

AL License 29052

SOUTHEAST NEUROLOGY

[REDACTED] M.D.
DEA# BK9711703
AL License 27277

1865 Honeysuckle Rd. • Suite 3 • Dothan, AL 36305

Phone [REDACTED] • Fax [REDACTED]

Name

Christina Thundathil

Address

Date

1/8/10

Rx

Topamax 100 mg @ qpr
x1wk

↑ Topamax 50mg qam x1wk
100 mg qpr

↑ Topamax 100mg BID + continue

Refill

3

1 mlw

M.D.

M.D.

Product Selection Permitted

Dispense As Written

Shelley X5290

09/30/2010
T7890

CHRISTINA DANIELLE THUNDATHIL
5546 NW 23RD APT. 154
OKLAHOMA CITY OK 73127-2340

Dear Ms. Christina Danielle Thundathil,

Sorry, your scheduled clinic appointment was CANCELLED.

FRIDAY OCT 8, 2010 8:45 AM OKC TBI RTN (MOSER) 2A133 Clinic

If you have private insurance, please bring your insurance card with you the next time you come to VAMC. The VAMC has the right to collect from private health insurance companies for non-service connected health care.

Sincerely,

Scheduling Clerk, Medical Administration Service
Veterans Affairs Medical Center
921 N.E. 13th
Oklahoma City, OK 73104



DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
321st MILITARY POLICE DETACHMENT (CID) (FWD)
CAMP ARIFJAN, KUWAIT
APO AE 09366

DATE: 17 June 2011

FROM: SAC, ARIFJAN CID OFFICE, CAMP ARIFJAN, KUWAIT

TO: DIR, USACRC FT BELVOIR VA//CICR-ZA//
CG, USACIDC QUANTICO VA//CIOP-ZA//
CDR, 3RD MP GROUP (CID), FT GILLEM, GA
CDR, 202ND MP GROUP (CID), KAISERSLAUTERN, GERMANY
CDR, 5TH MP BN (CID), CAMP ARIFJAN, KUWAIT
BIOC, 5TH MP BN (CID) (FWD), CAMP ARIFJAN, KUWAIT

SUBJECT: CID REPORT OF INVESTIGATION – 1ST FINAL SUPPLEMENTAL/SSI –
0004-04-CID519-81132-6E1E/ 6F8A/5M2/5M3A/5Y2B7

DRAFTER: [REDACTED] (b)(6), (b)(7)(C)

RELEASER: [REDACTED] (b)(6), (b)(7)(C)

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 01 JAN 2004/0345 – 1 JAN 2004/0500; UNKNOWN LOCATION
BETWEEN CAMDEN YARDS AND CAMP ARIFJAN, KUWAIT, APO AE 09366

2. 01 JAN 2004/2244 – 1 JAN 2004/2244; CID OFFICE, CAMP ARIFJAN,
KUWAIT, APO AE 09366

3. 03 JAN 2004/1600 – 3 JAN 2004/1600; CID OFFICE, CAMP ARIFJAN,
KUWAIT, APO AE 09366

4. 31 DEC 2003/2100 – 1 JAN 2004/0400; 432ND TRANSPORTATION
COMPANY MAINTENANCE TENT, CAMDEN YARDS, KUWAIT, APO AE 09366

2. DATE/TIME REPORTED: 01 JAN 2004/1100

3. INVESTIGATED BY: SA [REDACTED] (b)(6), (b)(7)(C), (b)(7)(F)

4. SUBJECT: 1. [REDACTED] (b)(6), (b)(7)(C) SPC; [REDACTED] (b)(6), (b)(7)(C)
[REDACTED] (b)(6), (b)(7)(C) M; WHITE; 1168TH TRANSPORTATION COMPANY, CAMP
ARIFJAN, KUWAIT, APO AE 09366; CT [RAPE] (UNFOUNDED) [FAILURE TO
OBEY A LAWFUL GENERAL ORDER]

2. UNKNOWN; M; [FORCIBLE SODOMY] (UNFOUNDED)

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29th

3. CLARKE, CHRISTINA DANIELLE; PVT [REDACTED] 0; 1 MAY79; AIKEN, SC; F; WHITE; HHC, 5/158TH AVN BN, CAMP ARIFJAN, KUWAIT, APO AE 09366 (CAKU); CT [FALSE OFFICIAL STATEMENT] [FAILURE TO OBEY A LAWFUL GENERAL ORDER] [FALSE SWEARING] (UNFOUNDED)

5. VICTIM: 1. CLARKE, CHRISTINA DANIELLE; PVT; [REDACTED] 0; 1 MAY 79; AIKEN, SC; F; WHITE; HHC, 5/158TH AVN BN, CAMP ARIFJAN, KUWAIT, APO AE 09366 (CAKU); CT [RAPE] (UNFOUNDED) [FORCIBLE SODOMY] (UNFOUNDED)

2. US GOVERNMENT [FALSE OFFICIAL STATEMENT] [FAILURE TO OBEY A LAWFUL GENERAL ORDER] [FALSE SWEARING] (UNFOUNDED)

6. INVESTIGATIVE SUMMARY: THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY BE CHANGED PRIOR TO THE COMPLETION OF THE INVESTIGATION,

1ST SUPPLEMENTAL:

THIS SUPPLEMENTAL REPORT IS BEING SUBMITTED TO UNFOUND THE OFFENSE OF FALSE SWEARING.

IN RESPONSE TO A REQUEST FOR AMENDMENT TO THE PREVIOUSLY COMPLETED FINAL REPORT BY MS. CHRISTINA THUNDATHIL (PREVIOUSLY CLARKE), A REVIEW OF THIS INVESTIGATION WAS CONDUCTED BY THE U.S. ARMY CRIMINAL INVESTIGATION COMMAND.

AFTER A THOROUGH REVIEW OF THIS INVESTIGATION IT WAS DETERMINED THE OFFENSE OF FALSE SWEARING WAS NOT COMMITTED AS PREVIOUSLY DEPICTED IN THE FINAL REPORT. THE OFFENSE OF FALSE SWEARING WAS UNFOUNDED.

FINAL REPORT:

About 1100, 1 Jan 04, the Military Police Desk Sergeant, CAKU, notified this office that PVT CLARKE was raped while walking from Camden Yards to Camp Arifjan, Kuwait.

Investigation determined the offense of Rape and Forcible Sodomy did not occur as initial alleged.

Investigation did establish probable cause to believe PVT CLARKE committed the offenses of False Official Statement and False Swearing. On 1 Jan 04, PVT CLARKE provided a sworn statement wherein she alleged she was raped and forcibly sodomized, a statement she knew was false at the time she swore to it.

Investigation also established probable cause to believe PVT CLARKE committed the offenses of False Official Statement and False Swearing. On 3 Jan 04, PVT CLARKE provided a sworn statement wherein she continued to maintain her allegation she was raped, a statement she knew was false at the time she swore to it.

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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | |
|---|-----------------------------|--|--|--|-----------|
| 1. NAME (Last, First, Middle) CLARKE CHRISTINA DANIELLE | | 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA | | 3. SOCIAL SECURITY NO. 7 11 11 | |
| 4.a. GRADE, RATE OR RANK PV1 | 4.b. PAY GRADE E1 | 5. DATE OF BIRTH (YYMMDD) 19790501 | | 6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00 | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY LOUISVILLE, KY | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address) 401 HURRY ST WAPT 9 FRANKFORT, KY 40601 | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC, 5TH BN 158TH AV BDE APO AE 09182 EU | | 8.b. STATION WHERE SEPARATED TRANSITION CENTER, KITZINGEN GERMANY | | | |
| 9. COMMAND TO WHICH TRANSFERRED NA | | | 10. SGLI COVERAGE Amount: \$ 250,000.00 None | | |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 92G10 FOOD SERVICE SPECIALIST--01 YRS-00 MOS //NOTHING FOLLOWS | | 12. RECORD OF SERVICE | | | |
| | | a. Date Entered AD This Period | Year(s) | Month(s) | Day(s) |
| | | b. Separation Date This Period | 2002 | 05 | 07 |
| | | c. Net Active Service This Period | 2004 | 01 | 31 |
| | | d. Total Prior Active Service | 0001 | 08 | 24 |
| | | e. Total Prior Inactive Service | 0000 | 00 | 00 |
| | | f. Foreign Service | 0000 | 00 | 00 |
| | | g. Sea Service | 0001 | 00 | 08 |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS | | 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) FOOD SERVICE OPERATIONS SPECIALIST COURSE, 08 WEEKS, OCT 2002//COMBAT LIFESAVER CERTIFICATION COURSE, 01 WEEKS, APR 2003//GERMAN LANGUAGE HEADSTART PROGRAM COURSE, 01 WEEKS, JAN 2003//NOTHING FOLLOWS | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | |
| | | | <input checked="" type="checkbox"/> | Yes | No |
| | | | | <input checked="" type="checkbox"/> | |
| | | | | 16. DAYS ACCRUED LEAVE PAID 14.5 | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| 18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SERVICE IN SWA--20030320 to 20040121//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//BLOCK 6, PERIOD OF DEP--20020416 to 20020506//SOLDIER ENTERED ACTIVE DUTY AS DUNAWAY CHRISTINA DANIELE//NOTHING FOLLOWS | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) P. O. BOX 76 GRANDVILLE, SC 29829 | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) SARAH E. JOHNSON 2031 PURCELL AVE ROANOKE, VA 24013 | | |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO SC | | DIR. OF VET AFFAIRS | | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) LASANN A. EVANS, SENIOR TRANSITION SPEC | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED <i>Christina D. Clarke</i> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

| | | | |
|--|--|--|---|
| 23. TYPE OF SEPARATION DISCHARGE | | 24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL) | |
| 25. SEPARATION AUTHORITY AR 635-200, PARA 14-12B | | 26. SEPARATION CODE JKA | 27. REENTRY CODE 3 |
| 28. NARRATIVE REASON FOR SEPARATION MISCONDUCT | | | |
| 29. DATES OF TIME LOST DURING THIS PERIOD NONE | | | 30. MEMBER REQUESTS COPY 4 <i>[Signature]</i> Initials |

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | | |
|--|-----------------------------|--|---|--|-----------|-----------|
| 1. NAME (Last, First, Middle) CLARKE CHRISTINA DANIELLE | | 2. DEPARTMENT, COMPONENT AND BRANCH ARMY RA | | 3. SOCIAL SECURITY NO. [REDACTED] | | |
| GRADE, RATE OR RANK PV1 | 4.b. PAY GRADE E1 | 5. DATE OF BIRTH (YYMMDD) 19790501 | | 6. RESERVE OBLIG. TERM. DATE Ye 0000 Month 00 Day 00 | | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY LOUISVILLE KY | | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 401 MURRY ST APT 9 FRANKFORT KY 40601 | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 5TH BN 158 AV BDE APO AE 09182 EU | | | 8.b. STATION WHERE SEPARATED TRANSITION CENTER KITZINGEN GERMANY | | | |
| 9. COMMAND TO WHICH TRANSFERRED NA | | | | 10. SGLI COVERAGE None Amount: 250,000 | | |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 92G10 FOOD SERVICE SPECIALIST 1 YRS 0 MOS//NOTHING FOLLOWS | | 12. RECORD OF SERVICE | | | | |
| | | a. Date Entered AD This Period | | Year(s) | Month(s) | Day(s) |
| | | b. Separation Date This Period | | 2002 | 05 | 07 |
| | | c. Net Active Service This Period | | 2004 | 01 | 31 |
| | | d. Total Prior Active Service | | 01 | 08 | 24 |
| | | e. Total Prior Inactive Service | | 00 | 00 | 00 |
| | | f. Foreign Service | | 00 | 00 | 00 |
| | | g. Sea Service | | 01 | 00 | 08 |
| | | h. Effective Date of Pay Grade | | 00 | 00 | 00 |
| | | 2003 | 09 | 08 | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS | | | | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) FOOD SERVICE OPERATIONS SPECIALIST CRS 8 WKS OCT 2002//COMBAT LIFESAVER CERTIFICATION CRS 1 WK APR 2003//GERMAN LANGUAGE HEADSTART PROGRAM CRS 1 WK JAN 2003//NOTHING FOLLOWS | | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | | |
| | | | <input checked="" type="checkbox"/> | | | |
| | | | | 16. DAYS ACCRUED LEAVE PAID 14.5 | | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SERVICE IN SWA: 20030320-20040121 //MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//PERIOD OF DELAYED ENTRY PROGRAM: 20020416-20020506//SOLDIER ENTERED ACTIVE DUTY AS DUNAWAY CHRISTINA DANIELE// CHARACTERIZATION OF SERVICE UPGRADED ON 30 SEPTEMBER 2005 FOLLOWING APPLICATION DATED 3 JANUARY 2005//NOTHING FOLLOWS | | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) PO BOX 76 GRANDVILLE SC 29829 | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) SARAH E JOHNSON 2031 PURCELL AVE ROANOKE VA 24013 | | | |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO SC DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 21. SIGNATURE OF MEMBER BEING SEPARATED | | | | |
| | | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) SALLY SANDERS GS 09 SUPV HUMAN RESOURCES SPECIALIST (MIL) ARBA-SL | | | | |

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

| | | | |
|---|--|---|------------------------------|
| 23. TYPE OF SEPARATION DISCHARGE | | 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE | |
| 25. SEPARATION AUTHORITY AR 635-200 PARA 5-3 | | 26. SEPARATION CODE JFF | 27. REENTRY CODE 3 |
| 28. NARRATIVE REASON FOR SEPARATION SECRETARIAL AUTHORITY | | | |
| 29. DATES OF TIME LOST DURING THIS PERIOD NONE | | 30. MEMBER REQUESTS COPY 4 Initials | |