DEATH OF SPC REEVES, JOSEPH H. 22 SEPTEMBER 2007

Report of Investigation UP AR 15-6

2d Brigade Combat Team, 2ID (MND-B)

zrove

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

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SPC REEVES HRB.

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SPC REEVES \$GLV-8266(E)



DEPARTMENT OF THE ARMY HEADQUARTERS, MULTI-NATIONAL DIVISION - BAGHDAD CAMP LIBERTY, IRAQ APO AE 09344

AFVA-CG

20 14 2007

MEMORANDUM FOR RECORD

SUBJECT: Delegation of Appointing/Approval Authority for Investigations of Hostile Fire Deaths of Deployed Forces

1. Pursuant to AR 15-6, Procedures for Investigating Officers and Boards of Officers, 2 October 2006, paragraph 2-1a(3)(a), I delegate appointing and final approval authority of investigations of a death or deaths involving a deployed force, from what is believed to be hostile fire, to commanders in Multi-National Division - Baghdad exercising special court-martial convening authority. This authority may not be further delegated.

b)(3), (b)(6) at VOIP
(b)(3), (b)(6) OSEPH F. FIL, JR. Aajor General, USA Commanding

Page 5 redacted for the following reason: (b)(5), (b)(3), (b)(6)

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DEPARTMENT OF THE ARMY HEADQUARTERS, 2ND BRIGADE COMBAT TEAM 2ND INFANTRY DIVISION MULTI-NATIONAL DIVISION–BAGHDAD CAMP LOYALTY, IRAQ APO AE 09390



SEP 2 2 2007

AFZC-B-CDR

REPLY TO ATTENTION OF:

MEMORANDUM FOR (b)(3), (b)(6) Task Force Ranger, 2nd Brigade Combat Team, 2nd Infantry Division, Multi-National Division–Baghdad, FOB Rustamiyah, Iraq APO AE 09390

SUBJECT: Appointment as Investigating Officer under AR 15-6

1. You are hereby appointed as an Investigating Officer pursuant to AR 15-6, Procedures for Investigating Officers and Boards of Officers, to conduct an investigation into the facts and circumstances surrounding the death of SPC Joshua H. Reeves on 22 September 2007.

2. You will issue Findings and Recommendations concerning the events that resulted in the Soldier's death. Ensure that you cover the following areas of inquiry at a minimum:

a. Determine the cause of the Soldier's death and determine whether the death resulted from enemy action. If not included in the file, you will need to obtain a DA Form 2173 (Statement of Medical Examination and Duty Status). Start with the Soldier's unit If the unit does not have the form and the Soldier was treated at the CSH, contact (b)(3), (b)(6) at the 28th Combat Support Hospital at (b)(3), (b)(6) c: (b)(3), (b)(6) Dr

b. Determine the uniform and protective equipment status of the Soldier.

c. Identify the information briefed regarding this type of enemy threat activity prior to the mission that the Soldier was on.

d. Identify any improvements or TTPs that would improve reaction to a similar attack, treating or evacuating the casualty.

3. Your legal advisor is (b)(3), (b)(6)
 (b)(3), (b)(eyho will give you an in-brief before you begin your investigation and be available to assist you during the investigation. Supporting documents, guides, and examples are posted on the Strike portal under Staff Sections→JAG→15-6 Investigations.

4. You may speak with any and all individuals that you believe have information pertinent to your investigation. You will obtain guidance from your legal advisor if in the course of your investigation you determine that completion thereof requires examining the conduct or performance of, or may result in Findings and Recommendations adverse to any person.

AFZC-B-CDR SUBJECT: Appointment as Investigating Officer under AR 15-6

5. All witness statements will be sworn and, if possible, submitted on DA Form 2823. If circumstances preclude you from obtaining a sworn statement, or if you obtain a statement telephonically, you will summarize such a statement in a Memorandum for Record and swear to the accuracy of your summary.

6. Your report will be submitted to this office on DA Form 1574 together with all evidence marked as Exhibits, and an Index to said Exhibits. Your Findings must be based on the evidence you include as Exhibits and your Recommendations must be based on your Findings.

7. You are directed to begin your investigation upon receipt of these unsigned orders you're your legal advisor. Your complete report will be submitted to this office no later than $\frac{26}{2007}$. Scan your report to a color PDF at 200 dpi or greater. Requests for delays should be made to your legal advisor.





DEPARTMENT OF THE ARMY FOXTROT. 2³⁰ BATTALION, 16¹⁰ INFANTRY REGIMENT 2ND INFANTRY DIVISION MULTUNATIONAL DIVISION BACHDAD FOB RUSTAMIYAH, IRAQ APO AF 09350



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24 Sep 2002

MEMORANDUM FOR (0)(3), (b)(6) 2nd Brigade, 2nd Infantry Division. Multi-National Division Baghdad, POB Loyalty, Iraq APO AE 09390

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SUBJECT: 15.6 findings of deaths of SPC Reeves, Joshua Harrison

Summary, On 22 September 2007 4th platoon of Delta, 2-16 IN was conducting Operation Banzeen II at the Rustanijvali gas station with a test to secure and enforce gas station rules with a purpose of eliminating black marker fuel and improving gas station procedures. The patrol commander with(s)(3), (b)(6) (b)(3), (b)(6) (b)(6) (b)(3), (b)(6) (b)(3), (b)(6) (b)(3), (b)(6) (b)(3), (b)(6) (b

2. Findings.

a. Personnel Location Inside of Vehicle. The bumper number of the vehicle was 1562. SPC Reeves was serving as the Truck (b)(3), (b)(6) was the vehicle driver. (b)(3), (b)(6) was serving as the vehicle gummer sitting directly behind the driver. D42 is a M1114 which was equipped with a VANGUARD system. (b)(3), (b)(6) was positioned in the driver side rear seat where he remotely manned the gun (See Exhibite (1, 11, and 1).

b. Threat Briefing. On the morning of 22 September. (b)(3), (b)(6) and (b)(3), (b)(6) serived the S2 briefing from (b)(3), (b)(6) The brief was completed by 0615 hours. The brief covered the following areas: weather, SHACTS for the last 72 hours in AO Ranger, IED and EPP historical emplacement in AO Strike (covering the past 14-30 days), route status, routed clearance for the day, known enemy targets, and new enemy TTPs. Of particular note, (b)(3), (b)(6) covered a single source intelligence report stating that JAM may start to increase attacks (See Exhibits G and H).

e. Historical Data. In the past 30 days one other AAIED attack had occurred in this general vicinity. On 16 September 2007, the morter platoon of 3-61 CAV reported an IED strike on lend vehicle at MB 55134 83689 which resulted in two (2) Coalition Forces (CF) WIA and one (1) 51111 damaged (See Exhibits F and G).

(b)(1)1.4•Check. Before SP, neither (b)(3), (b)(6) nor (b)(3), (b)(6) physically checked (h(b)(1)1.4 and (b)(2), (b)(6) physically checked (h(b)(2), (b)(6) physically checked (h(b)(a)) physically checked (h(b)(a)) physical

AFZC-B-JA SUBJECT: Appointment as Investigating Officer under AR 15-6

e: EOD Assessment. EOD assessed that the damage was considered with a six-array eight-inch copper lined EFP with the initiation system being inknown but suspected to be PIR. Two copper clugs were recovered from the vehicle which is consistent with an EFP (See Exhibit B).

f. Uniform and Protective Equipment Status of the Soldiers. All three Soldiers in the vehicle (SPC Reeves, (6)(3), (b)(6) (1), were wearing all of their Personal Protective Equipment (PPG) at the time which included complete IBA, the ACH, bireat and groin protector, eye protection, gloves, ESAP1 plates, and side plates (See Exhibits G and H).

g. Any Form of Negligence. I find that neither SPC Reeves nor any member of the convey is it fault for either the event or wounds from the attack that ultimately led to the death of SPC Reeves. The vehicle destruction, wounds sustained, and ultimately the death of SPC Reeves was a result of AIF actions. This Soldier, as well as the other Soldiers in the convoy, did all that they could to the best of their abilities to ensure survivability.

h. Any improvements or TTPs that would improve reaction time to a similar strack, treating or evacuating the casualty. A TTP that needs to be implemented weald be to adjust the length of the (b)(1)1.4a on the vehicle during any holts. Shortening or extending the(b)(1)1.4anight prove vital in preventing the vehicle's crew compartment from sustaining damage. This should be done every time the vehicles halt as situation permits. The Soldiers acted quickly and efficiently in treating the casualty.

Pont of contact for this memorandum is d (b)(3), (b)(6)	(b)(5), (b)(3), (b)(6) 39 Indetaigned at SVOIP (b)(3), (b)(6), ч	
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approve the findings and recommendations of the investigati	ng officer and return the matter to the Battalion Commander for
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	(b)(3), (b)(6)
	2007



INCIDENT: IED **RESULIS**

FOOT AMPUTATED; 1 X WIA (b)(3), (b)(6)ATERAL RIGHT FOOT SHRAPNEL/ 1 X KIA (103(3), (b)80)AST INJURY TO POSTERIOR RIGHT LEG/BLAST INJURY TO LOWER AB./ LEFT X M1114 DESTROYED JRGENT SURGICAL)

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MND-B SIGACT 3 (CCIR1), EVENT 23 DTG: 221654SEP07

LOCATION: 38S MB 55850 83194 UNIT: 4/D/2-16 IN

MISSION OF UNIT

: 2-16 IN SECURES AND ENFORCES GAS STATION P: ELIMINATE BLACK MARKET FUEL AND IMPROVE GAS STATION PROCEDURES RULES ON RUSTAMIYAH GAS STATION

X INJ NOT BREATHING, 1 X INJ WOUNDS TO BOTH <u>TIMELINE OF EVENTS:</u> 1665: D/2-16 IN REPORTS 4/D/2-16 IN STRIKE IED AT 1709: 4/D-2-16 IN ARRIVE FOB RUSTAMIYAH 1704: D/2-16 IN REPORTS 2 X WIA FET. 1 X M1114 DMG. MB 55850 83194

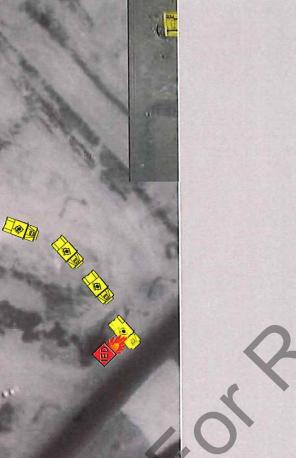
(b)(1)1.4a

ISR ASSESSMENT: FOB RUSTAMIYAH RAID IMMEDIATELY AVAILABLE FOR SIGHT OVER WATCH.

BN S2 ASSESSMENT: CRIMINAL MILITIA ELEMENTS HAVE FOUND A WAY TO EMPLACE IEDS NEAR BY TH FOB WITHOUT BEING DETECTED. THIS AREA IS ATTACKS, DUE TO THE CLOSE PROXIMITY TO WATC TOWERS AND CONSTANT CF PRESENCE. ISR IS PROBABLY THE LEAST EXPECTED AREA FOR IED CURRENTLY COMPLETELY DEDICATED TO RTE PLUTOS AKA HOT SPOT VERMONT.

FILENAME: 22SEP07, EVENT IED, 1 X KIA, 1 X WIA, 1 X M1114 DAMAGED, ZONE 30, AL ALMIN, D/2-16 IN, 2/2 ID



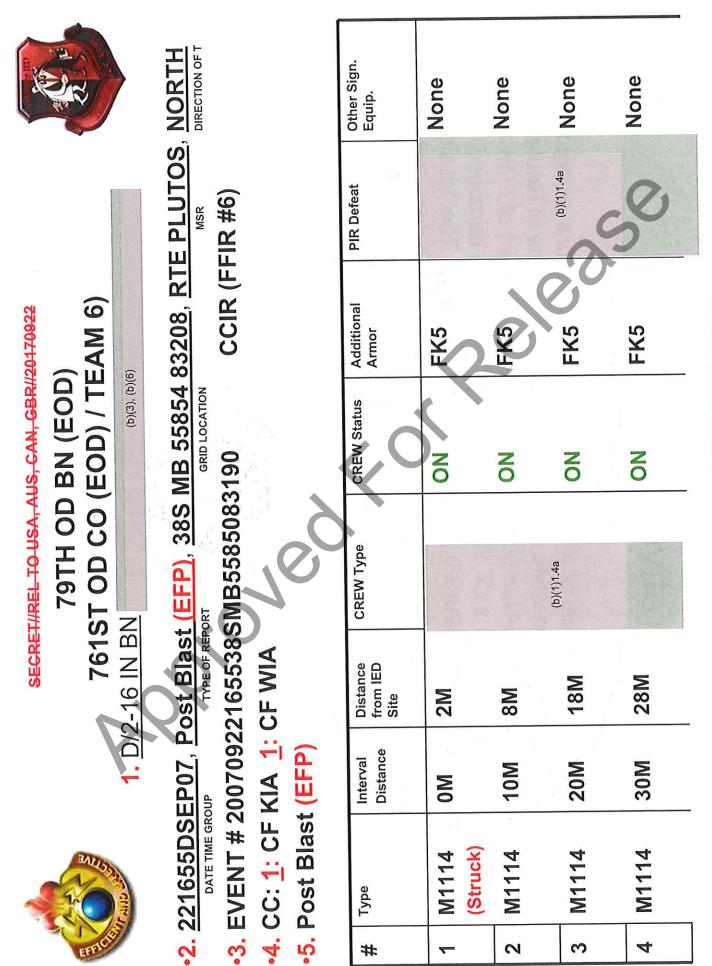


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Narrative/Background



D/2-16 reported first vehicle of a four vehicle convoy was struck on right side flattened the tire on the drivers side and 6th went up through the hood of the entered below the hinges on the TC door, 4th penetrated through the kicker The 1st slug of vehicle by IED detonation while approaching northbound lane of Route leam determined vehicle struck by whith the 1st slupenetrated through the TC door, 2nd went underneath the TC's door, 3rd Rustamiyah. 1 x CF KIA, 1 x CF WIA and 1 x M1114 reported damaged. Plutos intersection from No-Named road heading back to Gate 1 of FOB panel and wounded the driver, 5th took off the tire on the TC's side and (b)(1)1.4a Team determined vehicle struck b HMMWV.

Conclusion

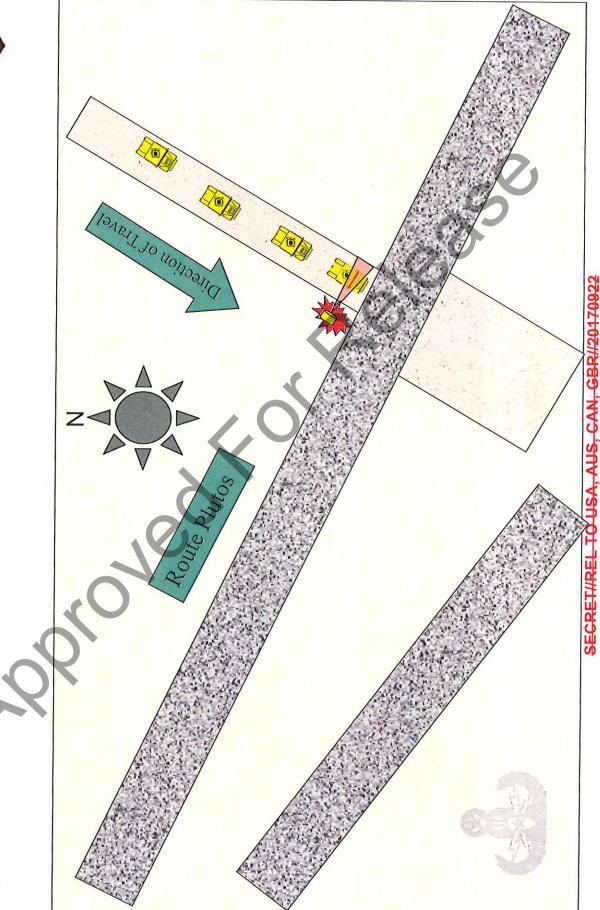
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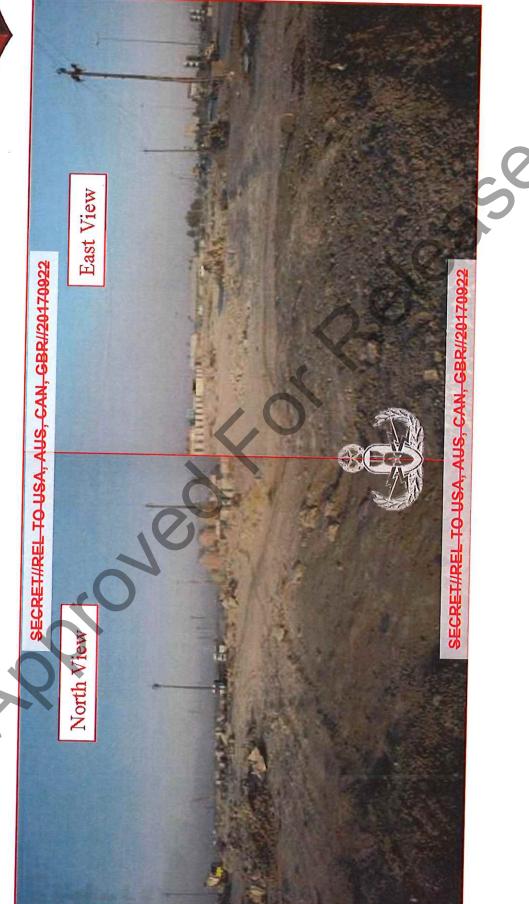
Scene Diagram



Scene Overview

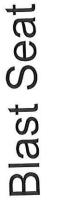






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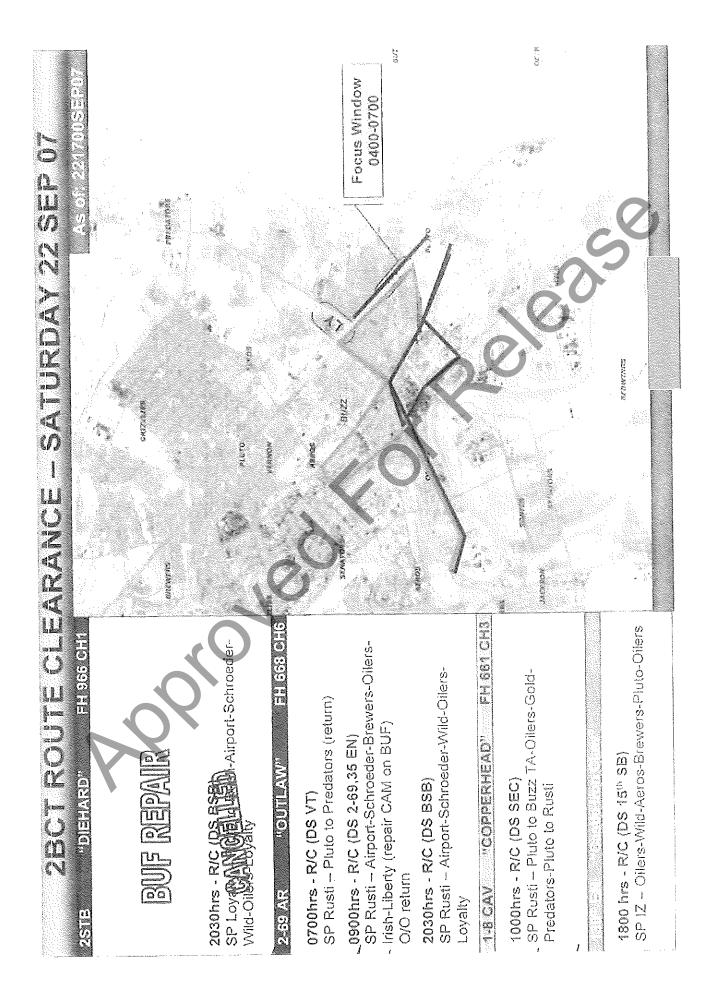


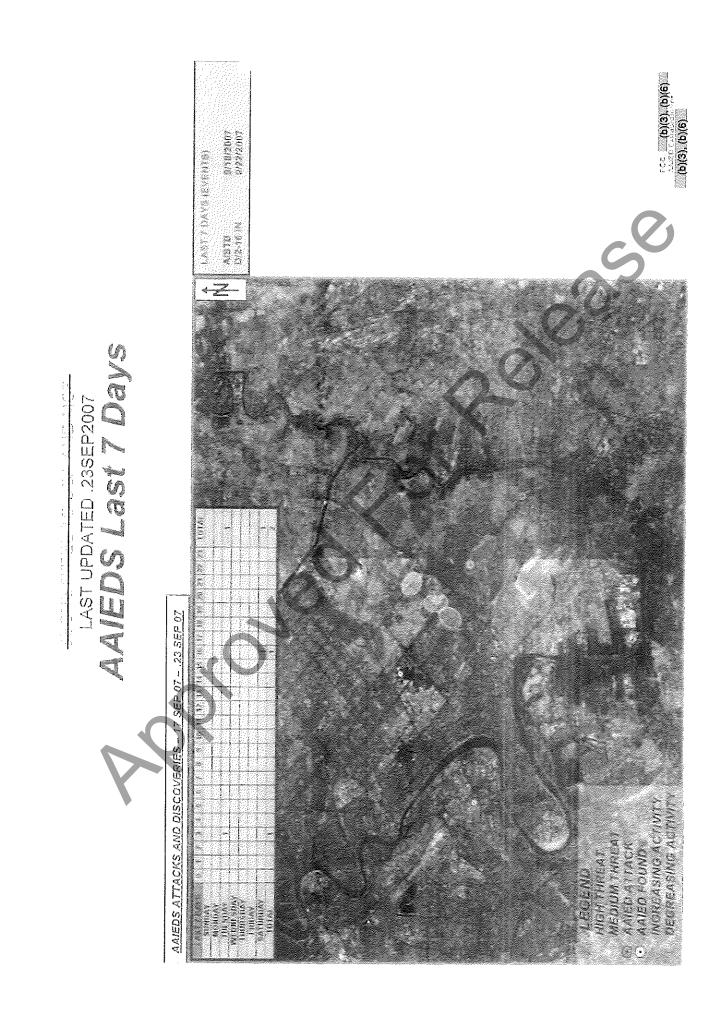


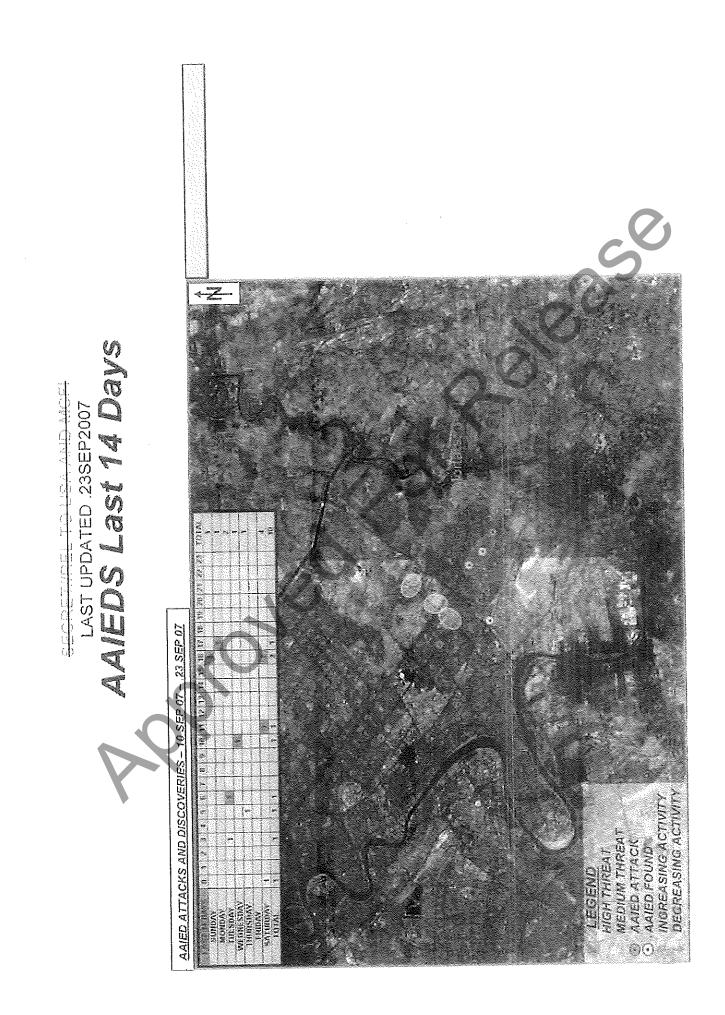


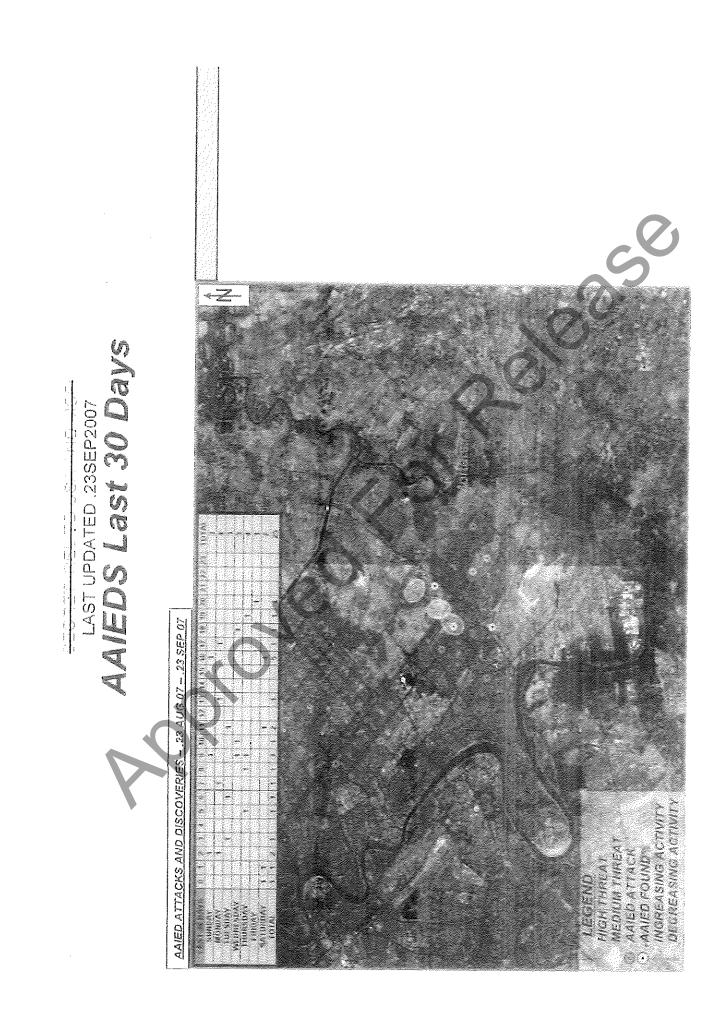


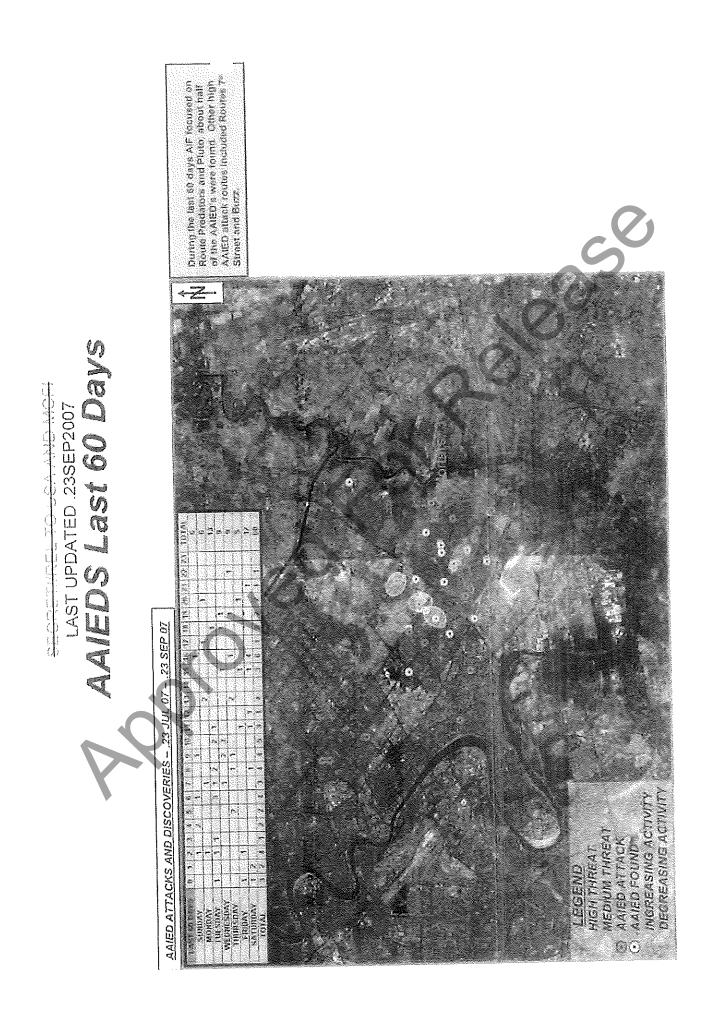
Pages 25 through 34 redacted for the following reasons: (b)(1)1.4a Approved for Release











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ORGANIZATION OR ADDRESS	цсМĴ	(b)(3), (b)(6) <u>136 (4)()</u> (Authenty To Administer Oaths)
INITIALS OF PERSON MAKING STATEMENT	þ <mark>(3), (b</mark>)(6)	PAGE Z OF Z- PAGES

PAGE 3, DA FORM 2823, DEC 1998

SWORN STATEMENT For use of this form, see AR 190-45, the proponent agoncy is PMG. PRIVACY ACT STATEMENT AUTHORITY: Title 10 USC Section 301; Tith 5 USC Section 2951, E.O. 9397 dated November 22, 1945 (1989). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified ROUTINE USES: Your social security manteer is used as an additionarialtemate means of identification to facilitate tring and retrieval. Disclosure of year social security number is voluntary. DISCLOSURE: LOCATION 2 DATE (YYYYMMDO) 3. TESE 4. FILE NUMBER RUSTA MIYAH 2458107 A LAST MART FUTET MALL AUTOR NAME 10 004 REARING (b)(3), (b)(6) 6 Or 🗐 Deo 2.16 IN (b)(3), (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT BROFE OATH ON 22 Hort SEPORT GTH ICT WAS AT THE BUSTAMYAH GAS STATION TO SECURE AND ENFORCE TAS STATION RULES. WHEN THE GASSTATION CLOSED THAT DAY THE PLT EXITED THE GASS STATION AND TURKED TOWARDS FOB RUSTAMINAH, RIGHT BETWRE CROSSING ROUTE PLUTOS OUR TEAD TRUCK WAS HIT BY AN EFT AT MB 53850 \$3194 THE CFF WOULDED (b)(3), (b)(6) IN BOTH FULT AND NAS JUNDED A SMUE BOARD AND TREATED. SIR REEVES WAS CUL TREATED IN THE VEARLE BICAUSE HIS DOUR WAS INOP DUE TO THE EFP. WITHIN MANUTES OF THE BIAST WIL REEVES PULSE STUPPED AND THE (6)(3), (6)(6) MEDIC STARTED CPR. THE VEHICLE WAS DRAGGED TO THE HOSPITHI WITH SPC REEVES STIll IN IT AND THE MEDIC SIII DOING OPR. BOTH CASUALTIES withERE AIRENAC TO THE 28 CASH. TO EXHIBIT 11 INITIALS OF OF DESCRIPTION AKING STATEMENT (b)(3), (b)(6) PAGE 1 OF Ű PAGES ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT PATED THE BOTTOM OF FACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MOST BE BE INDICATED

TAKEN AT ______ OATED _____ (b)(3), (b)(6) STATEMENT OF 9. STATEMENT (Continued) WE RECIEVED ATALEAT BIZIEF FIZSIN (b)(3), (b)(6) HE CONSIGNED WERTTHER AND SIGAER OF THE LAST 72 HOURS CURRENT IED'S ETYS, RTE C/EARENCE. WE DECIEVED THE THRONT BRIEF ABOUT THE BUICKE TIME. UN DYZ (b)(3), (b)(6) WAS THE DILLUEN SHE REEVES WAS THE TC AND (b)(3), (b)(6) WAS THE GUNNER SLATED DIRETCY BUTTED THE DRIVER, DYZ HAD A (b)(1)1.40 All PERSONNEA WHERE WHERE All PPE. ACH, ENCPRO, IBA WITH THROAT AND GREW PROFERR, GIOVES AND RNEE PADS, BEFORE WE IEAVE THE FOR THE PSG CARS OWEN THE RADIO TOENSURE (D)(1)1.40 ARE ON, (D)(1)1.40 ARE OF DOXES ARE COMBAT LUCKED, WILDOWS ARE CHSED, FOL ISON, GUNDERS MPE STRAPPED IN, SUNT BEITS ARE ON, LOCK AND LOAD, ECEN SURGE OPPNS IN AMBER STATUS (b)(3), (b)(6) AFFIDAVIT , HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT (b)(3), (b)(6) WHICH BEGINS ON PASE T, AND F TOS ON PAGE (b)(3), (b)(6) ULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME THE STATEMENT IS INCE THAVE BUILDED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACT PAGE CONTAINING THE STATEMENT, THAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHVENT, AND WITHOUT COERCION, UNLAWFUL INFLUE (b)(3), (b)(6) Making Statement Subscribed and sworn to before me, a parson authorized by law to WITHESS administer on the not a ptember 2007 (b)(3), (b)(6) rang (Jath) DRGANIZATION OR ADDRESS eong Osihi UCMJ AH 136(4Xb) ORGANIZATION OR ADDRESS INITIALS OF PERSON MAKING STATEMENT OF PAGES PAGE

PAGE 3, DA FORM 2823, DEC 1998

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		page 2 of 2 pages
AGE 3, DA FORM 2823, DEC 1998		APD PL v: 05

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AUTHORNY: 10 USC 1476 to 1480 and 2771, 38 PRINCIPAL PURPOSES: This form is used to des It is a guido for the disposition of that members pa the servicemembur destres to be natified in case of ROUTINE USES: None. DISCLOSURE: Votuntary; however, failure to prov status or may handwap processing of benefite to d	USC 1970, 44 USC : Ignate beneficiarius (y and allowances if a of emergency or deat (de personal identifie	or certain benefits in the aptured, missing, or inter h. The perpose of soliciti r information may delay i	avant of the servicer med. It also shows m ng the SSN is to prov	ames and addresses of the person(s) Ade positive identification.
This extremely important form is used by you to she indiresses of your spouse, children, parente, and i would the institled if you become a cascality, and, cartain benefits if you dia. IT IS YOUR RESPONS of Emergancy Data up to date to show your destine receive certain death payments, and to show char departdents listed; for example, us a result of man or address change. Regarding your designation in Mussing" (if used by your Service), please read the	icw lite names and my other person(s) ye to designate beneficial Bit.ITY to keep your s as to beneficiaries t sges in your family or lange, civil cost action term 11, "Allotment if	ou Efuliy understa rites for designation of Record sorves only as to alter my distant dependents, o 1, death,	inent carefully, and si nd that, if I am captu alioiments to depend a guide to the Sacre nated allotment in the rithe United States G	ign on the line provided: ted, missing, or interned, my ents from my pay and rikovances tary of my Service. The Secretary may bact interests of mysoil, my overnment Service member)
1. NAME (Last, First, Middlo, Suffix)	2a. SSN	b. INITIAL (To Indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
REEVES, JOSHUA HARRISON	(b)(3), (b)(6		A	WG29D0
4a. SPOUSE NAME	b. ADDRESS	i (Include ZIP Coda)		
	(b)(3), (b)(6)		
5a. CHILDREN NAME	b. RELATIONSHIP	C. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS	(ingludu ZIP Cada)
None.				
Ga. FATHER NAME	b. ADORESS (Insta (b)(3), (b)(6)	do ZIP Codel		
7a. MOTHER HAME	b. ADDRESS (inclu (b)(3), (b)(6)	de ZIP Code)		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEA	LD .		
9a, BENEFICIARY(IES) FOR DEATH GRATU (If no surviving spouse or chile)	ITY	b. ADDRESS (inclu	də ZIP Codə)	c. PERCENTAGE
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11. ALLOTMENT DESIGNEE/PERCENTAGE	IF MISSING (Subj	act to Secretorial Deteri	mination)	
Insurance Companies/Policy // MAXIN Numbers)	(b)(3), (b)(6) Etional Service Uso) AUM INO R (Amount)	b. IN	SURANCE COMP/	NIES/POLICY NUMBERS
13. CONTINUATION/REMARKS Remai	e Direct Disposition (b)(3), (b)(
MEMBL 14. SIGNATURI: OF SERVICEMEMBER (Include Rank, Rolo, or Grade)	15. S	IGNATURE OF WITN Ida Rank, Rala, or Gra		16. DATE SIGNED (YYYYMMDD)

DD FORM 93 (E)

Please read the Instructions before completing this form Servicemembers' Group Life Insurance Election and Certificate							
Use this form to: (chack of that apply) Name or update your beneficiary Reduce the amount of your insurance coverage Decline Insurance coverage			Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Ufe Insurance.				
Last name First name REEVES JOSHUA	Middle nama HARRISON	Suf,	Rank, title or gra SPC		Sacurity Number		
Branch of Service(Do not abbreviate)	Current Duly Local	anc.	(aru	1 (b)(3)), (b)(6)		
Army WG2906 Amount of insurance By faw, you are automatically insured for \$400,000. If you want \$400,000 of Insurance, skip to Ueneticlary(las) and Payment Options. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance', check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time." Declining SGLI coverage also cancels all family coverage under the SGLI program.							
	n the amount of 3	-	-				
(Write 1) do not want insurance at this time.") "Note: Reduced or refused losurance can only be reatored by completing form SGLV 8265 with preof of good tractifi and completines with other requirements. Reduced of refused insurance will also affect the amount of VGLI you can convert to upon separation from service.							
Benoficiary(ics) and Payment Options I dusignate the following beneficiary(ics) to receive payment of my insurance proceeds, it understand that the principal beneficiary(ics) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ics)							
Complete Name (first, inlidite, last) and Ad dres beneficiary	s of each Social Sec Numbu (If know		Relationship to you	Share to each horrefictary (Use %, \$ innounes or fractions)	Payment Optics (Lump som or 36 equat monéty payments)		
Principal	(b)(3), (b)(n)					
(b)(3), (b)(6)							
 I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiaries or payment instructions. The proceeds wstep paid to beneficiaries as stated in 96 on page 3 of this form, unless otherwise stated above. If have legal questions about this form. I may consult with a multitary interney to revenue to me. I cannet have con≥aned SGLI and VGLI coverages at the same time for more than \$400,000. 							
SIGN HERE IN INK(Your Signature, Do not p) #(t.)			Date: 20070122			
WITNESSED AND RECEIVED BY:	o <u>t write in space below.</u> F RANK, TITLE OR G		al uso only. ORGANIZA	FION DA	TE RECEIVED		
SGLV-8286 (E)							

Overall Values of Control Objects	Consumable Amt	Consumed Amt	Available Amt
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Approved For Release

Overall Values of Control Objects	Consumable Amt	Consumed Amt	Available Amt
└── 2 s.8000925.3.2.1	45,096.02	45,096.02	0.00

Approved For Release

Approved For Release