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AR 15-6 Investigation

**Facts and Circumstances Surrounding the Death
of SSG Mathew Q. McClintock, USA and Injuries to
(b)(3), (b)(6) on 5 January 2016**

12 March 2016

Appointing Authority: MG Sean P. Swindell, USA

Investigating Officer: (b)(3), (b)(6)

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Findings and Recommendations Memorandum

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HEADQUARTERS
SPECIAL OPERATIONS JOINT TASK FORCE - AFGHANISTAN
KABUL, AFGHANISTAN
APO AE 09354

SOJTF-A-BAFLNO

12 March 2016

MEMORANDUM FOR Commanding General, Special Operations Joint Task Force –
Afghanistan (SOJTF-A), Camp Integrity, Kabul, Afghanistan, APO AE 09354

SUBJECT: (U//~~FOUO~~) Findings and Recommendations Regarding the Facts and
Circumstances Surrounding the Death of SSG Matthew Q. McClintock and Injuries to (b)(3), (b)(6)
(b)(3), (b)(6) on 5 January 2016

1. (U//~~FOUO~~) Appointment. Pursuant to Army Regulation (AR) 15-6, on 6 January 2016, Major General (MG) Sean P. Swindell appointed me as an Investigating Officer (IO) to investigate the facts and circumstances surrounding the death of Staff Sergeant (SSG) Matthew Q. McClintock, USA, and injuries to other U.S. servicemembers in (b)(1)1.4a Helmand Province, Afghanistan on 5 January 2015. (Enclosure I).

2. (U//~~FOUO~~) Scope. The scope of the investigation required an assessment of the facts and circumstances surrounding SSG McClintock's death to include the cause of death, medical treatment given to SSG McClintock and other U.S. servicemembers, a line of duty determination, and operational details surrounding the conduct of (b)(1)1.4a, the mission being conducted when SSG McClintock was killed-in-action (KIA). The specific investigation requirements are detailed in the appointment order dated 6 January 2016. (Enclosure I) While my appointment orders requested an assessment of the facts and circumstances regarding the injuries to all U.S. servicemembers associated with SSG McClintock's death, for the purposes of this investigation I have only assessed U.S. servicemembers assigned to SOJTF-A. Review and recording of the injuries sustained by other non-SOJTF-A U.S. servicemembers on (b)(1)1.4a were conducted by their parent command(s).

3. (U//~~FOUO~~) Method of Investigation. During the course of my investigation, I collected statements from witnesses to include the U.S. Ground Force Commander (GFC) who was in command at the time of SSG McClintock's death. Additionally, I reviewed operational graphics, inspected imagery, listened to radio transmissions, and examined other operational information I deemed relevant to the conduct of this investigation. Unless otherwise stated, all times mentioned in this investigation are local Afghan time (D*).

4. (U//~~FOUO~~) Findings.

a. (U//~~FOUO~~) The Mission.

(1) (~~S//REL USA, FVEY~~) (b)(1)1.4a was a Level (1)1.4a accompanied advised CONOP approved by COM USFOR-A on 3 January 2016 and conducted under Operation Freedom's

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Sentinel (OFS) authority in accordance with USCENCOM OPORD 25 and the USFOR-A Tactical Guidance of 13 January 2015. (Exhibits C and X).

(2) (~~S//REL USA, NATO, RSMA~~) The mission of (b)(1)1.4a was for USSFODA (b)(1)1.4a (b)(1)1.4a to train, advise, and assist (TAA) the Afghan National Army's Special Operations Command's (ANASOC) 7th Special Operations Kandak (SOK) to conduct a U.S. advised and assisted combined helicopter-borne assault to clear targeted compounds of interest in vicinity of (IVO) the western (b)(1)1.4a Helmand Province no earlier than (NET) 2200 4 January 2016 in order to (IOT) kill or capture (b)(1)1.4a and disrupt the Kandahar Attack Network (K.H.A.N.) targeting the (b)(1)1.4a Center, relieve pressure on Afghan National Army (ANA) 215th Corps operations, and prevent insurgent occupation of (b)(1)1.4a. After infiltration on the night of 4 January 2016, the mission was planned to extend through the day of 5 January 2016 with a planned helicopter-borne exfiltration that night. (b)(1)1.4a the targeted objective, was considered a U.S. force protection objective. (Exhibit C)

b. (U//~~FOUO~~) Conduct of the Mission.

(1) (~~S//REL USA, FVEY~~) Infiltration - 4 January 2016: At 2300 on 4 January 2016 (b)(1)1.4a (b)(1)1.4a and 7th SOK infiltrated the (b)(1)1.4a area via a helicopter assault force (HAF). (Exhibit B). Friendly forces (FF), consisting of (b)(1)1.4a and 3d COY, 7th SOK were task organized into three maneuver elements of approximately (b)(1)1.4a Afghan and (b)(1)1.4a U.S. Special Forces personnel each. Upon infiltration, the advised Afghan elements, along with their U.S. advisors, began moving separately from the helicopter landing zone (HLZ) to their objectives while the third element remained back in a command and control (C2) and support role. Due to the weather and terrain, movement was degraded and increasing fog caused MEDEVAC and Air-Weapons Team (AWT - 2 AH-64 Apache helicopters) status to become "red" meaning there was no support from these assets. Due to these factors, the (b)(3), (b)(6) decided to cease clearing operations and advised consolidating all elements at the pre-planned strong point in a walled compound (b)(1)1.4a Upon consolidation, local Afghans at the strong point notified the ground force of a heavy concentration of Taliban (TB) fighters in the immediate area. In preparation to defend the compound, while waiting for weather to clear, the combined Afghan and U.S. force emplaced (b)(1)1.4a machine guns and (b)(1)1.4a mortars at the strong point. (Exhibits F and G).

(2) (~~S//REL USA, FVEY~~) Day - 5 January 2016: At dawn on 5 January 2016, the nearby Mosque announced that U.S. forces were in the vicinity. At approximately 0900, the fog dissipated and air assets were again in a "green" status and available to provide support. (Exhibits F and G).

(a) (~~S//REL USA, FVEY~~) Initial Contact: As the ground force was preparing to continue advised clearance operations, their strong-point received small arms fire (SAF) from the east and troops-in-contact (TIC) incident #004 was declared by the (b)(3), (b)(6) at 0906. The enemy fire, which included small arms, mortars, and RPGs, employed against the ground force

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from nearby compounds, increased as hostile forces maneuvered on the strong point at compound (b)(1)1.4a (Exhibits F, G, and B).

(b) (~~S//REL USA, FVEY~~) Gunshot Wound to (b)(3), (b)(6) (b)(3), (b)(6) Just before 0944, (b)(3), (b)(6) located at compound (b)(1)1.4a received a (b)(6) from a building under the control of hostile forces. (Exhibit B). (b)(3), (b)(6) was immediately attended to by SSG McClintock. (b)(3), (b)(6) (b)(3), (b)(6) and (b)(3), (b)(6) who all provided immediate life-saving treatment which included the (b)(6) while exposed to hostile fire. (Exhibits I and G) (b)(6) and (b)(3), (b)(6) are (b)(3), (b)(6) (Exhibit C). The (b)(3), (b)(6) was immediately informed of (b)(3), (b)(6) wound and SSG McClintock immediately took action to call for MEDEVAC to remove (b)(3), (b)(6) from the engagement. The (b)(3), (b)(6) immediately returned to (b)(1)1.4a and continued to have the ground force element return fire in self-defense while assessing he was receiving fire from all directions. (Exhibits F and G). Due to the security situation outside of compound (b)(1)1.4a the MEDEVAC was directed to land in the interior of the compound. (Exhibits F and I). At approximately 1010, MEDEVAC, call-sign (b)(1)1.4a, an HH-60 helicopter, approached low and fast with no air-to-ground communication. (Exhibits I, Q, and S). On landing, (b)(1)1.4a rotor blades struck the interior building resulting in significant damage to the helicopter but no injury to the crew. (Exhibits F, G, and S). Following the MEDEVAC crash, hostile forces immediately increased their rate of fire on (b)(1)1.4a (Exhibit F). In order to call in another MEDEVAC helicopter, SSG McClintock moved out to the road and, fully exposing himself to hostile fire, threw smoke grenades in order to signal a second MEDEVAC helicopter to conduct a landing. Due to continued hostile fire, the second MEDEVAC attempt was waived off. (Exhibit G) During this same time, medical personnel and supplies from the crashed helicopter were leveraged to treat (b)(3), (b)(6) (Exhibits Q, H). This level of care and fresh medical supplies, including two units of blood provided by the aircrew, were a significant factor in (b)(3), (b)(6) stabilization and permitted the two (b)(3), (b)(6) to return to advise the 7th SOK force defending (b)(1)1.4a

(c) (~~S//REL USA, FVEY~~) Actions Following the Wounding of (b)(3), (b)(6) After the wounding of (b)(3), (b)(6) (b)(1)1.4a Joint Terminal Attack Controller (JTAC) requested suppressive fires from AWT in self-defense of (b)(1)1.4a (Exhibit B). Additionally, another MEDEVAC helicopter, call-sign (b)(1)1.4a the second aircraft in the original two ship MEDEVAC package, became disoriented and attempted to land (b)(1)1.4a meters south of the compound in an unsafe area. (Exhibit U). After realizing their mistake, the lead pilot attempted three additional landings, all unsuccessfully, before departing the area due to small arms fire. (Exhibit U). This second (b)(1)1.4a aircraft also did not have direct radio communications with the ground force. (Exhibit U). Following (b)(1)1.4a unsuccessful MEDEVAC landing attempts, the exterior wall north of (b)(1)1.4a continued to receive effective enemy fire and the GFC and others on the ground were concerned about the risk of attempting another MEDEVAC due to the continued effective fire. (Exhibits F and G). On request from the JTAC, AWT fired (b)(1)1.4a suppressive fires bursts. At approximately 1130, the third MEDEVAC helicopter that morning, (b)(1)1.4a

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made an additional attempt to conduct a MEDEVAC but was also aborted due to hostile fire. At this time (b)(1)1.4a directed no further MEDEVAC until darkness, however SOTF-A's understanding, as relayed to the (b)(6) was that MEDEVAC would have been provided if the (b)(3), (b)(6) could secure an HLZ. (Exhibits B and W). At 1208, the (b)(3), (b)(6) received approval for suppressive fires around target compounds and the (b)(3), (b)(6) contacted SOTF-A for assistance with clearance of fires on compounds. (Exhibit B).

(d) (~~S//REL USA, FVEY~~) Wounding of SSG McClintock: At 1241, the (b)(3), (b)(6) relayed that ground forces planned to maneuver to building (b)(1)1.4a in order to create "white space," secure a MEDEVAC HLZ, and secure an air drop resupply drop zone (DZ). (Exhibits A and B). Shortly after, SSG McClintock (b)(3), (b)(6) the (b)(3), (b)(6) and several other U.S. and Afghan personnel left their covered position at (b)(1)1.4a and moved southeast towards (b)(1)1.4a through an approximately three foot deep water-filled drainage canal. (Exhibit G). The element moved out quickly, and SSG McClintock and others bounded along the drainage ditch while being engaged by small arms fire and returning fire as they moved. (Exhibit G). After moving approximately half-way southeast through the drainage canal, SSG McClintock received a mortal GSW (b)(6) (b)(6) from hostile gunfire. (Exhibit G) The fatal round impacted just below SSG McClintock's (b)(6) (b)(6) (Exhibits G and E). Immediately upon receiving the GSW, SSG McClintock fell forward and was assisted by (b)(3), (b)(6) followed by (b)(3), (b)(6) and (b)(3), (b)(6); (b)(3), (b)(6), a (b)(3), (b)(6) (b)(3), (b)(6) began medical treatment for SSG McClintock immediately. The initial assessment, as passed over the radio by (b)(3), (b)(6) was that SSG McClintock was killed-in-action due to the GSW. (Exhibit H). After approximately thirty minutes of receiving effective small-arms and mortar fire in the canal, (b)(3), (b)(6) (b)(3), (b)(6), and (b)(3), (b)(6) began dragging SSG McClintock back through the canal to (b)(1)1.4a (Exhibits G and H). After reaching the end of the canal, SSG McClintock was connected to a drag strap and pulled into (b)(1)1.4a (b)(3), (b)(6) (b)(3), (b)(6) and (b)(6). Upon entering the compound (b)(3), (b)(6) (b)(3), (b)(6), another (b)(3), (b)(6) continued medical treatment for SSG McClintock. (b)(3), (b)(6) assessed SSG McClintock's status as "dire," due to the severity of his wound. At this time, SSG McClintock was breathing and maintained a detectable pulse. (Exhibit H). SSG McClintock was moved into one of the compound buildings and was attended to by the members of the ODA as well as medical personnel from the downed MEDEVAC. Shortly after being brought into the compound, SSG McClintock stopped breathing and medical personnel began manually infusing his breaths for approximately one hour. (Exhibit H). Although he began to breathe on his own again his breathing finally ceased approximately four hours after he was wounded and, under the direction of (b)(3), (b)(6) each medic independently assessed that SSG McClintock had succumbed to his wounds. (Exhibit H). The (b)(3), (b)(6) reported one U.S. KIA (SSG McClintock) at 1642.

(e) (~~S//REL USA, FVEY~~) Actions following SSG McClintock's Wounding: After the wounding of SSG McClintock, the (b)(3), (b)(6) assisted by the JTAC, continued to call in air-to-ground fires on hostile forces in compounds in the vicinity of (b)(1)1.4a. At 1253, the (b)(3), (b)(6) requested a (b)(1)1.4a

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bomb on (b)(1)1.4a from F-16s overhead but instead received a (b)(1)1.4a gun run on (b)(1)1.4a. At 1303, one F-16 engaged (b)(1)1.4a with the requested (b)(1)1.4a bomb and the bomb penetrated (b)(1)1.4a but failed to detonate. Following this, between 1303 and 1430, F-16s, AWT, and remotely piloted aircraft (RPA) conduct multiple engagements in self-defense against (b)(1)1.4a and (b)(1)1.4a another building assessed to be under hostile control. After a failed attempt to destroy (b)(1)1.4a at 1433, due to a hung bomb, one F-16 engaged (b)(1)1.4a with a (b)(1)1.4a bomb with good effects. Following this strike, and through coordination with SOTF-A and SOJTF-A, multiple buildings under hostile control were engaged with good effects in self-defense using a variety of munitions to include (b)(1)1.4a missiles from AWT and RPA, (b)(1)1.4a bombs from F-16, and (b)(1)1.4a artillery shells from an AC-130U which came on station at 1730. Additionally, at 1630, an MC-130 conducted a successful low-level daylight aerial resupply of (b)(1)1.4a under withering hostile fire which resulted in aircraft damage. Throughout this time period (b)(1)1.4a was assessed as stable due to the efforts of (b)(3), (b)(6) and MEDEVAC personnel from the down MEDEVAC. (Exhibits B, F, G, H, Q).

(3) (~~S//REL USA, FVEY~~) Exfiltration of USSF (b)(1)1.4a – 6 January 2016: After a quick reaction force (QRF) consisting of three (b)(1)1.4a and Afghan 9th SOK commandos infiltrated (b)(1)1.4a on the night of 5 January 2016, (b)(1)1.4a (b)(3), (b)(6) and the remains of SSG McClintock were extracted from (b)(1)1.4a at 0302 on 6 January 2015 under the cover of approved suppressive fire by AC-130U. (Exhibit B)

c. (U//~~FOUO~~) Compliance with Applicable Operational Orders, Guidance, and Directives.

(1) (~~S//REL USA, FVEY~~) (b)(1)1.4a . The greater weight of the evidence indicates (b)(1)1.4a (b)(1)1.4a complied with all Operational Orders, Tactical Guidance, and Tactical Directives.

(a) (~~S//REL USA, FVEY~~) Accompaniment and Advisement of 7th SOK by (b)(1)1.4a (b)(1)1.4a properly accompanied and advised their ASSF partner force in accordance with USCENCOM OPORD 25, the CDR USFOR-A Tactical Guidance, and NSOCC-A/SOJTF-A Tactical Directive #1. Specifically, because the mission objective was a U.S. force protection objective, under USCENCOM OPORD 25, (b)(1)1.4a was permitted to accompany their ASSF partner force onto the objective. Additionally, as the mission was approved by CDR USFOR-A as a Level (b)(1)1.4a operation, (b)(1)1.4a was permitted to enter the compound. (Exhibit C). Finally, once (b)(1)1.4a and their advised force became pinned down, the ODA was permitted to enter the compound in self-defense in order to take cover. (Exhibit X).

(b) (~~S//REL USA, FVEY~~) Self-Defense Fires on Structures. (b)(1)1.4a appropriately utilized air assets to engage structures in self-defense as a last resort after the (b)(3), (b)(6) assessed his team was pinned down and unable to maneuver. The (b)(3), (b)(6) instruction, guidance, and directive, was the appropriate Target Engagement Authority (TEA) for these strikes in self-defense.

(2) (U//~~FOUO~~) Aircrews.

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(a) (~~S//REL, USA, FVEY~~) A secured HLZ was required to land an additional MEDEVAC helicopter to extract (b)(3), (b)(6) SSG McClintock was wounded by hostile fire moving to secure that HLZ after and during delivery of fire by AWT in self-defense of the ground force. At the time of his wounding SSG McClintock was originally assessed as KIA most likely due to the severity of his wound. (Exhibit G). There is no indication that any delay between call-for-fire and delivered fire by AWT or F-16s was a cause or contributing factor to SSG McClintock's death.

(b) (~~S//REL, USA, FVEY~~) Several statements from members of the ground force as well as the SOTF-A CHOPS and SOTF-A commander indicate that AWT and F-16 crews did not provide adequate fires in self-defense of the ground force when requested. (Exhibits F, G, J, V, and W). In particular, (b)(3), (b)(6) a JTAC on the ground, states that "[t]hese hesitations and lack of knowledge or ROE directly resulted in 1xUSSF KIA and 4xCDO WIA" in respect to AWT's apparent delayed delivery of fire. (Exhibit J). Additionally, (b)(3), (b)(6) states, in respect to F-16 delayed fires and malfunctions, "[t]hese hesitations and malfunctions directly resulted in (b)(1)1.4a" (Exhibit J). Despite these perceptions, the relevant evidence indicates that SSG McClintock (JTAC call-sign (b)(1)1.4a, not (b)(3), (b)(6), was in contact with and coordinating fires with AWT immediately prior to his exit to secure an HLZ. (Exhibit FF). A summary of events taken from AWT transmissions from (b)(1)1.4a (call-sign (b)(1)1.4a) indicates that the AWT on station at the time of the first call for fire at 1019 had clear communication with SSG McClintock and adjusted fire as requested while orienting to the engagement area. Additionally, AWT fulfilled SSG McClintock's request to engage a building (b)(1)1.4a meters (b)(1)1.4a (b)(1)1.4a most likely (b)(1)1.4a immediately prior to SSG McClintock's departure with a team to secure (b)(1)1.4a. During this time, AWT also conducted multiple (b)(1)1.4a suppressive fires on (b)(1)1.4a and (b)(1)1.4a to the (b)(1)1.4a with what were described by (b)(1)1.4a as "good effects." (Exhibit FF). After these engagements, SSG McClintock passed "target is suppressed" (Exhibit FF). Finally, at approximately the time of SSG McClintock's wounding, AWT was inbound to engage a target (b)(1)1.4a when (b)(3), (b)(6) reported one additional U.S. wounded in action (SSG McClintock). (Exhibit FF). This evidence, therefore, indicates that, immediately prior to and at approximately the time of SSG McClintock's exit from (b)(1)1.4a to secure (b)(1)1.4a AWT engaged all requested targets to the JTAC's satisfaction to include targets identified directly (b)(1)1.4a of the path of travel between (b)(1)1.4a and (b)(1)1.4a. The first time the (b)(3), (b)(6) requested fire from F-16 or (b)(1)1.4a was after SSG McClintock's wounding. (Exhibit B).

(c) (~~S//REL, USA, FVEY~~) The greater weight of the evidence indicates that aircrews from AWT and F-16 flights involved in (b)(1)1.4a ultimately complied with applicable operational orders, tactical guidance, and tactical directives in effect at the time of the engagements. While fires were not always immediate and often did not initially produce desired results, the greater weight of the evidence indicates that, in every instance, aircrews responded by delivering air-to-ground fires in every case when they were requested.

d. (U//~~FOUO~~) SSG McClintock's Death.

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(1) (U//~~FOUO~~) SSG McClintock's Injuries.

(a) (~~S//REL, USA, FVEY~~) The cause of SSG McClintock's injuries and subsequent death was a GSW (b)(6) most likely from a 7.62mm bullet fired from a considerable distance. (Exhibit E, II). The Deputy Armed Forces Medical Examiner (Medical Examiner) assessed the manner of death as homicide. (Exhibit E). Specifically, (b)(6) SSG McClintock's (b)(6) (Exhibit E). The Medical Examiner found no evidence of soot or gunpowder stippling surrounding the entrance wound which would have indicated a shot from close proximity. (Exhibit E). The Medical Examiner assessed that the likelihood of survivability from this wound was extremely remote from the moment of impact. (Exhibit II). In addition to the GSW (b)(6) SSG McClintock suffered (b)(6) (b)(6) (Exhibit E).

(b) (~~S//REL, USA, FVEY~~) As in any modern military operation, numerous factors to include weather, systems malfunctions in air-to-ground platforms, newly arrived personnel, challenges in target verification, and complex tactical guidance, affected the conduct of (b)(1)1.4a I do not, however, find any of these factors were direct causes of SSG McClintock's death.

(2) (~~S//REL, USA, FVEY~~) Medical Treatment Provided to SSG McClintock. SSG McClintock began receiving medical treatment almost immediately upon receiving a GSW (b)(6) and was under constant medical care until he succumbed to his wounds. (Exhibits G and H) Immediately after falling from hostile contact in the drainage canal at approximately 1245, (b)(3), (b)(6) and (b)(3), (b)(6) came to the aid of SSG McClintock. (Exhibit G). Immediately thereafter, (b)(3), (b)(6) a (b)(3), (b)(6) made it to SSG McClintock and began rendering aid and orienting SSG McClintock to drag him back to (b)(1)1.4a (Exhibit K). While in the ditch, (b)(3), (b)(6) bandaged SSG McClintock with Kerlix and an ACE wrap. (Exhibit L) After SSG McClintock was dragged into (b)(1)1.4a (b)(3), (b)(6) I, another (b)(3), (b)(6) (b)(3), (b)(6) took over his care and redressed SSG McClintock's (b)(6) with the assistance of (b)(3), (b)(6) (Exhibit H). At this time, (b)(3), (b)(6) assessed that SSG McClintock was still (b)(6) (Exhibit H). After this assessment, (b)(3), (b)(6) decided to "cric" SSG McClintock by (b)(6) (b)(6) After successfully (b)(3), (b)(6) (b)(3), (b)(6) cut off a majority of SSG McClintock's clothing, wrapped him in a hypothermia prevention bag and blanket, and moved him into a room with overhead cover. (Exhibit H). Once SSG McClintock was moved into the room by (b)(3), (b)(6) from the downed (b)(6) into SSG McClintock, (b)(6) (Exhibit H). Members of the (b)(6) for SSG McClintock. (Exhibit H). At around this time, SSG McClintock (b)(6) (b)(6) (Exhibit H) After approximately one hour, SSG McClintock (b)(6) (b)(3), (b)(6) his

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(b)(6) (b)(6) (b)(3), (b)(6) received SSG McClintock, SSG (b)(6) (Exhibit H). (b)(3), (b)(6) attempted to but could not detect SSG McClintock's carotid pulse. Unable to find a pulse, (b)(3), (b)(6) had each medic come through to make an independent evaluation of SSG McClintock's status. (Exhibit H). Each medic determined (b)(3), (b)(6) had succumbed to his wounds. (Exhibit H). The (b)(3), (b)(6) reported SSG McClintock's death at 1642 on 5 January 2016. SSG McClintock's remains were extracted from (b)(1)1.4a with (b)(1)1.4a at 0302 on 6 January 2015.

(3) (~~S//REL USA, NATO, RSMA~~) PPE Worn by SSG McClintock. At the time of his wounding, SSG McClintock was wearing "full PPE" to include body armor and helmet. His helmet was damaged on the right side by the bullet that struck SSG McClintock. (Exhibits F and E).

(4) (U//~~FOUO~~) Line of Duty Determination for SSG McClintock. SSG McClintock's death was incurred in the line of duty in accordance with AR 600-8-4, para. 4-13. (Exhibit BB).

f. (U//~~FOUO~~) : (b)(3), (b)(6) Injuries.

(1) () (b)(3), (b)(6) Injuries. At approximately 0930 on the morning of 5 January 2016, as the 7th SOK force advised by (b)(1)1.4a began to move out from (b)(1)1.4a (b)(3), (b)(6) located at (b)(1)1.4a suffered a GSW to (b)(6) (Exhibit G) (b)(3), (b)(5) (b)(3), (b)(6) (Exhibit I) The cadence or time and delay of approximately one second between bullet strike and sound of the rifle fire indicated that the fire aimed at (b)(1)1.4a was likely aimed, long-range fire (Exhibit I).

(2) (U//~~FOUO~~) Medical Treatment Provided to : (b)(3), (b)(6)

(a) () Nearby (b)(1)1.4a team members, SSG McClintock, (b)(6) (b)(3), (b)(6) and (b)(3), (b)(6) quickly administered aid by (b)(6) in line with Tactical Combat Casualty Care (TC3) protocols. (Exhibits G and I). (b)(3), (b)(6) called for a litter and rushed with an (b)(3), (b)(6) (b)(3), (b)(6) took charge of (b)(3), (b)(6) medical care and directed the other team members to look for additional wounds while he began his initial assessment. (Exhibit I). The mechanism of injury was confirmed to be (b)(6) (b)(6) No exit wound was noted at that time. (b)(6) (b)(3), (b)(6) called for a MEDEVAC to be requested. (Exhibit I) and SSG McClintock began efforts to land MEDEVAC as described previously. (b)(3), (b)(6) then (b)(6) (b)(6) J. (b)(3), (b)(6) was then moved on a stretcher to a room indoors within the compound where he was reevaluated by (b)(3), (b)(6) and (b)(3), (b)(6) and (b)(6) In preparation for the MEDEVAC flight, warming procedures were started with a blanket known as a

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(b)(6)
(b)(6) A casualty card was initiated with updated information.
(Exhibit I).

(b)(1) ~~(S//REL, USA, FVEY)~~ Approximately 45 minutes after (b)(6) was shot, (b)(1)1.4a landed in the (b)(1)1.4a compound. As the HH-60 landed in deep mud the rotor blades struck the compound building, rendering the aircraft inoperable. The flight (b)(3), (b)(6) (b)(6) exited the now-grounded (b)(1)1.4a and moved to (b)(3), (b)(6) location taking over primary care from (b)(3), (b)(6) (Exhibit I). (b)(3), (b)(6) determined (b)(3), (b)(6) (b)(3), (b)(6) also assessed that (b)(3), (b)(6) original tourniquet was still effective. (Exhibit Q) Due to (b)(3), (b)(6) assessed status. (b)(3), (b)(6) (Exhibit Q). (b)(3), (b)(6)

(b)(6) (Exhibit Q). (b)(3), (b)(6) then took (b)(3), (b)(6) (b)(3), (b)(6) at 1200,

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

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

receiving medical attention, to include a during this time. (Exhibit Q)

(c) ~~(S//REL, USA, FVEY)~~ At 0245, 6 January 2016, after receiving word that an evacuation was inbound, (b)(3), (b)(6) was packaged for transport and at 0300 (b)(3), (b)(6) (b)(3), (b)(5) was loaded into a CH-47 and transported to Tactical Base (TB) Dwyer Forward Surgical Team (FST). (Exhibit Q). Soon thereafter, (b)(3), (b)(6) was transported to the Kandahar Airfield (KAF) Role III hospital where (b)(6) underwent surgery to remove a 7.62mm (b)(6). (b)(6) was then transferred to the medical ward in stable condition for follow on care at Landstuhl Regional Medical Center (LRMC) in Germany. (Exhibit Z).

(3) ~~(S//REL, USA, NATO, RSMA)~~ PPE Worn by (b)(3), (b)(6) (b)(3) was wearing body armor and helmet at the time he was injured. (Exhibit F).

(4) (U//~~FOUO~~) Line of Duty Determination for (b)(3), (b)(6) (b)(3), (b)(6) injury was incurred in the line of duty in accordance with Air Force Instruction (AFI) 36-2910. (Exhibit CC).

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5. (U//~~FOUO~~) Recommendations.

a. (~~S//REL USA, FVEY~~) Ensure direct communications between ground Forces and air assets. The lack of direct radio communications between the (b)(1)1.4a helicopters and the (b)(3), (b)(6) JTAC caused the MEDEVAC mission commander to rely exclusively on radio relays from AWT. Several JTACs and pilots interviewed for this report confirmed that direct communications with the JTAC may have prevented the crash landing of (b)(1)1.4a. Considering the volume of fire on the objective, this does not necessarily support the conclusion that successful MEDEVAC could have been provided sooner, but poor communications did contribute to the need to secure alternate HLZs, ultimately leading to SSG McClintock leaving his covered position to secure an alternate landing site. Any subsequent delays in MEDEVAC were due to the volume of fire and the need for a secure alternate landing site. Under the circumstances, the subsequent delay of several hours before MEDEVAC could be secured likely had no impact on SSG McClintock's survivability. Medical assessments indicate that SSG McClintock's wound was fatal and he would not have survived regardless of the level of care provided.

b. (~~S//REL USA, FVEY~~) Review Tactical MEDEVAC Call Procedures. In retrospect, the decision to request MEDEVAC immediately before an HLZ was secure may have been premature on the (b)(3), (b)(6) part. Three MEDEVAC helicopters suffered significant damage from hostile fire after being called into the battlespace before a landing site could be secured. Even after significant air-to-ground fires, an MC-130 delivering resupply still received effective small arms fire. While the dedication to secure MEDEVAC for the wounded (b)(3), (b)(6) i was understandable, attempting to do so resulted in the wounding of SSG McClintock. It is important to note, however, that medical care provided by the downed MEDEVAC personnel appears to have been critical to (b)(3), (b)(6) s recovery. Again, in retrospect, the (b)(3), (b)(6) decision to push for MEDEVAC was understandable but unnecessary considering the situation on the ground and the associated risks created for the ground force and aircraft. Recommend medics and GFCs review thresholds for calling MEDEVAC and responsibilities for securing HLZs.

6. (U//~~FOUO~~) Point of Contact. The point of contact for this memorandum is the undersigned.

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

Investigating Officer

~~SECRET//REL USA, FVEY~~