

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

CHP 330 (Rev. 4-10) OPI 091

Page 1 of 2

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
INCIDENT LOCATION S/B I-15 MPM 113.5				<input checked="" type="checkbox"/> TC <input type="checkbox"/> Off-highway accident <input type="checkbox"/> Other:						
NAME [REDACTED]				WEIGHT 210	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH / Age [REDACTED] 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			
<b>LEVEL OF CONSCIOUSNESS</b>		<b>PUPIL</b>		<b>SKIN</b>		<b>RESPIRATIONS</b>		<b>CIRCULATION</b>			
<input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Alert <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Unresponsive		Normal <input type="checkbox"/> <input type="checkbox"/> Dilated <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		<b>COLOR</b> <input type="checkbox"/> Normal <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cyanotic <input type="checkbox"/> Cool <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Jaundiced <input type="checkbox"/> Moist		<b>RATE</b> <input type="checkbox"/> Normal <input type="checkbox"/> Regular <input type="checkbox"/> Rapid <input type="checkbox"/> Irregular <input type="checkbox"/> Slow <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Absent		<b>RHYTHM</b> <input type="checkbox"/> Normal <input type="checkbox"/> Regular <input type="checkbox"/> Rapid <input type="checkbox"/> Irregular <input type="checkbox"/> Slow <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Absent		<b>STRENGTH</b> <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
						<b>DEPTH</b> <input type="checkbox"/> Normal <input type="checkbox"/> Deep <input type="checkbox"/> Shallow		<b>CAPILLARY REFILL</b> <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

<b>OBSERVED CONDITION - INJURY</b>		<b>ASSESSMENT</b>		<b>EMERGENCY CARE ADMINISTERED</b>	
<p>R - FRONT - L L - BACK - R</p> <p>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)</p>		<p>VNL ABN</p> <p>Airway <input type="checkbox"/> <input type="checkbox"/>          Breathing <input type="checkbox"/> <input checked="" type="checkbox"/>          Circulation <input type="checkbox"/> <input checked="" type="checkbox"/>          C-Spine <input type="checkbox"/> <input type="checkbox"/>          Chest <input type="checkbox"/> <input type="checkbox"/>          Abdomen <input type="checkbox"/> <input type="checkbox"/>          Head <input type="checkbox"/> <input checked="" type="checkbox"/>          Face <input type="checkbox"/> <input checked="" type="checkbox"/>          Back <input type="checkbox"/> <input type="checkbox"/>          Pelvis <input type="checkbox"/> <input type="checkbox"/>          Extremities <input type="checkbox"/> <input type="checkbox"/>          If abnormal, explain in narrative..</p>		<input type="checkbox"/> Assessment Only <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Airway Inserted (OPA) <input type="checkbox"/> Suctioning <input type="checkbox"/> Assist Ventilations <input checked="" type="checkbox"/> CPR <input checked="" type="checkbox"/> Pocket Mask <input type="checkbox"/> Oxygen at _____ Liters/min. <input type="checkbox"/> Cannula <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Mask <input type="checkbox"/> C-Collar Applied <input type="checkbox"/> Occlusive Dressing <input type="checkbox"/> Assist Childbirth <input type="checkbox"/> Treat for Shock <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Traction Splint <input type="checkbox"/> Other (Explain in narrative) <input type="checkbox"/> Other Splinting <input type="checkbox"/> Refused Aid (see page 2) <input type="checkbox"/> Bandaging <input type="checkbox"/> ALS Care (see page 2)	
<b>SKULL FRACTURE/LACERATION</b>		<b>MEDICAL HISTORY</b>		<b>AED APPLICATION</b>	
		<input type="checkbox"/> Cardiac <input type="checkbox"/> Psychiatric <input type="checkbox"/> Seizure <input type="checkbox"/> ETOH <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> CVA <input type="checkbox"/> Asthma/COPD Medication: Allergies: <input checked="" type="checkbox"/> NKDA		Operator ID Number: _____ AED ID Number: _____ Number of Shocks Administered: _____ CPR prior to arrival <input type="checkbox"/> YES <input type="checkbox"/> NO Witnessed cardiac arrest <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>EXTRICATION REQUIRED</b>		<b>DNR</b>		<b>ROUGH TERRAIN RESCUE EQUIPMENT USED</b>		<b>SEAT BELT/CHILD SAFETY SEAT</b>		<b>HELMET</b>		<b>AIRBAGS</b>		<b>EST. SPEED</b>		<b>COMPARTMENT INTRUSION</b>	
<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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> L <input type="checkbox"/> No <input type="checkbox"/> Unk.	<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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	75 MPH	<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.

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

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Page 2 of 2

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]