of Present Illness

20 Years Male USMC aircrew presents to the clinic for long form flight physical. No health complaints at this time. Patient denies any significant interval health history changes or acute medical issues that have not been previously discussed. Patient denies taking OTC supplements or herbal non-approved medications.

Review of Systems

Negative except per HPI

Pain

No qualifying data available.

Physical Exam

Vital signs reviewed.

General Appearance: No acute distress, well developed.

Head: No evidence of a head injury. Normocephalic.

Eyes: PERLLA. Size of the pupil was normal. Conjunctiva exhibited no abnormalities. Sclera normal.

Ears: Normal external canals and TMs. Positive valsalva bilaterally.

Nose: No external nose deformities. Nasal septum normal. Nasal mucosa normal. Nasal turbinate not erythematous or swollen. No sinus tenderness.

Oral Cavity: Normal dentition and buccal mucosa. Oropharynx normal. Tonsils showed no abnormalities.

Problem List/Past Medical History**Ongoing**

No qualifying data

Historical

No qualifying data

Medications

No active medications

Allergies

No Known Allergies

Immunizations

anthrax vaccine: 0.5 mL (05/23/22 14:21:00)

Japanese Encephalitis IM: 0.5 mL (05/23/22 14:21:00)

typhoid vaccine, parenteral: 0.5 mL (05/23/22 14:21:00)

Recommendations**Health Maintenance**

Pending (in the next year)

Due

Adult - Advanced Directive Screening
due 06/02/22 Unknown Frequency
Adult - Alcohol Use Screening
due 06/02/22 Unknown Frequency
Adult - Body Mass Index
due 06/02/22 Unknown Frequency
Adult - Depression Screening
due 06/02/22 Unknown Frequency
Adult - DoD/VA Domestic
Violence/Relationship Safety Screening
due 06/02/22 Unknown Frequency
Adult - Food Insecurity Screening
due 06/02/22 Unknown Frequency
Adult - HIV Screening
due 06/02/22 Unknown Frequency

This information has been disclosed to you from federal health records in accordance with an approved written request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

0285C-BMC MCAS KANE OHE BAY

Patient Name: **Collart, Spencer Roman**

MRN: 14856370000001

FIN: 30097393

Sex/DOB/Age: Male 4/18/2002 21 years

DOD ID (EDIPI): 1589952835

Admit: 6/2/2022

Disch: 6/2/2022

Admitting:

Veterans ID (ICN):

Office and Clinic Notes

Lungs: Respiration rhythm and depth was normal. No evidence of increased work of breathing. Clear to auscultation.

Cardiovascular: Normal heart rate and rhythm. Normal S1 and S2. No murmurs.

Abdominal: Soft, non-tender, non-distended. No rebound or guarding.

Musculoskeletal System: Mobility was not limited. Normal gait.

Neurological: Oriented to time, place, and person. 5/5 strength at upper and lower extremity, bilaterally. 2+ reflexes at bilateral patellar tendon. Normal standing balance test.

Psychiatric: Euthymic with normal affect. Aeronautically adaptable.

Adult - Hepatitis C Screening
due 06/02/22 One-time only

Adult - Tobacco Use Screening and
Cessation due 06/02/22 Unknown Frequency

Satisfied (in the past 1 year)

There are no satisfied recommendations
within the defined date range

Electronically Signed on: 06/02/2022 01:29 PM HST

(b) (6)

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

Flowsheet Print Request

Patient: Collart, Spencer Roman
MRN: 14856370000001

Date Range: 02/28/2022 00:00 HST - 09/30/2023 23:59 HST

Printed by: BLANC, EDOUARD L
Printed on: 08/30/2023 08:39 HST

Event Date	Event	Result	Ref. Range	Status
04/04/2022 08:00 EDT	UA Color	Yellow		
	UA Clarity	Clear	(Clear -)	
	UA pH	6.0	(5.0 - 7.5)	
	UA Spec Gravity	1.019	(1.005 - 1.030)	
	UA Glucose	Negative	(Negative -)	
	UA Ketones	Negative	(Negative -)	
	UA Blood	Negative	(Negative -)	
	UA Protein	Negative	(Negative -)	
	UA Bili	Negative	(Negative -)	
	UA Urobilinogen	2.0 (A)	(Negative -)	
	UA Nitrite	Negative	(Negative -)	
	UA Leuk Esterase	Negative	(Negative -)	
	UA Micro Ind?	Not Indicated *		
04/05/2022 07:56 EDT	Hemoglobin	14.0	(13.1 - 18.6)	
	Hematocrit	42.1	(38.1 - 54.1)	
	Glucose Fasting	89 *	(70 - 100)	
	Cholesterol Total	119 *	(50 - 199)	
	HDL Cholesterol	34 * (L)	(40 - 60)	
	Chol/HDL	3.5	(3.0 - 6.5)	
	LDL	63 *	(1 - 100)	
	Triglycerides	111 *	(30 - 150)	
09/02/2022 14:37 HST	VLDL	22.2	(5.0 - 40.0)	
	Reason for Test?	Screening		
02/08/2023 07:35 HST	SARS-CoV-2 PCR	Negative *	(Negative -)	
	HIV-1/2 AG/AB 4G CDD LC	NEGATIVE *	(NEGATIVE -)	
	Source of Test.LC	Gen Force Test		

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

The public reporting version for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service Members from the Armed Forces.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

COLLART, SPENCER R.

2. SOCIAL SECURITY NUMBER

224-99-3260

3. PHYS EXAM DATE (YYYYMMDD)

20220602

4.a. HOME ADDRESS (Street, Apartment No. City, State and ZIP Code)

5. EXAMINING LOCATION AND ADDRESS (Including ZIP Code)

1ST MAW MAG-24 MEDICAL (N31947)
BUILDING 301
KANEHOE BAY HI 96863

b. HOME TELEPHONE (Including Area Code)

DSN: Not Given COM: 240-810-4642

X ALL APPLICABLE BOXES

6.a. SERVICE

- ☐ Army ☐ Coast Guard
☐ Navy
☒ Marine Corps
☐ Air Force

b. COMPONENT

- ☒ Active Duty
☐ Reserve
☐ National Guard

c. PURPOSE OF EXAMINATION

- ☐ Enlistment ☐ Medical Report ☐ Other (Specify)
☐ Commission Retirement
☐ Retention ☐ U.S. Service Academy ☒ Flight
☐ Separation ☐ ROTC Scholarship Program

7.a. POSITION

LCPL/E3

b. USUAL OCCUPATION

V-22 AIRCREW

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

NONE

9. ALLERGIES (Including Insect bites/stings, foods, medicine or other substance)

NONE

Mark each item "YES" or "No". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

- 10.a. Tuberculosis ☐ YES ☒ NO
b. Lived with someone who had tuberculosis ☐ YES ☒ NO
c. Coughed up blood ☐ YES ☒ NO
d. Asthma or any breathing problems related to exercise, weather, pollens etc. ☐ YES ☒ NO
e. Shortness of breath ☐ YES ☒ NO
f. Bronchitis ☐ YES ☒ NO
g. Wheezing or problems wheezing ☐ YES ☒ NO
h. Been prescribed or used an inhaler ☐ YES ☒ NO
i. A chronic cough or cough at night ☐ YES ☒ NO
j. Sinusitis ☐ YES ☒ NO
k. Hay fever ☐ YES ☒ NO
l. Chronic or frequent colds ☐ YES ☒ NO

- 11.a. Severe tooth or gum trouble ☐ YES ☒ NO
b. Thyroid trouble or goiter ☐ YES ☒ NO
c. Eye disorder or trouble ☐ YES ☒ NO
d. Ear, nose, or throat trouble ☐ YES ☒ NO
e. Loss of vision in either eye ☐ YES ☒ NO
f. Worn contact lenses or glasses ☐ YES ☒ NO
g. A hearing loss or wear a hearing aid ☐ YES ☒ NO
h. Surgery to correct vision (RK, PRK, LASIK, etc.) ☐ YES ☒ NO

12. (Continued)

YES NO

- f. Foot trouble (e.g., pain, corns, bunions, etc.) ☐ YES ☒ NO
g. Impaired use of arms, legs, hands, or feet ☐ YES ☒ NO
h. Swollen or painful joint(s) ☐ YES ☒ NO
i. Knee trouble (eg. locking, giving out, pain or ligament injury, etc.) ☐ YES ☒ NO
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint ☐ YES ☒ NO
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. ☐ YES ☒ NO
l. Bone, joint, or other deformity ☐ YES ☒ NO
m. Plate(s), screw(s), rod(s), or pin(s) in any bone ☐ YES ☒ NO
n. Broken bone(s) (cracked or fractured) ☐ YES ☒ NO

13.a. Frequent indigestion or heartburn

- b. Stomach, liver, intestinal trouble, or ulcer ☐ YES ☒ NO
c. Gall bladder trouble or gallstones ☐ YES ☒ NO
d. Jaundice or hepatitis (liver disease) ☐ YES ☒ NO
e. Rupture/hernia ☐ YES ☒ NO
f. Rectal disease, hemorrhoids or blood from the rectum ☐ YES ☒ NO
g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) ☐ YES ☒ NO

Enclosure (46)

12. a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) ☐ ☒
- b. Arthritis, rheumatism, or bursitis ☐ ☒
- c. Recurrent back pain or any back problem ☐ ☒
- d. Numbness or tingling ☐ ☒
- e. Loss of finger or toe ☐ ☒

- h. Frequent or painful urination ☐ ☒
- i. High or low blood sugar ☐ ☒
- j. Kidney stone or blood in urine ☐ ☒
- k. Sugar or protein in urine ☐ ☒
- l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) ☐ ☒

14. a. Adverse reaction to serum, food, insect stings or medicine ☐ ☒
- b. Recent unexplained gain or loss of weight ☐ ☒
- c. Currently in good health (if no, explain.) ☒ ☐
- d. Tumor, growth, cyst or cancer ☐ ☒

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) COLLART, SPENCER R.		SOCIAL SECURITY NUMBER 224-99-3260
Mark each item "YES" or "No". Every item marked "YES" must be fully explained in Item 29.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES NO	YES NO
15.a. Dizziness or fainting spells <input type="radio"/> YES <input checked="" type="radio"/> NO b. Frequent or severe headache <input type="radio"/> YES <input checked="" type="radio"/> NO c. A head injury, memory loss or amnesia <input type="radio"/> YES <input checked="" type="radio"/> NO d. Paralysis <input type="radio"/> YES <input checked="" type="radio"/> NO e. Seizures, convulsions, epilepsy or fits <input type="radio"/> YES <input checked="" type="radio"/> NO f. Car, train, sea or air sickness <input type="radio"/> YES <input checked="" type="radio"/> NO g. A period of unconsciousness or concussion <input type="radio"/> YES <input checked="" type="radio"/> NO h. Meningitis, encephalitis, or neurological problems <input type="radio"/> YES <input checked="" type="radio"/> NO	19. Have you been refused employment or been unable to hold a job or stay in school because of: a. Sensitivity to chemicals, dust, sunlight etc. <input type="radio"/> YES <input checked="" type="radio"/> NO b. Inability to perform certain motions <input type="radio"/> YES <input checked="" type="radio"/> NO c. Inability to stand, sit, kneel, lie down, etc <input type="radio"/> YES <input checked="" type="radio"/> NO d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input checked="" type="radio"/> NO	
16.a. Rheumatic fever <input type="radio"/> YES <input checked="" type="radio"/> NO b. Prolonged bleeding (as after an injury or tooth extraction, etc.) <input type="radio"/> YES <input checked="" type="radio"/> NO c. Pain or pressure in the chest <input type="radio"/> YES <input checked="" type="radio"/> NO d. Palpitation, pounding heart or abnormal heartbeat <input type="radio"/> YES <input checked="" type="radio"/> NO e. Heart trouble or murmur <input type="radio"/> YES <input checked="" type="radio"/> NO f. High or low blood pressure <input type="radio"/> YES <input checked="" type="radio"/> NO	20. Have you ever been treated in an Emergency Room? (if yes for what?) <input type="radio"/> YES <input checked="" type="radio"/> NO	
17.a. Nervous trouble of any sort (anxiety or panic attacks) <input type="radio"/> YES <input checked="" type="radio"/> NO b. Habitual stammering or stuttering <input type="radio"/> YES <input checked="" type="radio"/> NO c. Loss of memory or amnesia, or neurological symptoms <input type="radio"/> YES <input checked="" type="radio"/> NO d. Frequent trouble sleeping <input type="radio"/> YES <input checked="" type="radio"/> NO e. Received counseling of any type <input type="radio"/> YES <input checked="" type="radio"/> NO f. Depression or excessive worry <input type="radio"/> YES <input checked="" type="radio"/> NO g. Been evaluated or treated for a mental condition <input type="radio"/> YES <input checked="" type="radio"/> NO h. Attempted suicide <input type="radio"/> YES <input checked="" type="radio"/> NO i. Used illegal drugs or abused perscription drugs <input type="radio"/> YES <input checked="" type="radio"/> NO	21. Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input checked="" type="radio"/> NO 22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input checked="" type="radio"/> NO	
18. FEMALES ONLY. Have you had or do you now have: a. Treatment for gynecological (female) disorder <input type="radio"/> YES <input checked="" type="radio"/> NO b. A change of menstrual pattern <input type="radio"/> YES <input checked="" type="radio"/> NO c. Any abnormal PAP smears <input type="radio"/> YES <input checked="" type="radio"/> NO d. First day of last menstrual period (YYYYMMDD) e. Date of last PAP smear (YYYYMMDD)	23. Have you ever had any illness or injury other than those already noted (If yes, specify when, where and give details.) <input type="radio"/> YES <input checked="" type="radio"/> NO 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input checked="" type="radio"/> NO	
	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input checked="" type="radio"/> NO 26. Have you ever been discharged from military service for any reason? (If yes, give date and reason and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input checked="" type="radio"/> NO	
	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability or injury? (If yes, specify what kind, granted by whom, and why amount, when, why.) <input type="radio"/> YES <input checked="" type="radio"/> NO 28. Have you ever been denied life insurance? <input type="radio"/> YES <input checked="" type="radio"/> NO	

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

NSIH

Enclosure (46)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) COLLART, SPENCER R.		SOCIAL SECURITY NUMBER 224-99-3260
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any addition medical history deemed important, and record any significant findings here.)		
a. COMMENTS No Pertinent Positives.		
b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

Enclosure (46)

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION 20220602		2. SOCIAL SECURITY NUMBER 224-99-3260			
PRIVACY ACT STATEMENT								
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service Members from the Armed Forces. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.								
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) COLLART, SPENCER R.			4. HOME ADDRESS(Street, Apartment Number, City, State, and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code) 240-810-4642		
6. GRADE E3		7. DATE OF BIRTH 20020418	8. AGE 20		9. SEX Male	10. RACE White		
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 2 b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE VMM-363 05363				
14. a. RATING OR SPECIALITY (Aviators only)		b. TOTAL FLYING TIME 56		c. LAST SIX MONTHS 56				
15. a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Student		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Report <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input checked="" type="checkbox"/> Flight <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. EXAMINING LOCATION AND ADDRESS (Including ZIP Code) N31947 COMMANDING OFFICER 1ST MAW MAG-24 MEDICAL BUILDING 301 KANE OHE BAY, HI 96863		
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated)								
				Normal	Ab-norm	NE		
17. Head, face, neck, and scalp				●	○	○		
18. Nose				●	○	○		
19. Sinuses				●	○	○		
20. Mouth and throat				●	○	○		
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				●	○	○		
22. Drums (Perforation)				●	○	○		
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				●	○	○		
24. Ophthalmoscopic				●	○	○		
25. Pupils (Equality and reaction)				●	○	○		
26. Ocular motility (Associated parallel movements, nystagmus)				●	○	○		
27. Heart (T)				●	○	○		
28. Lungs and				●	○	○		
29. Vascular				●	○	○		
30. Anus and (prostate, if				○	○	●		
31. Abdomen				●	○	○		
32. External				○	○	●		
33. Upper extremities				●	○	○		
34. Lower extremities				●	○	○		
35. Feet (See item 35 Continued)				●	○	○		
36. Spine, other musculoskeletal				●	○	○		
37. Identifying body marks, scars, tattoos				○	●	○		
38. Skin, lymphatics				●	○	○		
39. Neurologic				●	○	○		
<div style="border: 1px solid black; padding: 10px; text-align: center;"> 07-JUN-2022 A 0007703793 QUALIFIED CLASS _____ FLYING DUTY </div>				44. Notes (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)				
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CLASS</td> <td>A1C CLASS 2NAC - Naval Aircrew General (Long Form)</td> </tr> <tr> <td>DIGITAL RECTAL</td> <td></td> </tr> <tr> <td>STOOL GUIAC</td> <td></td> </tr> </table>			CLASS	A1C CLASS 2NAC - Naval Aircrew General (Long Form)
CLASS	A1C CLASS 2NAC - Naval Aircrew General (Long Form)							
DIGITAL RECTAL								
STOOL GUIAC								
				37.37: Left forearm tattoo				

Enclosure (46)

40. Psychiatric (<i>Specify and personality deviation</i>)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Pelvic (<i>Females only</i>)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42. Endocrine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. DENTAL DEFECTS AND DISEASE (<i>Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.</i>) <input checked="" type="radio"/> Acceptable <input type="radio"/> Not Acceptable Class <u>II</u>			
35. FEET (<i>Continued</i>) <input checked="" type="radio"/> Normal Arch <input type="radio"/> Mild <input type="radio"/> Asymptomatic <input type="radio"/> Pes Cavus <input type="radio"/> Moderate <input type="radio"/> Pes Planus <input type="radio"/> Severe <input type="radio"/> Symptomatic			

DD FORM 2808, OCT 2005

Page 1 of 4 Pages

Enclosure (46)

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)
COLLART, SPENCER R.1. DATE OF EXAMINATION
202206022. SOCIAL SECURITY NUMBER
224-99-3260

LABORATORY FINDINGS

45. URINALYSIS

RBC: Nrm WBC: Nrm

a. Albumin 0<=

b. Sugar 0<=

46. URINE HCG

47. H/H

HGB 14 HCT 42.1

48. BLOOD TYPE

A Pos

TESTS

RESULTS

49. HIV

Negative

50. DRUGS

51. ALCOHOL

52. OTHER

a. PAP SMEAR

b. EKG RESULTS

Tracing Present 1 ECG Codes

b. LVH

No LVH

HIV SPECIMEN ID LABEL

DRUG TEST SPECIMEN ID LABEL

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT

74

54. WEIGHT

187

55. MIN WGT - MAX WGT

MAX BF%

56. TEMPERATURE

98.3

57. PULSE

57

58. BLOOD PRESSURE

a. 1ST

b. 2ND

c. 3RD

SYS. 107

SYS.

SYS.

DIAS. 69

DIAS.

DIAS.

59. RED/GREEN (Army Only)

60. OTHER VISION TEST

61. DISTANT VISION

Right

20/20

Corr. to 20/

Left

20/20

Corr. to 20/

62. REFRACTION BY:

By

Sph.

Cyl. X

By

Sph.

Cyl. X

63. NEAR VISION

Right 20/20

Corr. to 20/

by

Left 20/20

Corr. to 20/

by

64. HETROPHORIA (Specify distance)

ES* EX* R.H. L.H. Prism div. Prism conv.(CT) NPC PD

65. ACCOMMODATION

Right Left

66. COLOR VISION

PIP/ISHIHARA

0 / 14 plates

Pass

67. DEPTH PERCEPTION

TITMUS

9 circle-groups

40 arc sec PASS

Uncorrected

68. FIELD OF VISION

Normal (NTC)

SLIT LAMP

69. NIGHT VISION test

NIBH

70. INTRAOCULAR TENSION

Right 12

Left 13

CORNEAL TOPOGRAPHY

71a. AUDIOMETER Unit Serial Number

Date Calibrated (YYYYMMDD) Test Initial

HZ 500 1000 2000 3000 4000 6000

Right 0 0 0 0 0 10

Left -5 -5 -5 0 10 10

71b. AUDIOMETER Unit Serial Number

Date Calibrated (YYYYMMDD) Test

HZ 500 1000 2000 3000 4000 6000

Right 0 0 0 0 0 10

Left 0 0 0 0 0 10

72a. READING ALOUD TEST

72b. VALSALVA

Normal bilateral

AERONAUTICAL ADAPTABILITY

AA

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

Lipid Date	Chol	Hdl	Trig	Chr	Ldl	FRI
20220405	119	34	111	3.5	63	Non Smoker: 0
Cigarette use Nonsmoker, or smokes <10 cigarettes per day						
Sickledex						
Other tests FBS: 89 PSA: G6PD: Unknown						
RPR: Unknown						
Liver Function AST ALT TBill AlkPhos LDH GGT						
Anthropometrics T Arm Span cm Sit Height cm Leg Length cm						
Waist 0 cm						

ECG

Description

EKG002 SINUS BRADYCARDIA (RATE < 50 BPM)

23, 7:42 AM

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) COLLART, SPENCER R.				1. DATE OF EXAMINATION 20220602		2. SOCIAL SECURITY NUMBER 224-99-3260	
Renal function tests						Confirm anemia or diabetes	
24 hr protein		Creatinine		24 hr creatinine clearance		HCT #2	FBS #2
						2hr pp	HgbA1C
Thyroid function tests				Other Tests			
T3	FT4	Thyroid index	TSH	PSA	G6PD	Lead	Uric acid
						Calcium	Phosph
Hemoglobin electrophoresis			HIV Confirmatory		Chest X-ray	X-ray date	Verhoeff stereo
3 Day Average				Demographic			
	Day 1	Day 2	Day 3	Ave	Retired military	Hair color	Eye color
Sys.	am: pm:	am: pm:	am: pm:				Dominant hand
Dias.	am: pm:	am: pm:	am: pm:				
Speech reception threshold and discrim				RETURN FACILITY			
	SRT	Speech discrimination					
		dB	%score				
Right							
Left							
Binaural							

SHORT FORM FLIGHT PHYSICAL ICO

Full Name (Last, First): Collant Spencer EDIP: 1589952835Phone: 240 810 4642 Unit: VMM 363

Ref: MANMED CH. 15

To be completed BETWEEN the ages of 20, 25, 30, etc. by the end of birth month, or if specified by waiver. May be completed 1 month prior to birth month or as directed by CO to meet needs of deployment. If past birth month or expiration date of most recent up-chit must complete Long Form Flight Physical.

[] Check for any waivers in section 3 of HREC or via AERO – (If not in sec. 3, print the waiver)

WAIVER (If applicable): Annual Submission (YES | NO)

Medical Requirements

[x] Must be Fully Medically Ready

[x] Fill out NAVMED 6410/10

[x] Current Dental Exam within 1 year. DATE of last exam: 21 JUL 21

[x] Order Labs

[x] HIV test completed within 2 years. DATE: 30 MAR 21

[x] Prelims (Monday – Thursday) (Refer to ARWG checklist)

[x] Eye exam – (AVI: Place results onto the member's ePHA)

[] UAS Pilots/Aircrew: Complete NAVMED 6410/13 UAS Worksheet

[x] Audiogram within 3 months

[x] PHA (Must be completed by the Patient before an Appointment can be booked)

[] Once complete, book "SPEC" appointment with PCM

Notes:

Screening HM: HMM3 SpagniaAppointment Date: 08 FEBName of Provider: LT Jakube

Provider Notes:

AERO Date: _____

ABBREVIATED AVIATION MEDICINE EXAMINATION

Facility: _____ Phone: _____ UIC: _____ E-mail POC: _____

Purpose of exam: _____ if Other: _____ Date (dd mmm yyyy): _____

A. History: Have you experienced any of the following since your last flight/physical?

Blk	Symptom	YES	NO	Blk	Symptom	YES	NO
1	Injured, hospitalized, or received medical care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	Significant changes to your appetite, thirst, weight, or temperature sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Use of any prescription medications, over the counter medications, vitamins, supplements, or performance enhancers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	Black, bloody, or clay-colored stool If yes, was it associated with hemorrhoids?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Undergone any surgeries, to include eye surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	Abdominal pain or cramps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Any vision changes (difficulty at night, double vision, trouble reading, floaters, inability to wear NVGs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	Constipation or diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Dizziness, vertigo, or issues with balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	Excessive or abnormal bruising or slow blood clotting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Numbness, tingling, or loss of sensation in limbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	Swollen lymph nodes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Air, sea, or car sickness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	Jaundice or yellowing of the skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	Ear or sinus pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	A seizure or been evaluated for any neurological condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23	Any of the following skin abnormalities: changes in size, color, or texture of skin growths, itching, ulceration, or scaling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Any changes to your memory, energy, appetite, or sleep patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	Rapid or irregular heartbeat, palpitations, or visited a cardiologist for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Any symptoms of depressed mood, mood instability, or concerning feelings of irritability/anxiety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	Flight-related back pain If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Undergone any counseling or psychiatric evaluation If yes, was this marital or relationship counseling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	Flight-related neck pain If yes, do you routinely wear NVG? If yes, do you routinely wear a helmet with a HUD/JHMCS? If yes, are you a helicopter aviator or aircrew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Suicidal or homicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	Decompression sickness or diving injuries If yes, did you receive oxygen in a hyperbaric chamber?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Frequent or painful urination, blood or discharge in urine, kidney stones, or genital lesions	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Have you ever experienced any of the following?

28	Been disqualified from flying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30	Undergone any surgery that required a flight waiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Been evaluated, diagnosed, or treated for alcohol abuse or dependency If yes, are you on a waiver for flight status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	Any significant in-flight pressure fluctuations or been in a flight when the environmental control system malfunctioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If your gender is female, complete questions 32-35.

32	Could you be or are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	34	Have you ever miscarried, experienced any menstrual irregularity/pain, or abnormal Pap smear?	<input type="checkbox"/>	<input type="checkbox"/>
33	Are you currently taking or planning to take fertility medications?	<input type="checkbox"/>	<input type="checkbox"/>	35	Have you ever experienced unexplained breast tenderness, swelling, masses, lumps, or discharge?	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you use tobacco products of any kind, including but not limited to cigarettes, chewing tobacco, snuff, vaping/cigarettes, cigars, and pipe tobacco? ☒ Yes / ☐ No If yes, please elaborate on frequency: once a week

37. Are you sexually active with any of the following groups: ☐ Men / ☒ Women / ☐ Both / ☐ Not currently active

38. Are you on a waiver? ☐ Yes / ☒ No If yes, for what condition? _____

PATIENT'S SIGNATURE [Signature]

PATIENT IDENTIFICATION

Name: Collart Spencer R DoD ID: 158995235 Age: 20 DoB: 2002-04-18

Gender: ☒ M / ☐ F Rank (Rate): Cpl Designator/NEC/MOS: 6176 Service: USMC UIC/RUC: _____

Phone: 240810 4442 Patient's Command: VMC 945 Aircraft: V-22 Flight Hours: Total ~180 Last 6 Months: ~120

B. Physical Exam39. Sitting Blood Pressure: 118 / 70 40. Pulse: 65 41. Height: 6' 1" ⁷³ ~~201185~~ 42. Weight: 18743. Tympanic Membrane Exam Tympanic membranes normal pearl-gray color with central concavity and cone of light in anterior inferior quadrant? ☒ Yes / ☐ NoPositive Valsalva Both Ears (AU)? ☒ Yes / ☐ Positive Right Ear / ☐ Positive Left Ear / ☐ Negative Both Ears44. Does the patient wear corrective lenses? ☐ Yes / ☒ No If Yes, date* of last exam by eye professional: _____

*Current eye exam is recommended within the past 2 years.

45. DISTANT VISUAL ACUITY (DVA): <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> GOODLITE		46. NEAR VISUAL ACUITY (NVA): <input type="checkbox"/> SNELLEN <input checked="" type="checkbox"/> AFVT <input type="checkbox"/> SLOAN NOTATION NEARPOINT CARD		47. COLOR VISION (Test used and result): <input checked="" type="checkbox"/> PIP NUMBER CORRECT: <u>14/14</u> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
RIGHT	20/ <u>20-0</u> CORR TO 20/	20/ <u>20-0</u> CORR TO 20/	<input type="checkbox"/> CB CVT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
LEFT	20/ <u>20-0</u> CORR TO 20/	20/ <u>20-0</u> CORR TO 20/	<input type="checkbox"/> FALANT <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
BOTH	20/ CORR TO 20/	20/ CORR TO 20/			
48. HETEROPHORIA (Specify distance): ES EX RH LH or: <input checked="" type="checkbox"/> NOTOSP (NOHOSH)				49. INTRAOCULAR PRESSURE: OD <u>11</u> OS <u>10</u>	
50. DEPTH PERCEPTION: <input checked="" type="checkbox"/> UNCORRECTED / <input type="checkbox"/> CORRECTED		AFVT: <input type="checkbox"/> PASS (at least A-B with no misses) / <input type="checkbox"/> FAIL		STEREO BOOKLET (Titmus or Randot): <u>9/9</u> <input checked="" type="checkbox"/> PASS (5-40 arc sec) / <input type="checkbox"/> FAIL (greater than 40 arc sec)	
51. Audiogram	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz
Right Ear	<u>-5</u>	<u>-5</u>	<u>0</u>	<u>5</u>	<u>0</u>
Left Ear	<u>-5</u>	<u>-5</u>	<u>5</u>	<u>5</u>	<u>5</u>

C. Flight Medicine Provider Comments

Item # Comment CD/NCD Waiver

AS
NPQ/AA DIF CLASS II AC/TR/RWFlight PHYSICAL COMPLETED EARLY DUE TO UPCOMING DEPLOYMENT
SEE ATTACHED LETTER FROM THE CO OF WMM-363.**D. Assessment & Disposition Duty Status**

☒ PQ Class ☐ DIACA [SG ☐ 1 / ☐ 2 / ☐ 3] ☒ I / ☐ III DIF: AC/TR ☐ IV UAS Group: _____

☐ NPQ ☐ NAVMED 6150/2 Entry Made ☐ Medical Recommendation for Flying Issued (DD 2992)

☒ AA ☐ NAA Evaluation Requested For _____

☐ Waiver: ☐ Recommended / ☐ Not Recommended / ☐ Pending / ☐ Granted (Date) _____ Rec. Continue? ☐ Yes / ☐ No

☐ Waiver Restrictions and Maintenance/Submission Requirements: _____

FLIGHT MEDICINE
PROVIDER SIGNATURE

(b) (6)

Rank:

(b) (6)

(b) (6)

08 FEB 2023

PATIENT IDENTIFICATION IF NOT SHOWN ON OTHER SIDE

Name:

Last

First

M

DoD ID:

HEARING CONSERVATION DATA

(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

1. ZIP CODE/APO/FPO/PAS

68098E

2. DOD COMPONENT

M

A - ARMY
N - NAVY

F - AIR FORCE
M - MARINE CORPS

C - COAST GUARD
1 - OTHER

R

R - REGULAR
V - RESERVE

G - NATIONAL GUARD
1 - OTHER

4. SOCIAL SECURITY NUMBER

224993280

5. NAME (Last, First, Middle Initial)

COLLART, SPENCER R

6. DATE OF BIRTH

18 Apr 2002

7. SEX

M

M - MALE
F - FEMALE

8. PAY GRADE UNIFORMED SERVICES

E03

9. PAY GRADE CIVILIAN

10. SERVICE DUTY OCCUPATION CODE

6176

11. MAILING ADDRESS OF ASSIGNMENT

01363VHB

VMM-363 MAG-24(-) 1ST MAW
MCBH BOX 63059

VMM-363 MAG-24(-) 1ST MAW

KANE OHE BAY

HI

96863

12. LOCATION - PLACE OF WORK

MCBH

13. MAJOR COMMAND

II MAW

14. DUTY TELEPHONE (Include area code)

(240) 810-4942

15. AUDIOMETRY

2

a. PURPOSE

1 - 90 DAY

2 - ANNUAL

3 - TERMINATION

4 - OTHER

AUDIOMETRIC DATA

RE: ANSI S3.6

b. CURRENT AUDIOGRAM

DATE 06 Feb 2023

c. REFERENCE AUDIOGRAM

DATE L: 12 Nov 2020

R: 12 Nov 2020

d. SIGNIFICANT THRESHOLD

L: 1 SHIFT (STS)

R: 1 1 - NO

2 - YES

e. THRESHOLD

SHIFT

0 0 0 0

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

f. REMARKS (Include Exposure Data)

H-1, Steady Noise Exp(TWA dBA): Not Entered, Impulse Noise Exp(dBP): Not Entered, Health Ed Prov.

g. TYPE OF PERSONAL HEARING PROTECTION USED

- 1 - SINGLE FLANGE (V51R)
- 2 - TRIPLE FLANGE
- 3 - HAND FORMED EARPLUG
- 4 - EAR CANAL CAPS
- 5 - NOISE MUFFS
- 6 - OTHER
- 7 - NONE

h. EXAMINER NAME (Last, First, Middle Initial)

SWENSON, DARIUS C

i. TRAINING CERTIFICATE NO.

220705N

j. SERVICE DUTY OCCUPATION CODE

L03A

k. OFFICE SYMBOL

Audiology

l. AUDIOMETER TYPE

1 - MANUAL

2 - SELF-RECORDING

3 - MICROPROCESSOR

3

m. MODEL

(Automatic)

CCA-200m

n. MANUFACTURER

Benson Co.

o. SERIAL NUMBER

68803.

p. LAST ELECTROACOUSTIC CALIBRATION DATE

22 Apr 2022

16. FOLLOW-UP NO. 1

AUDIOMETRIC DATA

RE: ANSI S3.6

b. CURRENT AUDIOGRAM

DATE

c. REFERENCE AUDIOGRAM

DATE

d. SIGNIFICANT THRESHOLD

L: 1 SHIFT (STS)

R: 1 1 - NO

2 - YES

e. THRESHOLD

SHIFT

0 0 0 0

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

f. EXAMINER NAME (Last, First, Middle Initial)

g. TRAINING CERTIFICATE NO.

h. SERVICE DUTY OCCUPATION CODE

i. OFFICE SYMBOL

j. AUDIOMETER TYPE

1 - MANUAL

2 - SELF-RECORDING

3 - MICROPROCESSOR

3

k. MODEL

(Automatic)

CCA-200m

l. MANUFACTURER

Benson Co.

m. SERIAL NUMBER

68803.

n. LAST ELECTROACOUSTIC CALIBRATION DATE

22 Apr 2022

17. FOLLOW-UP NO. 2

AUDIOMETRIC DATA

RE: ANSI S3.6

b. CURRENT AUDIOGRAM

DATE

c. REFERENCE AUDIOGRAM

DATE

d. SIGNIFICANT THRESHOLD

L: 1 SHIFT (STS)

R: 1 1 - NO

2 - YES

e. THRESHOLD

SHIFT

0 0 0 0

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

0 0 10 -5

f. EXAMINER NAME (Last, First, Middle Initial)

g. TRAINING CERTIFICATE NO.

h. SERVICE DUTY OCCUPATION CODE

i. OFFICE SYMBOL

j. AUDIOMETER TYPE

1 - MANUAL

2 - SELF-RECORDING

3 - MICROPROCESSOR

3

k. MODEL

(Automatic)

CCA-200m

l. MANUFACTURER

Benson Co.

m. SERIAL NUMBER

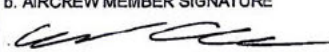
68803.

n. LAST ELECTROACOUSTIC CALIBRATION DATE

22 Apr 2022

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(Read Privacy Act Statement and Instructions on back before completing form.)

1. TO: CO, VMM-363 "Red Lions"		2. FROM: FS, VMM-363 "Red Lions"		3. DATE (YYYYMMDD) 20230208	
4. MEMBER NAME (Last, First, Middle Initial) Collart, Spencer, R		5. IDENTIFICATION NUMBER 1589952835		6. GRADE E-4	
7. DATE OF BIRTH (YYYYMMDD) 20020418		8. ORGANIZATION USMC/VMM-363		9. TYPE OF DUTY Class II	
10. FLIGHT PHYSICAL DATE (YYYYMMDD) (if applicable) 20230208		11. UP: THE ABOVE INDIVIDUAL HAS BEEN FOUND QUALIFIED BY MEDICAL AUTHORITY.			
a. X one: <input type="checkbox"/> CLEARED AFTER (X): <input type="checkbox"/> Temporary medical disqualification <input type="checkbox"/> Waiver recommended (Not USAF) <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Reporting to new duty station <input type="checkbox"/> Waiver granted <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> CLEARED AFTER FLIGHT DUTY MEDICAL EXAMINATION:					
b. EFFECTIVE DATE (YYYYMMDD) 20230208			c. EXPIRATION DATE (YYYYMMDD) 20240430		
12. DOWN: THE ABOVE INDIVIDUAL HAS BEEN FOUND DISQUALIFIED BY MEDICAL AUTHORITY.					
a. X one: <input type="checkbox"/> TEMPORARY DISQUALIFICATION DUE TO (X): <input type="checkbox"/> Illness or Injury <input type="checkbox"/> Aircraft mishap <input type="checkbox"/> Other (See remarks) MAY PARTICIPATE IN (X): <input type="checkbox"/> Simulator duties <input type="checkbox"/> Ground based flight line duties <input type="checkbox"/> Other (See remarks) <input type="checkbox"/> PERMANENT DISQUALIFICATION					
b. EFFECTIVE DATE (YYYYMMDD)			c. ESTIMATED DURATION OF GROUNDING		
13. REMARKS/LIMITATIONS <input type="checkbox"/> VISION CORRECTION DEVICES REQUIRED IN THE PERFORMANCE OF FLIGHT DUTIES. <input type="checkbox"/> MUST CARRY EXTRA SPECTACLES. PQ/AA/DIF/CLASS II/AC/RW/TR					
14. (X one): <input checked="" type="checkbox"/> FLIGHT SURGEON <input type="checkbox"/> OTHER (Countersignature required for Air Force and Navy upslip)					
a. TYPED NAME (Last, First, Middle Initial) (b) (6)		b. GRADE (b) (6)		c. PROVIDER SIGNATURE (b) (6)	
d. DATE SIGNED (YYYYMMDD) 20230208		e. TYPED NAME (Last, First, Middle Initial)		f. GRADE	
g. FLIGHT SURGEON COUNTERSIGNATURE		h. DATE SIGNED (YYYYMMDD)			
15. MEMBER CERTIFICATION					
a. I certify that I understand the above recommendations and that I: <input checked="" type="checkbox"/> MAY <input type="checkbox"/> MAY NOT perform flight duties.			b. AIRCREW MEMBER SIGNATURE 		c. DATE SIGNED (YYYYMMDD) 20230208
16. ACTION TAKEN BY COMMANDER (Not required for Air Force and Navy)					
a. TYPED NAME (Last, First, Middle Initial)			b. TITLE		c. SIGNATURE
d. DATE SIGNED (YYYYMMDD)			<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3031, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; 14 U.S.C. 92, Secretary, General Powers; AR 40-501 Standards of Medical Fitness, AFI 48-123 Medical Examinations and Standards, OPNAVINST 3710 NATOPS General Flight and Operating Instruction, and COMDTINST M6410.3A, Coast Guard Aviation Medicine Manual.

PRINCIPAL PURPOSE(S): This form is used to inform the commander about medical fitness to perform flying or special operational duty. It is also used to populate the service specific flight records management system used by the Army, Air Force and Navy.

ROUTINE USE(S):

Law Enforcement Routine Use: If a system of records maintained by a Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether Federal, State, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation or order pursuant thereto.

Congressional Inquiries Disclosure Routine Use: Disclosure from a system of records maintained by a Component may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

Disclosure to the Department of Justice for Litigation Routine Use: A record from a system of records maintained by a Component may be disclosed as a routine use to any component of the Department of Justice for the purpose of representing the Department of Defense or the U.S. Coast Guard, or any officer, employee or member of these entities in pending or potential litigation to which the record is pertinent.

Disclosure of Information to the National Archives and Records Administration Routine Use: A record from a system of records maintained by a Component may be disclosed as a routine use to the National Archives and Records Administration for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.

Data Breach Remediation Purposes Routine Use: A record from a system of records maintained by a Component may be disclosed to appropriate agencies, entities, or persons when (1) the Component suspects or has confirmed that the security or confidentiality of the information in the system of records has been compromised; (2) the Component has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Component or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Components efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

DISCLOSURE: Voluntary. Failure to provide information or sign may delay determination of medical fitness to perform flying or special operational duty.

INSTRUCTIONS

Blocks 1-8: These may be completed by the clinic staff or the service member.

Block 5: Identification Number

- a. Air Force, Army and Navy – Use DoD ID number.
- b. Coast Guard – Use Employee ID number.

Block 9: Place the Flying Class category and the duty performed using the references below.

- Army – See AR 40-501, Chapter 6.
- Air Force – See AFI 48-123, Chapter 6.
- Navy – See NAVMED P-117, Chapter 15, Article 15-63.
- Coast Guard – See Coast Guard Aviation Medicine Manual, Chapter 1.

Block 10 – Date flight physical was completed.

Block 11 (a-c) – This section is used for qualification. Mark the appropriate boxes.

Block 12 (a-c) – This section is used for disqualification. Mark the appropriate boxes.

Block 13 – Make remarks as appropriate and do not include any protected health information in this section.

Blocks 14 – 16 are self-explanatory except as detailed below.

Block 14 – Other credentialed providers who are not flight surgeons require a countersignature by a flight surgeon. Army aeromedical physician assistants and aviation medicine nurse practitioners do not require a countersignature for Army personnel only.

Block 15 – Selecting "MAY NOT" does not prohibit simulator duties or ground based flight line duties if these boxes are marked in block 12.



UNITED STATES MARINE CORPS
MARINE MEDIUM TILTROTOR SQUADRON 363
MARINE AIRCRAFT GROUP 24
BOX 63060
MCB H KANE OHE HAWAII 96361-3060

6000
MED
9 Jan 23

From: Commanding Officer, Marine Medium Tiltrotor Squadron 363
To: Flight Surgeon, Marine Medium Tiltrotor Squadron 363

Subj: EXTENSION OF FLIGHT PHYSICAL VULNERABILITY WINDOW

Ref: (a) NAVMED P-117, SECTION 15-70
(b) OPNAVINST CNAF M-3710.7, SECTION 8.8.1

1. In accordance with references (a) and (b), VMM-363 flight status personnel's annual flight physical vulnerability window is extended to six months due to deployment requirements without sufficient medical facilities.

(b) (6)

Copy To:
NATOPS Jacket
Medical Record

(b) (6)

This information has been disclosed to you from federal health records in accordance with an approved written request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

(b) (6)

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

(b) (6)

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

(b) (6)

This information has been disclosed to you from federal health records in accordance with an approved written request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

(b) (6)

(b) (6)

This information has been disclosed to you from federal health records in accordance with an approved written request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

(b) (6)

(b) (6)

49 NO. 1, 1970
ROUTINE USES
DISCLOSURE

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement.

(b) (6)

(b) (6)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)



(b) (6)

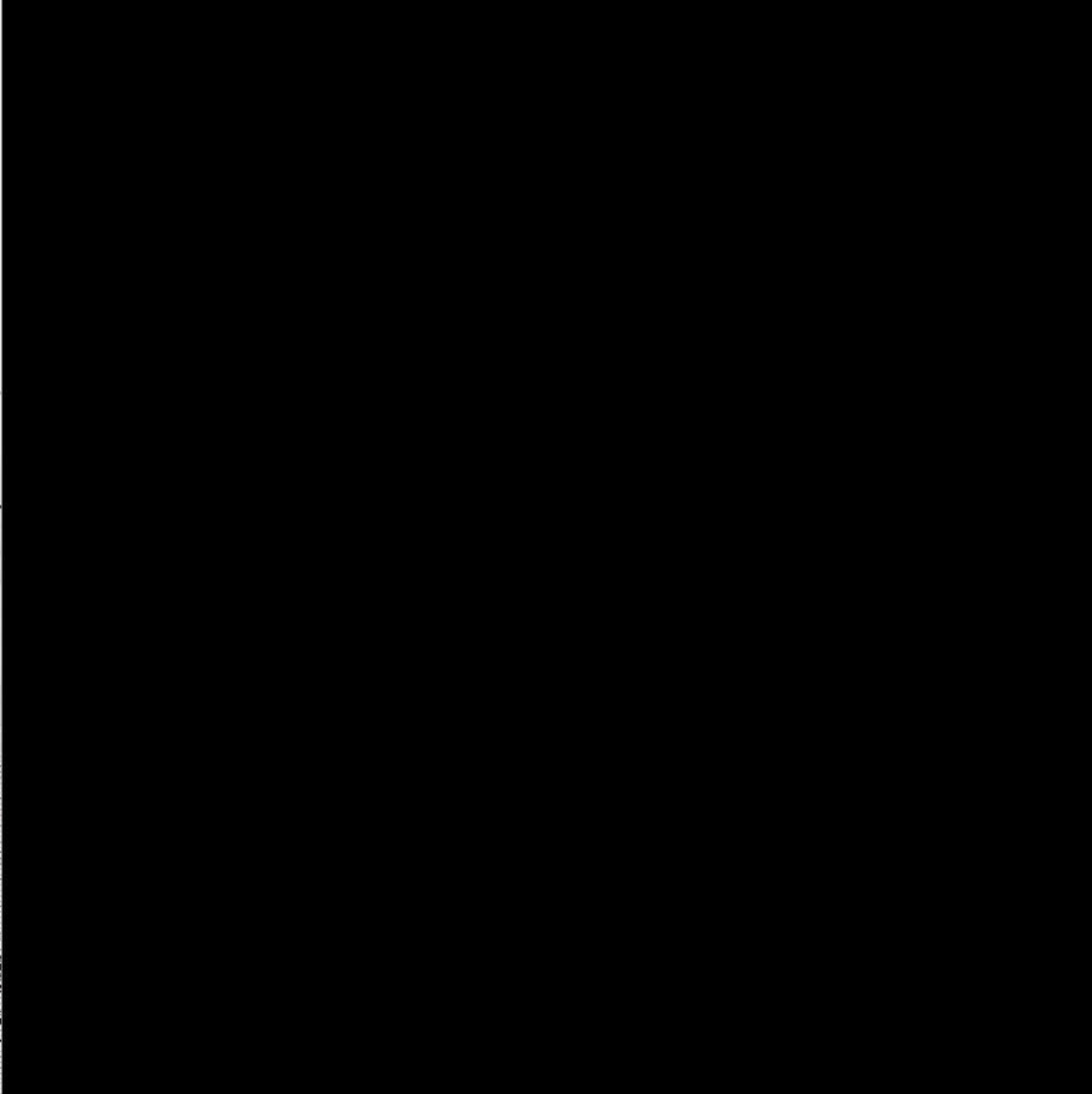


(b) (6)



(b) (6)

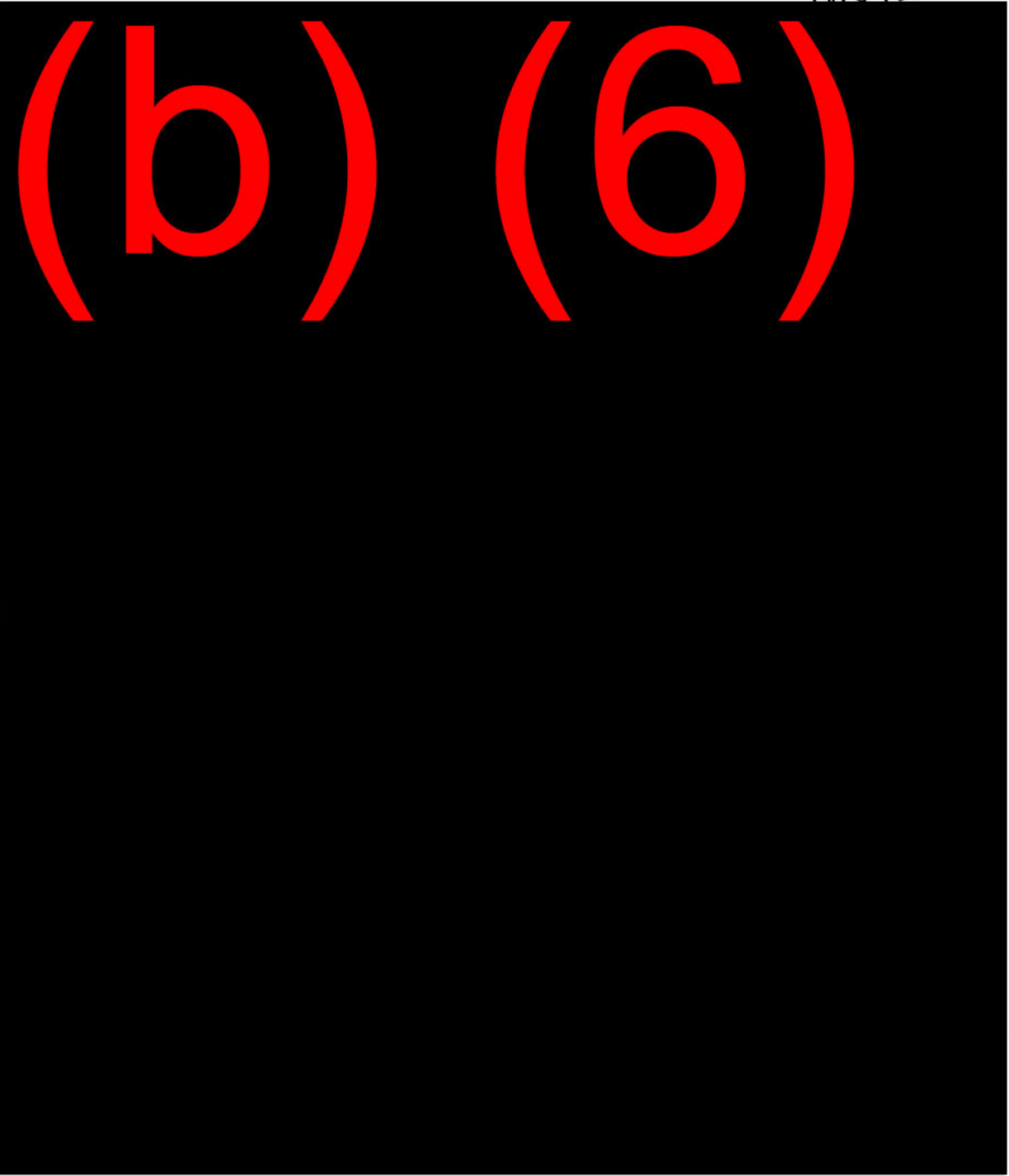
(b) (6)



~~1. MEDICAL RECOMMENDATION FOR FLYING OR OTHER CRITICAL DUTY~~

(b) (6)

(b) (6)



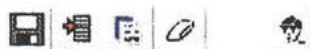
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23
1320 7-10-23

File Edit View Help



ORG: GC4 BUNO: TMS: MV-22B Next Phase: 187.900 Hours Up/Down/Partial
MODEX: 15 Assy Cd: AYNE Basic Wgt: 36689 Acft Hours: 1.823.700 Last Flown: 07 AUG 2023 201

Inspections Near Due Removals Near Due Summary
Engine/APU/Prop Data Open Work Orders Awaiting Maintenance Control Approval Closed Work Orders Last 10 Flights



Oxy Qty

2.000.00

Fuel Grade: JP8

Fuel Qty: 11.200.00

Oil Grade Oz. Of Oil Added Multiplier Description

Hot Seat Ind: NO

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC

Special Equipment: LIFERAFT 23699// LH 0 OZ RH 29 OZ

Limitations: PMC (C) FLIR VIDEO INOP: (H) BFCU 2. WINGS STOW SW (I) L WHT BLD TEMP SNSR. R RED BLD TEMP SNSR. L SPINNER TEMP SNSR. HYD 3 HEAT. IPS FAULT// LH EPP 111 RH EPP 109

Pilot Signature
08 AUG 2023

I have personally inspected this aircraft IAW the applicable MRCs/checklists. Any discrepancies noted have been entered on a work order.

Certification of safe for flight condition by MMCO. MO or MCO. If authorized, other persons may sign.

I've reviewed discrepancy report flights insured wgt. and balance accept this aircraft for flight.

Signatures: Plane Captain:

FOR OFFICIAL USE ONLY

A-Sheet

Daily Maint. Record

Turnaround Maint. Record

Aircraft Limitations

Daily/Turnaround - Local

INITIAL

OOMA Safe for Flight Check List

A/C 15
BUNO

NA (Yes, No) Block for Det Requirements

Est Depart Date _____ Est Rtn Date _____ HighTimes(), CADS(), Sched Inspections(),

(b) (6) **Daily Maint. Record Turnaround Record**

Print After Signed off by Crew Chief and MC and insert in ADB – PRINT - needs TA, fuel samples

Verify Oil Consumption Log

Ensure last flight logged and proper oil consumption calculated for each engine.

Fuel Log & Fuel Qty NA / needs fuel samples

- o Ensure Fuel Log in ADB has current passing samples annotated within 24 hours of aircraft's initial launch time
- o Check the Flight Schedule for FUEL qty and check the White Board for Fuel qty. Call Fuel Farm 257-2707.

Schedule Inspection Report

- o Click Aircraft VED, Right Click, Reports, Scheduled Inspections, Choose your MODEX, Change end start date to minus (-1) ye Change the End date (+3) years, click OK. Click on SORT (A/Z), Drag everything from the Sort Column (right to left), Then move/organize from left to right by "Interval Type, Interval, Assembly Cd, Task Name," Click OK. - PRINT

(b) (6) **Screen Component Removal Due**

- o Click Configuration Management/Logs & Records (CM) Reports, Click CM Reports, Click Component Removal Due, Select Aircraft BUNO, Click Submit, Click Save File, Save as type: CSV, Save with Headers. Open in Excel - Print
- o All components on this list will not expire during this flight.

(b) (6) **Screen Open and Closed MAFs in AADB**

- o Verify correct EOC Code per MESM and for correct Job Status
- o Screen for PMC discrepancies & CDI In-Processes according to flight schedule mission requirements.
- o Verify all downing discrepancies and flight safety Quality Assurance inspections are signed off
- o Verify no open Corrosion discrepancy past 28 Days of initiation. If there is now a downer and be assigned a "Z" EOC Code
- o Click Aircraft VED, Right Click, Reports, Aircraft/Equipment Workload – PRINT
- o Click Aircraft VED, Left Click, Select 1st MAF then scroll down Select Shift & Left Click, Print, Select QAR/CDI in Process, PRIN

CHECK LAST FLIGHT STATUS

- o Click Aircraft VED, right click AADB, Last 10 "A" Sheets - PRINT.
- o Click on Flight (airplane), Reports, Aircraft Flight, select Aircraft and change start date (Use above oldest Date) last 10 flights PRINT
- o Verify Flight Hour accuracy by bouncing Last 10 "A" Sheets against the OOMA Flight Summary report
- o Ensure there was a 30 day no fly cut if the A/C did not fly for 30 days.

(b) (6) **Installed Explosive Device Report**

- o Click Configuration Management/Logs & Records (CM) Reports, Click CM Reports, Click Installed Explosives, Select Aircraft BUNO, Click Submit - PRINT.

(b) (6) **Outstanding TD Report**

- o Click Configuration Management/Logs & Records (CM) Reports, Click CM Reports, Click Outstanding Technical Directives, Select BUNO only, Click submit - PRINT.
- o Ensure TD's are not overdue for incorporation. Bounce with Work Load Report (Do Not go with Target Completion Date)
- o All Maintenance Level 1 TD's must be assigned an MCN

SCREEN DAILY AIRCREW FLIGHT GEAR REPORT

- o Ensure all A/C personnel flight gear is up to date.

Weight & Balance

- o Get the Basic Weight off the Form F in the front of ADB and compare this weight with what's on the top of the AADB in OOMA. The weights need to match. Date signed must be less than 180 days

Update Aircraft Limitations

- o Click VED, Right Click AADB, Click Aircraft Limitations, add all PMC Discrepancies with corresponding EOC Code

(b) (6) **Tool Report**

- o Click Ad Hoc Query – Verify all toolboxes have been CDI'ed.

W/O STATUS UPDATE

- o Click VED, Click Mass Job Status, Click Update, Click drop down for Job Status From and select M3, Click drop down for Job Status to and select M7, Click drop down for BUNO and select correct BUNO, Click O.K.

NA **FCF ONLY**

- o QA gives FCF brief with Maintenance Controller, Pilot and One Rep. from each W/C (as required).

(ADB)

- o Print after Crew Chief / Maintenance Control / Pilot in Command signs Part A (Use Print Screen) and insert in ADB. – PRINT

(b) (6) **AADB Summary Back up**

- o After A-Sheet is fully signed, Click Aircraft VED, Right Click, Click AADB, SUMMARY, Go-to-Print, Select "Microsoft Print to PDF", Change to YYYYMMDD SFF, save in Share Drive in MxCtrl / 4. ADB Backups / BUNO.

(b) (6) **Flight**

- o Fill out Oil Consumption Record in ADB and Calculate Oil Consumption with download from QA.
- o Update "Timesheet" using NAVFLIR
- o Retain the following documents in the ADB. A-Sheet, Scheduled Inspections, Component Removal Due, SFF Screening Checklist, Previous Timesheet, NAVFLIR, Download Screening Sheet.
- o Change M7's back to M3.

(b) (6)

Turnaround Maint. Records for MODEX 15 /BUNO (b) (6)

Page 1

Received Date: 27 AUG 2023 0739

Completion Date: 27 AUG 2023 0747

Maint Cntl Sig: (b) (6)

Card No	Wc Cd	Tool Box #	Discrepancy	Corrected	Worker Signature
1	310	6-11	NONE	<input type="checkbox"/>	(b) (6)
2	310	6-11		<input type="checkbox"/>	
3	310	6-11		<input type="checkbox"/>	
4	310	6-11		<input type="checkbox"/>	
5	310	6-11		<input type="checkbox"/>	
6	310	6-11		<input type="checkbox"/>	
7	310	6-11		<input type="checkbox"/>	
8	310	6-11		<input type="checkbox"/>	
9	310	6-11		<input type="checkbox"/>	
10	310	6-11		<input type="checkbox"/>	
11	310	6-11		<input type="checkbox"/>	
12	310	6-11		<input type="checkbox"/>	
13	310	6-11		<input type="checkbox"/>	
14	310	6-11		<input type="checkbox"/>	
15	310	6-11		<input type="checkbox"/>	
16	310	6-11		<input type="checkbox"/>	
	310	6-11		<input type="checkbox"/>	

FOR OFFICIAL USE ONLY

Turnaround Maint. Records for MODEX 15 /BUNO (b) (6)

Page 2 of 2

Received Date: 27 AUG 2023 0739

Completion Date: 27 AUG 2023 0747

Maint Cntl Sig [REDACTED]

Card No	Wc Cd	Tool Box #	Discrepancy	Corrected	Worker Signature
18	310	6-11		<input type="checkbox"/>	(b) (6)
19	310	6-11		<input type="checkbox"/>	
20	310	6-11		<input type="checkbox"/>	
21	310	6-11		<input type="checkbox"/>	
22	310	6-11		<input type="checkbox"/>	
23	310	6-11		<input type="checkbox"/>	
24	310	6-11	NONE	<input type="checkbox"/>	

FOR OFFICIAL USE ONLY

Daily Maint. Records for MODEX 15 /BUNO

Page 1 of 3

Received Date: 24 AUG 2023 1801 Completion Date: 24 AUG 2023 1824 Maint Cntl Sig:

Card No	Wc Cd	Box #	Discrepancy	Corrected	Signature
1	310	6-15	NONE		(b) (6)
2	310	6-15			
2.1	310	6-15			
3	310	6-15			
4	310	6-15			
4.1	310	6-15			
5	310	6-15			
5.1	310	6-15			
6	310	6-15			
6.1	310	6-15			
6.2	310	6-15			
7	310	6-15			
8	310	6-15			
8.1	310	6-15			
8.2	310	6-15			
8.3	310	6-15			
9	310	6-15			

FOR OFFICIAL USE ONLY

Daily Maint. Records for MODEX 15 /BUNO

Page 2 of 3

Received Date: 24 AUG 2023 1801 Completion Date: 24 AUG 2023 1824 Maint Cntl Sig:

Card No	Wc Cd	Box #	Discrepancy	Corrected	Signature
9.1	310	6-15			(b) (6)
9.2	310	6-15			
10	310	6-15			
11	310	6-15	NONE		
12	310	6-15	NONE		
12.1	310	6-15			
12.2	310	6-15			
12.3	310	6-15			
12.4	310	6-15			
12.5	310	6-15			
12.6	310	6-15			
12.7	310	6-15			
13	310	6-15			
13.1	310	6-15			
13.2	310	6-15			
13.3	310	6-15			
13.4	310	6-15			

FOR OFFICIAL USE ONLY

Daily Maint. Records for MODEX 15 /BUNC

Page 3 of 3

Received Date: 24 AUG 2023 1601 Completion Date: 24 AUG 2023 1824 Maint Cntl Sig:

Card No	Wc Cd	Tool Box #	Discrepancy	Corrected	Worker Signature
13.5	310	6-15			(b) (6)
13.6	310	6-15			
13.7	310	6-15			
14	310	6-15	NONE		

FOR OFFICIAL USE ONLY

ORG : GC4
ORG Name : VMM3
Aircraft Data: MODEX

NALCOMIS
SCHEDULED INSPECTIONS REPORT
25 AUG 2022 - 25 AUG 2026

DATE
TIME
REQ BY
PAGE

(b) (6)

MODEX	BUNO/Serno	Assy Cd	Position Code	Task Name	Location	Interval	Date	Units	Current	Remaining
15	168616	AYNE		56 DAY INSPECTION	PRIMARY	56 Day	02 OCT 2023			38
		AYNE		91 DAY INSPECTION	PRIMARY	91 Day	18 SEP 2023			24
	EN0026207	AYNE		CABIN EMERGENCY EQUIP INSP (SEMI PRIMARY		182 Day	13 NOV 2023			80
	168616	AYNE		182 DAY INSPECTION	PRIMARY	182 Day	18 SEP 2023			24
	EN0028591	AYNE		CABIN EMERGENCY EQUIP INSP (SEMI PRIMARY		182 Day	13 NOV 2023			80
	ST58334	AYNE		CABIN EMERGENCY EQUIPMENT INSP (PRIMARY		364 Day	10 JUN 2024			290
	168616-IFAK	AYNE		CABIN EMERGENCY EQUIPMENT INSP PRIMARY		364 Day	10 JUN 2024			290
	168616	AYNE		364 DAY INSPECTION	PRIMARY	364 Day	21 MAR 2024			209
	405019	AYNE		CABIN EMERGENCY EQUIPMENT INSP (PRIMARY		364 Day	08 AUG 2024			349
	BH333891	CV2L		364 DAY PROPROTOR HUB CORROSION PRIMARY		364 Day	21 MAR 2024			209
	BH333892	CV2R		364 DAY PROPROTOR HUB CORROSION PRIMARY		364 Day	21 MAR 2024			209
	20C0648	YPRH		AIMD) 448 DAY INSPECTION LRU-34/A	PRIMARY	448 Day	04 APR 2024			223
	168616	AYNE		900 DAY INSPECTION	PRIMARY	900 Day	23 AUG 2025			729
	VL00071469	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		241.900	226.400	15.500
	BH117192	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		1669.700	1654.200	15.500
	VL00077555	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		130.100	114.600	15.500
	BH664950	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		688.700	673.200	15.500
	616MASTLH	AYNE		35 HOUR MAST NUT BOLT TORQUE INS	PRIMARY	35 Hour		70.000	45.000	25.000
	A-610	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		2835.700	2820.200	15.500
	A-2053	AYNE		35 HOUR INSPECTION.	PRIMARY	35 Hour		1931.100	1915.600	15.500
	A-610	AYNE		70 HOUR BLADE ROOT FOR CRACKS IN	PRIMARY	70 Hour		2845.600	2820.200	25.400
	168616	AYNE		70 FLIGHT HOUR INSPECTION	PRIMARY	70 Hour		1871.600	1846.200	25.400
	CAE130379	T1B	RH	70 HOUR POWER ASSURANCE	PRIMARY	70 Hour		1822.300	1796.900	25.400
		T1B	RH	70 HOUR ENGINE INSPECTION	PRIMARY	70 Hour		1822.300	1796.900	25.400
	CAE130132	T1B	LH	70 HOUR POWER ASSURANCE	PRIMARY	70 Hour		2224.400	2199.000	25.400
		T1B	LH	70 HOUR ENGINE INSPECTION	PRIMARY	70 Hour		2224.400	2199.000	25.400
	168616	AYNE		140 FLIGHT HOUR INSPECTION	PRIMARY	140 Hour		1882.200	1846.200	36.000
	CAE130379	T1B	RH	140 FLIGHT HOUR INSPECTION	PRIMARY	140 Hour		2296.500	1796.900	499.600

FOR OFFICIAL USE ONLY

ORG : GC4
ORG Name : VMM3
Aircraft Data: MODEX

NALCOMIS C
SCHEDULED INSPECTIONS REPORT
25 AUG 2022 - 25 AUG 2026

DATE: 25 AUG 2023
TIME: 0220
REQ BY: (b) (6)
PAGE: 2 of 2

MODEX	BUNO/Serno	Assy	Position Code	Task Name	Location	Interval	When Due			
		Cd					Date	Units	Current	Remaining
15	CAE130132	T1B	LH	140 FLIGHT HOUR INSPECTION	PRIMARY	140 Hour		2698.600	2199.000	499.600 ✓
	168616	AYNE		210 FLIGHT HOUR INSPECTION	PRIMARY	210 Hour		1941.600	1846.200	95.400 ✓
		AYNE		PHASE D INSPECTION	PRIMARY	280 Hour		2011.600	1846.200	165.400 ✓
	BH333891	CV2L		PHASE D INSPECTION	PRIMARY	280 Hour		2011.600	1846.200	165.400 ✓
	BH333892	CV2R		PHASE D INSPECTION	PRIMARY	280 Hour		2011.600	1846.200	165.400 ✓
	CAE130379	T1B	RH	PHASE C ENGINE INSPECTION	PRIMARY	280 Hour		1962.300	1796.900	165.400 ✓
	CAE130132	T1B	LH	PHASE D ENGINE INSPECTION	PRIMARY	280 Hour		2364.400	2199.000	165.400 ✓
	168616	AYNE		420 FLIGHT HOUR INSPECTION	PRIMARY	420 Hour		1905.700	1846.200	59.500 ✓
	000243768	AYNE		560 HR INSPECTION	PRIMARY	560 Hour		1121.100	918.100	203.000 ✓
	168616	AYNE		PLANNED MAINTENANCE INTERVAL IN: PRIMARY		1680 Hour		3165.700	1846.200	1319.500 ✓
	CAE130379	T1B	RH	1680 HR ENGINE INSPECTION - 053A05	PRIMARY	1680 Hour		2976.500	1796.900	1179.600 ✓
	CAE130132	T1B	LH	1680 HR ENGINE INSPECTION - 053A05	PRIMARY	1680 Hour		3378.600	2199.000	1179.600 ✓
	CAE130379	T1B	RH	2520 HOUR ENGINE INSPECTION - UNS	PRIMARY	2520 Hour		3816.500	1796.900	2019.600 ✓
	CAE130132	T1B	LH	2520 HOUR ENGINE INSPECTION - UNS	PRIMARY	2520 Hour		4218.600	2199.000	2019.600 ✓
	CAE130379	T1B	RH	4200 HR ENGINE INSPECTION - UNS 05	PRIMARY	4200 Hour		5496.500	1796.900	3699.600 ✓
	CAE130132	T1B	LH	4200 HR ENGINE INSPECTION - UNS 05	PRIMARY	4200 Hour		5898.600	2199.000	3699.600 ✓
	168616	AYNE		4315 FLIGHT HOUR INSPECTION	PRIMARY	4315 Hour		4315.000	1846.200	2468.800 ✓
	BDU197	AYNE		4480 HR EDDY CURRENT INSP	PRIMARY	4480 Hour		4480.000	1846.200	2633.800 ✓
	CAE130379	T1B	RH	6720 HR ENGINE INSPECTION - UNS 05	PRIMARY	6720 Hour		8016.500	1796.900	6219.600 ✓
	CAE130132	T1B	LH	6720 HR ENGINE INSPECTION - UNS 05	PRIMARY	6720 Hour		8418.600	2199.000	6219.600 ✓
	168616	AYNE		1000 LANDING INSPECTION	PRIMARY	1000 Lndg		4000.000	3803.000	197.000 ✓
	168616-WINCI	AYNE		5 YEAR INSPECTION	PRIMARY	5 Year	23 APR 2024			242 ✓

modex	buno	actl_tsn	pn	cage	serno	pos_cd	wuc	nomen	tsn	tsk	sts	cc	sched	expd	schd_dt	actl_or_eng	pl_cnt	use_remng	qty	sasr	use_remng	qty
15	168616	1846.2	MV-22B	62851	168616		1000000	MV-22B AIRCRAFT - 15	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	08565/7-2	81349	3344		243004	BATTERY - 03344	0	ACTV		36	11/1/2025	23:59								
15	168616	1846.2	DK130	94970	5T58334		256005	SONAR BEACON - ST58334	0	ACTV		72	6/30/2025	23:59								
15	168616	1846.2	64510-107	70167	20C0648		91A1N	LRU-34/A 20 PERSON LIFE RAFT - 20C0648	0	ACTV		448	4/4/2024	23:59								
15	168616	1846.2	95277-80	83289	20C0648-1	1	91B69	LIGHT SAFETY CYALUME S.O.S. - 20C0648-1 (1)	0	ACTV		4	11/30/2025	23:59								
15	168616	1846.2	95277-80	83289	20C0648-2	2	91B69	LIGHT SAFETY CYALUME S.O.S. - 20C0648-2 (2)	0	ACTV		4	11/30/2025	23:59								
15	168616	1846.2	380035-XR-MIL	62713	30012031-1	1	66613BAT	BATTERY POWER SUPPLY - 30012031-1 (1)	0	ACTV		3	6/30/2024	23:59								
15	168616	1846.2	380035-XR-MIL	62713	30012031-2	2	66613BAT	BATTERY POWER SUPPLY - 30012031-2 (2)	0	ACTV		3	6/30/2024	23:59								
15	168616	1846.2	115 A	80204	011317-1	SDU1	91A33BAT	AA BATTERY NON-RECHARGEABLE - 011317-1 (SDU1)	0	ACTV		3	11/30/2026	23:59								
15	168616	1846.2	115 A	80204	011317-2	SDU2	91A33BAT	AA BATTERY NON-RECHARGEABLE - 011317-2 (SDU2)	0	ACTV		3	11/30/2026	23:59								
15	168616	1846.2	G5-46	52727	368		2565010201	LITHIUM BATTERY - 0368	0	ACTV		60	10/31/2023	23:59								
15	168616	1846.2	901-369-201-101	97499	828 LH		262102	BOTTLE ASSY, FIRE EXT - 0828	0	ACTV		60	8/30/2024	23:59								
15	168616	1846.2	3205AS100	30003	1333 S566 L		26210202	CARTRIDGE, FIRE BOTTLE - 1333 (S566 L)	0	ACTV		60	7/31/2026	23:59								
15	168616	1846.2	3205AS158	30003	3746 S589 3		262103	GENERATOR, GAS (S589) - 3746 (S589 3)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS158	30003	3739 S589 4		262105	GENERATOR, GAS (S589) - 3739 (S589 4)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS158	30003	3648 S589 5		262107	GENERATOR, GAS (S589) - 3648 (S589 5)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	901-369-201-101	97499	276 RH		262202	BOTTLE ASSY, FIRE EXT - 0276	0	ACTV		60	10/31/2024	23:59								
15	168616	1846.2	3205AS100	30003	1336 S566 L		26210202	CARTRIDGE, FIRE BOTTLE - 1336 (S566 L)	0	ACTV		60	7/31/2026	23:59								
15	168616	1846.2	3205AS158	30003	4096 S589 4		262206	GENERATOR, GAS (S589) - 4096 (S589 4)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS158	30003	4093 S589 5		262208	GENERATOR, GAS (S589) - 4093 (S589 5)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS158	30003	4106 S589 3		262204	GENERATOR, GAS (S589) - 4106 (S589 3)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	132-008	6535	EN0028591	FW	262001	PORTABLE FIRE EXTINGUISHER (CO2) - EN0028591 (FW)	0	ACTV		60	3/31/2024	23:59								
15	168616	1846.2	132-008	6535	EN0028207	AF	262002	PORTABLE FIRE EXTINGUISHER (CO2) - EN0028207 (AF)	0	ACTV		60	11/30/2023	23:59								
15	168616	1846.2	3205AS159	30003	3839 S590 1		262301	GENERATOR, GAS (S590) - 3839 (S590 1)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS159	30003	3840 S590 2		262303	GENERATOR, GAS (S590) - 3840 (S590 2)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS159	30003	3842 S590 3		262305	GENERATOR, GAS (S590) - 3842 (S590 3)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS159	30003	3843 S590 4		262307	GENERATOR, GAS (S590) - 3843 (S590 4)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS159	30003	3845 S590 5		262309	GENERATOR, GAS (S590) - 3845 (S590 5)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS159	30003	7044 S590 6		262311	GENERATOR, GAS (S590) - 7044 (S590 6)	0	ACTV		78	9/30/2025	23:59								
15	168616	1846.2	3205AS157	30003	786 S591 7		262313	GENERATOR, GAS (S591) - 786 (S591 7)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS156	30003	1379 S592 1		263105	GENERATOR, GAS (S592) - 1379 (S592 1)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS160	30003	1393 S593 2		263107	GENERATOR, GAS (S593) - 1393 (S593 2)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS160	30003	1406 S593 2		263208	GENERATOR, GAS (S593) - 1406 (S593 2)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	3205AS156	30003	1401 S592 1		263206	GENERATOR, GAS (S592) - 1401 (S592 1)	0	ACTV		78	10/31/2023	0:00								
15	168616	1846.2	918000 3R5K2	1074 LH			263302	VALVE AND BOTTLE ASSY - 001074	0	ACTV		72	9/30/2024	23:59								
15	168616	1846.2	918000 3R5K2	1242 RH			263402	VALVE AND BOTTLE ASSY - 001242 (RH)	0	ACTV		72	11/30/2025	23:59								
15	168616	1846.2	08565/6-1	81349	41140183		272119	BATTERY ASSEMBLY - 41140183	0	ACTV		36	6/2/2025	23:59								
15	168616	1846.2	901-382-012-105	77272	3114 LOO		275001	ACTUATOR ELECTRO-ME - 03114 (LOO)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-012-105	77272	2853 ROO		275002	ACTUATOR ELECTRO-ME - 02853 (ROO)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-013-109	77272	1135 LH		275009	ACTUATOR, ELEVATOR - 01135 (LH)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-011-115	77272	BD002511	LI	275013	ACTUATOR, SWASHPLATE, SERVO - BD002511 (LI)	1846.2	ACTV		2500						2500		653.8		
15	168616	1846.2	901-382-011-115	77272	BD002965	CTR	275014	ACTUATOR, SWASHPLATE, SERVO - BD002965 (CTR)	1023	ACTV		2500						3323.2		1477		
15	168616	1846.2	42555-401	82402	1112 RH		27502015	PCA - NO HPDU - 1112 (RH)	45.8	ACTV		10000						11800.4		9954.2		
15	168616	1846.2	42555-401	82402	407 LH		27502115	PCA - NO HPDU - 0407 (LH)	1466.2	ACTV		10000						10380		8533.8	9954.2	
15	168616	1846.2	901-382-014-105	77272	AA8035P468	RH	275023	ACTUATOR, RUDDER - AA8035P468	794.6	ACTV		10000						11051.6		9205.4		
15	168616	1846.2	901-382-011-115	77272	BD002689	CTL	275015	ACTUATOR, SWASHPLATE, SERVO - BD002689 (CTL)	1270.2	ACTV		2500						3076		1229.8		
15	168616	1846.2	901-382-011-115	77272	BD002089	RI	275016	ACTUATOR, SWASHPLATE, SERVO - BD002089 (RI)	1747.2	ACTV		2500						2599		752.8		
15	168616	1846.2	901-382-011-115	77272	BD002479	LO	275017	ACTUATOR, SWASHPLATE, SERVO - BD002479 (LO)	1846.2	ACTV		2500						2500		653.8		
15	168616	1846.2	901-382-011-115	77272	BD001950	RO	275018	ACTUATOR, SWASHPLATE, SERVO - BD001950	1248.6	ACTV		2500						3097.6		1251.4		
15	168616	1846.2	901-382-012-105	77272	3287 LOI		275003	ACTUATOR ELECTRO-ME - 03287	1164.6	ACTV		10000						10681.6		8835.4		
15	168616	1846.2	901-382-012-105	77272	3252 ROI		275004	ACTUATOR ELECTRO-ME - 03252	1319.6	ACTV		10000						10526.6		8680.4		
15	168616	1846.2	901-382-012-105	77272	3112 LIO		275005	ACTUATOR ELECTRO-ME - 03112 (LIO)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-012-105	77272	1522 RIO		275006	ACTUATOR ELECTRO-ME - 01522	1815.6	ACTV		10000						10030.6		8184.4		
15	168616	1846.2	901-382-014-105	77272	AAA953P468	LH	275022	ACTUATOR, RUDDER - AAA953P468 (LH)	1326.6	ACTV		10000						10519.6		8673.4		
15	168616	1846.2	901-382-013-109	77272	1137 CT		275010	ACTUATOR, ELEVATOR - 01137 (CT)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-013-109	77272	1362 RH		275011	ACTUATOR, ELEVATOR - 01362	1017.5	ACTV		10000						10828.7		8982.5		
15	168616	1846.2	901-382-012-105	77272	2864 LH		275007	ACTUATOR ELECTRO-ME - 02864 (LH)	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-382-012-105	77272	3193 RH		275008	ACTUATOR ELECTRO-ME - 03193 (RH)	1410.6	ACTV		10000						10435.6		8599.4		
15	168616	1846.2	901-366-654-109	77272	S-292	LFWD	282305	PUMP RECIPROCATING - S-292 (LFWD)	45	1469	ACTV	1680						3481.2		1635		
15	168616	1846.2	901-366-654-109	77272	S-475	RFWD	282405	PUMP RECIPROCATING - S-475	45	ACTV		1680						3481.2		1635		
15	168616	1846.2	901-380-032-107	77272	760		291102	CONTROL NAVIGATIONAL - 0760	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-380-035-109	77272	756		291104	MODULE, SWITCHING VALVE - 0756	1846.2	ACTV		10000						10000		8153.8		
15	168616	1846.2	901-380-034-109	77272	92 LH		291105	VALVE REGULATING SYSTEM - 0092 (LH)	1433.2	ACTV		2500						2913		1066.8		
15	168616	1846.2	901-380-032-108	77272	776		291202	CONTROL NAVIGATIONAL - 0776	1846.2	ACTV		10000						10000		8153.8		
15	168616	184																				

15	168616	1846.2	901-031-573-101	77272	STR-LH-616	LH	53236101	FRAME F5369.65 - STR-LH-616 (LH)	9.4	ACTV	100	90.6	90.6	
15	168616	1846.2	901-031-573-102	77272	STR-RH-616	RH	53236102	FRAME ASSY F5369.65 - STR-RH-616 (RH)	9.04	ACTV	100	90.96	90.96	
15	168616	1846.2	901-031-580-101	77272	STR-LH-616	LH	53235701	FRAME - STR-LH-616 (LH)	0.31	ACTV	100	99.69	99.69	
15	168616	1846.2	901-031-580-105	77272	STR-RH-616	RH	53235702	FRAME - STR-RH-616 (RH)	0.31	ACTV	100	99.69	99.69	
15	168616	1846.2	901-031-582-101	77272	STR616	(-103)	5323D1	SPUCE FITTING - STR616 ((-103))	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-031-582-103	77272	STR616	(-103)	5323D2	SPUCE FITTING - STR616 ((-103))	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-031-582-111	77272	STR616	(-111)	5323D3	SPUCE FITTING - STR616 ((-111))	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-034-601-113	77272	VD3-318		5520	ELEVATOR ASSY - VD3-318	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-034-900-111	97499	VD2-171	LH	5541	RUDDER ASSY - VD2-171 (LH)	2864.2	ACTV	10000	8982	7135.8	
15	168616	1846.2	901-034-900-111	77272	AN2-51	RH	5542	RUDDER ASSY - AN2-51 (RH)	2504.2	ACTV	10000	9342	7495.8	
15	168616	1846.2	3205A5108-9	30003			426	WB35	56100110	SEVERANCE ASSY, CANOPY - 000426 (WB35)	0	ACTV	84	10/31/2023 9:00
15	168616	1846.2	3205A5109-8	30003			2780	WA98	56100111	TLX TRANSFER LINE PH - 002780	0	ACTV	84	8/31/2023 23:59
15	168616	1846.2	3205A5109-9	30003			3638	WA99	56100112	TLX TRANSFER LINE PH - 003638	0	ACTV	84	8/31/2023 23:59
15	168616	1846.2	3205A5106-4	30003			2050	MU74	56100113	INITIATOR, INTERNAL - 002050 (LH)	0	ACTV	120	7/31/2023 23:59
15	168616	1846.2	3205A5394	30003			1724	JL01	56100114	EXTERNAL INITIATOR - 001724 (JL01)	0	ACTV	120	9/30/2023 23:59
15	168616	1846.2	3205A5108-10	30003			504	WB34 R	56100225	SEVERANCE ASSY, CANOPY - 000504 (WB34 R)	0	ACTV	84	10/31/2023 9:00
15	168616	1846.2	3205A5109-8	30003			2767	WA98 R	56100226	TLX TRANSFER LINE PH - 002767	0	ACTV	84	8/31/2023 23:59
15	168616	1846.2	3205A5109-9	30003			3632	WA99 R	56100227	TLX TRANSFER LINE PH - 003632	0	ACTV	84	8/31/2023 23:59
15	168616	1846.2	3205A5106-4	30003			2044	MU74 R	56100228	INITIATOR, INTERNAL - 002044 (RH)	0	ACTV	120	7/31/2023 23:59
15	168616	1846.2	17369100-1	17610			321	JL01 R	56100229	EXTERNAL INITIATOR - 0321 (JL01 R)	0	ACTV	120	6/30/2023 23:59
15	168616	1846.2	901-015-301-121	97499	BH664950	LRED	621101	PROPRATOR BLADE - BH664950 (LRED)	673.2	ACTV	10000	11173	9326.8	2476.8
15	168616	1846.2	901-015-301-121	97499	VL00071469	LGRN	621103	PROPRATOR BLADE - VL00071469 (LGRN)	226.4	ACTV	10000	11619.8	9773.6	2923.6
15	168616	1846.2	901-015-301-117	97499	A-610	LWHT	621105	PROPRATOR BLADE - A-610 (LWHT)	2820.2	ACTV	10000	9026	7179.8	2434.8
15	168616	1846.2	901-011-208-101	97499	A-297	LRED	62210707	PENDULUM CAP ASSY - A-297 (LRED)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-207-101	97499	A-284	LRED	62210709	PENDULUM CAP ASSY - A-284 (LRED)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-201-101	97499	A-97	LH	62210727	ADAPTER ASSY MAST - A-97 (LH)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-208-101	97499	A-195	LGRN	62210715	PENDULUM CAP ASSY - A-195 (LGRN)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-207-101	97499	A-305	LGRN	62210717	PENDULUM CAP ASSY - A-305 (LGRN)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-207-101	97499	A-304	LWHT	62210725	PENDULUM CAP ASSY - A-304 (LWHT)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-1	LRED	622107201	BUSHING, SLEEVE - TBD-616-1 (LRED)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-3	LRED	622107202	BUSHING, SLEEVE - TBD-616-3 (LRED)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-2	LWHT	622107203	BUSHING, SLEEVE - TBD-616-2 (LWHT)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-4	LWHT	622107204	BUSHING, SLEEVE - TBD-616-4 (LWHT)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-5	LGRN	622107205	BUSHING, SLEEVE - TBD-616-5 (LGRN)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-276-101	97499	TBD-616-6	LGRN	622107206	BUSHING, SLEEVE - TBD-616-6 (LGRN)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-208-101	97499	A-214	LWHT	62210723	PENDULUM CAP ASSY - A-214 (LWHT)	3438.2	ACTV	30000	28408	26561.8	
15	168616	1846.2	901-011-100-111	97499	BH333891	LH	622119	HUB ASSY - BH333891 (LH)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-106-105	97499	LK2058	LGRN	6221190113	BEARING - LK2058 (LGRN)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-311-106-105	97499	LK2059	LWHT	6221190115	BEARING - LK2059 (LWHT)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-311-106-105	97499	LK1986	LRED	6221190111	BEARING - LK1986 (LRED)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-104-107	97499	BH273081	LRED	62211903	PROPRATOR GRIP - BH273081 (LRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-106-113	97499	HD965	LRED	62211911	CF FITTING - HD965 (LRED)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-104-107	97499	A-1125	LGRN	62211917	PROPRATOR GRIP - A-1125 (LGRN)	2893.2	ACTV	10000	8953	7106.8	
15	168616	1846.2	901-011-106-113	97499	HD963	LGRN	62211925	CF FITTING - HD963 (LGRN)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-104-107	97499	BH291826	LWHT	62211931	PROPRATOR GRIP - BH291826 (LWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-106-113	97499	HD981	LWHT	62211939	CF FITTING - HD981 (LWHT)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-502-143	97499	BH325868	LH	62211945	LH YOKE ASSEMBLY - BH325868 (LH)	1846.2	ACTV	3600	3600	1753.8	
15	168616	1846.2	901-011-112-109	97499	LK2570	LRED	62211947	BEAM ASSY - LK2570 (LRED)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169605	LRED1	6221194719	RETAINER SET - BH169605 (LRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK3789		6221194725	BEARING - LK3789	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK3591		6221194727	BEARING - LK3591	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2792	LRED	62211949	SPINDLE ASSY - LK2792 (LRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4161	LRED	6221194917	BOLT - DI4161 (LRED A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4386	LRED	6221194919	BOLT, CLOSE TOLERANCE - DI4386 (LRED A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4388	LRED	6221194920	BOLT, CLOSE TOLERANCE - DI4388 (LRED)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4152	LRED	6221194918	BOLT - DI4152 (LRED)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-011-112-109	97499	LK2568	LGRN	62211951	BEAM ASSY - LK2568 (LGRN)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169611	LGRN	6221195119	RETAINER SET - BH169611 (LGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK4048		6221195125	BEARING - LK4048	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK4056		6221195127	BEARING - LK4056	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2762	LGRN	62211953	SPINDLE ASSY - LK2762 (LGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4150	LGRN1	6221195317	BOLT - DI4150 (LGRN A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4441	LGRN1	6221195319	BOLT, CLOSE TOLERANCE - DI4441 (LGRN A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4159	LTEGRN	6221195318	BOLT - DI4159 (LTEGRN)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4434	LTEGRN	6221195320	BOLT, CLOSE TOLERANCE - DI4434 (LTEGRN)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-011-112-109	97499	LK2567	LWHT	62211955	BEAM ASSY - LK2567 (LWHT)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169617	LWHT	6221195519	RETAINER SET - BH169617 (LWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK4023		6221195525	BEARING - LK4023	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK3637		6221195527	BEARING - LK3637	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2761	LWHT	62211957	SPINDLE ASSY - LK2761 (LWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4154	LWHT1	6221195717	BOLT - DI4154 (LWHT1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4419	LWHT1	6221195719	BOLT, CLOSE TOLERANCE - DI4419 (LWHT A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4160	LTEWHT	6221195718	BOLT - DI4160 (LTEWHT)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4456	LTEWHT	6221195720	BOLT, CLOSE TOLERANCE - DI4456 (LTEWHT)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-103-107	97499	LK1813	LRED	62211909							

15	168616	1846.2	901-011-403-107	97499	ZK1091	LH	62311303	TUBE, SWASHPLATE DRIVE - ZK1091	360.5	ACTV	30000	31485.7	29639.5	
15	168616	1846.2	901-015-301-122	97499	BH117192	RRED	621202	PROPROPOTOR BLADE - BH117192 (RRED)	1654.2	ACTV	10000	10192	8345.8	2659.8
15	168616	1846.2	901-015-301-122	97499	A-2053	RGRN	621204	PROPROPOTOR BLADE - A-2053 (RGRN)	1915.6	ACTV	10000	9930.6	8084.4	3035.4
15	168616	1846.2	901-015-301-122	97499	VLOO077555	RWHT	621206	PROPROPOTOR BLADE - VLOO077555	114.6	ACTV	10000	11731.6	9885.4	3035.4
15	168616	1846.2	901-011-208-101	97499	AZ485	RRED	62220808	PENDULUM CAP ASSY - AZ485 (RRED)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-207-101	97499	WG000803	RRED	62220810	PENDULUM CAP ASSY - WG000803 (RRED)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-201-101	97499	BH258358	RH	62220828	ADAPTER ASSY MAST - BH258358 (RH)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-208-101	97499	AZ514	RGRN	62220816	PENDULUM CAP ASSY - AZ514 (RGRN)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-207-101	97499	WG000811	RGRN	62220818	PENDULUM CAP ASSY - WG000811 (RGRN)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-208-101	97499	AZ526	RWHT	62220824	PENDULUM CAP ASSY - AZ526 (RWHT)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-207-101	97499	WG000802	RWHT	62220826	PENDULUM CAP ASSY - WG000802 (RWHT)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-226-101	97499	616TBD1	RLED	6222083002	BUSHING, SLEEVE - 616TBD1 (RLED)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-226-101	97499	616TBD2	RTERED	6222083003	BUSHING, SLEEVE - 616TBD2 (RTERED)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-226-101	97499	616TBD3		6222083004	BUSHING, SLEEVE - 616TBD3	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-226-101	97499	616TBD4	RTEWHT	6222083005	BUSHING, SLEEVE - 616TBD4 (RTEWHT)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-226-101	97499	616TBD5	RLEGRN	6222083006	BUSHING, SLEEVE - 616TBD5 (RLEGRN)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-226-101	97499	616TBD6	RTEGRN	6222083007	BUSHING, SLEEVE - 616TBD6 (RTEGRN)	2325.2	ACTV	22300	21821	19974.8	
15	168616	1846.2	901-011-100-112	97499	BH333892	RH	622220	HUB ASSY - BH333892 (RH)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-106-105	97499	LK2142	RRED	622200212	BEARING - LK2142 (RRED)	448.9	ACTV	30000	31397.3	29551.1	
15	168616	1846.2	901-311-106-105	97499	LK2321	RGRN	622200214	BEARING - LK2321 (RGRN)	448.9	ACTV	30000	31397.3	29551.1	
15	168616	1846.2	901-311-106-105	97499	LK2919	RWHT	622200216	BEARING - LK2919 (RWHT)	448.9	ACTV	30000	31397.3	29551.1	
15	168616	1846.2	901-011-104-108	97499	BH306795	RRED	62222004	PROPROPOTOR GRIP - BH306795 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-106-114	97499	HD924	RRED	62222012	CF FITTING - HD924 (RRED)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-104-108	97499	BH301550	RGRN	62222018	PROPROPOTOR GRIP - BH301550 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-106-114	97499	HD332	RGRN	62222026	CF FITTING - HD332 (RGRN)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-104-108	97499	BH313637	RWHT	62222032	PROPROPOTOR GRIP - BH313637 (RWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-106-114	97499	HD538	RWHT	62222040	CF FITTING - HD538 (RWHT)	1846.2	ACTV	30000	30000	28153.8	
15	168616	1846.2	901-011-502-144	97499	BH280950	RH	62222046	YOKE ASSY - BH280950 (RH)	1846.2	ACTV	3600	3600	1753.8	
15	168616	1846.2	901-011-112-109	97499	LK2516	RRED	62222048	BEAM ASSY - LK2516 (RRED)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169616	RRED1	6222204820	RETAINER SET - BH169616 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK3886		6222204826	BEARING - LK3886	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK3757		6222204828	BEARING - LK3757	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2791	RRED	62222050	SPINDLE ASSY - LK2791 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4153	RLED	6222205018	BOLT - DI4153 (RLED A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4396	RLED	6222205020	BOLT, CLOSE TOLERANCE - DI4396 (RLED A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4139	RTERED	6222205019	BOLT - DI4139 (RTERED)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4340	RTERED	6222205021	BOLT, CLOSE TOLERANCE - DI4340 (RTERED)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-011-112-109	97499	LK2507	RGRN	62222052	BEAM ASSY - LK2507 (RGRN)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169606	RGRN1	6222205220	RETAINER SET - BH169606 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK3794		6222205226	BEARING - LK3794	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK4029		6222205228	BEARING - LK4029	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2760	RGRN	62222054	SPINDLE ASSY - LK2760 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4143	RLEGRN	6222205418	BOLT - DI4143 (RGRN A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4413	RLEGRN	6222205420	BOLT, CLOSE TOLERANCE - DI4413 (RGRN A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4142	RTEGRN	6222205419	BOLT - DI4142 (RTEGRN)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4401		6222205421	BOLT, CLOSE TOLERANCE - DI4401	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-011-112-109	97499	LK2561	RWHT	62222056	BEAM ASSY - LK2561 (RWHT)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-115-101	97499	BH169614	RWHT1	6222205620	RETAINER SET - BH169614 (RWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-311-105-101	97499	LK4040		6222205626	BEARING - LK4040	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-105-101	97499	LK3601		6222205628	BEARING - LK3601	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-011-110-107	97499	LK2790	RWHT	62222058	SPINDLE ASSY - LK2790 (RWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-310-106-101	97499	DI4144	RWHT1	6222205818	BOLT - DI4144 (RWHT A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4383	RLEWHT	6222205820	BOLT, CLOSE TOLERANCE - DI4383 (RWHT A1)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-310-106-101	97499	DI4166	RTEWHT	6222205819	BOLT - DI4166 (RTEWHT)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-110-101	97499	DI4414	RTEWHT	6222205821	BOLT, CLOSE TOLERANCE - DI4414 (RTEWHT)	1846.2	ACTV	13250	13250	11403.8	
15	168616	1846.2	901-311-103-109	97499	CB1098	RRED	62222010	BEARING, CF - CB1098 (RRED)	1816.2	ACTV	2500	2530	683.8	
15	168616	1846.2	901-311-103-107	97499	LK1846	RGRN	62222024	BEARING, CF - LK1846 (RGRN)	1846.2	ACTV	2500	2500	653.8	
15	168616	1846.2	901-311-103-107	97499	LK3971	RWHT	62222038	BEARING, CF - LK3971	43	ACTV	2500	4303.2	2457	
15	168616	1846.2	901-011-124-106	97499	MJ000508	RRED	622840	BLADE FOLD SUPPORT ASSY - MJ000508 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-124-106	97499	MJ000526	RGRN	622842	BLADE FOLD SUPPORT ASSY - MJ000526 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-124-105	97499	MJ000476	RGRN	622844	BLADE FOLD SUPPORT ASSY - MJ000476 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-124-105	97499	MJ000429	RWHT	622846	BLADE FOLD SUPPORT ASSY - MJ000429 (RWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-124-106	97499	MJ000523	RWHT	622848	BLADE FOLD SUPPORT ASSY - MJ000523 (RWHT)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-124-105	97499	MJ000422	RRED	622838	BLADE FOLD SUPPORT ASSY - MJ000422 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-325-101	97499	AZ2639	RLED	62286808	BLADE FOLD LATCH PIN - AZ2639 (RLED)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-325-101	97499	AZ2690	RTER	62287008	BLADE FOLD LATCH PIN - AZ2690 (RTER)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-325-101	97499	AZ2781	RLED	62287208	BLADE FOLD LATCH PIN - AZ2781 (RLED)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-325-101	97499	AZ2841	RTEG	62287408	BLADE FOLD LATCH PIN - AZ2841 (RTEG)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-325-101	97499	AZ2698	RLEW	62287608	BLADE FOLD LATCH PIN - AZ2698 (RLEW)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-325-101	97499	AZ2779	RTEW	62287808	BLADE FOLD LATCH PIN - AZ2779 (RTEW)	1846.2	ACTV	5800	5800	3953.8	
15	168616	1846.2	901-011-121-101	97499	BH264025	RRED	62120280	BOLT, BLADE FOLD - BH264025 (RRED)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-121-101	97499	BH255206	RGRN	62120480	BOLT, BLADE FOLD - BH255206 (RGRN)	1846.2	ACTV	10000	10000	8153.8	
15	168616	1846.2	901-011-121-101	97499	A-2481	RWHT	62120680	BOLT, BLADE FOLD - A-2481	1729.2	ACTV	10000	10117	8770.8	
15	168616	1846.2	MS14157-08042	969										

15	168616	1846.2	901-044-913-106	97499	FN1316	FR	632216	BRACKET ASSY - FN1316 (FR)		845.2	ACTV	30000		31001	29154.8		
15	168616	1846.2	901-044-056-103	97499	BH654903	RH	632202	QUILL ASSY - BH654903 (RH)	45	1105.3	ACTV	800		2601.2	755		755
15	168616	1846.2	901-045-001-105	97499	BH311900	LH	6323	TILT AXIS GB ASSY LH - BH311900 (LH)			1846.2	ACTV	30000	30000	28153.8		28153.8
15	168616	1846.2	901-045-002-105	97499	BH300464	RH	6324	TILT AXIS GB ASSY RH - BH300464 (RH)			1846.2	ACTV	30000	30000	28153.8		28153.8
15	168616	1846.2	901-046-001-117	97499	BH269554		632505	GEARBOX ASSY, MDWG - BH269554			1846.2	ACTV	30000	30000	28153.8		28153.8
15	168616	1846.2	901-046-381-101	97499	US41		6360	STRUT ASSY - US41			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8-230	97499	GC5-1124	LH	71211007	BOLT, SHEAR - GC5-1124 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8031	97499	GC5-1936	LH	71211009	BOLT, SHEAR - GC5-1936 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8023	97499	GC5-1937	LH	71212007	BOLT, SHEAR - GC5-1937 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8031	97499	GC5-1938	LAT	71212009	BOLT, SHEAR - GC5-1938 (LAT)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8023	97499	GC5-1940	LH	71213007	BOLT, SHEAR - GC5-1940 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8031	97499	GC5-1941	LH	71213009	BOLT, SHEAR - GC5-1941 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	901-044-361-111	97499	MO267	LH	712170	RING ASSY-GIMBAL - MO267 (LH)			2348.2	ACTV	11000	10498	8651.8		8651.8
15	168616	1846.2	20-089-8023	97499	GC5-1942	RH	71222008	BOLT, SHEAR - GC5-1942 (RH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8031	97499	GC5-1943	LAT	71222010	BOLT, SHEAR - GC5-1943 (LAT)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8023	97499	GC5-1944	RH	71223008	BOLT, SHEAR - GC5-1944 (RH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	20-089-8031	97499	GC5-1946	RH	71223010	BOLT, SHEAR - GC5-1946 (RH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	901-044-361-111	97499	MO307	RH	712270	RING ASSY-GIMBAL - MO307			1309.4	ACTV	11000	11536.8	9690.6		9690.6
15	168616	1846.2	3205AS117-2	30003			95200119	THRUSTER ASSY - 001338 (AL)			0	ACTV	120	6/30/2025 23:59			
15	168616	1846.2	3205AS110-2	30003			95200121	TLX TRANSFER LINE HL - 003377			0	ACTV	60	8/31/2027 23:59			
15	168616	1846.2	3205AS109-10	30003			95200123	TLX TRANSFER LINE PRI-HI - 003380 (WB01 L)			0	ACTV	84	8/31/2029 23:59			
15	168616	1846.2	3205AS109-11	30003			95200124	TLX TRANSFER LINE PRI-HI - 003337			0	ACTV	84	8/31/2029 23:59			
15	168616	1846.2	3205AS111-1	30003			95200125	TLX TRANSFER LINE HI-IGN - 003847 (WB06 L)			0	ACTV	60	7/31/2028 0:00			
15	168616	1846.2	3205AS113-3	30003			95200122	RETAINER - 000363 (WB38 A)			0	ACTV	84	10/31/2023 0:00			
15	168616	1846.2	3205AS106-4	30003			95200126	INITIATOR, INTERNAL - 002047 (MU74 A)			0	ACTV	120	7/31/2025 23:59			
15	168616	1846.2	17369100-1	17610			95200127	EXTERNAL INITIATOR - 0302 (JL01 L)			0	ACTV	120	6/30/2025 23:59			
15	168616	1846.2	3205AS117-2	30003			1292	JL02 A			0	ACTV	120	8/31/2029 23:59			
15	168616	1846.2	3205AS110-2	30003			3394	WB05 A			0	ACTV	60	8/31/2027 23:59			
15	168616	1846.2	3205AS109-10	30003			3386	WB01 A			0	ACTV	84	8/31/2029 23:59			
15	168616	1846.2	3205AS109-9	30003			3631	WA99 A			0	ACTV	84	8/31/2029 23:59			
15	168616	1846.2	3205AS111-1	30003			3850	WB06 A			0	ACTV	60	7/31/2028 0:00			
15	168616	1846.2	3205AS113-4	30003			495	WB37 A			0	ACTV	84	12/31/2023 0:00			
15	168616	1846.2	3205AS106-4	30003			2084	MU74 A			0	ACTV	120	7/31/2025 23:59			
15	168616	1846.2	17369100-1	17610			320	JL01 A			0	ACTV	120	7/31/2025 23:59			
15	168616	1846.2	3205AS110-2	30003			3393	WB05 F			0	ACTV	60	8/31/2027 23:59			
15	168616	1846.2	3205AS109-10	30003			3115	WB01 F			0	ACTV	84	11/30/2028 23:59			
15	168616	1846.2	3205AS109-11	30003			2310	WB02 F			0	ACTV	84	8/31/2029 23:59			
15	168616	1846.2	3205AS111-1	30003			3864	WB06 F			0	ACTV	84	7/31/2028 0:00			
15	168616	1846.2	3205AS112	30003			518	WB36 F			0	ACTV	84	10/31/2023 0:00			
15	168616	1846.2	3205AS106-4	30003			2046	MU74 F			0	ACTV	120	7/31/2025 23:59			
15	168616	1846.2	17369100-1	17610			328	JL01 F			0	ACTV	120	6/30/2025 23:59			
15	168616	1846.2	3205AS117-2	30003			1315	JL02 F			0	ACTV	120	6/30/2025 23:59			
15	168616	1846.2	14A	80204	GC4195-4	1	34520101	BATTERY, NONRECHARGEABLE - GC4195-4 (1)			0	ACTV	180	1/10/2024 23:59			
15	168616	1846.2	14A	80204	GC4195-5	2	34520101	BATTERY, NONRECHARGEABLE - GC4195-5 (2)			0	ACTV	180	1/10/2024 23:59			
15	168616	1846.2	14A	80204	GC4195-6	3	34520101	BATTERY, NONRECHARGEABLE - GC4195-6 (3)			0	ACTV	180	1/10/2024 23:59			
15	168616	1846.2	3205AS117-2	30003			34550101	BATTERY ASSEMBLY - 1805339			0	ACTV	180	2/16/2024 23:59			
15	168616	1846.2	3205AS117-2	30003			43110301	BATTERY - 168616-21 (NR 1)			0	ACTV	540	3/5/2024 23:59			
15	168616	1846.2	3205AS117-2	30003			43110301	BATTERY - 168616-22 (NR 2)			0	ACTV	540	3/5/2024 23:59			
15	168616	1846.2	3205AS117-2	30003			43121701	BATTERY - 168616-1 (BAT1)			0	ACTV	540	5/26/2024 23:59			
15	168616	1846.2	3205AS117-2	30003			43121701	BATTERY - 168616-2 (BAT2)			0	ACTV	540	5/26/2024 23:59			
15	168616	1846.2	901-060-647-101	97499	GC5-9046		541113	BEAM ASSEMBLY - GC5-9046			1846.2	ACTV	25500	25500	23653.8		
15	168616	1846.2	901-060-647-102	97499	GC5-9048		541213	BEAM ASSEMBLY - GC5-9048			1846.2	ACTV	25500	25500	23653.8		
15	168616	1846.2	901-060-641-101	97499	US480	LH	543111	STRUT ASSY - US480 (LH)			872	ACTV	1050	2024.2	178		178
15	168616	1846.2	901-060-641-101	97499	US434	RF	543211	STRUT ASSY - US434 (RF)			872	ACTV	1050	2024.2	178		178
15	168616	1846.2	901-362-202-119	97499	GG1328		549101	BLOWER NACELLE - GG1328			501.2	ACTV	840	2185	338.8		338.8
15	168616	1846.2	901-362-202-119	97499	GG1328		549201	BLOWER NACELLE - 056240357			501.2	ACTV	840	2185	338.8		338.8
15	168616	1846.2	901-032-158-103	97499	GC4236-20	UNBD	57210F01	RIB ASSY - GC4236-20 (UNBD)			1846.2	ACTV	10300	10300	8453.8		
15	168616	1846.2	901-032-117-101	97499	GC4236-21	UNBD	57210F19	BEARING, PLAIN, SPHERICAL - GC4236-21 (UNBD)			1846.2	ACTV	11454	11454	9607.8		
15	168616	1846.2	901-032-117-101	97499	GC4236-23	RINBD	57210G19	BEARING, PLAIN, SPHERICAL - GC4236-23 (RINBD)			1846.2	ACTV	11454	11454	9607.8		
15	168616	1846.2	901-032-158-104	97499	GC4236-22	RINBD	57210G01	RIB ASSY - GC4236-22 (RINBD)			1846.2	ACTV	10300	10300	8453.8		
15	168616	1846.2	901-032-521-101	97499	GC5-9049		572102	V BLOCK - GC5-9049			1846.2	ACTV	10000	10000	8153.8		
15	168616	1846.2	901-032-521-101	97499	GC5-9050		572102	V BLOCK - GC5-9050			1846.2	ACTV	10000	10000	8153.8		
15	168616	1846.2	901-032-159-101	97499	GC5-9051	LOUTBD	57210H01	TIP RIB ASSY - GC5-9051			1846.2	ACTV	10300	10300	8453.8		
15	168616	1846.2	901-032-112-105	97499	GC4236-24	LOUTBD	57210H07	BEARING, PLAIN, SPHERICAL - GC4236-24 (LOUTBD)			1846.2	ACTV	11454	11454	9607.8		
15	168616	1846.2	901-032-159-102	97499	GC5-9052	ROUTBD	57210I01	TIP RIB ASSY - GC5-9052			1846.2	ACTV	10300	10300	8453.8		
15	168616	1846.2	901-032-112-105	97499	GC4236-25	ROUTBD	57210I07	BEARING, PLAIN, SPHERICAL - GC4236-25 (ROUTBD)			1846.2	ACTV	11454	11454	9607.8		
15	168616	1846.2	901-033-800-141	97499	CP218367		5731	SUPPORT ASSY - CP218367			1846.2	ACTV	7964	7964	6117.8		6117.8
15	168616	1846.2	100-193-6-12	97499	GC5-9067		573101	THREADED PIN-RIVET - GC5-9067			1846.2	ACTV	2150	2150	303.8		
15	168616	1846.2	901-033-854-101	97499	GC4236-26	LH	57312167	PIN ASSY - GC4236-26 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	901-033-850-101	97499	GC4236-27	LH	57312177	BUSHING, DRAG PIN - GC4236-27 (LH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	901-033-800-142	97499	CP218368		5732	SUPPORT ASSY - CP218368			1846.2	ACTV	7964	7964	6117.8		6117.8
15	168616	1846.2	901-033-854-101	97499	GC4236-28		57322169	PIN ASSY - GC4236-28 (RH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	901-033-850-101	97499	GC5-9068	RH	57321777	BUSHING, DRAG PIN - 168616 (RH)			1846.2	ACTV	30000	30000	28153.8		
15	168616	1846.2	100-193-6-12	97499													

15	168616	1846.2	23087210	1E0F1	VN1BHC1342	3	731101	NOZZLE, FUEL - VN1BHC1342 (3)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1343	4	731101	NOZZLE, FUEL - VN1BHC1343 (4)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1345	5	731101	NOZZLE, FUEL - VN1BHC1345 (5)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1347	6	731101	NOZZLE, FUEL - VN1BHC1347 (6)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1350	7	731101	NOZZLE, FUEL - VN1BHC1350 (7)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1356	8	731101	NOZZLE, FUEL - VN1BHC1356 (8)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1358	9	731101	NOZZLE, FUEL - VN1BHC1358 (9)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1360	10	731101	NOZZLE, FUEL - VN1BHC1360 (10)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1363	11	731101	NOZZLE, FUEL - VN1BHC1363 (11)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHC1623	12	731101	NOZZLE, FUEL - VN1BHC1623 (12)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHD0259	13	731101	NOZZLE, FUEL - VN1BHD0259 (13)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHD0273	14	731101	NOZZLE, FUEL - VN1BHD0273 (14)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHD0278	15	731101	NOZZLE, FUEL - VN1BHD0278 (15)	1796.9	ACTV	5000	5000	3203.1
15	168616	1846.2	23087210	1E0F1	VN1BHD0283	16	731101	NOZZLE, FUEL - VN1BHD0283 (16)	1796.9	ACTV	5000	5000	3203.1

25 AUG 2023 GC4
ORG Name: VMM363

NALCOMIS
AIRCRAFT/EQUIPMENT WORKLOAD REPORT

(b) (6)

15

Work Center	Assy Cd	MODEX	BUNO/ Serno	Maint Level	MCN	JCN	Acft/ Equip Stat	Job Stat	EOC	WUC/UNS
021	AYNE	15	168616	1	198GUZF	GC4052551	U	M3	1000000	
					198GZX0	GC4167132	U	M3	313101	
					198GJK3	GC4187299	U	WP	1000000	
120	AYNE	15	168616	1	198GVZV	GC4073403	U	M3	52322002	
					198GXHR	GC4129076	U	M3	2150BH	
					198GZZF	GC4171192	U	M3	427062	
					198H0G2	GC4180096	U	M3	542233	
					198GJKY	GC4187169	U	WP	541228	
					198GJL0	GC4187170	P	WP	H 578010	
							P	WP	H 578010	
							P	WP	H 578010	
							P	WP	H 578010	
					198GJLC	GC4187176	U	M3	275021	
							U	M3	275021	
							U	M3	275021	
					198H10H	GC4194069	U	M3	521006	
							U	M3	521006	
							U	M3	521006	
							U	M3	521006	
							U	M3	521006	
					198H20S	GC4219446	U	M3	534AEA	
							U	M3	534AEA	
							U	M3	534AEA	

System Reason	DDS#	Code	Status	Received Date
AFC-0277 NLT 31 DEC 25	30524628	ZO9	167COMPL	16 JUN 2023
AVC-6154 KI NLT 31 AUG 21	30064681	ZO9	167COMPL	16 JUN 2023
AFC-0239 NLT 30 JUN 24	22224676	ZO9	058BBNRP	
CARGO DOOR SEAL	31402707	AK1	156COMPL	06 JUN 2023
AVI BAY FILTER MOUNT H1				
HOIST OPERATOR LT CRA	31712751	AK1	184COMPL	20 JUN 2023
RH COANDA BRACKET BR				
RH UPPR CNTR AR BFL CF	31252723	AK1	125INPRO	
WING STOW SW	3153GH10	707	153COMPL	02 JUN 2023
WING STOW SW	3153GH11	707	153COMPL	02 JUN 2023
WING STOW SW	3153GH12	707	153COMPL	02 JUN 2023
WING STOW SW	3153GH13	707	153COMPL	02 JUN 2023
LH CONVERSION LEAD BF	22904688	AK1	290COMPL	17 OCT 2022
LH CONVERSION LEAD BF	22924644	AK1	297COMPL	24 OCT 2022
LH CONVERSION LEAD BF	20322208	AK1	032COMPL	01 FEB 2022
LWR CREW DOOR CABLE	32002717	AK1	200COMPL	19 JUL 2023
LWR CREW DOOR CABLE	32002718	AK1	200COMPL	19 JUL 2023
LWR CREW DOOR CABLE	32002719	AK1	200COMPL	19 JUL 2023
LWR CREW DOOR CABLE	32002720	AK1	200COMPL	19 JUL 2023
LWR CREW DOOR CABLE	32002721	AK1	200COMPL	19 JUL 2023
RH SPON STEP CABLE FR	32192706	AK1	219COMPL	07 AUG 2023
RH SPON STEP CABLE FR	32192707	AK1	228COMPL	07 AUG 2023
RH SPON STEP CABLE FR	32192708	AK1	219COMPL	07 AUG 2023

FOR OFFICIAL USE ONLY

25 AUG 2023 GC4

NALCOMIS C...A

DATE : 25 AUG 2023

ORG Name : VMM363

AIRCRAFT/EQUIPMENT WORKLOAD REPORT

TIME : 0221

REQ BY: [REDACTED]

PAGE : 2 of 4

Work Center	Assy Cd	MODEX	BUNO/ Serno	Maint Level	MCN	JCN	Acft/ Equip Stat	Job Stat	EOC	WUC/UNS	System Reason	DDSN	Proj Code	Supply Status	Received Date
120	AYNE	15	168616	1	198H20S	GC4219446	U	M3		534AEA	RH SPON STEP CABLE FR	32192709	AK1	228COMPL	16 AUG 2023
							U	M3		534AEA	RH SPON STEP CABLE FR	32192710	AK1	219COMPL	07 AUG 2023
							U	M3		534AEA	RH SPON STEP CABLE FR	32192711	AK1	219COMPL	07 AUG 2023
							U	M3		534AEA	RH SPON STEP CABLE FR	32192712	AK1	228COMPL	07 AUG 2023
							U	M3		534AEA	RH SPON STEP CABLE FR	32192713	AK1	228COMPL	07 AUG 2023
							U	M3		534AEA	RH SPON STEP CABLE FR	32192714	AK1	219COMPL	07 AUG 2023
					198GOEU	GC4272A06	U	M3		541166	LH LWR CNTR AIR BAFFLE				
12C	AYNE	15	168616	1	198H0TH	GC4188465	U	M3		57124901	FUSELAGE NON-SKID				
					198H0TI	GC4188467	U	M3		531433	CABIN NON-SKID				
					198H2GB	GC4227310	U	M3		542251	6RB2 WORN SKYFLEX				
130	AYNE	15	168616	1	198GNGY	GC4264294	U	M3		463115	R/R NIGHT HUD	22644659	AK1	276COMPL	22 SEP 2022
					198GNH6	GC4264299	U	M3		259505	PENDANT PIS VERIFICATI				
200	AYNE	15	168616	1	198GY67	GC4141148	U	M3		334026	RH GRN BLD TIP LIGHT SV				
					198GZRM	GC4165569	P	M3	C	935102	FLIR VIDEO INOP				
					198GJK4	GC4187166	P	M3	I	3X8503	*IPS FAULTS *AWDT				
					198GJK6	GC4187168	U	M3		6321130109	L TQ SNSR 2 *AWTS				
					198GJLD	GC4187177	P	M3	I	292112	HYD 3 HEAT *AWTS				
					198GJLG	GC4187180	U	M3		422028	W130 CLAMP	31662725	AK1	166INPRO	
					198H102	GC4194057	U	M3		4210FN	W539 CLAMP 'F' WORN	31952765	AK1	195COMPL	14 JUL 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	31952766	AK1	195COMPL	14 JUL 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	31952767	AK1	195COMPL	14 JUL 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	31952768	AK1	195COMPL	14 JUL 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	31952769	AK1	195COMPL	14 JUL 2023

FOR OFFICIAL USE ONLY

25 AUG 2023 GC4
ORG Name : VMM363

NALCOMIS C-130A
AIRCRAFT/EQUIPMENT WORKLOAD REPORT

DATE : 25 AUG 2023
TIME : 0221
REQ BY: [REDACTED]
PAGE : 3 of 4

Work Center	Assy Cd	MODEX	BUNO/ Serno	Maint Level	MCN	JCN	Acft/ Equip Stat	Job Stat	EOC	WUC/UNS	System Reason	DDSN	Proj Code	Supply Status	Received Date
200	AYNE	15	168616	1	198H102 ✓	GC4194057	U	M3		4210FN	W539 CLAMP 'F' WORN	31952770	AK1	195COMPL	14 JUL 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	31952771	AK1	228COMPL	16 AUG 2023
							U	M3		4210FN	W539 CLAMP 'F' WORN	32282739	AK1	228COMPL	16 AUG 2023
					198H1HN ✓	GC4202535	U	M3		772105	RH FADEC A LANE DIFF 80				
					198H27S ✓	GC4220057	U	M3		72A0	L ABCV FADEC A F(P)				
					198H24T ✓	GC4220573	P	M3	I	621105	L WHT BLADE TEMP SNSF				
					198H24U ✓	GC4220574	P	M3	I	621202	R RED BLADE TEMP SNSF				
					198H24X ✓	GC4220575	P	M3	I	625101	L SPINNER TEMP SNSR				
					198H2H2 ✓	GC4228325 \	P	M3	L	463001	RH OB MFD DISPLAY				
					198GRTL ✓	GC4342208	U	M3		54120302	FS 357 GRNDING STRAP				
					198GS4W ✓	GC4350528 \	P	WP	H	663002	BFCU 2	3187GH58	707	187INPRO	
					198GSPV ✓	GC4364524	U	M3		77150110	ENGINE TORQUE SPLIT				
					198GXVT ✓	GC4135467	U	M3		435102	LONG CORD 09	31452786	AK1	145COMPL	25 MAY 2023
							U	M3		435102	LONG CORD 09	31452787	AK1	145COMPL	25 MAY 2023
310	AYNE	15	168616	1	198GY5N ✓	GC4140138	U	M3		49401002	APU GROUND WIRE CUT	31442785	AK1	152COMPL	01 JUN 2023
					198GZOF ✓	GC4163475	U	M3		523210	RAMP GUIDE RAIL BRKN				
					198H01Z ✓	GC4172273	U	M3		542125	6LB3 HW WORN	31722760	AK1	172COMPL	21 JUN 2023
							U	M3		542125	6LB3 HW WORN	31722761	AK1	172COMPL	21 JUN 2023
							U	M3		542125	6LB3 HW WORN	31722762	AK1	172COMPL	21 JUN 2023
					198GJL6 ✓	GC4187172	U	M3		281251	LH UPPER SWIVEL GROU	31302780	AK1	130COMPL	10 MAY 2023
					198H0W7 ✓	GC4192550	U	M3		632505D7	ROTOR BRAKE DRAIN TUE				
					198H100 ✓	GC4194072	U	M3		49401002	APU STARTER GRND STR				
					198H20T ✓	GC4219448	U	M3		62321404	RH DRIVE TUBE DAMAGE	32342765	AK1	234COMPL	22 AUG 2023

FOR OFFICIAL USE ONLY

25 AUG 2023 GC4
ORG Name : VMM363

NALCOMIS CMA
AIRCRAFT/EQUIPMENT WORKLOAD REPORT

DATE : 25 AUG 2023
TIME : 0221
REQ [REDACTED]
PAGE : 4 of 4

Work Center	Assy Cd	MODEX	BUNO/ Serno	Maint Level	MCN	JCN	Acft/ Equip Stat	Job Stat	EOC	WUC/UNS	System Reason	DDSN	Proj Code	Supply Status	Received Date
310	AYNE	15	168616	1	198H20T	GC4219448	U	M3		62321404	RH DRIVE TUBE DAMAGE	32342766	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342767	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342768	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342771	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342769	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342772	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342770	AK1	234COMPL	22 AUG 2023
							U	M3		62321404	RH DRIVE TUBE DAMAGE	32342773	AK1	234COMPL	22 AUG 2023
					198H2BJ	GC4222159	U	WP		4920	APU EXHAUST PLUG	32342763	AK1	234INPRO	
					198GM3E	GC4236063	U	WP		632323AT	LH FPMU DRAIN LINE	22364645	AK1	242CANCL	30 AUG 2022
							U	WP		632323AT	LH FPMU DRAIN LINE	30244669	AK1	024CANCL	24 JAN 2023
							U	WP		632323AT	LH FPMU DRAIN LINE	31302781	AK1	130INPRO	
FOR MODEX: 15	**			Work Orders: 44			AWP: 6			AWM: 38	IW: 0			RQN's: 58	**

*** TOTAL Work Orders: 44 TOTAL AWP: 6 TOTAL AWM: 38 TOTAL IW: 0 TOTAL RQN'S: 58 ***

FOR OFFICIAL USE ONLY

MCN : 198GJK4
JCN : GC4187166
MODEX : 15
Svc Reason : *IPS FAULTS *AWDT

NALCOMIS OMA
QAR/CDI In Process Inspection

Date : 25 AUG 2023
Time : 0224
Req By : [REDACTED]
Page : 1 of 2

Description

REMOVED PANELS 6LI6, 6RI6 AND THE RH SPINNER DOME. ALL PANELS ARE TAGGED IN A/C. HARDWARE IS BAGGED AND TAGGED IN AVI PARTS CAGE. PEMA SN:99036. ATAF. APAF. AFF.

TROUBLESHOT RH PENDULUM DAMPENER FAIL TO BAD RH WHITE AND GREEN PENDULUM DAMPENER SLIPRINGS. BOTH WHITE AND GREEN PENDAMP SLIPRINGS ARE DISCONNECTED AND NEEDS REPLACEMENT. PARTS ON ORDER. PEMA SN:99036. ATAF. APAF. AFF.

PERFORMED WIRE CHECKS ON RH ANTI-ICE VALVE. ALL CHECKS PERFORMED WERE GOOD. RECOMMEND FURTHER TROUBLESHOOTING. PEMA SN:99036. ATAF. APAF. AFF.

PEMA 99340. FOD FREED AND INSTALLED PANELS 6LI6 AS WELL AS 6RI6. WT'D TQ TO 40IN LBS. ATAF. APAF. AFF.

Description

STOP DRILLED CRACK ON AIR BAFFLE, REPLACE NEXT PHASE.
- APAF, AFF.

Description

VERIFIED THE WING STOW SWITCH WORKS AND CAN NOT BE RIGGED ANYMORE. NEEDS FURTHER T/S.

Description

REF MCN 1P1PKL9 FOR INSTALLATION OF RH SPINNER DOME

Description

REMOVED FOD FREED AND CLOSED PANELS 5LT1 AND 5LT9 WITH TQ TO 40 IN LBS. USED PEMA 91543.

OPENED, FOD FREED AND CLOSED 2LT1.

Rank

Name

DateTime

(b) (6)

05 DEC 2019 0011

05 DEC 2019 0046

05 DEC 2019 0101

09 DEC 2019 2026

DateTime

18 AUG 2021 1454

DateTime

19 AUG 2021 1347

DateTime

17 DEC 2021 1026


DateTime

14 JUL 2022 1014

14 AUG 2022 2358

MCN : 198GJK4
JCN : GC4187166
MODEX : 15
Svs Reason : *IPS FAULTS *AWDT

NALCOMIS OMA
QAR/CDI In Process Inspection

Date : 25 AUG 2023
Time : 0224
Req By : 
Page : 2 of 2

Description

FOD FREED AND CLOSED RH SPINNER DOME. WITNESS TQ ON
HW SCREWS TO 80 IN/LBS.
ATAF. APAF. ACF. AFF.

(b) (6)

DateTime

18 AUG 2022 1418

Description

REPLACE NEXT HEAT EXCHANGER REMOVAL. DOES NOT
HINDER FLIGHT OPS. ATAF, APAF, AFF, ACF. PEMA 91990.

DateTime

02 DEC 2022 0753

Description

WHITE AND GREEN PENDAMP SLIPRINGS CONNECTED.
ATAF. APAF. AFF. ACF.

DateTime

09 DEC 2022 0957

Description

FI IR SYSTEM OP-CHECKS GOOD AND WORKS AS ADVERTISED.
O R FLIR VIDEO INOP ADVISORIES INOP POST, BUT WILL
HINDER FLIGHT OPS.

DateTime

14 JUN 2023 0429

Description

REMOVED AND RE-INSTALLED RH SPINNER DOME.
FOD FREED AND CLOSED RH SPINNER DOME.
WIT TQ OF RH SPINNER DOME TO 80 INCH LBS.

DateTime

05 JUL 2023 2152

Description

RH OB MFD WORKS AS ADVERTISED WHEN DISPLAY
PROCESSOR 2 (RH) IS POWERSHED OFF ON THE AVIONICS
POWER SELECT PAGE.

DateTime

16 AUG 2023 0544

Last 10 A-S s

MODEX: 15 Hot Seat Ind: N Oxy Qty: 1800 Fuel Grade: JETA Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC SSGT BUENING

Special Equipment: LIFERAFT / 23699 LH 0 OZ RH 15 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 1800 Fuel Grade: JETA Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC SSGT BUENING

Special Equipment: LIFERAFT / 23699 LH 33 OZ RH 32 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 2000 Fuel Grade: JP8 Fuel Qty: 6500

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC SSGT BUENING

Special Equipment: LIFERAFT / 23699 LH 0 OZ RH 0 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 2000 Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC GYSGT KWOK

Special Equipment: LIFERAFT 23699// LH 0 OZ RH 29 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: Y Oxy Qty: 1900 Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: HOTSEAT

Special Equipment: HOTSEAT

(b) (6)

Last 10 A-S

MODEX: 15 Hot Seat Ind: Y Oxy Qty: 1900

Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: HOTSEAT

Special Equipment: HOTSEAT

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 1900

Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME

Special Equipment: LIFERAFT 23699// LH 17 OZ RH 29 OZ

MODEX: 15 Hot Seat Ind: N Oxy Qty: 1800

Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC

Special Equipment: LIFERAFT / 23699 LH 0 OZ RH 0 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 2000

Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC

Special Equipment: LIFERAFT / 23699 LH 0 OZ RH 0 OZ

(b) (6)

MODEX: 15 Hot Seat Ind: N Oxy Qty: 2000

Fuel Grade: JP8 Fuel Qty: 11200

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC

Special Equipment: LIFERAFT/ 23699 LH 0 OZ RH 15 OZ

(b) (6)

Last 10 A-S 's

MODEX: 15

Hol Seat Ind: N Oxy Qty: 1900

Fuel Grade: JP8 Fuel Qty: 7380

Ordinance: NO AAE OR ORDNANCE INSTALLED AT THIS TIME POC [REDACTED]

Special Equipment: LIFERAFT/ 23699 LH 0 OZ RH 15 OZ

[REDACTED]

FOR OFFICIAL USE ONLY

ORG : GC4
ORG Name: VMM363

NALCOM/ 1A
AIRCRAFT FLIGHT REPORT
(Includes Aircraft Only)
21 JUL 2023 - 25 AUG 2023

Date : 25 AUG 2023

Time : 02:30:59

Req By : (b) (6)

(b) (6)

Depart		Missions										CAT/		Arrest/														
Date	Time	TEC	MODEX	BUNO	DOCNUM	MSN	HRS	MSN	HRS	MSN	HRS	TOT-HRS	FLT	JATO	Hoist	RAST	T	N	T	N	T	N	T	N	T	N	T	N
21 Jul 2023	1100	AYNE	15	168616	198H1IC	2K2	1.0					1.0	1				9	1										
22 Jul 2023	1100	AYNE	15	168616	19CYK25	1A1	1.0	1A3	2.0	2J2	1.5	4.5	3				9	2										
02 Aug 2023	1200	AYNE	15	168616	19CYK4S	1A1	2.0	2J2	1.5			3.5	3				9	1										
07 Aug 2023	1100	AYNE	15	168616	198H23H	1A1	4.5					4.5	2				9	2	L	4								
07 Aug 2023	1615	AYNE	15	168616	198H23K	1A3	3.0	1B1	0.5			3.5	3				F	1	9	1								
07 Aug 2023	2015	AYNE	15	168616	198H2E6	1A9	2.5					2.5	2				M	1	J	1								
08 Aug 2023	1015	AYNE	15	168616	198H26W	2L3	1.0	2L4	2.0			3.0	2				0	1	9	8								
16 Aug 2023	0830	AYNE	15	168616	198H2JR	2J2	8.5					8.5	6				J	1	9	3								
19 Aug 2023	1115	AYNE	15	168616	198H2JN	1A1	3.0					3.0	2				9	2										
21 Aug 2023	0800	AYNE	15	168616	198H2L1	2J2	8.0					8.0	6				9	3										

Subtotal 42.0 30 0 0 0

Landing Type Totals For : 15 / 168616

Arrest RAST	Day Landing Codes												Night Landing Codes																Totals
	1	2	3	4	5	6	7	8	9	0	L	W	A	B	C	D	E	F	G	H	J	K	M	N	P	Q	T		
0	0	0	0	0	0	0	0	0	0	23	1	4	0	0	0	0	0	1	0	0	2	0	1	0	0	0	0	32	

TOTAL FOR ALL

Total Flights HRS	Total Flights	Total CAT/JATO	Total Hoists
42.0	30	0	0

Day Landing Codes - Aircraft													Night Landing Codes - Aircraft													Total		
Arrest/Rast	1	2	3	4	5	6	7	8	9	0	L	W	A	B	C	D	E	F	G	H	J	K	M	N	P		Q	T
0	0	0	0	0	0	0	0	0	0	23	1	4	0	0	0	0	0	1	0	0	2	0	1	0	0	0	0	32

FOR OFFICIAL USE ONLY