



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

701 S. COURTHOUSE RD

ARLINGTON, VA 22204

[REDACTED] Docket No. 2944-25

Ref: Signature Date

[REDACTED]

Dear Petitioner:

This is in reference to your application for correction of your naval record pursuant to Section 1552 of Title 10, United States Code. After careful and conscientious consideration of relevant portions of your naval record and your application, the Board for Correction of Naval Records (Board) found the evidence submitted insufficient to establish the existence of probable material error or injustice. Consequently, your application has been denied.

Although your application was not filed in a timely manner, the Board found it in the interest of justice to waive the statute of limitations and consider your application on its merits. A three-member panel of the Board, sitting in executive session, considered your application on 21 November 2025. The names and votes of the panel members will be furnished upon request. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of the Board. Documentary material considered by the Board consisted of your application together with all material submitted in support thereof, relevant portions of your naval record, an advisory opinion (AO) provided by Navy Department Board of Decorations and Medals (NDBDM), and applicable statutes, regulations, and policies, to include Secretary of the Navy Manual 1650.1 and Marine Administrative Message 245/11. Although you were provided an opportunity to respond to the AO, you chose not to do so.

You enlisted in the Marine Corps and commenced active duty on 10 December 2001. In 2004, you deployed with your unit to Iraq in support of combat operations. Per official records, while deployed, your unit encountered explosive devices which resulted in a concussive blast incident for multiple members on 15 July 2004. During that incident, you were a passenger in vehicle three. Your command submitted four official casualty reports from the incident, on 16 July 2004, for four members who were all in vehicle two at the time of the incident. Your commanding officer submitted a statement which attests that all of the wounded, including you, had follow-up appointments with the Regimental Combat Team Surgeon on 17 July 2004. However, you submitted no medical record to this effect.

On 21 February 2005, you received a post-deployment health assessment during which you reported symptoms of dizziness, headaches, and vomiting. In 2014, you were evaluated for traumatic brain injury (TBI) symptoms of migraines, sleep disturbances, tinnitus, and difficulties

with mood, memory, and balance. You received a latent diagnosis of post-concussive syndrome and were placed in a TBI rehabilitation program. In a document dated 8 May 2023, the TBI clinic summarized your diagnosis and treatment from 2016 to 2018. This clinical summary indicates that you self-reported experiencing a loss of consciousness (LOC) after the blast.

Your former Company Commander (CC) and the former communications officer submitted undated, signed letters in support of your application; however, neither was present at the time of the incident. You also obtained several notarized letters from witnesses written between May and July of 2023. One witness states that an initial blast hit vehicle two before a second blast went off to the right of vehicle three; in which you were a passenger on the right side. This witness states that you had no known injuries at the time but were covered in debris and clearly dazed; he did not confirm LOC. A senior enlisted witness observed you stumbling around and appearing to be in a confused and dizzy state; he also did not confirm LOC. A Chief Warrant Officer 5 states that you were in vehicle three and close to the detonation source that initially hit vehicle two. This witness pointed out that most of the attention at the time was on the headquarters element in vehicle two. Additionally, he states that the convoy did not return to base for more than 24 hours and, after returning, would not resume work for another 36 hours; at which point he believes it was moot for anyone to give you a 48-hour no-duty period for recovery. Your Commanding Officer (CO) submitted a notarized letter on your behalf personally confirming that he, the Sergeant Major (SgtMaj), and his driver were all wounded in the blast that struck vehicle two. He believes that, when the SgtMaj asked for the casualty report, you were reported as unconscious but breathing and were finally coming to approximately five minutes into the attack. He further states that the after-action of the incident established that you had been unconscious for between 3 to 5 minutes and that 21 of the 22 members of the unit earn a Purple Heart medal during their combat operations, including you. A final witness statement from a member of your unit, who was personally in vehicle two and experienced LOC, states that you helped him after the blast but appeared unbalanced and concussed. He believes that you did not receive immediate medical attention or further medical care in the days following the incident.

A medical letter addressing your TBI, dated 7 May 2024, indicates that you experienced LOC and recall being dazed and confused after the blast but did not pursue medical evaluation due to arriving at the base 36 hours after the blast. Another medical letter addressing your TBI, dated 7 February 2025, states that you were unfit for duty and should have been placed in a non-duty status after the 15 July 2005 blast incident. Your CO provided a supplementary addendum to his notarized statement, explaining why you were not placed on a 48-hour not fit for duty status. Specifically, he states at that point in the conflict blast injuries that did not result in blood flow were not considered combat injuries. Your CO reiterated his belief that the Regimental Surgeon monitored you in the days following the incident; however, your CC submitted an addendum to his letter, stating that you were not able to seek immediate medical attention from a medical officer due to operational necessity.

The Board carefully weighed all relevant facts, statements, and supporting documents which you presented to support your request to be found eligible for award of the Purple Heart (PH) medal. Additionally, the Board considered the AO from the NDBDM. The AO stated in pertinent part:

The presumption of regularity in government affairs requires we presume the official records are complete and accurate, and that the chain of command acted in

good faith and exercised due diligence in carrying out their responsibilities. These include ensuring their Marines and Sailors receive proper medical treatment and recognition through awards. In this case four individuals were reported as casualties, treated for their wounds, and awarded the PH in recognition thereof. The unit's commanding officer and sergeant major were present on scene, were among the wounded, and appear to have been involved in the reporting and recognition process. We must presume that if any other Marines or Sailors in the convoy had sustained PH-qualifying wounds, they would have also been reported as casualties, received appropriate medical treatment, and been nominated for the PH. The Petitioner failed to present sufficient evidence to overcome the presumption.

The AO concluded, "We concluded that the Petitioner is not entitled to the PH and found no evidence of material error or injustice. Therefore, we recommend BCNR deny relief. Were BCNR to grant relief in this case by authorizing the PH, such action would be inconsistent with the criteria and standards applied to all other Service Members."

The Board concurred with the AO that you failed to submit sufficient evidence that the concussive event met the criteria for award of the PH. Specifically, absent a loss of medical records, given that your location would have permitted receipt of proper treatment from a medical officer and disposition within the 7-day period following the event, the witness statements you submitted are not an authorized substitution for proof of your contended mTBI. Additionally, the Board specifically observed that your 8 May 2023 medical letter, addressing your TBI diagnosis and treatment, states that, over the course of your lengthy active duty service, you have "been exposed to innumerable blast overpressure waves" across three combat tours. In this regard, the Board noted that the restrictive criteria for award of the PH due to mTBI were expressly intended to ensure that the eligibility is established by the severity and nature of a single incident rather than the compounding of multiple exposures over time, notwithstanding that repeated exposure may ultimately result in more serious long-term post-concussive symptoms. Ultimately, the Board found that the evidence of record does not support your eligibility for award of the PH medal and determined that your request does not warrant relief.

The Board recognizes your honorable and faithful service in the Marine Corps and sincerely appreciates the sacrifice you made during your many years of service and multiple combat tours. The Board shares the sentiment expressed by the NDBCM that the Board's analysis and findings are not intended in any way to diminish the value of your service to the Nation.

You are entitled to have the Board reconsider its decision upon submission of new matters, which will require you to complete and submit a new DD Form 149. New matters are those not previously presented to or considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when

applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

12/12/2025

