

EMERGENCY MEDICAL REPORT (EMT-P, EMT-1, EMR)

CHP 330 (Rev. 4-10) OPI 091

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LOC. CODE 835	RESIDENT POST/AIR OPS	MISCELLANEOUS	CASE / A.I. NUMBER 201900004	INCIDENT TIME 04:55	RESP. TIME 05:03	ARRIVAL TIME (LZ) 05:16	TRANS. TIME	FACILITY TIME	DATE 01/01/2019	<input type="checkbox"/> Off-duty incident
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INCIDENT LOCATION
S/B I-15 MPH 113.5 TC Off-highway accident Other:

NAME [REDACTED]	WEIGHT 210	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH / [REDACTED]	AGE 52
ADDRESS [REDACTED]	TELEPHONE NUMBER UNKNOWN			

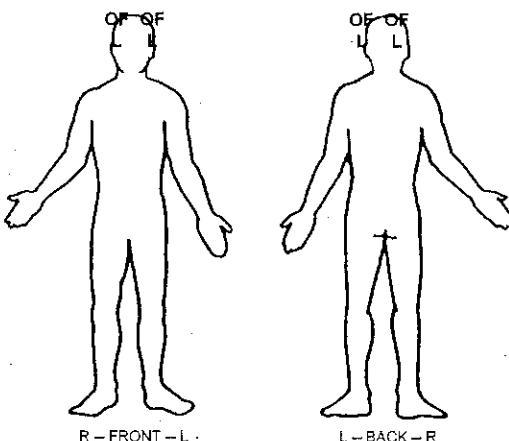
PATIENT ASSESSMENT

CHIEF COMPLAINT / MECHANISM OF INJURY
BLUNT FORCE TRAUMA TO HEAD AND FACE, LACERATION TO TOP OF HEAD TIME OF PATIENT CONTACT
05:18

LEVEL OF CONSCIOUSNESS	PUPIL	L R	SKIN	RESPIRATIONS	CIRCULATION				
<input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Alert <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Unresponsive	Normal Dilated Constricted Fixed	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	COLOR Normal Pale Cyanotic Flushed Jaundiced	TEMPERATURE Hot Warm Cool Dry Moist	RATE Normal Rapid Slow Absent	RHYTHM Regular Irregular Depth Normal Deep Shallow	RATE Normal Rapid Slow Absent	RHYTHM Normal Irregular	STRENGTH Strong Weak
					CAPILLARY REFILL				
					<input type="checkbox"/> Normal	<input type="checkbox"/> Delayed			

1. TIME 05:18	BLOOD PRESSURE /	PULSE 0 BPM	RESP. N/A	GCS	2. TIME	BLOOD PRESSURE /	PULSE	RESP.	GCS
3. TIME	BLOOD PRESSURE /	PULSE	RESP.	GCS	4. TIME	BLOOD PRESSURE /	PULSE	RESP.	GCS

OBSERVED CONDITION - INJURY



A - Abrasion
 B - Burn
 C - Contusion
 CF - Closed Fracture
 D - Deformity
 H - Hemorrhage
 I - Internal Injury

L - Laceration
 OF - Open Fracture
 P - Pain
 PW - Puncture Wound
 S - Swelling
 X - Amputation
 O - Other (Explain)

SKULL FRACTURE/LACERATION

EXTRICATION REQUIRED	DNR	ROUGH TERRAIN RESCUE EQUIPMENT USED	SEAT BELT/CHILD SAFETY SEAT	HELMET	AIRBAGS	EST. SPEED	COMPARTMENT INTRUSION
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

NARRATIVE

On January 1, 2019, at approximately 0503 hours, I was advised by the Barstow Dispatch Center of a pedestrian in traffic lanes, attempting to flag down traffic, on Interstate 15 southbound near milepost marker 112.00. I responded from Interstate 15, south of Harvard Road, and arrived on scene at approximately 0516 hours. Upon CHP arrival, I was notified by on-scene civilians of an unresponsive patient who had been ejected from the involved vehicle. Upon reaching the patient's location, I observed signs of mottling of the skin and postmortem lividity. The patient was unresponsive and not breathing.

CONDITION <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent	TRANSPORTED TO SAN BERNARDINO CO. CORONER	BY [REDACTED]	TIME 10:09
NAME AND I.D. NUMBER [REDACTED]	PARTNER NAME AND I.D. NUMBER [REDACTED]	REVIEWED BY [REDACTED]	RANK SGT

*Shaded areas are minimum required entries.

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NARRATIVE (CONTINUED)

[REDACTED] and myself administered CPR and attempted to resuscitate the patient. Due to the extended period of lack of any signs of life, mottling, and postmortem lividity, Paramedic [REDACTED] confirmed the patient was deceased at 0615 hours. The driver of the vehicle, [REDACTED] was transported by San Bernardino County Medic Ambulance 53 to Barstow Community Hospital for pain to his left shoulder. The deceased, [REDACTED] was transported by Coroner [REDACTED] to the San Bernardino County Coroners morgue [REDACTED]