(1) OBF 33003 AK

e 03/12/09	Agency KFD	Agency #		Run # 009-1401		5
EMD N	MCI N	Unit M38	Prim. Role TRANSPORT	Dest. MU/T-5	Type ED	
Prior Aid [redacted]		Crew 1 Corey	3 Holbert			
Performed by [redacted]	Time :	Members 2 Gerspacher	4			
Outcome [redacted]		Others FJL			Service 911	
Incident Address 1401 E. STROOP RD.		City Kett		RN/Phys sig [redacted]		
County MONT.	Zip	Incident Site WOMEN'S MED. UNIT		ED Diagnosis/Disposition [redacted]		
Name Ariane Kelly		Sex	Race			
Address 2709 TRANTLE VIEW DR		Ethn.				
City DAYTON	St OH	Zip Code 45414				
Phone (937) 301-2686	Pt ID Number [redacted]					
Method of Payment	DOB 01/29/1986 (23)			Condition Code		

Time Rec'd 11:22	Unit Notified 11:24	Responding 11:25	Unit on Scene 11:27	At Pt. :	
To Dest. 11:41	At Dest. 11:47	In Service :	At Qtrs. :	Total Time :	

Pre-existing Conditions [redacted]

Family Physician/Surgeon | Medical Control [redacted] | Comm [redacted]

Medications | ALLERGIES [redacted]

1 / /	4 / /	7 / /
2 / /	5 / /	8 / /
3 / /	6 / /	9 / /

Nature of Call [redacted] | Prim. Symptom [redacted] | ther Sypmtoms —

Dest. Determination | Factors Affec. EMS Delivery None | Pt. Disposition EMS

Trauma Criteria | Injury | MOI | Prot. Devices

Prim. Impress. | Secondary Impress. | Run Type [redacted] | DNR

Time	Blood Pressure	Pulse	Resp	SaO2	EKG	PUPILS L R	LUNGS L R	SKIN C T M	GLASGOW E V M
:	[redacted]								
:									
:	/								

NARRATIVE [redacted]

3/12/09
Call
Seizure
Unconscious

I [redacted] hereby acknowledge that I have received information concerning the Health Insurance Portability and Accountability Act of 1996 regulation, and that if appropriate, Medicare or other insurance will be billed for the emergency medical service provided to me today.

Time	Intervention/ Treatment Given	Dose/joule litre/size	St/Rt	Just	Int	Comp.
:	[redacted]					
:						
:						
:						
:						
:						
:						
:						
:						
:						
:						
:						
:						

Alert: T — C — S Time :

Drug Bag In # — | Drug Bag Out # —

Indic. Of Drug/Alcohol Use

Type of Injury [redacted]

Anatomical Location

Organ System

Type of Disp. Delay

Type of Resp. Delay

Type of Scene Delay

Type of Trans. Delay

Type of In Service Delay

Cardiac Arrest

Cause of Cardiac Arrest

Resus. Attempted

Response Mode to Scene

Response Mode to Hosp.

(7)

Time :

Others E44, BC40

Name [redacted]

Address [redacted]

City [redacted]

Phone [redacted] Pt ID Number [redacted]

At Otre. : Total Time :

Pre-existing Conditions

Family Physician/Surgeon [redacted] Medical Control MVH Comm Cell

Medications ALLERGIES [redacted]

1 / / 4 / / 7 / /

2 / / 5 / / 8 / /

3 / / 6 / / 9 / /

Time	Blood Pressure	Pulse	Resp	SaO2	EKG	PUPILS L R	LUNGS L R	SKIN C T M	GLASGOW E V M
12 : 27	[redacted]								
12 : 45									
13 : 00									

NARRATIVE [redacted]

Redacted

Mar 19
noon
holiday
express

Washtenaw
Bleeding

Vital Signs

[redacted]

Time	Posture	BP	Pulse	Resp.	LOC	ECG	IV	DC Shock	A	B	C
12:27:00	[redacted]										
12:45:00											
13:00:00											

Treatments

Drug 1 [redacted]
Drug 2
Drug 3
Drug 4
Drug 5
Drug 6
Drug 7

Narrative

Redacted

Treatments Itemized

Type	Code	Skill	Cost	Time	Emp No.
[redacted]			.00	12:22	3523
			.00	12:22	3523
			.00	12:27	3523
			.00	12:43	3523
			.00	12:45	3523

MESSAGE ROUTED FROM TERM/UNIT: WFD1 OPER: D10
03/31/09 11:01

INCIDENT HISTORY DETAIL: M090780068

INITIATE:	12:13:59	03/19/09	CALL NUMBER:	M00068
ENTRY:	12:14:32		CURRENT STATUS:	CLOSED
DISPATCH:	12:15:22		ALARM LEVEL:	1
ONSCENE:	12:22:14		CASE NUMBER:	WT0900001277
CLOSE:	14:13:30			
CENSUS:				

LOCATION: 5655 WILMINGTON PK ,CV (HOLIDAY INN EXPRESS)
LOCATION COMMENTS: ROOM 105
DAREA: WTFD
STATION: 44 TYPE: [redacted]
RD: WT-61 PRIORITY: 1
RUN CARD: WT61 PRIORS

12:14:32	WFD2	ENTRY	COMP [redacted] \PH [redacted]
12:14:32	WFD2	PRIOR	MF 2UNCON 02/15/09 @ 06:47:53 (9 MORE)
12:15:22	WFD2	DISPATCH	E44 M45
12:16:33	WFD2	ENROUTE	E44
12:16:49	WFD2	BACKUP	E44 B40
12:18:06	WFD2	ENROUTE	B40
12:19:05	WFD2	ENROUTE	M45
12:19:46	WFD2	CASE	WT0900001277 Assigned
12:22:14	WFD2	ONSCENE	B40
12:24:22	WFD2	ON-RADIO	E44
12:27:09	WFD2	ONSCENE	M45
12:43:50	WFD2	ON-RADIO	B40
12:59:52	WFD2	TRANSPRT	M45 MVH
13:02:24	WFD2	MISC	.68, M45 TO HOSPITAL AT 12:46:57
13:04:41	WFD2	TR-CMPT	M45
14:10:13	WFD2	STATION	M45
14:13:30	WFD2	CLOSE	

OPERATOR ASSIGNMENTS: WFD2 D6 TATOM,JACK

Washington Township FD

A

FDID	State	Incident Date	Station	Incident Number	Exposure
57007	OH	03/19/2009	44	0001277	000

☐ Delete ☐ Change ☐ No Activity

NFIRS-1 Basic

B Location

☑ Street Address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid

☐ Address on Wildland Form

Census Tract: 140202

Number	Prefix	Street	Type	Suffix
5655		WILMINGTON	PK	

Apt/Suite	City	State	Zip Code
105	CENTERVILLE	OH	45459

Cross Street, Directions or US National Grid, as applicable

C Incident Type

321 EMS call, excluding vehicle accide

D Aid Given or Received

1 ☐ Received
2 ☐ Automatic Rec'vd
3 ☐ Given
4 ☐ Automatic Given
5 ☐ Other Aid Given
N ☑ None

Their FDID
Their State
0000000 Their Incident

E1 Dates & Times

		Mon. Day	Year Time
Alarm		03/19/09	12:13:59
Arrival	☑ Arrival	03/19/09	12:22:14
Control	☐ Control	00/00/00	00:00:00
Last Unit Clear	☑ Last Unit Clear	03/19/09	14:10:13

E2 Shifts / Alarms

Shift	Alarms	Dist.
	1	404

E3 Special Studies

ID#	Value
WT61	WT61

F Actions Taken

32 Provide basic life support (BLS)
Primary Action Taken (1)
33 Provide advanced life support (ALS)
Additional Action Taken (2)
34 Transport person
Additional Action Taken (3)

G1 Resources

	Apparatus	Personnel
Suppression	1	34
EMS	1	3
Other	1	1

☐ Check if counts include mutual aid resources

G2 Dollar Loss & Values

LOSSES:		NONE
Property	0	☑
Contents	0	☑
PRE-INCIDENT VALUE		
Property	0	☑
Contents	0	☑

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civ. Casualty-4
☐ Fire Casualty-5
☐ EMS-6
☐ Hazmat-7
☐ Wildland-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties

☑ None

	Deaths	Inj.
Fire Service	0	0
Civilian	0	0

H2 Detector Alerted Occupants

1 ☐ Yes
2 ☐ No
U ☐ Unknown

H3 Hazmat Release

N ☑ None
1 ☐ Natural Gas
2 ☐ Propane Gas
3 ☐ Gasoline
4 ☐ Kerosene
5 ☐ Diesel Fuel/Fuel Oil
6 ☐ Household Solvents
7 ☐ Motor Oil
8 ☐ Paint
0 ☐ Other

I Mixed Use Property

NN ☑ Not Mixed
10 ☐ Assembly Use
20 ☐ Education Use
33 ☐ Medical Use
40 ☐ Residential Use
51 ☐ Row of Stores
53 ☐ Enclosed Mall
58 ☐ Business & Resid.
59 ☐ Office Use
60 ☐ Industrial Use
63 ☐ Military Use
65 ☐ Farm Use
00 ☐ Other Mixed Use

1st Company to Arrive: B40

J Property Use

449 Hotel/motel, commercial

A	FDID	State	Incident Date	Station	Incident Number	Exposure			
	57007	OH	03/19/2009	44	0001277	000	☐ Delete ☐ Change	NFIRS-9 Apparatus	

B Apparatus or Resource	Dates and Times		Number of People	Use On Scene	Actions Taken	
Apparatus ID: E44	Dispatch ☑	3/19/2009 12:15:22	4	☑ Suppression	93	
Apparatus Type: 11	Arrival ☑	3/19/2009 12:24:22		☐ EMS		
	Clear ☑	3/19/2009 12:24:22		☐ Other		

Personnel ID	Name and Rank	Off-Duty	Action Taken	Action Taken	Action Taken	Action Taken
3849	Landis, D. FF	☐	93			
3575	McMahan, D. FF	☐	93			
1056	Ratcliffe, S. LT	☐	93			
3884	Waters, N. FF	☐	93			

A	FDID	State	Incident Date	Station	Incident Number	Exposure		
	57007	OH	03/19/2009	EMS	0001277	000	☐ Delete ☐ Change	NFIRS-9 Apparatus

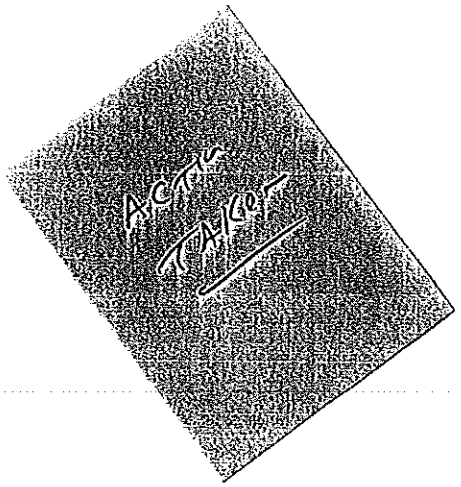
B Apparatus or Resource	Dates and Times		Number of People	Use On Scene	Actions Taken	
Apparatus ID M45	Dispatch	☐ 3/19/2009 12:13:59	4	☐ Suppression	33	34
Apparatus Type 70	Arrival	☐ 3/19/2009 12:27:09		☑ EMS		
	Clear	☐ 3/19/2009 14:10:13		☐ Other		

Personnel ID	Name and Rank	Off-Duty	Action Taken	Action Taken	Action Taken	Action Taken
3072	Bristow, D. FF	☐	33	34		
3523	Cancino, D. FF	☐	33	34		
3518	DiRusso, R. FF	☐	33	34		
1028	Guernsey, J. LT	☐	33	34		

A	FDID	State	Incident Date	Station	Incident Number	Exposure			NFIRS-9 Apparatus
	57007	OH	03/19/2009	HQ	0001277	000	☐ Delete	☐ Change	

B Apparatus or Resource		Dates and Times			Number of People	Use On Scene	Actions Taken	
Apparatus ID	B40	Dispatch	☑ 3/19/2009	12:15:22		☐ Suppression	32	
Apparatus Type	92	Arrival	☑ 3/19/2009	12:22:14	1	☑ EMS		
		Clear	☑ 3/19/2009	12:43:50		☐ Other		

Personnel ID	Name and Rank	Off-Duty	Action Taken	Action Taken	Action Taken	Action Taken
1036	Kern, R. CP	☐	32			



A	FDID	State	Incident Date	Station	Incident Number	Exposure		NFIRS-6 EMS
	57007	OH	03/19/2009	EMS	0001277	000	☐ Delete ☐ Change	

B Number of Patients	Patient Number	C Date / Time	Date	Time
001	001	Time Arrived at Patient	03/19/2009	12:22:14
		Time of Patient Transfer	03/19/2009	13:04:41

D Provider Impression/Assessment

[redacted]

E1 Age or Date of Birth

☐ Months (for infants)

Age [redacted]

OR

Month [redacted] Day Year

E2 Gender

[redacted]

F1 Race

1 White
2 Black or African Am.
3 Am. Indian/AK Native
4 Asian
5 HI Native/Pacific Isle
0 Other, Multi, Unknown

F2 Ethnicity

1 ☐ Hispanic/Latino
0 ☐ Not Hispanic/Latino

G1 Human Factors
Check all applicable boxes

1 ☐ Asleep
2 ☐ Unconscious
3 ☐ Possibly impaired by alcohol
4 ☐ Possibly impaired by drugs
5 ☐ Possibly mentally diabled
6 ☐ Physically disabled
7 ☐ Physically restrained
8 ☐ Unattended person
9 ☑ None

G2 Other Factors

If an illness, not an injury, skip to H3

1 ☐ Accidental
2 ☐ Self-inflicted
3 ☐ Inflicted, not self
N ☑ None

H1 Body Site of Injury

H2 Body Site of Injury

H3 Cause of Illness/Injury

UU Unknown

Redacted

J Safety Equipment
Used or deployed by Patient

1 ☐ Safety/seat
2 ☐ Child safety seat
3 ☐ Airbag
4 ☐ Helmet
5 ☐ Protective clothing
6 ☐ Flotation device
N ☑ None
O ☐ Other
U ☐ Undetermined

K Cardiac Arrest
Check all applicable boxes

1 ☐ Pre-arrival arrest?
If pre-arrival arrest, was it?
2 ☐ Witnessed
3 ☐ Bystander CPR
2 ☐ Post-arrival arrest?
Initial Arrest Rhythm
1 ☐ V-Fib/ V-Tach
O ☐ Other
U ☐ Undetermined

L Level of Provider

L1 Initial: 4 EMT-P (Paramedic)

L2 Highest: 4 EMT-P (Paramedic)

M Patient Status

Redacted

N Disposition

1 FD transport to Emergency Care

Incident Information

[redacted]

Incident No.	2009 001277	Date	03/19/2009	Call	12:13:59
Patient No.	001	Vehicle	M45	Disp.	12:15:22
Exposure.	00			Resp.	12:19:05
				Arrived	12:22:14
Nature of Call	114 [redacted]			To Hosp.	12:46:57
Location	5655 WILMINGTON PK			At Hosp.	13:04:41
				Available	14:10:13

Response Time: 8.25

Duration: 116.23

Driver	3518	DiRusso, R. FF
Medic #1	3523	Cancino, D. FF
Medic #2	1028	Guernsey, J. LT
Trans To	MVH	Miami Valley Hospital

Miles: 0 ☐ No Transport ☑ ALS ☐ BLS

Demand Zone: WT61

Patient Information

Name [redacted]

Address [redacted]

City [redacted]

Sex [redacted] DOB [redacted] Age [redacted]

Social Sec.# [redacted]

Phone [redacted]

Assessment

[redacted]

Glascow Coma Scale

Eye [redacted]

Verb. [redacted]

Motor [redacted]

[redacted] Total Score