



**PRID:** 90072598 **Dispatch Number:** 0000385699

**Service:** Jackson County Ambulance Service  
**Base:** Carbondale  
**Unit:** EMS 1 (Transport)  
**Shift:**  
**Tail/Reg:** 5Q12-519804 Yes, Pre-EMD: Arrival Instr. - 21B01M  
**Dispatched As:** Unknown Problems  
**Mass Casualty:** No  
**Vehc. Disp. GPS:** Blacked Out Emergency Response  
**Type of Svc:** (Primary Response Area) Unscheduled  
**Dispatch Priority:** Emergency Emergent  
**Response Mode:** (Immediate Response)  
**Mode Descriptors:** Lights and S  
**Moved Via:** [Redacted]  
**Position:** [Redacted]  
**Disposition:** Treated, Transported by EMS  
**Unit Disposition:** Patient Contact Made Patient  
**Patient Evaluation/Care:** Evaluated and Care Provided Initiated and  
**Crew Disposition:** Continued Primary Care Transport by This EMS Unit  
**Transport Disposition:** (This Crew Only)  
**Reason for Refusal/Release:**  
**Ref Other Type:** [Redacted]  
**Ref Data:** Blacked Out  
**Ref. GPS:** Blacked Out

**Date:** May 10, 2024  
**Team:** ALS  
**Crew 1:** \* Diaz, Joshua (EMT - Paramedic) EMT-P  
**Crew 2:** Ross, Dartaviouz (EMT - Basic) EMT-B  
**Transport Mode:** Emergent (Immediate Response)  
**Mode:** No Lights or Sirens  
**Descriptors:** Moved From: Stretcher  
**Final Acuity:** Emergent (Yellow)  
**\* designates an ALS Provider**

**Receiving /Hospital Destination:** Memorial Hospital Of Carbondale  
 Emergency Department  
 Hospital (General)  
 405 West Jackson  
 Carbondale, IL 62901-1462  
 618-549-0721  
**Dest. GPS:** Blacked Out  
**Destination Basis:** Closest Facility

Patient Name and Demographics Blacked Out

**DOB:** Blacked Out  
**Age:** Blacked Out **Gender:** [Redacted] **Weight:** [Redacted]  
**Height:**  
**Subscriber:** No  
**Race:** [Redacted]  
**Barriers to Care:** None Noted

Odometer	Times
<b>At Ref:</b> 0.0	<b>Onset:</b> Unable to Complete
<b>At Rec:</b> 1.7	<b>Received:</b> 13:30
<b>Ld Miles:</b> 1.7	<b>Dispatch:</b> 13:32
	<b>EnRoute:</b> 13:33
	<b>At Ref:</b> 13:40
	<b>At Patient:</b> 13:42
	<b>Leave Ref:</b> 13:49
	<b>At Rec:</b> 13:55
	<b>Transfer Care Dest:</b> 14:00
	<b>Available:</b> 14:10

**Consent Signed:** No  
**PCS / Medical Necessity Signed:** No  
**Primary Method of Payment:** Insurance

Narrative

[Redacted]

Scene Information

First Agency Unit on Scene?: Yes  
Num. Patients On Scene: 1  
Crew List Blacked Out  
Suspected Exposure/Injury: No  
Crew List Blacked Out  
Suspected Exposure/Injury: No  
Level of Care per Protocol: ALS - Paramedic

Chief Complaint (Category: Unknown Problems)

[Redacted]  
Anatomic Location: [Redacted]

History of Present Illness

[Redacted]

Medical History	Current Medications	Allergies
None Reported	None Reported	[Redacted]

Cardiac Arrest

Arrest Present During This Call: No  
Defib Type: N/A

Injury Details

Reason for Encounter: [Redacted]  
Drugs/Alcohol?: [Redacted]  
Work Related: [Redacted]

Impression / Diagnosis

System: [Redacted]  
Symptoms: [Redacted] (Yellow)

Activity

Time	H.R.	REG	B.P.	MAP	RA SpO2	Resp	Rhythm	GCS	ECG Method	Prtcl	Pain	CRW*
	H.R. Method		B.P. Method	LOC			Resp Effort			GCS Qual		
Action	Comment											
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Diaz, Joshua: Electronically Signed on 05/10/2024 14:27:58 CST

