



Incident Address: 1401 E STROOP RD  
Kettering, OH 45429  
Incident County: Montgomery  
Dispatch Delay: None/No Delay  
Response Delay: None/No Delay  
Type of Scene Delay: None/No Delay  
Type of Turn-Around Delay: None/No Delay  
Type of Transport Delay: None/No Delay

Location Type: Ambulatory surgery center

Dispatch Nature: [REDACTED]  
Shift on Duty: 2nd Platoon  
Service Requested: 911 Response (Scene)  
District: 36  
Urgency: Immediate  
EMD Performed: [REDACTED]

Name: [REDACTED]  
Address: [REDACTED]

Age: [REDACTED]  
Gender: [REDACTED]

D.O.B.: [REDACTED]  
Race: [REDACTED]

Patient Resides in Service Area: [REDACTED]

EMS Vehicle Number: M36  
Reason for Choosing Destination: [REDACTED]  
Transport Mode from Scene: [REDACTED]

With Patient: 01/13/2021 13:33:22

Level of Care of This Unit: [REDACTED]

Type of Destination: Hospital-Emergency Department  
Additional Transport Mode Descriptors: No Lights or Sirens  
Destination/Transferred To, Name: Miami Valley Hospital

Patient Belongings Left With Other: [REDACTED]

Date/Time Vital Signs Taken	Vitals		RR	Pulse Ox	AVPU	Total GCS
	SBP	DBP				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Airway Confirmations

[REDACTED]

Patient History

[REDACTED]

EMS Agency Name: Kettering Fire Department  
EMS Agency Number: 57-023

Incident Number: 21F000300  
Alarm Date/Time: 01/13/2021 13:29:01

Other Past Medical History:

Other Allergies:

**Injury/Accident Information**

[Redacted]

**Assessment/Exam**

**Hospital Team Activations**

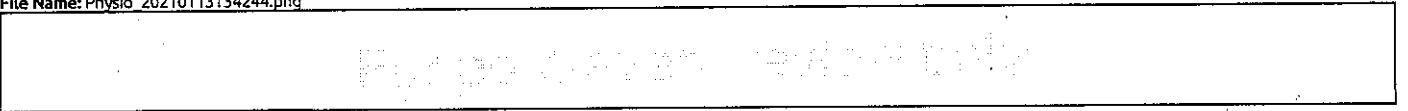
[Redacted]

**Narrative**

Narrative:

[Redacted]

Time: 01/13/2021 13:42:44  
File Name: Physio\_20210113134244.png



Was OTRAC used?:

Click Yes if OHTrac was used:

**Exposures**

**Exposures**

EMS Professional (Crew Member) ID

Suspected EMS Work Related Exposure, Injury, or Death

Crawford, Thomas

No

DeLange, Chris

No

**Response Times and Mileage**

PSAP: 01/13/2021 13:28:35  
Disp. Notified: 01/13/2021 13:28:35  
Dispatched: 01/13/2021 13:29:01

Incident Number: 21F000300  
Call Sign: M36  
Veh. #: M36

Mileage Start: 0  
Mileage Finish: 5.6

Enroute: 01/13/2021 13:29:35  
On Scene: 01/13/2021 13:32:22  
At Patient: 01/13/2021 13:33:22  
To Hospital: 01/13/2021 13:42:13  
At Hospital: 01/13/2021 13:56:16  
In Service: 01/13/2021 14:34:16

**Unit Personnel**

Crew Member	Level of Certification	Role
DeLange, Chris	2009 Paramedic	Patient Care
Crawford, Thomas	2009 Paramedic	Driver

Crew Member DeLange, Chris  
Completing this Report:

**Billing Information**

[Redacted]

**Signatures**

Type of Person Signing: Patient Representative

Signature Reason: HIPAA acknowledgement/Release; Permission to Transport; Permission to Treat; Patient/Medical Necessity Unable to Sign; Release for Billing

Paragraph Text:

Notice of Privacy Practices:

We are permitted to make uses and disclosures of protected health information for treatment, payment and health care operations. We are permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization. You have the right to request restrictions on certain uses and disclosures of protected health information. You have the right to receive confidential communications of protected health information, as applicable. You have the right to inspect and copy protected health information. You have the right to amend protected health information. You have the right to receive an accounting of disclosures of protected health information. You may file a complaint with us, and with the Secretary of the Department of Health and Human Services., without fear of retaliation, if you believe your privacy rights have been violated. To request a complaint form, or a copy of our full Notice of Privacy Practices, call us at the telephone number on this statement. This Notice is first in effect on April 14, 2003.

Software Name: Elite

Patient Name: [Redacted]

Date Printed: 01/13/2021 15:18

EMS Agency Name: Kettering Fire Department  
EMS Agency Number: 57-023  
City of Kettering Billing Practices:

Incident Number: 21F000300  
Alarm Date/Time: 01/13/2021 13:29:01

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the City of Kettering Fire Department for any services provided to me by the Kettering Fire Department now or in the future. I agree to immediately remit 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 the Kettering Fire Department. I authorize the Kettering Fire Department to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to the Kettering Fire Department and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by the Kettering Fire Department, now or in the future. A copy of this is as valid as an original.

Status: Signed

[Redacted Signature]

Printed Name: [Redacted]

Signature Date: 01/13/2021 14:01:19

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

Status: Signed

[Redacted Signature]

Printed Name: [Redacted]

Signature Date: 01/13/2021 14:02:07

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author; EMS Provider; Controlled Substance, Administration; Crewmember Signature

Paragraph Text:

Status: Signed

[Handwritten Signature]

Printed Name: Chris DeLange

Signature Date: 01/13/2021 14:02:41

Software Name: Elite

Patient Name: [Redacted]

Date Printed: 01/13/2021 15:18