

Rep. Berkley

(b)(6) Ms. CTR NG NGB ARNG

From: Kadden, Jeremy [Jeremy.Kadden@mail.house.gov]
Sent: Thursday, November 20, 2008 9:57 AM
To: (b)(6) CTR NG NGB ARNG
Cc: NGB-Congressional Inquiries
Subject: RE: NV NG (UNCLASSIFIED)

Thank you very much! This will be very helpful.

Jeremy

Non-Responsive

-----Original Message-----

From: Kadden, Jeremy [mailto:Jeremy.Kadden@mail.house.gov]
Sent: Tuesday, November 18, 2008 11:38 AM
To: (b)(6) Ms. CTR NG NGB ARNG
Subject: Re: NV NG (UNCLASSIFIED)

Thanks!

Non-Responsive

Non-Responsive

-----Original Message-----

From: Kadden, Jeremy [mailto:Jeremy.Kadden@mail.house.gov]
Sent: Tuesday, November 18, 2008 11:03 AM
To: (b)(6) Ms. CTR NG NGB ARNG
Subject: NV NG

Thanks so much for your help. Any assistance you can provide in getting general (and if possible, detailed) budgeting info on the NV National Guard from FY09, that would be great.

Thanks,

Jeremy

Jeremy Kadden

Office of Congresswoman Shelley Berkley (D-NV)

405 Cannon House Office Building

Washington, DC 20515

202-225-5965

<http://berkley.house.gov/>

Classification: UNCLASSIFIED

Caveats: NONE

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Caveats: NONE

(b)(6)

Ms. CTR NG NGB ARNG

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FACSIMILE

Congresswoman Shelley Berkley
District Office

2340 Paseo Del Prado
Suite D-106
Las Vegas, NV 89102
702.220.9823
702.220.9841 (fax)
<http://berkley.house.gov>



Name: NPRC
Fax: 314-801-0763
Subject: [REDACTED] (b)(6)
Pages: 3 including cover sheet

Comments:

needs His DD-214 ASAP for employment. if possible
can that be faxed?

The rest can be mailed -

Thanks!
Roxane
Unvarrich

Sent by: _____

Standard Form 130 (Rev. 09/08) Prescribed by NAR, 36 CFR 12.6, 38(b)

Authorized for total reproduction Previous edition unusable

OMB No 3095-0029 Expires 10/31/2011

REQUEST PERTAINING TO MILITARY RECORDS

* Request from veterans or deceased veteran's next-of-kin may be submitted online by using eVerRecs at http://www.archives.gov/veterans/evertrecs/ (To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly on type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME (Last, first, middle, and initial) (b)(6) 2. SOCIAL SECURITY NO. (b)(6) 3. DATE OF BIRTH (b)(6) 4. PLACE OF BIRTH (b)(6)

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown.) Table with columns: BRANCH OF SERVICE, DATE ENTERED, DATE RELEASED, OFFICER, ENLISTED, SERVICE NUMBER. Row c: NATIONAL GUARD, Air force, Dec-14-2004, JUNE-21-2007, [check], [check]. 6. IS THIS PERSON DECEASED? [X] NO [] YES 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? [X] NO [] YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- [X] DD Form 214 (or equivalent). This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations if authorized in Section III. below. NOTE: If more than one period of service was performed, as in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undated copy. When was the DD Form(s) 214 issued? YEAR(S): [] UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown. [] DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost. [X] All Documents in Official Military Personnel File (OMPF) [X] Medical Records (includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date of each admission. [] Other (Specify):

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- [X] Benefits [X] Exp. Payment [] VA Loan Programs [X] Medical [X] Medals/Awards [] Genealogy [] Correction [] Personal [] Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Persons are Required in #3 below: veteran, next-of-kin, legal guardian, authorized government agent or "other" authorized representative. If other authorized represent, provide copy of authorization letter.)

- [X] Military service (veteran identified in Section I, above) [] Legal guardian (Must submit copy of court appointment.) [] Next-of-kin of deceased veteran (Must provide proof of death) [] Other (specify):

2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See II in I on accompanying instructions)

Congresswoman Shelley Brkley Name 2340 Paseo del Prado Suite D-106 Street Las Vegas NV 89102 City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state), under penalty of perjury under the laws of the United States of America that the information furnished is true and correct.

(b)(6) Signature Required - Do not print (b)(6) 07-10-09 Date of this request (b)(6) Daytime phone (b)(6)

* This form is available at: http://www.archives.gov/research/order/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site.*

(b)(6) Ms CIV NG NGB ARNG

From: Hotchkiss, Jessi [Jessi.Hotchkiss@mail.house.gov]
Sent: Monday, May 03, 2010 7:06 PM
To: NGB-Congressional Inquiries
Subject: Constituent Case

Ms. (b)(6),

We have a constituent who was in the NV National Guard and was injured in December 2009 while moving. He notified his commander by email that he would not be able to make it to drill. His commander emailed him back saying that unless it was serious, he should come to drill. Our constituent assured him that the injury was serious and did not go to drill. Subsequently, his rank was taken away because of this, according to the constituent. He said he's been in the National Guard for nine years, and that it is normal for people to call in sick, so he wants to know why his rank was taken away.

I know it is certainly possible for someone's rank to be taken away if they do not show at drill, but if they were sick is that possible? (Of course I am only going off of the information the constituent gave to us). Can he appeal this decision in any way? I am newer to our office, so I would appreciate any information you can give me on these procedures.

Thank you for your time and help.

Please also let me know if you would like the constituent's information and I can give that to you.

Sincerely,

Jessi Hotchkiss

District Representative

Office of Congresswoman Shelley Berkley (NV01)

2340 Paseo Del Prado, Suite D106

Las Vegas, NV 89102

Ph: (702) 220-9823 | Fax: (702) 220-9841

Please visit our website at <http://berkley.house.gov/> <<http://berkley.house.gov/>> and sign up for our email newsletter

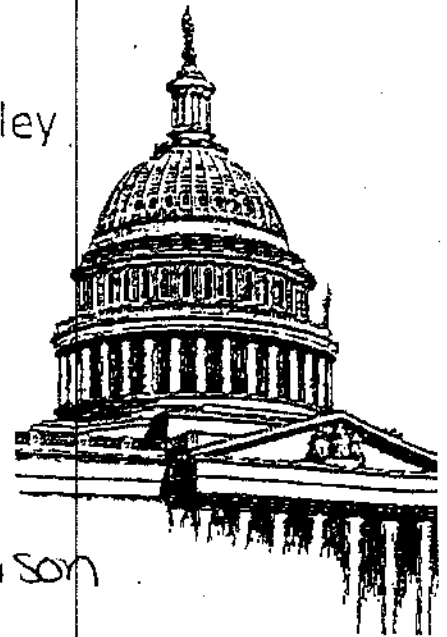
P Please consider the environment before printing this e-mail.

FACSIMILE

70212494

Congresswoman Shelley Berkley
District Office

2340 Paseo Del Prado
Suite D-106
Las Vegas, NV 89102
702.220.9823
702.220.9841 (fax)



(b)(6) [redacted] .gov

Name: Dept. of the Army - Congressional Liaison

Fax: 202-685-2674

Subject: (b)(6)

Pages: 3 including cover sheet

2010

Comments:

Please see attached letter + privacy
release form regarding (b)(6)
who is trying to get into the National
Guard. Let me know if you need
any other information - thank you!

Sent by: Jessi Hotchkiss
702-220-9826

Representative Shelley Berkley

This page must be printed, signed and mailed/faxed to my office.

Date: 7/7/10

Agency involved: Nevada Army National Guard
Numbers Identifying Case (VA claim, Alien number, tax ID, etc.): (b)(6)

Name: (b)(6)

Branch of Service (If Applicable): Nevada Army National Guard

Military Rank (If Applicable): PVT-E1

Place and Date of Birth: (b)(6)

Social Security #: (b)(6)

Street Address: (b)(6)

City, State, Zip Code: (b)(6)

Telephone #: (b)(6)

Email Address: (b)(6)

Nature of Problem: (b)(6)

(b)(6)
(b)(6) He's enlisted in the National Guard at (b)(6)

(b)(6), came up and they are trying to say he lied on his application. But to him it was dropped and his recruiter knew about it and had him not put it on the application. Now, just when he's ready to go, they say he might be discharged for lying on the application. I would hate for something he did when he was (b)(6) now almost (b)(6) to keep him from doing what he wants, serve his country. Many family members are in the armed forces. I would appreciate any help you can give me. Please give us a call.

I, (b)(6), authorize the Nevada Army National Guard to release personal information to Representative Shelley Berkley United States Representative. I authorize Representative Shelley Berkley to request and have access to all records and reports pertinent to my request for his assistance in the following matter:

(b)(6)

PLEASE NOTE: The Privacy Act of 1974 requires that Members of Congress or the staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.

(b)(6)

Date: 7/7/10

Print, and then mail or fax your request to Representative Shelley Berkley at the following address:

Hotchkiss, Jessi

From: (b)(6)
Sent: Wednesday, July 07, 2010 6:21 PM
To: Hotchkiss, Jessi
Subject: RE: (b)(6)
Attachments: (b)(6).doc

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Jessi,

This (b)(6), we spoke last week regarding my (b)(6). I've attached the release form with his signature and small statement of what's going on. If you can give me a call after you've looked it over, I'd appreciate it. I feel as many others do, that what the National Guard has done or is trying to do to (b)(6) is wrong and a waste of taxpayers dollars. They got his military ID, swore him in, flew him to Utah for physical, had a hearing over this problem and now they are trying to discharge him. What a waste for ALL involved. He is a good boy... problem none the less. But he's had enough loss in his life, losing his older sister 3 years ago, is enough for anyone to bare. But for once he has something he really wants to do, serve his country. He was so proud and happy for the first time in 3 years that he finally had direction. But now... once again he is being let down. We just don't understand why something that was over 3 years ago and was dismissed, as a minor is what's holding him back. I would really like to see if there's anything you can do to speak on his behalf that would help resolve this issue. I would hate for him to be discharged and NEVER to be able to serve in any branch of service. Please give me a call, it's on the sheet attached.

(b)(6)

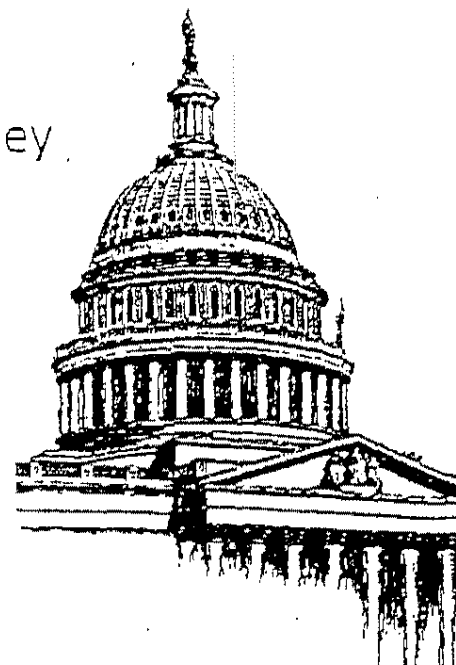
I appreciate your time Jessi. Please help me, help (b)(6).

(b)(6)

FACSIMILE

Congresswoman Shelley Berkley
District Office

2340 Paseo Del Prado
Suite D-106
Las Vegas, NV 89102
702.220.9823
702.220.9841 (fax)
<http://berkley.house.gov>



Name: Dept. of Army - Legislative Liaison

Fax: 202-685-2674 / 703-693-4942

Subject: [REDACTED] (b)(6) - follow up has been 3 months

Pages: 4 Including cover sheet

Comments:

I ~~had~~ contacted [REDACTED] (b)(6) at the Army Liaison office by email on May 3, 2010 and she referred the case to [REDACTED] (b)(6) at the National Guard Bureau office of Legislative Liaison. I have not yet received a response / explanation regarding this case.

Thank you!

Sent by: Jessi Hotchkiss, District Representative
702.220.9826

To Whom It May Concern:

January 12, 2010

I am writing to explain an issue that recently occurred in my National Guard unit, the 106th Public Affairs Detachment based in Carson City, Nevada.

During the first days of December, I was moving into a new apartment and during that time, I did something to injury my back. At first the pain seemed bearable but got worse the next day. After waking up and trying to manage doing some basic things such as sitting down to use the bathroom, I was in extreme pain.

Since, I had National Guard duty on the weekend of December 5th and 6th; I worried about how I would make it with such pain. I realized there was no way I could but I had extreme anxiety over calling in to my unit. The main reason for this is because of my very manipulative supervisor, Staff Sgt. (b)(6). He was trashing me to other people and always making me out to be an idiot and making me feel bad. Previously, when I had issues that needed his help, he would refuse to listen to me and yell at me and basically completely didn't want to hear what I had to say. I knew that calling him was going to be a big problem because I suspected he wouldn't take me as serious as it was and that he would argue with me and tell me how people would hate me and look bad at me for missing a day, as he had in the past. I already had made my unit aware of some issues I was having and was very stressed out. I emailed SSG (b)(6) and my newly appointed commander, CPT (b)(6) that afternoon. I had hoped I would feel better but it was too painful to get up and down and even sit in any position besides laying down. I'm a student and had skipped class on Thursday due to the pain and was worried about that as well since the end of the semester was coming to a close. I got a phone call from SSG (b)(6) and he left a voicemail at 2am Saturday morning that he had talked to CPT (b)(6) and that if it wasn't serious, I needed to go to drill. I sent him a message back stating that it was obviously very serious or else I would be at drill. Since issues had come up with other people including SSG (b)(6) just the previous drill, I assumed my unit would be understanding except for SSG (b)(6) because I knew that he is unreasonable and only believes that he should be able to make arrangements around himself.

To cut to the chase, my commander coded me as AWOL for missing the drill because he said he didn't like my reason for missing and it was short notice. He also reduced my rank from Specialist to Private First Class. I felt this is unfair because he did not give me any chance to discuss the issue with him and he knew I was injured and at home.

My commander did not even know me! We had spoken for maybe 5 minutes during the November drill when I had mentioned SSG (b)(6) as a bit of an issue and asked if he would sign a conditional release for me because I wanted to leave mainly because I was sick of SSG (b)(6)'s treatment of me. We did not speak many words and he quickly said he wanted me to stay in the unit.

However, I feel that without discussing anything with me, he chose to listen only to other people and make judgments and decisions that are unfair to me. On a side note, he now believes it is best for me to leave the unit and is in the process of switching me to somewhere else. That seems strange to me because I don't even know what my job will be.

I'm very disturbed by the fact that he coded me as AWOL under these circumstances. Even if he was unhappy that I didn't call him, I could understand that. But I think he needs to understand what I went through and why I emailed instead. I couldn't deal with additional stresses and the ridiculous SSG (b)(6). In the past, I have had to refuse answering his phone calls because of his behavior. As a practice, I don't answer when he calls. I was so stressed out during this time that I feel it attributed to my failing 3 of my 4 classes. I told them about the stress issues and they pulled this on me at the wrong time. I just couldn't focus and go on with school feeling like they were going to destroy me.

*Alta Riva
@ any
time*

I feel that it's unfair to reduce my rank and code me as AWOL for this. I could understand if he felt I needed to tell me or even counsel me on calling him. But saying I gave short notice is absurd because I was injured on short notice and sent the email as soon as I knew I was in no shape for duty. Also, I cannot even believe that he is able to reduce my rank without a court martial or anytime of action.

NJP

Please let me know if there is anything that you can do to help me in this situation.

(b)(6)

*no issue w/ Capt.
no reason not to call him*



Representative Shelley Berkley Privacy Act Authorization Form

(Please type or print)

Full Name: (b)(6)

Social Security Number: (b)(6) Military ID: _____

Address: (b)(6)

City: (b)(6) State: (b)(6) Zip: (b)(6)

Home Phone: (b)(6) Work Phone: _____

Email Address: (b)(6) Date of Birth: (b)(6)

(b)(6)

Please attach a letter or explain here the type of assistance you are seeking from my office. Please include agency claim numbers, if any, and attach copies of any relevant documents and correspondence.

I injured my back in December and informed my medic and commander of the 100th AD in the National Guard I informed them the day prior to drill that I was unable to attend and was told later that my absence was unexcused and my rank of SPC was reduced to PFC. This is just the tip of several harassing issues and I want this looked into to determine if my rank was legally reduced.

(Please use the back of this form if necessary or attach another page.)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a) I hereby authorize appropriate governmental agencies to release information about and relevant to this inquiry to Representative Berkley's office.

(b)(6)
Signature: _____

May 15, 2010
Date

Signature for release of information to attorney/third party

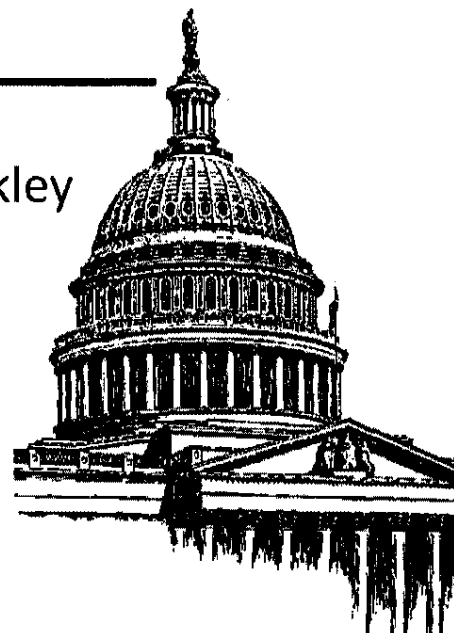
Please return the signed original form to:

Representative Shelley Berkley
2340 Paseo Del Prado Ste. D-106
Las Vegas, NV 89102

FACSIMILE

Congresswoman Shelley Berkley
District Office

2340 Paseo Del Prado
Suite D-106
Las Vegas, NV 89102
702.220.9823
702.220.9841 (fax)
www.berkley.house.gov



To:

Dept. of the Army - Attn:

(b)(6)

Fax:

703-693-4942

Subject:

(b)(6)

Pages:

2 including cover sheet

Comments:

Please see attached privacy release.
The constituent is having problems
trying to reenlist.

Please call me with any questions
at the number below. Response can
be emailed to me if that is easier
for you.

Thank you!

From: Jessi Hotchkiss, District Representative

jessi.hotchkiss@mail.house.gov

→ 702-220-9826

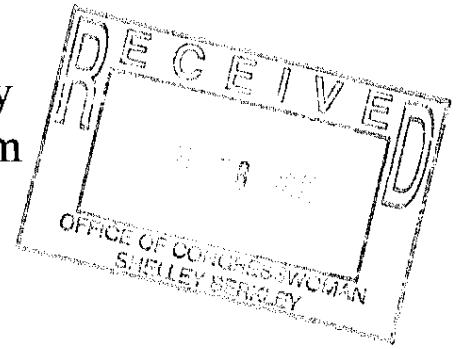
Redacted by MGB Reading Room
13 June 14

MON-Fri, 8-5 Pacific



Representative Shelley Berkley Privacy Act Authorization Form

(Please type or print)



Full Name: (b)(6)

Social Security Number: (b)(6) Military ID: _____

Address: (b)(6)

City: (b)(6) State: (b)(6) Zip: (b)(6)

Home Phone: (b)(6) Work Phone: _____

Email Address: (b)(6) Date of Birth: (b)(6)

Please attach a letter or explain here the type of assistance you are seeking from my office. Please include agency claim numbers, if any, and attach copies of any relevant documents and correspondence.

I am in the process of reenlisting in the US Army. On January 21, 2010 I processed through the Phoenix Military Entrance Processing Station (MEPS) and I did not fast for the bloodwork stage of the physical which resulted with a "false positive" for several lipid disorders. I received a letter from the medical section of the MEPS from a (b)(6), M.D. (the Chief Medical Officer at the Phoenix MEPS) stating that the diagnosis was medically disqualifying for entrance into the Armed Forces of the United States. After receiving this letter I went to a private physician and had a blood test taken. The results of this test indicated that my lipid levels were (and still are) fine. I also have a commercial driver license for which I have undergone the required DOT physicals every two years within the twelve years that I have held the CDL in good standing. These DOT physicals indicate that I have been in good health for at least twelve years and that I have no symptoms or conditions associated with any type of lipid disorders whatsoever. Likewise, no symptoms or conditions associated with lipid disorders can be observed within my physical performed at the Phoenix MEPS.

(Please use the back of this form if necessary or attach another page.)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a) I hereby authorize appropriate governmental agencies to release information about and relevant to this inquiry to Representative Berkley's office.

(b)(6)

Signature

6 June 2011
Date

(b)(6)

Signature for release of information to attorney/third party

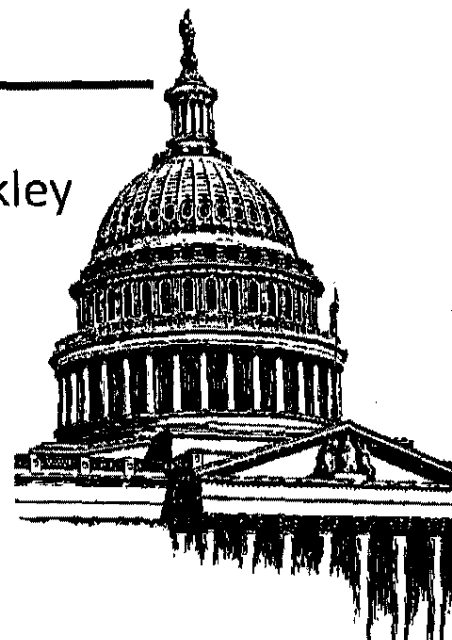
Please return the *signed original* form to:

Representative Shelley Berkley
2340 Paseo Del Prado Ste. D-106
Las Vegas, NV 89102

FACSIMILE

Congresswoman Shelley Berkley
District Office

2340 Paseo Del Prado
Suite D-106
Las Vegas, NV 89102
702.220.9823
702.220.9841 (fax)
www.berkley.house.gov



To:

Dept. of the Army - Attn:

(b)(6)

Fax:

703-693-4942

Subject:

(b)(6)

- National Guard Inquiry

Pages:

11 including cover sheet

Comments:

Please see attached privacy release + information pertaining to Mr. (b)(6) He is seeking "lost wages and restitution due to forced retirement"

Please call me with any questions.

Thank you!

From: Jessi Hotchkiss, District Representative

702-220-9820

jessi.hotchkiss@mail.house.gov

Record Posted to NSB Reading Room
13 June 14

FOIA Requested Record #J-11-0111
Released by The National Guard Bureau
Page 18 of 29



Representative Shelley Berkley
Privacy Act Authorization Form
(Please type or print)

Full Name: (b)(6)
Social Security Number: (b)(6) Military ID: _____
Address: _____
City: (b)(6) State: (b)(6) Zip: (b)(6)
Home Phone: (b)(6) Work Phone: - N/A -
Email Address: _____ Date of Birth: (b)(6)

Please attach a letter or explain here the type of assistance you are seeking from my office. Please include agency claim numbers, if any, and attach copies of any relevant documents and correspondence.

See attached information
2-incident reports
1- Drs release
1- Physical Profile change
1- letter stating "In line of Duty" injury
We (b)(6) is seeking lost wages and restitution due to forced retirement

(Please use the back of this form if necessary or attach another page.)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a) I hereby authorize appropriate governmental agencies to release information about and relevant to this inquiry to Representative

(b)(6)

5/17/2011
Date

Signature for release of information to attorney/third party

Please return the signed original form to:

Representative Shelley Berkley
2340 Paseo Del Prado Ste. D-106
Las Vegas, NV 89102

Hotchkiss, Jessi

From: (b)(6)
Sent: Friday, May 13, 2011 7:17 AM
To: Hotchkiss, Jessi
Subject: Casework from IQ

Follow Up Flag: Follow up
Flag Status: Flagged

I am a member of the Nevada National Guard and while on deployment orders in June of 2009, I was injured while training for deployment at Camp Atterbury IN. I was rushed to the hospital in Indianapolis IN which come to find out they found (b)(6) I was returned to Las Vegas and taken off the Title 10 orders and was told I would have fit for duty board and medical boards but none of this has happened one and half years later and now the National Guard is forcing me to RETIRE!!! Can you please help me??

(b)(6)

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2851; E.O. 8397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Camp Aterbury, IN	2. DATE (YYYYMMDD) 2009/06/11	3. TIME 1600	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS E-5	
8. ORGANIZATION OR ADDRESS HHT 1/221 CAV			

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

when field training 11 June 09 I was training on a hot and humid day. During that time the soldiers at the COP were role playing in a field training exercise. I had worked an over night shift patrolling the COP as the gunner of a vehicle. I was in full uniform including body armor and combat gear during the time. I became overheated after a long shift with little chance of rest and recuperation from heat, and I went to the medic tent where they infused about four liters of fluids. I then developed a headache that continued to be painful without relief from increased fluids. I was transferred to troop medical center which was closed so i was sent to Johnson Memorial Hospital in Franklin, IN by ambulance. Later I was transferred to Methodist Hospital in Indianapolis, IN by ambulance where I remained in the hospital until 16 June 09.

(b)(6)

Nothing Follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

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

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF SGT (b)(6) TAKEN AT 1600 DATED 2009/06/11

B. STATEMENT (Continued)

Nothing Follows

(b)(6)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 3 PAGES

STATEMENT OF SGT (b)(6) TAKEN AT 1600 DATED 2009/06/11

B. STATEMENT (Continued)

Nothing Follows (b)(6)

Sgt (b)(6)

AFFIDAVIT

I, SGT (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE ... 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 UN...

(b)(6)

(b)(6)

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of July 2010

at Clark County Sheriff's Office Las Vegas NV

(b)(6)

(b)(6)

(Typed Name of Person Administering Oath)

ARMY Officer (Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 3 OF 3 PAGES

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2851; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Camp Atterbury, IN	2. DATE (YYYYMMDD) 2009/06/11	3. TIME 2000	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS SSG	
8. ORGANIZATION OR ADDRESS HHT 1/221 CAV			

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

During a training exercise on 20090611, I was training my medics in preparation for the deployment to Afghanistan. I received a call that a soldier had been taken by ambulance to Johnson Memorial Hospital by the fire department. I later learned that the soldier taken to the hospital was SGT (b)(6). I learned that the medics in the field had infused fluids into him to relieve the pain in his head. SGT (b)(6) did not have any relief from the efforts from the medics and continued to complain of the headache. While SGT (b)(6) was in the hospital I learned he had a possible brain hemorrhage and went to visit him at the Johnson Memorial Hospital. During the tests he was diagnosed with (b)(6) at a hospital in Indianapolis, IN. I continued to monitor the condition of SGT (b)(6) through updates from the hospital while we remained in our Pradeployment phase at Camp Atterbury.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

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

STATEMENT OF SSG (b)(6) TAKEN AT Camp Atterbury, IN DATED 2009/06/11

B. STATEMENT (Continued)

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. 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 UNLAW

(b)(6)
(Typed Name of Person Making Statement)

WIT

(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17th day of August, 2010 at Clark County Armory Las Vegas, NV

SP (b)(6)
(b)(6)

(b)(6)

(b)(6)

(b)(6)
(Typed Name of Person Administering Oath)

CPT, U.S. ARMY
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

**Camp Atterbury Joint Maneuver Training Center
Troop Medical Clinic
Edinburgh, IN 46124-5000
(812) 526 1120**

Dear Sir:

SGT (b)(6) is an active duty service member and is required to be able to perform certain functions. Your evaluation of this service member is important in helping us to determine his/her role in the U.S. Army.

Your answers to the following questions will assist us in the appropriate management of the service member before he deploys to Iraq or Afghanistan.

Please select all those that apply.

1. Extent of injury/illness:

- Injury// illness is a temporary condition which will clear in 3 months or less.
- Injury//illness will exceed 3 months but will be fully rehabilitated in 6 months.
- Further evaluation needed to determine extent of injury or illness.
- Medical condition most likely chronic and will lead to permanent limitation.

2. Please include documents addressing the following:

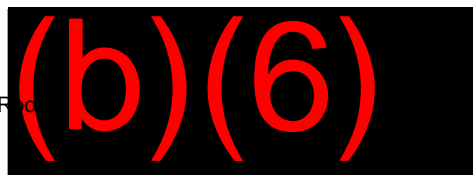
- Diagnosis or condition, including expected/approximate recovery date.
- Is surgery needed? **NO**
 --- If yes, describe:
 Convalescent leave from _____ to _____ (Use a prescription to order the dates)
 Light duty from _____ to _____
 Can do physical training starting on _____

3. WILL THIS CONDITION PREVENTS HIM/HER TO DEPLOY? Soldier will deploy to Afghanistan or Iraq. Please comment on restrictions related to heat sunlight, physical activity & dust. *Not from our standpoint*

4. Any limitations please list: none, would recommend avoiding deep sea diving

Thank you for your role in the continued care of our soldiers.

Lieutenant Colonel (b)(6) *MD* to NGB Reading Room
Medical Director Mobilization Site, Camp Atterbury, IN



PHYSICAL PROFILE										
For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.										
1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input checked="" type="checkbox"/> ILLNESS/DISEASE?			2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P U L H E S			
1) (b)(6)			C				3 1 1 1 1 1			
4. PROFILE TYPE							YES		NO	
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 3 years from the date of issue)							<input checked="" type="checkbox"/>		<input type="checkbox"/>	
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501 (IF UBAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)							Needs MIA/RB		Needs MEE/PPEB	
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)										
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON							<input checked="" type="checkbox"/>		<input type="checkbox"/>	
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT							<input checked="" type="checkbox"/>		<input type="checkbox"/>	
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, m, & 1/2 sand bags, etc.)							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
6. APFT			YES		NO		ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)		YES	NO
2 MILE RUN			<input type="checkbox"/>		<input checked="" type="checkbox"/>		APFT WALK		N/A	<input type="checkbox"/>
APFT SIT-UPS			<input type="checkbox"/>		<input checked="" type="checkbox"/>		APFT SWIM		N/A	<input type="checkbox"/>
APFT PUSH UPS			<input type="checkbox"/>		<input checked="" type="checkbox"/>		APFT BIKE		N/A	<input type="checkbox"/>
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)										
UNLIMITED RUNNING			<input type="checkbox"/>		<input checked="" type="checkbox"/>		OR RUN AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED WALKING			<input type="checkbox"/>		<input checked="" type="checkbox"/>		OR WALK AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED BIKING			<input type="checkbox"/>		<input checked="" type="checkbox"/>		OR BIKE AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED SWIMMING			<input type="checkbox"/>		<input checked="" type="checkbox"/>		OR SWIM AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)			<input type="checkbox"/>		<input checked="" type="checkbox"/>		9. LOWER BODY WEIGHT TRAINING (See FM 21-20)			<input checked="" type="checkbox"/>
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2) ---NEEDS MEB. ---SEEN BY NEUROSURGEON, HE WAS TOLD THAT HE IS NOT DEPLOYABLE. ---NO Driving x5 days. Activity as tolerated. No PT <input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on					11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight <u>10</u> or _____ distance _____ Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____					
12. TYPE NAME & GRADE OF PROFILING OFFICER					13. SIGNATURE			14. DATE (YYYYMMDD)		
16. ACTION BY APPROVING AUTHORITY					<input checked="" type="checkbox"/> APPROVED			<input type="checkbox"/> NOT APPROVED		
18. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY (b)(6) LTC, MC, USA, Med. Director, Camp Atterbury					17. SIGN (b)(6)			18. DATE (YYYYMMDD) 2009Jun17		
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)							YES		NO	
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT							<input type="checkbox"/>		<input checked="" type="checkbox"/>	
20. COMMENT										
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c										
21. TYPE NAME & GRADE OF UNIT COMMANDER					22. SIGNATURE			23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, First); grade; SSN; hospital or medical facility) (b)(6)					25. UNIT			26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER Camp Atterbury, Indiana (b)(6) 812-526-1785		
PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER. 1 COPY TO MEDICAL OFFICER. Requested Record #J-11-0111										

MAY-17-2011 TUE 11:54 AM

SIEGEL SUITES SWENSON

FAX No. 702 732 2006

P. 010

**NATIONAL GUARD BUREAU**

NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON VA 22203-1362

ARNG-HRP-P

MEMORANDUM FOR Joint Forces Headquarters, ATTN: JFHQ-NV, Office of the Adjutant, Attn: NVMD-AG, Carson City, NV, 89701-6807

SUBJECT: Line of Duty Determination ((b)(6)) SGT, ((b)(6))

1. Reference Army Regulation 600-8-4, paragraph 1-7(b), Line of Duty Policy Procedures, and Investigation, 4 September 2008.
2. The Department of the Army Human Resources Command has delegated the authority to the National Guard Bureau to act as the final approving authority for Line of Duty Investigations, to include members in a Federalized status or attending an active Army service school.
3. Enclosed is a DA Form 2173 on SGT ((b)(6)) for ((b)(6)) that occurred during Operation Enduring Freedom is approved "IN LINE OF DUTY".
4. Point of contact is Ms. ((b)(6)), 877-831-6096, ((b)(6)).

BY AUTHORITY OF THE SECRETARY OF THE ARMY:

((b)(6))
COL, IN
Chief, Personnel Division

SHELLEY BERKLEY
1ST DISTRICT, NEVADA

405 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5965
FAX: (202) 225-3119
shelley.berkley@mail.house.gov

2340 PASEO DEL PRADO
SUITE D106
LAS VEGAS, NEVADA 89102
(702) 220-9823
FAX: (702) 220-9841
<http://berkley.house.gov>

Congress of the United States
House of Representatives
Washington, DC 20515-2801

WAYS AND MEANS
SUBCOMMITTEE ON SELECT REVENUE MEASURES
SUBCOMMITTEE ON SOCIAL SECURITY
CO-CHAIR, TARIFF CAUCUS
CO-CHAIR, GAMING CAUCUS
CO-CHAIR, OSTEOPOROSIS CAUCUS
CO-CHAIR, STOP DUI CAUCUS

November 30, 2011

Brigadier General William R. Burks
State of Nevada Office of the Military
Office of the Adjutant General
2460 Fairview Drive
Carson City, Nevada 89701-6807

Dear General Burks:

Please accept this letter as my support for the Nevada National Guard proposal for State Partnership with Colombia.

As you know, the Nevada National Guard (NVNG) is uniquely equipped to partner with Colombia. The NVNG has the necessary aircraft to meet the training goals and enforcement needs of the Colombian government, which includes ample airspace for training Colombian military personnel to fly these aircraft.

Additionally, Nevada welcomes the opportunity to open the doors with Colombia. Cultural exchanges are powerful tools to help build and maintain relations between countries. I believe a state partnership with Colombia will also help us share ideas and best practices and that our similarities in respect to our wealth in natural resources make for an ideal partnership.

Thank you for your efforts in this endeavor.

Sincerely,


SHELLEY BERKLEY
Member of Congress

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