



**Unified Fire Authority**

Date of Service: 01/30/2014

Run Number: 0900050

Incident Number: 0900050

**CREW INFO**

Vehicle: ML252  
 Call Sign:  
 Resp No:  
 Primary Role: Transport  
 Crew #1 ID: CLARKE, JAMES  
 Crew1 Role: Patient Man  
 Crew1 Level: EMT-Paramedic  
 Crew#2 ID: MALZER, ANDREW  
 Crew2 Role: Airway man  
 Crew2 Level: EMT-Paramedic  
 Crew #3 ID: CALL, MATT L  
 Crew3 Role: Officer  
 Crew3 Level: EMT-Basic  
  
 Disp Locn: Station 252  
 Disp Zone: Battalion 12  
 Disp GPS Locn:  
 Other EMS Agency: Not Applicable  
 Sending Fac MR#:  
 Est 1st At Scene:  
 1st At Scn time:  
 Assisted By:  
  
 Doc'd By: CLARKE, JAMES  
  
 Unit Type: Non-Transport  
 Final Pt. Acuity:  
  
 Addl.Resp. Mode  
 Patients Transported:  
 Hospital Designation:

**RESPONSE INFO**

Med/Trauma: Trauma  
 Call Type: ALS  
 Resp Priority: Lights and Sirens  
  
 NatureOfCall: 033 Unknown Problem (Man Down)  
 EMD Perform.: Yes, With Pre-Arrival Instructions  
 EMD Card No:  
 Disp. Delay: None  
 Resp. Delay: None/No Delay  
 Call Taken by: Phone Call  
 Resp. with:  
 Locn Type: Street or Highway  
 Location: 14500 W Cedar Fort Road  
 MM31 SR73 W HWY  
 Eagle Mountain, Utah, UT  
 84005  
  
 Scn Zone No: 252  
 Scene GPS :  
 Pt. Found: At Scene  
 # Patients:  
 Mass Casualty: No  
 Activity at Onset:  
 Poss. Injury: No  
 Protocols:  
  
 Response Zone:  
 Acuity at Dispatch:  
 Initial Pt. Acuity:  
 Level of Care of this Unit:  
 Seat Position:  
  
 Height of Fall:  
  
 Transport Method:  
 Hospital in Pt. Destination:

**DISPOSITION**

Type of Service: Scene  
 Outcome: XXXXXXXXXX  
 Dest. Reason:  
 Trans. Priority:  
  
 Odometer Start:  
 At Scene Miles:  
 At Dest. Miles:  
 Odom. End:  
 Pts trans.:  
 Cond at Dest.:  
 Dest Type: Hospital  
 Level of care : Not Applicable  
  
 Dest Zone No:  
 Barriers to Care:  
 Pt. Trans.:  
 Triage Class.:  
 Scene Delay : None  
 Trans. Delay:  
 Dest Delay: None  
 Destination:  
  
 Dest GPS:  
 Dest Fac MR#:  
 Recv Doctor:  
 Disp. Cen. Name:  
  
 Instructions Provided:  
 Trauma Center Criteria:  
 Transport Mode Descriptors:  
 Destination Reason:

**TIMES**

Injury:  
 PSAP:  
 Disp Notify: 14:19 01-30-14  
 Recvd: 14:19 01-30-14  
 Dispatch: 14:19 01-30-14  
 En route: 14:21 01-30-14  
 At scene: 14:27 01-30-14  
 At patient:  
 Tra. Of Care:  
 Transport:  
 At dest.:  
 Dest Tra Care:  
 In service: 14:39 01-30-14  
 Cancel:  
 At base:  
 Air Med.Arr.  
  
 EMS Call Cmp  
  
 CxI Reason:<NONE>

**PATIENT INFORMATION**

|                          |                         |                            |
|--------------------------|-------------------------|----------------------------|
| Name                     | Phone                   | Mobile No.                 |
| SSN 000-00-0000          | DOB                     | Doctor                     |
| Sex Unknown              | Weight                  | Homeless:                  |
| Ethnicity Not Known      | Emergency Info Form     | Last Known Well:           |
|                          | DL Info                 | Home Country United States |
| Email:                   | Belonging Left With:    |                            |
|                          | Face Sheet:             |                            |
| Belongings:              | Broselow/ Luten Color : |                            |
|                          | Medicare Questionnaire  |                            |
| Home Addr. SALT LAKE     |                         | Mailing Addr.              |
| Race                     |                         |                            |
| Advanced Directives      |                         |                            |
| Patient Characteristics: |                         |                            |

**FINAL**

# Patient Care Report



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## NEXT OF KIN

| Name | Phone      | Relationship |
|------|------------|--------------|
| SSN  | DOB        | Cell Phone   |
| Sex  | Home Addr. |              |

## INSURANCE

| Work Related | No | Employer         | Payer Type |
|--------------|----|------------------|------------|
| Occupation   |    | Employer Address |            |

no insurance information entered

## PATIENT COMPLAINTS

no patient complaints entered

## HISTORY

no patient history entered

## ASSESSMENT

no assessments entered

## IMPRESSIONS

Primary Impression

[REDACTED]

## TRAUMA

## TRAUMA SCORES

no trauma scores entered

## PRIOR AID

no prior aid entered

## TREATMENT SUMMARY

no treatments entered

## NARRATIVE

PATIENT NAME

N/A

DISPATCHED TO

ML 252, Battalion 12 responded 1039 to a report of a unknown problem on SR73 MM 31. En route dispatch stated several officers were en route to a Utah County Sheriffs officers location that was unable to be reached on the radio.

CHIEF COMPLAINT

[REDACTED]

HISTORY

Upon arrival the scene was being taped off by several Utah County Sheriff's officers. The lead officer on scene stated it was [REDACTED]. Initially the lead officer wouldn't allow Paramedic's to approach the Sheriff's vehicle where he [REDACTED]. The lead officers allowed Paramedic's to approach the vehicle after he was talked to, but Paramedics where not allowed to gain access inside the vehicle. Upon approaching the sheriff's vehicle from the front there where several small holes in the vehicles grill, hood and windshied. Looking inside through the front windshield the officer

[REDACTED] No other access was granted to the Paramedics on scene and then they were escorted to the outside of the scene perimeter.

ASSESSMENT

Pt. had [REDACTED] Pt. was [REDACTED] Pt. had [REDACTED]  
[REDACTED] Pt. had [REDACTED] Pt. was lying on his right side in his vehicle upon arrival.

TREATMENT

[REDACTED]

DISPOSITION

Pt. was [REDACTED]. Pt. was left on scene with the Utah County Sheriff's Officers.

**FINAL**

**Patient Care Report**



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FOLLOW UP  
N/A

PARAMEDIC MAKING REPORT  
JAMES CLARKE

**MISCELLANEOUS**

**ER Dept Disposition**

Not Known

**Hosp Disposition**

Not Known

**HIPAA**

no HIPAA signatures entered

**SIGNATURES**

Address1:

Address2:

no signatures entered

**CREW INFORMATION**

**Start Date/Time** 01/30/2014 19:25

**Crew #** 7034    **Name** CLARKE, JAMES    **1994038003**

**Crew #** 6082    **Name** MALZER, ANDREW    **2000019011**

**Crew #** 1632    **Name** CALL, MATT L    **1996018003**

**Crew1 State ID**

1994038003

**Crew2 State ID**

2000019011

**Crew3 State ID**

1996018003

**Level** EMT-Paramedic

**Level** EMT-Paramedic

**Level** EMT-Basic

X  \_\_\_\_\_

**PATIENT REFUSAL FORM**

no Patient Refusal entered