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Subj: COMMAND INVESTIGATION OF THE APPARENT SUBMERGED GROUNDING
OF USS SAN FRANCISCO (SSN 711) APPROXIMATELY 360 NM
SOUTHEAST OF GUAM THAT OCCURRED ON 8 JANUARY 2005 (U)

appropriate damage control action to maintain watertight integrity, optimize communications readiness, and minimize the probability of other casualties. [encl (145)]

305. (U) Witnesses related total surprise that a collision or grounding had occurred. Many crewmembers said the noise level and its duration was of such magnitude that they knew the ship had grounded or collided with something. [encls (6), (100), (103), (111), (112), (120), (121), (127), (130), (140)]

306. (U) An Emergency Blow was ordered by the OOD and actuated by the COW. [encls (6), (111), (112), (124), (126), (127), (140)]

307. (U) The COW sounded three blasts of the Diving Alarm in accordance with the Emergency Surface Procedure. Emergency Surface is a rapid ascent from any initial depth and is used in casualty situations where time constraints prevent a normal surface. [encls (6), (100), (124), (130), (147)]

308. (U) The Collision Alarm was not sounded nor was word passed via the LMC that a collision had occurred. [encls (100), (112), (145)]

309. (U) Emergency surfacing is accomplished by releasing the high-pressure air from air banks 1, 2, 4, and 5 into the MBTs. The high-pressure air rapidly expels water from the ballast tanks, causing the ship to ascend. The ascent continues until the ship is surfaced. Ship's speed, if available, and stern and fairwater planes, if functioning, are used to control the angle of the ascent. Once surfaced, the Low Pressure Blower is used to expel residual water from the MBTs. Because of the time-sensitive situation requiring emergency surfacing, there is no advance preparation phase as in the normal surface procedure. Because of the rapid ascent during an emergency surfacing and the uncertainty concerning surface ship locations, use of the procedure is reserved for situations involving ship safety that require an immediate surfacing. [encls (147), (148)]

310. (U) As a result of the grounding, the PLO-125 (Main Engine control oil isolation valve) operating handle was dislodged from its holder causing PLO-125 to shut. It was found by Engine Room Upper Level (ERUL) Watch (MM2 [REDACTED]) to be extended and dangling. [encl (130)]

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311. (U) Consistent with the Collision Procedure, the COW scanned the Ballast Control Panel and noticed the MBT 2A/B indicating open. The COW attempted to shut MBT 2A/B. The open indication remained. The COW shifted the switch to neutral to limit risk of further suspected damage to the MBT 2A/B vent mechanism. [encls (124), (145)]

312. (U) The sonar system was suspected to be damaged at 1147K and at 1152K the sphere was suspected to be flooded. At 1157K the Sonar Supervisor reported that sonar would not come up. A ground on Starboard lighting was isolated to the sonar sphere. [encls (100), (130)]

313. (U) After the grounding, NAV effectively relieved LTJG [REDACTED] of the Conn due to LTJG [REDACTED]. [encls (6), (109), (143)]

314. (C) The [REDACTED]
[REDACTED]. [encls (95), (128), (130), (183)]

315. (U) At approximately 1143K, numerous injury reports were being made via the 4MC. At 1145K an announcement of "Petty Officer Ashley has a head injury in Main Seawater Bay" was made on the 1MC. [encls (6), (100), (112), (124)]

316. (U) Engineering watchstander actions in response to the casualty are detailed in enclosure (130). [encl (130)]

317. (U) CO Standing Orders require that "If you are uncertain whether the ship is in safe navigable water, stop or slow and maneuver toward good water, come shallow (if submerged) and obtain a fix." [encl (35)]

318. (U) CO Standing Orders require that in the event of a Red Sounding (effectively obtained by grounding while submerged): "Immediately stop and back down. Reverse course if safe to do so, turning away from the direction of shoaling water... Order continuous soundings." [encl (35)]

319. (U) Following the emergency surfacing, the ship resumed steering previously ordered course 090. The heading was maintained until 1202K when the CO directed a retracing of the ship's eastward track to begin heading for Guam. No fathometers

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were working and the modified piloting party was not stationed.
[encls (4), (6), (60), (101)]

320. (U) There were no reports of personnel injury resulting
from improperly stowed material or equipment. [encl (143)]

321. (U) Upon manning the Bridge following the grounding at
1144K, the OOD noted significant damage to the ship's bow. No
floating debris was seen. [encls (4), (13), (60)]

322. (U) Following the grounding, the ship transmitted six
OPREP 3 messages and six other status messages to external
commands. The CO personally wrote the majority of these
messages. [encls (4), (13)]

323. (U) SAN FRANCISCO's Low Pressure Blower was run
continuously from 1159K, 8 January 2005 until the ship moored
and a bridle blow was configured on the evening of 10 January.
[encls (60), (149)]

Medical Response

General

324. (U) The majority of SAN FRANCISCO crewmembers sustained
injuries as a result of the grounding. Documented injuries
ranged from minor bruising and muscle strains to a fatal head
injury. There were no secondary injuries reported related to
the casualty response. MM2(SS) Ashley sustained a fatal closed
head injury. [encls (143), (150)]

325. (U) All crewmembers received a medical evaluation and
treatment prior to return to homeport. A total of 98
crewmembers were noted to have injuries on medical evaluation.
29 crewmembers sustained injuries that were also evaluated and
treated in the Emergency Department of Naval Hospital Guam.
Three of these patients were admitted overnight for further
evaluation and treatment. 68 of the crewmembers were evaluated
and treated onboard. Two crewmembers suffered shoulder
dislocations that were reduced onboard the submarine. 38
crewmembers were evaluated and found to have no complaints.
Crewmember injuries and opinions about the probability of
disability are detailed in enclosure (151). Probability of
disability is discussed in the opinion section of this report.
[encls (151), (143)]

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Treatment of MM2(SS) Ashley

326. (U) Regarding the treatment of MM2(SS) Ashley the standard of medical care is defined by the IDC Training Curriculum and Basic and Advanced Pre-hospital Trauma Life Support. [encls (152), (153)]

327. (U) HM1(SS/SW) [REDACTED], SAN FRANCISCO's Independent Corpsmen (IDC), was not injured in the grounding. He located MM2(SS) Ashley from LMC reports. On initial evaluation MM2(SS) Ashley was minimally responsive and had spontaneous respiration and an adequate airway. He was noted to have significant facial swelling and swelling of his head with distortion but not loss of landmarks. There was no evidence that he had been moved by or cared for by another crewmember. He was immobilized in C-spine (cervical spine) precautions and moved in Reeves Sleeve to crew's mess. The patient was placed on high flow Oxygen by non-rebreather (NRB) facemask. An intravenous line (IV) was established. Initial vital signs were 190/74 with a heart rate of 74 with a respiratory rate of 25. A gag reflex was noted. On initial evaluation he was given a Glasgow Coma Scale (GCS) of 5 with the qualification that his pupillary response could not be graded due to facial swelling. [encls (139), (154)-(158), (160), (165)]

328. (U) Actions taken by HM1(SS/SW) [REDACTED] included, but were not limited to, verification of airway/breathing/circulation (ABC's), therapeutic oxygen, immobilization of the cervical spine in a head injured patient, no entrance into the nasal pharynx due to facial injury, and placement of a foley catheter with matching of intake and output. He also maintained oxygen saturations over 95% for the majority of the patient's course. Blood pressure was monitored and hypotension was avoided. Oral airways were not used due to a positive gag reflex. Under medical direction he provided sedation and therapy with Mannitol. He additionally intervened to reestablish an airway by opening the front of the patients C-collar (Cervical Collar). [encls (139), (154)-160)]

329. (U) HM1(SS/SW) [REDACTED] conducted serial evaluations of MM2(SS) Ashley's status including vital signs, including pulse oximetry, and evaluation of his Glasgow Coma Scale (GCS). HM1(SS/SW) [REDACTED] instructed other crew members how to suction and monitor the airway of MM2(SS) Ashley. [encls (125), (139), (158)]

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330. (U) HM1(SS/SW) [REDACTED] triaged the injured personnel sent to him and identified a second patient that he believed to be seriously injured. MM2(SS) [REDACTED] was noted to be [REDACTED]. His ABC's were verified and he was immobilized on a Miller spine board. An IV and a foley catheter were placed. He was placed in Crew's Mess next to MM2(SS) Ashley. MM2(SS) [REDACTED] condition [REDACTED]. He was removed from the spine board after consultation with the COMSUBPAC medical watch. [encls (139), (154)-(156), (158)]

331. (U) LTJG [REDACTED] stated that he [REDACTED] [REDACTED] [encl (158)]

332. (U) LTJG [REDACTED], a prior Corpsman, acted as medical communicator on SAN FRANCISCO in the initial phase. [encls (139), (158)]

333. (U) LTJG [REDACTED] provided basic evaluation and medical care to multiple crewmembers including wound care and dressings, splinting, and serial evaluations. He also provided logistical support to HM1(SS/SW) [REDACTED]. [encls (139), (158)]

334. (U) HM1(SS/SW) [REDACTED] was primary care provider for MM2(SS) Ashley and MM2(SS) [REDACTED] for 21 hours until the arrival of LCDR [REDACTED], Medical Corps (MD, Undersea Medical Officer (UMO)). In addition, he triaged and directed the treatment the other members of the crew. [encls (139), (154), (158), (160), (161)]

335. (U) During the period eight to ten hours after the grounding HM1(SS/SW) [REDACTED] sutured the most serious of the lacerations between providing care for his other patients. He was assisted in this by LTJG [REDACTED], YN2(SS) [REDACTED] EM2(SS) [REDACTED] and members of the Emergency Medical Assistance Team (EMAT). They cleaned and irrigated the wounds and prepped the injured crew for suturing by HM1(SS/SW) [REDACTED]. [encls (139), (154), (155), (158), (160), (161)]

336. (U) HM1(SS/SW) [REDACTED], under SATHICOM direction of physicians provided care for his patients. The care of MM2(SS) Ashley included repeated airway suction, maintenance of euvoemia, maintenance of adequate oxygen saturation, Mannitol to reduce intracranial pressure, morphine to reduce heart rate and respiratory rate. Even with continuous medical care MM2(SS)

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Ashley's condition deteriorated. [encls (139), (154), (155), (160)]

337. (U) Additional medical personnel, LCDR [REDACTED] and HM2 (SEAL) [REDACTED] (Special Operations Corpsman), were transported to SAN FRANCISCO via helicopter. LCDR [REDACTED] was chosen for the transfer, in part, due to his prior training as a Navy SEAL. [encls (62), (159), (162)-(164)]

338. (U) Advanced airway interventions by LCDR [REDACTED] included two attempts at oral endotracheal intubation and an open cricothyrotomy. Copious oral secretions prevented successful oral endotracheal intubation. Advanced airway management and a secure airway were discussed prior to the MEDEVAC attempt by LCDR [REDACTED] and LCDR [REDACTED], Medical Corps (trauma surgeon aboard STOCKHAM, from Naval Hospital Guam). This type of airway management is not taught to Submarine IDC's. The cricothyrotomy was successful with the assistance of HM2 (SEAL) [REDACTED]. The cricothyrotomy was intended to lower the risk of the MEDEVAC. [encls (139), (162), (163), (166)]

339. (U) MM2(SS) Ashley was moved to Control in the Reeves Sleeve stretcher in preparation for evacuation by helicopter from the submarine Sail. The on scene commander and the CO of the submarine had determined that use of the escape trunks to transfer the patient was not feasible due to ship's condition and sea state. Two attempts were made to lift MM2(SS) Ashley through the Sail. The first was stopped due to dislodgement of the cricothyrotomy tube. After the tube was replaced and the patient was hyperventilated, the lift was again attempted. The medical team was unable to pass MM2(SS) Ashley through the Upper Bridge Hatch. [encls (139), (158), (159), (162), (163)]

340. (U) After return to port, a reenactment of the MEDEVAC path with a mannequin in the Reeves Sleeve stretcher was conducted on SAN FRANCISCO. The mannequin was padded to partially simulate the patient. The crew was unable to pass the stretcher past the Upper Bridge. They were able to pass the stretcher with the mannequin only after deforming the head and face of the mannequin. Twelve 688 Class submarines attempted to pass Reeves Sleeve stretchers without patients. Five of twelve could not pass the Upper Bridge Hatch. Further evaluation is in progress. [encl (167)]

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341. (U) A commercially available device was used to secure the endotrachial tube prior to the final lift attempt. The tube was not displaced while this device was in use. ACLS (advanced cardiac life support) training materials suggest the use of this type of device. [encls (162), (163), (168)]

342. (U) The Reeves Sleeve stretcher meets OSHA requirements for vertical lifting of patients. Other stretchers on the submarine are not designed for vertical lift. [encl (169)]

343. (U) After the second attempt to lift MM2(SS) Ashley to the top of the sail LCDR [REDACTED] was lowered from the helicopter. He reassessed the patient upon arrival. Shortly after his arrival the patient's heart stopped and CPR was initiated. During CPR a pulse was noted with compressions and chest expansion was noted with ventilation. A spontaneous pulse returned for a short period after the use of atropine. Multiple doses of epinephrine were used without a return of a spontaneous pulse. [encls (139), (154), (155), (158), (159), (160), (162), (163), (166)]

344. (U) After approximately 30 minutes of Advanced Cardiac Life Support interventions under the direction of LCDR [REDACTED] MM2(SS) Ashley was pronounced dead by LCDR [REDACTED]. The body of MM2(SS) Ashley was prepared for transport and accompanied by another crewmember until transported off of the submarine after arrival in Guam. [encls (139), (154), (155), (158) - (160), (162), (163), (166)]

345. (U) The medical team then assisted HM1(SS/SW) [REDACTED] and LTJG [REDACTED] with medical evaluation and care of the crew during the remainder of the transit. All crewmembers were evaluated and injuries were treated. This included dressing changes splinting and the reduction of one dislocated shoulder. Another crewmember's dislocated shoulder reduced spontaneously after dislocation. The crew was triaged and information was passed to Naval Hospital Guam in preparation for the return to port. [encls (139), (154), (155), (158) - (160), (162), (163), (166)]

346. (U) HM1(SS/SW) [REDACTED] prior four quarterly quality assurance reports were noted to be satisfactory or better. He obtained 15 continuing education units in 2004 exceeding the required 12 units. [encl (170)]

347. (U) A review of the medical records of, and interviews with the crew present in control at the time of the grounding

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revealed no illness or medication usage with the exception of
[REDACTED] used by MMCS(SS) [REDACTED]. [encls
(5), (6), (19), (109), (112), (121), (124)-(127), (140), (170), (256)]

348. (U) The CO reported that he was feeling ill during the
underway period prior to the grounding. In his words "Guam
Crud" with symptoms of [REDACTED].
He self medicated with occasional Motrin and throat lozenges.
He did not seek care for the symptoms and did not consider them
debilitating. [encl (4)]

Preliminary Autopsy results for MM2(SS) Ashley

349. (U) Preliminary autopsy report finds cause of death in
patient MM2(SS) Ashley, Joseph to be "Blunt Force Injury of the
Head". [encl (150)]

350. (U) Preliminary autopsy report finds manner of death to be
"Accident". [encl (150)]

351. (U) Findings did not include significant natural disease.
[encl (150)]

352. (U) Findings did not include evidence of brainstem
herniation. [encl (150)]

353. (U) The full text of the Preliminary Autopsy is contained
in enclosure. [encl (150)]

354. (U) The injuries sustained by MM2(SS) Ashley were
considered inevitably fatal by the participating pathologist who
evaluated his injuries at autopsy. [encl (171)]

Medical Material Items

355. (U) Suction Device: Leaks at the rim of the storage cup of
the suction machine were noted. This was repaired by the EDMC
MMCM(SS) [REDACTED] with EB Green Tape. The suction tip of the
device was larger in diameter than oral suction catheters.
Oxygen tubing was adapted for use as an oral suction device.
[encls (139), (158), (172)]

356. (U) Oxygen supply: The Authorized Medical Allowance List
(AMAL) supply of six bottles of oxygen was expended. MMCS(SS)
[REDACTED] improvised an oxygen supply off of the ship's oxygen bleed
tube in the overhead of Crew's

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Mess. Information was provided by both CSG-7 and COMSUBPAC to assist. [encls (139), (154), (155), (158), (160)]

357. (U) Propac monitor pick up stickers and cables: There were multiple faults due to poor adhesion and unknown problems with the machine limited the quality of the signal. [encl (139)]

358. (U) Endotrachial tube balloons: Multiple failures were reported. Cause of high failure rate is unclear. [encls (139), (154), (155), (158)-(160), (162), (163), (166)]

359. (U) Reeves Sleeve: Modifications to the submarine were performed prior to the transport of MM2(SS) Ashley. This included the removal of a false bulkhead (above SK scuttle) and multiple ladder railings (outboard railing of ladder outside of countermeasures, Navcenter ladder railings, railings of ladder from midlevel nine man berthing to lower level, and railings from ladder from mid level to command passageway). A light in the overhead just forward of the sail lower hatch was also removed. Some of the modifications required cutting. [encls (139), (158), (172)]

360. (U) Surgical staples and skin closure glue are not required by the submarine AMAL. They were not carried on SAN FRANCISCO. [encls (139), (173)]

361. (U) The members of the EMAT team are not trained as emergency medical technicians (EMTs). Other crewmembers had medical training and provided assistance. [encls (139), (161), (174)]

362. (U) Submarine IDC training does not include advanced airway management beyond endotrachial intubation without medication. [encl (139)]

363. (U) Medical personnel noted poor radio communication skills on the part of some of the other medical personnel. Difficulties were noted when medical information was passed through non-medical personnel. [encls (139), (156)-(158), (162)]

364. (U) Extremely High Frequency (EHF) radio on SAN FRANCISCO was not functional after the grounding which prevented white board and chat communications with supporting activities. [encl (176)]

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365. (U) Multiple medical personnel stated that HM1(SS/SW) [REDACTED] was away from his patients for communications. HM1(SS/SW) [REDACTED] and LTJG [REDACTED] felt this was disruptive. (encls (139), (157), (158), (162))

366. (U) During the Helicopter operations, the bridge suitcase could not be heard due to noise. Bridge to bridge radios were then used for communications between sail and control. [encls (158), (162), (163)]

Medical Response External to SAN FRANCISCO

367. (U) Twenty-five minutes after OPREP-3 Navy Blue message was transmitted LT [REDACTED], MC, USN, UMO of CSG-7 was available in the CSG-7 Command Center for medical advice. HMCS(SS) [REDACTED] of CSG-7 was in the CSG-7 building at the time of the grounding and he responded immediately to the Command Center. [encls (154), (160)]

368. (U) CDR [REDACTED], MC, USN, UMO, COMSUBPAC Medical Officer was notified after the COMSUBPAC Watch Officer received the OPREP-3 Navy Blue message. [encls (155), (160)]

369. (U) RADM Gove appointed CDR [REDACTED] (CSS-15 Deputy) On-scene Commander. [encl (177)]

370. (U) Local medical assets were requested by CSS-15. The following local units provided support: Naval Hospital Guam, CSS-15, NSWU-1, USS FRANK CABLE (AS-40), and HC-5. Details of the personnel and their embarkation are provided in enclosure (161). [encls (139), (159), (161)-(164), (166), (177), (255)]

371. (U) LCDR [REDACTED], Executive Officer, Naval Special Warfare Unit ONE, when asked (if a C-130 aircraft could have been used to transport the SEALs to SAN FRANCISCO shortly after the grounding), he stated it would not have been possible to prepare a boat, load aircraft and drop the boat and personnel at the location of SAN FRANCISCO before dark even if it had been initiated immediately after grounding. [encl (164)]

372. (U) CDR [REDACTED] embarked on the GALVESTON ISLAND along with medical staff from CSS-15 and from Naval Hospital Guam. This was the first ship to sortie in support of SAN FRANCISCO from Guam. CDR [REDACTED] stated that he chose this ship because it was ready to sail and would arrive ahead of STOCKHAM, despite limitations to its communication capabilities. He stated that

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his primary plan was to transfer from GALVESTON ISLAND to SAN FRANCISCO along with medical personnel as soon as safely possible via small boat. Operational planning was conducted while en route. [encls (151), (161), (176), (177)]

373. (U) CSS-15 UMO LT [REDACTED] and CSS-15 IDC HMC(SS/FMF) [REDACTED] were embarked on the GALVESTON ISLAND and provided medical advice to the On-scene Commander. They were part of the medical team to be transferred via small boat in the original operational plan. In interviews, LT [REDACTED] and HMC(SS/FMF) [REDACTED] stated they advised the evacuation of MM2(SS) Ashley should be a higher priority (than transfer of a physician or other medical personnel to SAN FRANCISCO). [encl (178)]

374. (U) NSWU-1 personnel, and medical staff embarked upon STOCKHAM along with Helicopter detachment from HC-5. They got underway several hours after GALVESTON ISLAND. This provided a second medical team. While en route NSWU-1, the helicopter crew and the medical personnel conducted operational planning and prepared equipment and medical spaces, including a resuscitative surgical suite on STOCKHAM. [encls (154), (155), (159)-(162), (164), (166), (242)-(245)]

375. (U) Initial patient status reports prompted Dr. [REDACTED] and Dr. [REDACTED] to separately consult with specialists. Neurosurgeons at Naval Hospital Okinawa and Tripler AMC were consulted. The General Surgeon from Naval Hospital Yokosuka provided consultation to LT [REDACTED]. A Maxillofacial Surgeon was also consulted at Tripler. Planning for medical evacuation of MM2(SS) Ashley was initiated after the first reports. Multiple scenarios were explored and modified as the situation evolved. LCDR [REDACTED], the Neurosurgeon from Naval Hospital Okinawa, was sent to Guam to meet MM2(SS) Ashley. Alternate evacuation routes were explored to fit possible best/worse case scenarios. Air assets for the MEDEVAC from Guam to Okinawa were placed on standby. [encls (154)-(157), (159), (160)]

376. (U) After discussion between CDR [REDACTED] and LT [REDACTED] a 24-hour watch was established at COMSUBPAC for medical advice and coordination. [encls (154)-(157), (160)]

377. (U) HM1(SS/SW) [REDACTED] stated that the quality of the communication and to a lesser extent the quality of the medical

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advice degraded after the transfer of control from CSG-7 to COMSUBPAC. [encls (139), (157), (175)]

378. (U) Throughout the course of the medical evacuation the commands involved worked to place STOCKHAM and KISKA in position to "Lilly Pad" the helicopter back to Guam. The "Lilly Pad" concept was to be used to allow the helicopter to refuel on surface ships during its distant transit to Guam. [encls (154), (155), (159), (160), (164), (177)]

379. (U) CDR [REDACTED] team was the first to reach SAN FRANCISCO at approximately 0430. The condition of MM2(SS) Ashley had been stable for several hours. Plans for night transfer of NSWU-1 team members via helicopter and zodiac were proposed by LCDR [REDACTED]. CDR [REDACTED] stated that after discussions with CO of SAN FRANCISCO it was decided that small boat transfer at night was too dangerous. Reassessment at first light was planned. [encls (4), (164), (177)]

380. (U) The safety of small boat transfer was assessed at first light. CDR [REDACTED] and the CO discussed and considered a small boat transfer unsafe. Daylight revealed seas consistently breaking over both the forward and aft escape trunks making evacuation through them impossible. [encls (4), (62), (172), (177)]

381. (U) LCDR [REDACTED] disagreed with the On-scene Commander (CDR [REDACTED]) regarding the feasibility of a small boat transfer on the morning of 9 January 2005. According to CDR [REDACTED], the sea state had increased to such an extent that use of the topside forward escape trunk was not an option. SAN FRANCISCO had significantly less freeboard than a normal SSN 688 class submarine due to the damage to the forward MBTs and seawater was continually covering topside in the vicinity of this hatch. LCDR [REDACTED] discussed how he considered a small boat transfer to the bridge was doable by his team of SEALs. CDR [REDACTED] did not agree with LCDR [REDACTED] risk assessment. [encls (4), (164), (177)]

382. (U) Shortly after dawn on 9 January 2005 sea state was determined by the CO and the On-scene Commander to be too high to conduct small boat transfer in the open ocean. [encls (4), (154), (155), (160), (177)]

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383. (U) LCDR [REDACTED] stated that he had "spotty" communications with the On-scene Commander (CDR [REDACTED]) involving two Iridium phone conversations and bridge-to-bridge VHF radio communications (available once STOCKHAM had rendezvoused with SAN FRANCISCO). Since GALVESTON ISLAND did not have chat capability, chat contents were relayed to the On-scene Commander indirectly through USCG Base Guam using HF voice communications. [encls (159), (164), (176)]

384. (U) LCDR [REDACTED] stated that he was unable to obtain important patient information while onboard STOCKHAM. [encl (166)]

385. (U) In Chat records "SAN FRANCISCO reports her Jacobs ladder in poor condition and requests replacement prior to perstrans" "SAN FRANCISCO has a makeshift ladder that they will use (if required) to get the trauma team aboard." STOCKHAM was prepared to provide a replacement Jacobs ladder. [encls (154), (155), (159), (160), (173)]

386. (U) SAN FRANCISCO's Jacob's Ladder and diver's recovery ladder were examined after the ship returned to port and found to be in sound material condition. [encls (172), (179)]

387. (U) After the small boat transfer was ruled out, a helicopter transfer was initiated. LCDR [REDACTED] was chosen as the physician to transfer due to his prior SEAL training. At 0904 (Guam time) LCDR [REDACTED], HM2(SEAL) [REDACTED], AE2(AW) [REDACTED] - Rescue Swimmer and medical equipment were successfully transferred by helicopter to the Sail of SAN FRANCISCO. The helicopter returned to refuel and picked up LCDR [REDACTED] to provide medical care for the transfer to STOCKHAM. When it became apparent that transfer of the patient via the sail was not possible LCDR [REDACTED] was lowered to the submarine at 1241 (Guam time). MM2(SS) Ashley was pronounced dead at 1311K by LCDR [REDACTED]. [encls (159), (162), (164), (166), (177)]

388. (U) CDR [REDACTED] stated that the first helicopter personnel transfer did not proceed as briefed. Instead of the Medical Officer, LCDR [REDACTED] being the first one lowered to the submarine, AE2(AW) [REDACTED] (the search and rescue swimmer) was transferred first. Next LCDR [REDACTED] was transferred, followed by HM2(SEAL) [REDACTED] and the medical equipment. Transfer of the swimmer first allowed him to assist with LCDR [REDACTED] transfer due to

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problems encountered during the first attempt at lowering LCDR [REDACTED]. [encls (162), (164), (177)]

389. (U) Crew injury information was collected while SAN FRANCISCO was en route to Guam. Additional medical assets were mobilized and transport of the injured was arranged by Naval Hospital Guam. [encls (143), (158), (159), (162), (163)]

390. (U) The Computerized Tomography (CT) scanner at Naval Hospital Guam was not operational during medical contingency planning for MM2(SS) Ashley's evacuation. As a result, the use of Naval Hospital Okinawa was considered. The Naval Hospital Guam's CT scanner was repaired on 10 January 2005. Naval Hospital Guam has an agreement in place for use of CT scanner at Guam Memorial Hospital. [encls (159), (180)]

Damage

391. (C) The forward section of SAN FRANCISCO [REDACTED]

[REDACTED] [encls (181)-(183)]

392. (C) Repairs are expected to take [REDACTED]

[REDACTED] Enclosure (183), the Preliminary Damage Assessment Cost Estimate, provides detailed listing of damage. [encl (183)]

393. (U) MBT 1A has stress cracks and external deformation. MBT 1B has severe metal deformation and a major breach. MBT 2A sustained significant structural metal deformation. MBT 2B is severely deformed and breached in several locations. MBT 3A sustained metal deformation but retained its integrity. MBT 3B sustained significant metal deformation and has a breach into 2B. [encls (181)-(183)]

394. (C) The [REDACTED]
[encls (181)-(183)]

395. (U) Torpedo tube shutter doors have significant structural damage. [encls (181)-(183)]

396. (U) As a result of the grounding, one ADCAP MK 48 Mod 6 torpedo located on the starboard upper stow (E) sustained an approximately 4-foot bare metal scrape extending from the

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warhead section to the nose section due to impact from a poorly
stowed metal box on a special equipment rack on the starboard
outboard upper stow. [encl (183)]

397. (U) Following navigation systems were out of commission as
a result of the grounding:

- a. The AN/BQN-17 fathometer.
- b. The EM Log.
- c. VMS channel 1 and 2 failed. (Ship's force restored VMS
channel 2 while underway.)
- d. EHF Communication system (AN/USQ-38(V) EHF Terminal) was
not available. [encl (183)]

398. (U) Upon emergency surfacing, SAN FRANCISCO was unable to
utilize her Extremely High Frequency AN/USQ-138 (EHF) system.
It was concluded initially that the system had been damaged;
however, upon return to port, CSS-15 technicians were able to
restore EHF operations after shifting onboard timing sources.
The EHF system was not damaged in the grounding. [encl (192)]

399. (U) The ship had all required technical documentation
available onboard to operate and troubleshoot the EHF system.
[encl (241)]

400. (C) Due to a failure in the [REDACTED]
[REDACTED] [encls (130), (183)]

401. (U) Continuity of power and propulsion were maintained
throughout the grounding. No degradation of reactor plant
operations was observed. [encls (130), (183)]

Qualifications and Training

Shipboard Qualifications

402. (U) COMNAVSUBFOR 282107ZFEB03 directs that "ANAV
certification in all cases shall be documented by formal letter
and/or page 13 entry in the individual's service record."
NODORM section 4305 (Assistant Navigator Qualification Card)

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directs that an entry be made in the service record (page 4).
[encls (184), (185)]

403. (U) ETCS(SS) [REDACTED] ANAV certification letter cannot be located by the ship or the squadron. Further, a review of ETCS(SS) [REDACTED] service record holds no documentation of ANAV certification by CSS-15. [encl (186)]

404. (U) On 8 January 2005, SAN FRANCISCO had seven qualified QMOWs:

- a. ETCS(SS) [REDACTED] (Qualified 2 Jan 03)
- b. ETC(SS) [REDACTED] (Qualified 14 Aug 04)
- c. ET1(SS) [REDACTED] (Qualified 19 Jun 02)
- d. ET2(SS) [REDACTED] (Qualified 16 Sep 03)
- e. ET2(SS) [REDACTED] (Qualified 27 Aug 04)
- f. ET2(SS) [REDACTED] (Qualified 27 Nov 04)
- g. ET3(SS) [REDACTED] (Qualified 27 Nov 04)

[encls (187), (188)]

405. (U) On 8 January 2005, all SAN FRANCISCO QMOWs met the Submarine Readiness Manual proficiency requirement of two watches per quarter. The underway watchbill assigned the following QMOW watch rotation:

- a. ET2(SS) [REDACTED] (Section I)
- b. ET2(SS) [REDACTED] (Section II)
- c. ET2(SS) [REDACTED] (Section III)
- d. ET3(SS) [REDACTED] (Section III Under Instruction)

[encls (187), (189), (190)]

406. (U) On 8 January 2005, SAN FRANCISCO had nine qualified OODs:

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- a. LCDR [REDACTED] (Qualified 13 Jul 02)
- b. LCDR [REDACTED] (Qualified 11 Jan 03)
- c. LT [REDACTED] (Qualified 14 May 03)
- d. LTJG [REDACTED] (Qualified 10 Jan 04)
- e. LTJG [REDACTED] (Qualified 16 Jan 04)
- f. LTJG [REDACTED] (Qualified 30 May 04)
- g. LT [REDACTED] (Qualified 2 Oct 04)
- h. LT [REDACTED] (Qualified 4 Oct 04)
- i. LTJG [REDACTED] (Qualified 24 Oct 04)

[encls (187),(191)]

407. (U) On 8 January 2005, all OODs except LCDR [REDACTED] and LTJG [REDACTED] met the proficiency requirement of two watches per month, and the underway watchbill assigned the following OOD watch rotation:

- a. 7 January 2005 Morning (06-12) OOD: LTJG [REDACTED], with LTJG [REDACTED] under instruction (U/I)
- b. 7 January 2005 Afternoon (12-18) OOD: LT [REDACTED]
- c. 7 January 2005 Evening (18-24) OOD: WEPS (LT [REDACTED]), with ENG [REDACTED] U/I to regain proficiency
- d. 8 January 2005 Midwatch (00-06) OOD: LT [REDACTED]
- e. 8 January 2005 Morning OOD: NAV (LCDR [REDACTED] with LTJG [REDACTED])
- f. 8 January 2005 Afternoon OOD: LTJG [REDACTED] with LTJG [REDACTED] U/I
- g. 8 January 2005 Evening OOD: LTJG [REDACTED] with LTJG [REDACTED] U/I. [encls (187),(189)]

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408. (U) The Piloting Party was stationed at 0645K on 7 January 2005. [encl (60)]

409. (U) The Piloting Party was secured, and the Modified Piloting Party stationed at 1010K on 7 January 2005. [encl (60)]

410. (U) The Modified Piloting Party was secured at 1333K on 7 January 2005. [encl (60)]

411. (U) A Navigation Supervisor was stationed continuously from 0609K on 9 January 2005 until the ship returned to homeport on 10 January 2005. [encl (60)]

412. (U) No CDO was stationed on 7 or 8 January 2005. The XO was stationed as CDO at 1520K-2150K on 9 January 2005, and again from 0211K-1059K on 10 January 2005. [encl (60)]

Inspections/Evaluations

413. (C) A navigation evaluation of SAN FRANCISCO was conducted by the CSS-15 Operations Officer (LCDR [REDACTED]) from 7-15 January 2004 using "[REDACTED] The navigation party's overall performance was [REDACTED]. The following deficiencies in Open Ocean Navigation were noted:

a. "[REDACTED] Training conducted mid-transit resulted [REDACTED]."

b. "[REDACTED] Training conducted mid-transit [REDACTED]."

c. "On one occasion the oncoming OOD [REDACTED]

d. "[REDACTED]."

e. "On one occasion the OOD did not [REDACTED] The OOD did

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not [REDACTED]
[REDACTED]. "

f. " [REDACTED]
[REDACTED]. "

g. " [REDACTED]
[REDACTED]. "

h. " [REDACTED]. "
[encl (193)]

414. (C) A Tactical Readiness Evaluation (TRE) of SAN FRANCISCO was conducted from 21-24 January 2004. The TRE Team concluded that the ship's overall TRE performance was ABOVE AVERAGE compared to ships recently evaluated. The core competency of 'Navigation and Piloting' was assigned a grade of AT STANDARDS. The 'Open Ocean Navigation' portion of 'Navigation and Piloting' was assigned a grade of BELOW STANDARDS. The 'Piloting' portion of 'Navigation and Piloting' was assigned a grade of ABOVE STANDARDS. 'Open Ocean Navigation' deficiencies included the following:

a. "Position Uncertainty entered an area of [REDACTED]
[REDACTED]. "

b. "A track plan was [REDACTED]
[REDACTED]. "

c. "Red and Yellow soundings [REDACTED]
[REDACTED]. Specifically, the
[REDACTED]
[REDACTED]. These soundings were set for a
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]."

d. "VMS was [REDACTED]
[REDACTED]. Level of knowledge of [REDACTED]
[REDACTED]
[REDACTED] Contributing to this the Navigation
Division [REDACTED]
[REDACTED]."

e. "On one occasion while the ship was near test depth on
the south range, the [REDACTED]
[REDACTED]
[REDACTED]. " [encls (17), (194)]

415. (U) SAN FRANCISCO did not receive a grade of
UNSATISFACTORY in any area during her January 2004 TRE. A
letter report of corrective actions was not required.
Furthermore, CSS-15 did not require any corrective actions in
the area of Open Ocean Navigation as a result of the TRE.
[encls (17), (194), (195), (196)]

416. (C) A navigation evaluation of SAN FRANCISCO was conducted
by the CSS-15 Operations Officer, LCDR [REDACTED], from [REDACTED]
[REDACTED] using [REDACTED], during a
transit from [REDACTED]. The navigation party's
overall performance was [REDACTED]
[REDACTED]
included the following:

[REDACTED]
[REDACTED]. Per OP 61-17 the required
frequency that a [REDACTED]
[REDACTED]
[REDACTED]. On one occasion the OOD [REDACTED]
[REDACTED]
Additionally, QMOWs [REDACTED]
[REDACTED]."

b. "[REDACTED]
[REDACTED]

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