

|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|--|--|--|--|---|--|--|---------------|--|-----------|--|-------------------|---------|-------------|---|---|
| INCIDENT INFO                                      | Date   | 07/03/2018   | Inc. #   | 3870  | Jur. Sta.  | 003  | Location Code |  | MCI?      | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | PD & Unit #       | 303     | Regular Run | <input type="checkbox"/> No Pt <input type="checkbox"/> Cx at Scene | <input type="checkbox"/> PuB Asst <input type="checkbox"/> IFT <input type="checkbox"/> DOA <input type="checkbox"/> FireLine <input type="checkbox"/> Pg 2 |
|  | Inc  | 99   | Loc  | 99  | Street Name  | N LA CIENEGA BLVD  | Apt #         | 303  | City Code | BH   | Incident Zip Code | 90211   |             |   |   |
|  | Prov   | A/B/H  | Unit   | Disp  | Arrival  | At Pt  | Left          | At Fac   | Fac Equip | Avail  | Team Member ID    |         |             |   |   |
|  | BH   | A  | R3844  | 14 13   | 14 15  | 14 15  | 14 30         | 14 33  | 14 43     | 14 43  | #1                | P6497   | #2          | P12012  |   |
|  |  |  |  |   |  |  |               |  |           |  | #3                | P10174  | #4          | P8646   |   |
|  |  |  |  |   |  |  |               |  |           |  | #5                | E112016 | #6          | E076334   |   |
|  |  |  |  |   |  |  |               |  |           |  | #7                |         | #8          |   |   |
|  | Med.Ctrl   | Protocol   | Protocol   | VIA   | TRANS TO   | RATIONALE  |               |  |           |  |                   |         |             |   |   |
|  | CSM  |  |  | <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS  | <input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP <input type="checkbox"/> STEMI | <input type="checkbox"/> No SC Req'd <input type="checkbox"/> Criteria/Required <input type="checkbox"/> Guidelines      |               |  |           |  |                   |         |             |   |   |
|  | Pre-Notification?  | <input type="checkbox"/> Y <input type="checkbox"/> N  | Rec. Fac.  | <input type="checkbox"/> Heli   | <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> PrimAry Stroke Ctr.                  | <input type="checkbox"/> Judgment <input type="checkbox"/> No SC Access  |               |  |           |  |                   |         |             |   |   |
| AMA?   | <input type="checkbox"/> Y <input type="checkbox"/> N  | CSM  | <input type="checkbox"/> No Transport                        | <input type="checkbox"/> SART <input type="checkbox"/> OTHER <input type="checkbox"/> Comp. StroKc Ctr.   | <input type="checkbox"/> ED Sat <input type="checkbox"/> Request by  |  |               |  |           |  |                   |         |             |   |   |
| Code 37  | <input type="checkbox"/> Y <input type="checkbox"/> N  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
| PATIENT ASSESSMENT                                 | Name/Last  | First  |  | M.I.  | DOB  | Phone  |               |  |           |  |                   |         |             |   |   |
|  | Street Number  | Street Name  |  | Apt#  | City   | State  | Zip           | Mileage  |           |  |                   |         |             |   |   |
|  | Insurance  | Hospital ID  |  | PMD Name  | Partial SS #   |  |               |  |           |  |                   |         |             |   |   |
|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
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| COMMENTS   |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
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|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
| COMPLAINTS   | <input type="checkbox"/> Abd/Pelvic Pain   | <input type="checkbox"/> Bnrf Resolved   | <input type="checkbox"/> DYSrhythmia                         | <input type="checkbox"/> Med Device Complaint   | <input type="checkbox"/> OBstetrics  | <input type="checkbox"/> SEizure   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Agitated Delirium   | <input type="checkbox"/> Unexpl. Event   | <input type="checkbox"/> FEVER                               | <input type="checkbox"/> Nausea/Vomiting  | <input type="checkbox"/> LABOR   | <input type="checkbox"/> Shortness of Breath   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Allergic Reaction   | <input type="checkbox"/> Cardiac Arrest  | <input type="checkbox"/> Foreign Body                        | <input type="checkbox"/> Near Drowning  | <input type="checkbox"/> NaWborn   | <input type="checkbox"/> SYNcope   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Altered LOC   | <input type="checkbox"/> Chest Pain  | <input type="checkbox"/> GI Bleed                            | <input type="checkbox"/> Neck/Back Pain   | <input type="checkbox"/> OverDose  | <input type="checkbox"/> VAGinal Bleed   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Annelc Episode  | <input type="checkbox"/> CHoking/Airway Obstr.   | <input type="checkbox"/> Head Pain                           | <input type="checkbox"/> No Medical Complaint   | <input type="checkbox"/> POisoning   | <input type="checkbox"/> W/Weak/Dizzy  |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> BEHavioral  | <input type="checkbox"/> Cough/Congestion  | <input type="checkbox"/> HYPoglycemia                        | <input type="checkbox"/> NOsebleed  | <input type="checkbox"/> Other Pain  | <input type="checkbox"/> Inpatient Medical   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Bleeding Other Site   | <input type="checkbox"/> DOA   | <input type="checkbox"/> Local Neuro Signs                   | <input type="checkbox"/> Palpitations   | <input type="checkbox"/> Respiratory Arrest  | <input type="checkbox"/> OTHER   |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> No Apparent Injury  | <input type="checkbox"/> B P   | <input type="checkbox"/> B P                                 | <input type="checkbox"/> M Protective Devices: <input type="checkbox"/> SeatBelt <input type="checkbox"/> AirBag <input type="checkbox"/> Helmet <input type="checkbox"/> CarSeat/Booster |  |  |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Burns/Elec. Shock   | <input type="checkbox"/> Traumatic Arrest  | <input type="checkbox"/> Abdomen                             | <input type="checkbox"/> E Enclosed Vehicle   |  |  |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> SBP <90, <70, <40   | <input type="checkbox"/> Head L GCS 14   | <input type="checkbox"/> D.Muse Abd. Tend                    | <input type="checkbox"/> Ejected <input type="checkbox"/> EXtincted R   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> RR <10, <20, <10          | <input type="checkbox"/> Face/Mouth  | <input type="checkbox"/> Genital Buttocks  | <input type="checkbox"/> H Para. Space Inj. <12" x 12" x 12" |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Susp. Pelvic FX           | <input type="checkbox"/> Neck  | <input type="checkbox"/> Extremities   | <input type="checkbox"/> A Survival Falls Accident           |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Spinal Cord Injury        | <input type="checkbox"/> Back  | <input type="checkbox"/> EXt. "Knee" elbow   | <input type="checkbox"/> N Impact <20 mph Unrestrained       |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Inpatient Trauma          | <input type="checkbox"/> Chest   | <input type="checkbox"/> FRACTURES >2 long   | <input type="checkbox"/> I Feet Bleed Rupture Thrown >20mph  |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Minor Lacerations         | <input type="checkbox"/> Tension Pneumo.   | <input type="checkbox"/> Near Vasc. Mangled  | <input type="checkbox"/> S Feet Bleed >20mph                 |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Cardiac Arrest Non-Trauma | <input type="checkbox"/> SEizure Active  | <input type="checkbox"/> Short of Breath-Bronchospasm  | <input type="checkbox"/> M FAB <15" x 10"                    |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> DOA-Obvious Death-DEAD    | <input type="checkbox"/> SEizure-Postictal   | <input type="checkbox"/> Resp. Distress-Pulm Edema/CHFF  | <input type="checkbox"/> ABDominal Pain                      |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> SHOCK C HypoTension       | <input type="checkbox"/> ALOC (Not HYPO or SE)   | <input type="checkbox"/> Resp. Arrest-Resp Failure   | <input type="checkbox"/> Nausea/Vomiting                     |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> SEPSis                    | <input type="checkbox"/> STROKE/CVA/TIA  | <input type="checkbox"/> Resp. Distress-Other  | <input type="checkbox"/> UPPER GI Bleeding                   |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> HYPoglycemia              | <input type="checkbox"/> DIZZiness/Vergo   | <input type="checkbox"/> BRUE (ALTE)   | <input type="checkbox"/> LOWER GI Bleeding                   |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> HYPertension              | <input type="checkbox"/> Head Pan-Non Traumatic  | <input type="checkbox"/> Airway Obstruction-CHOKing  | <input type="checkbox"/> GenitoUrinary Disorder              |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> CP-Susp. Cardiac          | <input type="checkbox"/> SYNcope/Near Syncope  | <input type="checkbox"/> Cold/Flu Symptoms   | <input type="checkbox"/> Dair/RHeA                           |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> CP-STEMI                  | <input type="checkbox"/> General WEAKness  | <input type="checkbox"/> Submersion/DROWning   | <input type="checkbox"/> VAGinal Bleeding                    |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> CP-Non Cardiac            | <input type="checkbox"/> Epistaxis-NoseBleed   | <input type="checkbox"/> SMOke Inhalation  | <input type="checkbox"/> PREGnancy Complication              |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Cardiac DYSrhythmia       | <input type="checkbox"/> ANAphylaxis   | <input type="checkbox"/> INHALaboratory Injury   | <input type="checkbox"/> Pregnancy/LABoR                     |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> PALPitations              | <input type="checkbox"/> DYSTonic Reaction(X)  | <input type="checkbox"/> CarbOn MONoxide   | <input type="checkbox"/> ChildBIRTH (Mother)                 |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> OverDose/Poison/Ingestion | <input type="checkbox"/> NO Medical Complaint  | <input type="checkbox"/> Med. Device Malfunction-FAIL  | <input type="checkbox"/> Newborn-BABY                        |   |  |  |               |  |           |  |                   |         |             |   |   |
| <input type="checkbox"/> Alcohol Intoxication-ETOH |  | <input type="checkbox"/> EXtremity Pain-Non Traumatic  | <input type="checkbox"/> FEVer                               |   |  |  |               |  |           |  |                   |         |             |   |   |
|  |  | <input type="checkbox"/> Body Pain-Non Traumatic   | <input type="checkbox"/> STINGs/Venomous Bites               |   |  |  |               |  |           |  |                   |         |             |   |   |
| PHYSICAL   | <input type="checkbox"/> PERL  | <input type="checkbox"/> Normal  | <input type="checkbox"/> Clear                               | <input type="checkbox"/> Normal   | <input type="checkbox"/> Diaphoretic   | 12 Lead Time: _____  |               | 2nd 12 Lead Time: _____  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Pinpoint  | <input type="checkbox"/> Wheezes   | <input type="checkbox"/> Rales                               | <input type="checkbox"/> Cyanotic   | <input type="checkbox"/> Hot   | Software Interpretation:   |               | Software Interpretation:   |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Sluggish  | <input type="checkbox"/> RHonchi   | <input type="checkbox"/> Snoring                             | <input type="checkbox"/> Flushed  | <input type="checkbox"/> CoLd  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Fixed & Dil.  | <input type="checkbox"/> Unequal   | <input type="checkbox"/> JVD                                 | <input type="checkbox"/> Pale   |  | BMS Interpretation:  |               | BMS Interpretation:  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Cataracts   | <input type="checkbox"/> Stridor   | <input type="checkbox"/> Labored                             |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Unequal   | <input type="checkbox"/> Apnea   | <input type="checkbox"/> AMU                                 |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Pt's Norm   |  |  |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  |  |  |  |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  |  |  |  |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
|  |  |  |  |   |  | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI                                 |               | <input type="checkbox"/> NL <input type="checkbox"/> ABnI <input type="checkbox"/> STEMI |           |  |                   |         |             |   |   |
| ARRREST  | Witness <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None  | Reason(s) for Withholding/Terminating  |  | DNR/AHCD/POLST? <input type="checkbox"/> Y <input type="checkbox"/> N   |  | Pain Control Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N  |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> Citizen CPR <input type="checkbox"/> Citizen AED  | Resuscitation:   |  | Suspected: <input type="checkbox"/> ETOH? <input type="checkbox"/> Drugs? <input type="checkbox"/> Abuse/Neglect  |  | Time of 814 Death: _____   |               |  |           |  |                   |         |             |   |   |
|  | EMS CPR @ _____ (time)   | <input type="checkbox"/> Rlgor <input type="checkbox"/> Lrvldity <input type="checkbox"/> Blunt Trauma |  | >20wks IUP? <input type="checkbox"/> Y <input type="checkbox"/> N _____ wks   |  | Barriers to Pt. Care: <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Language |               |  |           |  |                   |         |             |   |   |
|  | Arrest to CPR _____ (min)  | <input type="checkbox"/> Other _____   |  | <input type="checkbox"/> Physical <input type="checkbox"/> Other _____  |  | Translator: _____  |               |  |           |  |                   |         |             |   |   |
|  | AED <input type="checkbox"/> Analyze <input type="checkbox"/> Defibrillation   | <input type="checkbox"/> Family _____ (signature)  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | <input type="checkbox"/> ALS Resuscitation (use pg2)   |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | Time TM#   | BP   | Pulse  | RR  | O2 Sat   | Pain   | CO2           | Time TM#   | Rhythm    | Meds/Dofib   | Dose              | Route   | Result      |   |   |
|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  |  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
| VITALS   | Morphine   | Midazolam  |  | Fentanyl  |  | Narcotic Wasted: RN Witness  |               |  |           |  |                   |         |             |   |   |
|  | Given: _____ mg Wasted: _____ mg   | Given: _____ mg Wasted: _____ mg   |  | Given: _____ mcg Wasted: _____ mcg  |  | Name (print) _____ Signature _____   |               |  |           |  |                   |         |             |   |   |
|  | Reassessment after Therapies and/or Condition on Transfer:   |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | Care Transferred To: <input type="checkbox"/> Facility <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Heli | Transfer VS  | Time   | TM#   | BP   | Pulse  | RR            | O2 Sat   | CO2       | Rhythm   | CPAP Pressure     | GCS     |             |   |   |
|  | Signature TM completing form   |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | Sig #1   |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | Sig #2   |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
|  | Reviewed By  |  |  |   |  |  |               |  |           |  |                   |         |             |   |   |
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Date: 07/03/2018 Provider Code: \_\_\_\_\_ Unit: \_\_\_\_\_ Seq. #: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Sec. Seq. #: \_\_\_\_\_  
 Incident #: 3870 (if applicable)

| VITAL SIGNS | Time | TM# | BP | Pulse | RR | O2 Sat | Pain | CO2 | MEDS / DEFIB | Time | TM# | Rhythm | Meds/Defib | Dose | Route | Result |
|-------------|------|-----|----|-------|----|--------|------|-----|--------------|------|-----|--------|------------|------|-------|--------|
|             |      |     |    | /     |    |        |      |     |              |      |     |        |            |      |       |        |
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|             |      |     | /  |       |    |        |      |     |              |      |     |        |            |      |       |        |

Additional Comments:

**REASON FOR ADVANCED AIRWAY**

☐ Respiratory Arrest ☐ Cardiopulmonary Arrest ☐ Hypoventilation ☐ Profoundly Altered ☐ Other: \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED ON ALL PATIENTS REQUIRING ADVANCED AIRWAY INTERVENTIONS**

**ENDOTRACHEAL TUBE/KING AIRWAY Attempts:**

|         |         |         |         |  |  |
|---------|---------|---------|---------|--|--|
| ET/KING | ET/KING | ET/KING | ET/KING | SUCCESS: <input type="checkbox"/> Y <input type="checkbox"/> N | ETT/King Size: _____   |
| PM#     | PM#     | PM#     | PM#     | Time Inserted: _____   | <input type="checkbox"/> Flex Guide <input type="checkbox"/> ELM |

Complications During Tube Placement: ☐ None ☐ Emesis/Secretions/Blood ☐ Clenching ☐ Anatomy ☐ Gag Reflex

Initial Advanced Airway Tube Placement Confirmation:

☐ Bilateral Breath Sounds ☐ Bilateral Chest Rise ☐ Absent Gastric Sounds ☐ EtCO2 Detector Colorimetric: ☐ Y ☐ T ☐ P

☐ EID No Resistance ☐ Capnography #: \_\_\_\_\_ ☐ Waveform Capnography (attach printout)

**ONGOING VERIFICATION OF CORRECT ADVANCED AIRWAY PLACEMENT**

|   |   |
|---|---|
| Time: _____   | Time: _____   |
| <input type="checkbox"/> Reassessed after patient movement  | <input type="checkbox"/> Reassessed after patient movement  |
| <input type="checkbox"/> Verified Correct placement <input type="checkbox"/> Suspected Dislodgement | <input type="checkbox"/> Verified Correct placement <input type="checkbox"/> Suspected Dislodgement |
| Spontaneous Respirations: <input type="checkbox"/> Y <input type="checkbox"/> N                     | Spontaneous Respirations: <input type="checkbox"/> Y <input type="checkbox"/> N                     |

|   |   |
|---|---|
| <b>ALS AIRWAY UNABLE (REASON)</b>   | <b>CARDIAC ARREST/RESUSCITATION</b>                               |
| <input type="checkbox"/> Positive Gag Reflex <input type="checkbox"/> Anatomy | <input type="checkbox"/> Restoration of Pulse: _____ (Time)       |
| <input type="checkbox"/> Blood/Secretions                                     | <input type="checkbox"/> Resuscitation D/C by Base @ _____ (Time) |
| <input type="checkbox"/> Unable to Visualize Cords                            | Pronounced by: _____ M.D.   |
| <input type="checkbox"/> Unable to Visualize Epiglottis                       | Rhythm when pronounced: _____                                     |
| <input type="checkbox"/> Equipment Failure                                    | Comments: _____   |
| <input type="checkbox"/> Logistical/Environmental Issues                      |   |
| <input type="checkbox"/> Describe Issues: _____                               |   |

**VERIFICATION OF TUBE PLACEMENT**

(attach waveform printout OR obtain physician signature)

Receiving Facility: \_\_\_\_\_ Verification Technique: ☐ Visualization ☐ Auscultation ☐ EtCO2 ☐ X-ray

Placement: ☐ Tracheal ☐ Esophageal ☐ Right Main

(Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_ M.D.

H-1593-2 (07/20/17)

Sig 1: \_\_\_\_\_ Sig 2: \_\_\_\_\_

**Beverly Hills Fire Department – Ambulance Transport Services**  
**Consent Form w/Assignment of Benefits Authorization- -**

Patient Name: \_\_\_\_\_

Date: 07/03/2018

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Beverly Hills Fire Department will only provide a copy of its Notice of Privacy Practices to the patient or other party via mail if requested. "A copy of this form is valid as an original"

**SECTION I - PATIENT SIGNATURE**

The patient must sign here unless the patient is physically or mentally incapable of signing.  
NOTE: If the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Beverly Hills Fire Department now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by Beverly Hills Fire Department, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Beverly Hills Fire Department any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Beverly Hills Fire Department. I authorize Beverly Hills Fire Department to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to Beverly Hills Fire Department and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Beverly Hills Fire Department, now, in the past, or in the future. I also authorize Beverly Hills Fire Department to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

*If the patient signs with an "X" or other mark, a witness should sign below.*

X \_\_\_\_\_  
Patient Signature or Mark

\_\_\_\_\_ Date

X \_\_\_\_\_  
Witness Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Witness Address

**SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE**

Complete this section only if the patient is physically or mentally incapable of signing.

Describe the circumstances that make it impractical for the patient to sign: \_\_\_\_\_

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Beverly Hills Fire Department now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include only the following individuals:

- ☐ Patient's legal guardian
- ☐ Relative or other person who receives social security or other governmental benefits on behalf of the patient
- ☐ Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- ☐ Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

X \_\_\_\_\_  
Representative Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name of Representative

**SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES**

Complete this section only if: (1) the patient was physically or mentally incapable of signing, and  
(2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

Describe the circumstances that make it impractical for the patient to sign: \_\_\_\_\_

Name and Location of Receiving Facility: \_\_\_\_\_ CSM \_\_\_\_\_ Time: 14 49

A signature below authorizes submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Beverly Hills Fire Department.

**A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)**

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

X \_\_\_\_\_  
Signature of Crewmember

07/03/2018  
Date

CHARRON  
Printed Name and Title of Crewmember

**B. Receiving Facility Representative Signature**

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

X \_\_\_\_\_  
Signature of Receiving Facility Representative

07/03/2018  
Date

\_\_\_\_\_ Printed Name and Title of Receiving Facility Representative

**A** FDID 19025 State CA Incident Date MM 07 DD 03 YYYY 2018 Station ST3 Incident Number 2018-00003870 Exposure 000 ☐ Delete ☐ Change **NFIRS - 1 BASIC**

**B Location Type** ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract   
 99 N LA CIENEGA BLVD   
 Number/Milepost Prefix Street or Highway Street Type Suffix   
 303 BEVERLY HILLS CA 90211 -   
 Apt./Suite/Room City State ZIP Code   
 Cross Street, Directions or National Grid, as applicable

**C IncidentType** 321 EMS call, injury NO vehi Incident Type   
 **D Aid Given or Received** ☒ None   
 1 ☐ Mutual aid received   
 2 ☐ Auto. aid received   
 3 ☐ Mutual aid given   
 4 ☐ Auto. aid given   
 5 ☐ Other aid given   
 Their FDID Their State Their Incident Number   
 **E1 Dates and Times** Midnight is 0000   
 Check boxes if dates are the same as Alarm Date.   
 Alarm ☒ ALARM always required   
 Arrival ☒ ARRIVAL required, unless canceled or did not arrive   
 Controlled ☐ CONTROLLED optional, except for wildland fires   
 Last Unit Cleared ☒ LAST UNIT CLEARED, required except for wildland fires   
 Month Day Year Hour/Min   
 07 03 2018 1412   
 07 03 2018 1415   
 07 03 2018 1558   
 **E2 Shifts and Alarms** Local option   
 A 1 FRD   
 Shift or Platoon Alarms District   
 **E3 Special Studies** Local option   
 Special Study ID# Special Study Value

**F Actions Taken**   
 33 Provide advanced life su Primary Action Taken (1)   
 34 Transport person Additional Action Taken (2)   
 Additional Action Taken (3)   
 **G1 Resources** ☒ Check this box and skip this block if an Apparatus or Personnel Module is used.   
 Apparatus Personnel   
 Suppression 1 4   
 EMS 1 2   
 Other 0 0   
 ☐ Check box if resource counts include aid received resources.   
 **G2 Estimated Dollar Losses and Values**   
 LOSSES: Required for all fires if known. Optional for non-fires. None   
 Property \$ ☒   
 Contents \$ ☒   
 PRE-INCIDENT VALUE: Optional   
 Property \$ ☒   
 Contents \$ ☒

**Completed Modules**   
 ☐ Fire-2   
 ☐ Structure Fire-3   
 ☐ Civilian Fire Cas.-4   
 ☐ Fire Service Cas.-5   
 ☐ EMS-6   
 ☐ HazMat-7   
 ☐ Wildland Fire-8   
 ☒ Apparatus-9   
 ☐ Personnel-10   
 ☐ Arson-11   
 **H1 Casualties** ☒ None   
 Fire Deaths Injuries   
 Service 0 0   
 Civilian 0 0   
 **H2 Detector** Required for confined fires.   
 1 ☐ Detector alerted occupants   
 2 ☐ Detector did not alert them   
 U ☐ Unknown   
 **H3 Hazardous Materials Release** ☒ None   
 1 ☐ Natural gas: slow leak, no evacuation or HazMat actions   
 2 ☐ Propane gas: < 21 - lb tank (as in home BBQ grill)   
 3 ☐ Gasoline: vehicle fuel tank or portable container   
 4 ☐ Kerosene: fuel burning equipment or portable storage   
 5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage   
 6 ☐ Household solvents: home/office spill, cleanup only   
 7 ☐ Motor oil: from engine or portable container   
 8 ☐ Paint: from paint cans totaling < 55 gallons   
 0 ☐ Other: special HazMat action required or spill > 55 gal (Please complete the HazMat form.)   
 **Mixed Use Property** ☒ Not mixed   
 10 ☐ Assembly use   
 20 ☐ Education use   
 33 ☐ Medical use   
 40 ☐ Residential use   
 51 ☐ Row of stores   
 53 ☐ Enclosed mall   
 58 ☐ Business & residential   
 59 ☐ Office use   
 60 ☐ Industrial use   
 63 ☐ Military use   
 65 ☐ Farm use   
 00 ☐ Other mixed use

**J Property Use** ☒ None   
 Structures   
 131 ☐ Church, place of worship   
 161 ☐ Restaurant or cafeteria   
 162 ☐ Bar/tavern or nightclub   
 213 ☐ Elementary school, kindergarten   
 215 ☐ High school, junior high   
 241 ☐ College, adult education   
 311 ☐ Nursing home   
 331 ☐ Hospital   
 341 ☐ Clinic, clinic-type infirmary   
 342 ☐ Doctor/dentist office   
 361 ☐ Prison or jail, not juvenile   
 419 ☐ 1-or 2-family dwelling   
 429 ☐ Multifamily dwelling   
 439 ☐ Rooming/boarded house   
 449 ☐ Commercial hotel or motel   
 459 ☐ Residential, board and care   
 464 ☐ Dormitory/barracks   
 519 ☐ Food and beverage sales   
 539 ☐ Household goods, sales, repairs   
 571 ☐ Gas or service station   
 579 ☐ Motor vehicle/boat sales/repairs   
 599 ☐ Business office   
 615 ☐ Electric-generation plant   
 629 ☐ Laboratory/science laboratory   
 700 ☐ Manufacturing plant   
 819 ☐ Livestock/poultry storage (barn)   
 882 ☐ Non-residential parking garage   
 891 ☐ Warehouse   
 Outside   
 124 ☐ Playground or park   
 655 ☐ Crops or orchard   
 669 ☐ Forest (timberland)   
 807 ☐ Outdoor storage area   
 919 ☐ Dump or sanitary landfill   
 931 ☐ Open land or field   
 936 ☐ Vacant lot   
 938 ☐ Graded/cared for plot of land   
 946 ☐ Lake, river, stream   
 951 ☐ Railroad right-of-way   
 960 ☐ Other street   
 961 ☐ Highway/divided highway   
 962 ☐ Residential street/driveway   
 981 ☐ Construction site   
 984 ☐ Industrial plant yard   
 Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.   
 Property Use 340 Code   
 Clinics, doctors off Property Use Description

**A**         ☐ Delete **NFIRS - 1**  
 FDID ☐ State ☐ Incident Date ☐ Station ☐ Incident Number ☐ Exposure ☐ Change **BASIC**

**K2 Owner** ☐ Same as person involved? Then check this box and skip the rest of this block.

Local Option ☐ Business Name (if applicable)  Area Code  Phone Number

☐ Check this box if same address as incident Location (Section B). then skip the three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  ZIP Code

**M Authorization**

Check box if same as Officer in charge. ☒

Officer in charge ID  Signature  Position or rank  Assignment  Month  Day  Year

Member making report ID  Signature  Position or rank  Assignment  Month  Day  Year

**A**         ☐ Delete **NFIRS - 1**  
 FDID ☐ State ☐ Incident Date ☐ Station ☐ Incident Number ☐ Exposure ☐ Change **BASIC**

**L Remarks**

Local Option

E3/R3 responded to a medical call in a doctors office, OBGYN. Patient was assessed by paramedics and was transported to CSMC for further treatment. See EMS report for further details.

**A** FDID 19025 State CA Incident Date 07 03 2018 Station ST3 Incident Number 2018-00003870 Exposure 000 ☐ Delete ☐ Change **NFIRS - 9 APPARATUS OR RESOURCES**

| B Apparatus or Resources<br>Use codes listed below |                                | Dates and Times<br>Check if same date as Alarm date on the Basic Module (Block E1)<br>↓ Month Day Year Hour / Min |           |           |             |             | Sent                                | Number of People | Apparatus Use<br>Check ONE box for each apparatus to indicate its main use at this incident                       | Actions Taken<br>List up to 4 actions for each apparatus |
|--|--------------------------------|---|-----------|-----------|-------------|-------------|-------------------------------------|------------------|---|--|
| 1  | ID <u>E3</u><br>Type <u>11</u> | Dispatch <input checked="" type="checkbox"/>  | <u>07</u> | <u>03</u> | <u>2018</u> | <u>1412</u> | <input checked="" type="checkbox"/> | <u>04</u>        | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <u>33</u> <u>34</u>                                      |
| 2  | ID <u>R3</u><br>Type <u>76</u> | Dispatch <input checked="" type="checkbox"/>  | <u>07</u> | <u>03</u> | <u>2018</u> | <u>1412</u> | <input checked="" type="checkbox"/> | <u>02</u>        | <input type="checkbox"/> Suppression<br><input checked="" type="checkbox"/> EMS<br><input type="checkbox"/> Other | <u>33</u> <u>34</u>                                      |
| 3  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 4  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 5  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 6  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 7  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 8  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |
| 9  | ID <u>  </u><br>Type <u>  </u> | Dispatch <input type="checkbox"/>   | <u>  </u> | <u>  </u> | <u>  </u>   | <u>  </u>   | <input checked="" type="checkbox"/> | <u>  </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <u>  </u> <u>  </u>                                      |

### Apparatus or Resource Type

#### Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker and pumper combination
- 16 Brush truck
- 17 ARFF (aircraft rescue and firefighting)
- 10 Ground fire suppression, other

#### Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy ground equipment, other

#### Aircraft

- 41 Aircraft: fixed-wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

#### Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 53 Marine equipment, other

#### Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

#### Medical and Rescue

- 71 Rescue unit
- 72 Urban search and rescue unit
- 73 High-angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

#### Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type I hand crew
- 95 Type II hand crew
- 99 Privately owned vehicle
- 00 Other apparatus / resources

More Apparatus?  
Use additional

NN None  
UU Undetermined

**A** FDID 19025 CA State 07 03 MM DD Incident Date 2018 ST3 Station 2018-00003870 Incident Number 000 Exposure ☐ Delete ☐ Change **NFIRS - 10 PERSONNEL**

|   |  |  |  |  |             |                         |   |  |
|---|--|--|--|--|-------------|-------------------------|---|--|
| <b>B Apparatus or Resources</b><br>Use codes listed below | <b>Dates and Times</b><br>Midnight is 0000<br>Check if same date as Alarm date on the Basic Module (Block E1)<br>↓ Month Day Year Hour / Min |  |  |  | <b>Sent</b> | <b>Number of People</b> | <b>Apparatus Use</b><br>Check ONE box for each apparatus to indicate its main use at this incident<br><input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <b>Actions Taken</b><br>List up to 4 actions for each apparatus<br><u>33</u> <u>34</u> |
|   |  |  |  |  |             |                         |   |  |

|   |  |                                     |   |   |                     |                     |                     |
|---|--|-------------------------------------|---|---|---------------------|---------------------|---------------------|
| <b>1</b> ID <u>E3</u><br>★ Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1412</u><br>Arrival <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1415</u><br>Clear <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1504</u> | <input checked="" type="checkbox"/> | <u>04</u>   | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <u>33</u> <u>34</u> |                     |                     |
| <b>Personnel ID</b> ★                     | <b>Name</b>  | <b>Rank or Grade</b>                | <b>Attend</b> <input checked="" type="checkbox"/> | <b>Action Taken</b>   | <b>Action Taken</b> | <b>Action Taken</b> | <b>Action Taken</b> |
| 4662                                      | James Weinstein  | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |
| 4365                                      | Brenton T Weist  | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |
| 04130                                     | Dirk W Seib  | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |
| 02723                                     | Daniel A Maher   | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |

|   |  |                                     |   |   |                     |                     |                     |
|---|--|-------------------------------------|---|---|---------------------|---------------------|---------------------|
| <b>2</b> ID <u>R3</u><br>★ Type <u>76</u> | Dispatch <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1412</u><br>Arrival <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1415</u><br>Clear <input checked="" type="checkbox"/> <u>07</u> <u>03</u> <u>2018</u> <u>1558</u> | <input checked="" type="checkbox"/> | <u>02</u>   | <input type="checkbox"/> Suppression<br><input checked="" type="checkbox"/> EMS<br><input type="checkbox"/> Other | <u>33</u> <u>34</u> |                     |                     |
| <b>Personnel ID</b> ★                     | <b>Name</b>  | <b>Rank or Grade</b>                | <b>Attend</b> <input checked="" type="checkbox"/> | <b>Action Taken</b>   | <b>Action Taken</b> | <b>Action Taken</b> | <b>Action Taken</b> |
| 4816                                      | Austin Prince  | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |
| 01398                                     | James F Charron  | Fire Suppr                          | <input checked="" type="checkbox"/>               |   |                     |                     |                     |



# Incident Report



Print Date/Time: 08/05/2018 13:57  
Login ID: dcoursey

Beverly Hills Fire Department  
ORI Number: 19025

Incident: 2018-00003870

Incident Date/Time: 7/3/2018 2:12:53 PM  
Location: 99 N LA CIENEGA BLVD 303  
BEVERLY HILLS CA 90211  
Phone Number:  
Report Required: No  
Prior Hazards: No  
LE Case Number:

Incident Type: OBGYN  
Venue: BEVERLY HILLS  
Source: TELEPHONE  
Priority: 2  
Status: IN PROGRESS  
Nature of Call:

## Unit/Personnel

| Unit | Personnel  |
|------|--|
| E3   | 4365-Weist<br>04130-Selb<br>02723-Maher<br>01398-Charron |
| R3   | 4816-Prince<br>4662-Weinstein                            |

## Person(s)

| No. | Role      | Name | Address   | Phone | Race | Sex | DOB |
|-----|-----------|------|-----------|-------|------|-----|-----|
|     | CALLER/RP |      | <UNKNOWN> |       |      |     |     |

## Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

## Disposition(s)

| Disposition | Count |
|-------------|-------|
| RES         | 2     |

## Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|



# CAD Narrative

07/03/2018 14:12:55 Engine 3 - e3 Narrative: Dispatch received by unit E3

07/03/2018 14:12:56 Rescue 3 - r3 Narrative: Dispatch received by unit R3

07/03/2018 14:13:30 tlopez Narrative:

07/03/2018 14:13:43 tlopez Narrative:

07/03/2018 14:13:50 tlopez Narrative:



## Detail Call For Service Report



Login ID: tlopez

Print Date/Time: 08/05/2018 14:04

From CFS: 760 From Date: 07/03/2018 14:12 CFS Type: All  
To CFS: 760 To Date: 07/03/2018 14:12 Agency Type:  
Layer: All Areas: All

CFS Number: 760 Call Date/Time: 07/03/2018 14:12:27 Primary Incident: 2018-00003870

Location: 99 N LA CIENEGA BLVD 303 BEVERLY HILLS, CA 90211 , BEVERLY HILLS Dispatch Time: 07/03/2018 14:12:53  
Additnl Loc Info: Arrive Time: 07/03/2018 14:15:39  
Common Name: Clear Date/Time: 07/03/2018 15:58:09  
Phone: Nature Of Call: Created By: tlopez  
Call Type: OBGYN Report Required: No Canceled: No  
Status: IN PROGRESS Priority: 2 Source: TELEPHONE  
Police ORI: CA0191000 EMS ORI: Fire ORI: 19025

### Person Information

| Name       | Person Type | Address   | Phone      | Race | Sex | DOB | Age | SSN |
|------------|-------------|-----------|------------|------|-----|-----|-----|-----|
| [REDACTED] | CALLER/RP   | <UNKNOWN> | [REDACTED] |      |     |     |     |     |

### Narrative, Questionnaire Responses, TDD Text

| Create Time         | Created By    | Narrative                    |
|---------------------|---------------|------------------------------|
| 07/03/2018 14:12:55 | Engine 3 - e3 | Dispatch received by unit E3 |
| 07/03/2018 14:12:56 | Rescue 3 - r3 | Dispatch received by unit R3 |
| 07/03/2018 14:13:30 | tlopez        | [REDACTED]                   |
| 07/03/2018 14:13:43 | tlopez        | [REDACTED]                   |
| 07/03/2018 14:13:50 | tlopez        | [REDACTED]                   |

### Dispositions

| Disposition | Disposition Count |
|-------------|-------------------|
| RES         | 2                 |

### Associated Areas

| Area Type Code | Description |
|----------------|-------------|
| Quadrant       | FRD 130     |
| Station        | Station 3   |
| Beat           | 9           |
| District       |             |
| Police ORI     | CA0191000   |
| EMS ORI        |             |
| Fire ORI       | 19025       |

### Incident Number(s)

| Incident Number | ORI Number | Primary Unit | Department Name               | Agency Type |
|-----------------|------------|--------------|-------------------------------|-------------|
| 2018-00003870   | 19025      | Yes          | Beverly Hills Fire Department | Fire        |



## Detail Call For Service Report



Login ID: tlopez

Print Date/Time: 08/05/2018 14:04

From CFS: 760  
To CFS: 760  
Layer: All

From Date: 07/03/2018 14:12  
To Date: 07/03/2018 14:12  
Areas: All

CFS Type: All  
Agency Type:

CFS Number: 760      Call Date/Time: 07/03/2018 14:12:27      Primary Incident: 2018-00003870

### Unit(s)

| Unit | Primary Unit | Radio Number | Personnel  |
|------|--------------|--------------|--|
| R3   | No           | R3           | 4816 Prince<br>4662 Weinstein                            |
| E3   | Yes          | E3           | 4365 Weist<br>04130 Seib<br>02723 Maher<br>01398 Charron |



## Detail Call For Service Report



Login ID: llopez

Print Date/Time: 08/05/2018 14:04

From CFS: 760 From Date: 07/03/2018 14:12 CFS Type: All  
To CFS: 760 To Date: 07/03/2018 14:12 Agency Type:  
Layer: All Areas: All

CFS Number: 760 Call Date/Time: 07/03/2018 14:12:27 Primary Incident: 2018-00003870

### Call Log

| Log Date/Time       | Entered By    | Action              | Description   |
|---------------------|---------------|---------------------|---|
| 07/03/2018 14:12:27 | llopez        | Call Created        | New call created. Call Type: >NEW<, Location: , Phone Number: , Name: |
| 07/03/2018 14:12:28 | llopez        | Person Added        | Name:   |
| 07/03/2018 14:12:34 | llopez        | Location            | Location: 99 N LA CIENEGA BLVD, Venue: BEVERLY HILLS                  |
| 07/03/2018 14:12:34 | llopez        | Reset Alarm Level   | Fire Alarm Level Reset  |
| 07/03/2018 14:12:39 | llopez        | Location            | Location: 99 N LA CIENEGA BLVD, Qualifier: 303, Venue: BEVERLY HILLS  |
| 07/03/2018 14:12:45 | llopez        | Call Type           | NewCallType: OBGYN, Status: IN PROGRESS, Priority: 2                  |
| 07/03/2018 14:12:45 | llopez        | Call Updated        | Dispositions Changed  |
| 07/03/2018 14:12:51 | llopez        | Unit Recommendation | Recommended Run Card Unit(s): E3, R3.                                 |
| 07/03/2018 14:12:53 | llopez        | Incident Created    | Added Incident Number, ORI: 19025 , Number: 2018-00003870             |
| 07/03/2018 14:12:53 | llopez        | Unit Status Action  | Unit E3 DISPATCHED  |
| 07/03/2018 14:12:53 | llopez        | Unit Status Action  | Unit R3 DISPATCHED  |
| 07/03/2018 14:12:55 | Engine 3 - e3 | Narrative Added     | Dispatch received by unit E3  |
| 07/03/2018 14:12:56 | Rescue 3 - r3 | Narrative Added     | Dispatch received by unit R3  |
| 07/03/2018 14:13:00 | Rescue 3 - r3 | Unit Status Action  | Unit R3 ENROUTE   |
| 07/03/2018 14:13:05 | llopez        | Person Updated      | Name: , Location: <UNKNOWN>, Contact Phone: [REDACTED]                |
| 07/03/2018 14:13:15 | Engine 3 - e3 | Unit Status Action  | Unit E3 ENROUTE   |
| 07/03/2018 14:13:29 | llopez        | Person Updated      | Name: [REDACTED], Location: <UNKNOWN>, Contact Phone: [REDACTED]      |
| 07/03/2018 14:13:30 | llopez        | Narrative Added     | [REDACTED]  |
| 07/03/2018 14:13:43 | llopez        | Narrative Added     | [REDACTED]  |
| 07/03/2018 14:13:50 | llopez        | Narrative Added     | [REDACTED]  |
| 07/03/2018 14:15:39 | Rescue 3 - r3 | Unit Status Action  | Unit R3 ON SCENE  |
| 07/03/2018 14:15:49 | Engine 3 - e3 | Unit Status Action  | Unit E3 ON SCENE  |
| 07/03/2018 14:31:31 | llopez        | Unit Status Action  | Unit R3 TR  |
| 07/03/2018 14:31:36 | llopez        | Unit Status Action  | CEDARS  |
| 07/03/2018 14:33:38 | llopez        | Unit Status Action  | Unit R3 TRC   |
| 07/03/2018 14:37:34 | Engine 3 - e3 | Unit Status Action  |   |
| 07/03/2018 14:37:34 | Engine 3 - e3 | Unit Status Action  | Unit E3 HOSPITAL F/U  |
| 07/03/2018 15:04:34 | Engine 3 - e3 | Unit Status Action  | Unit E3 cleared from call   |
| 07/03/2018 15:58:08 | rhumpherys    | Unit Status Action  | Unit R3 cleared from call   |
| 07/03/2018 15:58:08 | rhumpherys    | Call Updated        | Dispositions Changed  |
| 07/03/2018 15:58:09 | rhumpherys    | Call Cleared        |   |

### Unit Log

| Log Date/Time       | Entered By | Unit | Status     | Action             | Description | Location                            |
|---------------------|------------|------|------------|--------------------|-------------|-------------------------------------|
| 07/03/2018 14:12:53 | llopez     | R3   | DISPATCHED | Unit Status Change |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |



# Detail Call For Service Report



Login ID: llopez

Print Date/Time: 08/05/2018 14:04

From CFS: 760  
To CFS: 760  
Layer: All

From Date: 07/03/2018 14:12  
To Date: 07/03/2018 14:12  
Areas: All

CFS Type: All  
Agency Type:

CFS Number: 760 Call Date/Time: 07/03/2018 14:12:27 Primary Incident: 2018-00003870

## Unit Log

| Log Date/Time       | Entered By    | Unit | Status     | Action             | Description | Location                            |
|---------------------|---------------|------|------------|--------------------|-------------|-------------------------------------|
| 07/03/2018 14:12:53 | llopez        | E3   | DISPATCHED | Unit Status Change |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:12:55 | Engine 3 - e3 | E3   | DISPATCHED | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:12:56 | Rescue 3 - r3 | R3   | DISPATCHED | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:13:00 | Rescue 3 - r3 | R3   | ENROUTE    | Unit Status Change |             |                                     |
| 07/03/2018 14:13:00 | Rescue 3 - r3 | R3   | ENROUTE    | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:13:15 | Engine 3 - e3 | E3   | ENROUTE    | Unit Status Change |             |                                     |
| 07/03/2018 14:13:15 | Engine 3 - e3 | E3   | ENROUTE    | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:13:32 | Rescue 3 - r3 | R3   | ENROUTE    | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:15:39 | Rescue 3 - r3 | R3   | ON SCENE   | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:15:39 | Rescue 3 - r3 | R3   | ON SCENE   | Unit Status Change |             |                                     |
| 07/03/2018 14:15:49 | Engine 3 - e3 | E3   | ON SCENE   | Unit Status Change |             |                                     |
| 07/03/2018 14:15:49 | Engine 3 - e3 | E3   | ON SCENE   | Unit Check In      |             | 99 N LA CIENEGA BLVD, BEVERLY HILLS |
| 07/03/2018 14:31:31 | llopez        | R3   | TR         | Unit Status Change |             |                                     |
| 07/03/2018 14:31:36 | llopez        | R3   | TR         | Unit Location      | CEDARS      | CEDARS                              |
| 07/03/2018 14:33:38 | llopez        | R3   | TRC        | Unit Status Change |             |                                     |



## Detail Call For Service Report



Login ID: tlopez

Print Date/Time: 08/05/2018 14:04

From CFS: 760 From Date: 07/03/2018 14:12 CFS Type: All  
To CFS: 760 To Date: 07/03/2018 14:12 Agency Type:  
Layer: All Areas: All

CFS Number: 760 Call Date/Time: 07/03/2018 14:12:27 Primary Incident: 2018-00003870

### Unit Log

| Log Date/Time       | Entered By    | Unit | Status       | Action             | Description            | Location                                |
|---------------------|---------------|------|--------------|--------------------|------------------------|---|
| 07/03/2018 14:37:34 | Engine 3 - e3 | E3   | HOSPITAL F/U | Unit Status Change |                        |   |
| 07/03/2018 14:37:34 | Engine 3 - e3 | E3   | ON SCENE     | Unit Location      |                        |   |
| 07/03/2018 14:37:34 | Engine 3 - e3 | E3   | ON SCENE     | Unit Check In      |                        | 99 N LA CIENEGA BLVD 303, BEVERLY HILLS |
| 07/03/2018 14:37:34 | Engine 3 - e3 | E3   | HOSPITAL F/U | Unit Check In      |                        | 99 N LA CIENEGA BLVD 303, BEVERLY HILLS |
| 07/03/2018 15:04:34 | Engine 3 - e3 | E3   | AOR          | Unit Cleared       | Unit cleared from call |   |
| 07/03/2018 15:04:34 | Engine 3 - e3 | E3   | AOR          | Unit Status Change |                        |   |
| 07/03/2018 15:58:06 | rhumpherys    | R3   | AOR          | Unit Status Change |                        |   |
| 07/03/2018 15:58:06 | rhumpherys    | R3   | AOR          | Unit Cleared       | Unit cleared from call |   |