

2015-034891

Officer Involved Shooting

Acadian Ambulance Service

Records



BC 072655



Acadian
AMBULANCE SERVICE



NATIONALLY
ACCREDITED

P.O. Box 92970 • LAFAYETTE, LA • 70509-3970

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

Certificate of Authenticity

September 2, 2015

I hereby certify that the attached copy of medical records and/or bills regarding GILBERT FLORES are true and correct copies. These records were prepared in the course of ordinary business of the health care provider at or near the time of the condition/event.

Cathy Hanks
Medical Records
Acadian Ambulance Service, Inc.

61

NO. _____

THE STATE OF TEXAS

§

IN THE DISTRICT COURT

VS.

§

____ JUDICIAL DISTRICT

§

BEXAR COUNTY, TEXAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared Cathy Hanks, who being by me duly sworn, deposed as follows:

My name is Cathy Hanks, I am of sound mind, capable of making this Affidavit, and personally acquainted with the facts herein stated:

I am the CUSTODIAN OF RECORDS for Acadian Ambulance Service, 130 E. Kaliste Saloom Rd., Lafayette, LA. 70508. Attached hereto are 8 pages of records from Acadian Ambulance. These said pages of records are kept by the CUSTODIAN OF RECORDS in the regular course of business, and it was the regular course of business for an employee or representative of Acadian Ambulance, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the originals or exact duplicates of the originals.

Cathy Hanks
AFFIANT

SWORN TO AND SUBSCRIBED before me on the 3 day of September, 20 15.



Arnda Collette
NOTARY PUBLIC
STATE OF LOUISIANA
Notary's printed name: Arnda Collette

BC 072657

Prehospital Care Report Summary

Acadian Ambulance Services

Date:08/28/2015 Call #:0565 Incident #:A82850565 Booklet:51504022 Branch: South Central Texas Time Zone:America/Chicago

Call Information:

Disposition: Dead After Arrival
 Unit #: 0775 - 775, Ground-Ambulance Trip Type: N/A
 Incident Facility:
 Incident Location: 24414 Walnut Pass - UBC, TX 78255 (BEXAR County)
 Incident Type: Residence (Home)

Patients Transported
 In My Unit: 1
 # Patients at Scene: 1

Receiving Facility: N/A -
 Facility Address:
 Destination Type: N/A
 Dest. Reason: N/A
 Registration # N/A

Call Received: 11:28:45
 Dispatched: 11:28:53
 En Route: 11:29:13
 On Scene: 12:03:58
 Patient Contact: 12:10:38
 Left Scene: N/A
 At Destination: N/A
 Transfer of Care: N/A
 In Service: 16:52:37

Loaded Mileage: N/A

Crew Members: David Hughes (18706), EMT Paramedic(DOC); Carlos Juarez, EMT Intermediate(DOC)

Moved to Amb By: Stretcher Transport Position: Supine From Amb By:

Time On Scene: N/A Min
 Time to Destination: N/A Min
 Total Time of Run: 324 Min

Call Origin: 911 Lights/Siren: Scene / Destination-Not used

Patient Information:

Name: GILBERT FLORES
 Address: 24414 Walnut Pass - San Antonio, TX 78255
 Phone:
 Email:
 SSN: 449-47-8983
 Driver License:

DOB: 05/18/1974
 Gender: Male
 Age: 41 Years
 Weight: 250.0 lbs, Broselow:

Other Contact Info

Name: Phone: Cell Phone:
 Relationship:

Current Meds: None
 Env Allergies: NKA
 Med Allergies: NKDA
 Patient Physician:
 Advanced Directives:
 PMH: None
 Comment:

Comments:
 Comments:
 Comments:

Payer Information:

Priority: Primary Name: Self Pay - Non-member Type: Self Pay Policy #: 0 Group #: 0
 Policy Holder: GILBERT FLORES, 24414 Walnut Pass, Apt San Antonio, TX 78255 Phone: DOB: 05/18/1974
 Relationship of Patient to Insured:

Clinical:

Medical Need: Required Stretcher

Onset Date/Time: 08/28/15

Dispatch Reason (EMD): 25D02 25D02-Dangerous hemorrhage

Chief Complaint: GSW to chest causing traumatic arrest

Provider Impression: Cardiac Arrest, Trauma Injury

Mechanism of Injury: Assault Firearms

Protocol 1: Asystole / PEA

Protocol 2:

Assessments:

Time	Employee	Type	Summary
		ABC	Airway: Patent

Breathing: Slow Quality: Labored Lung Sounds: Left: Wheeze Lung Sounds:
 Right: Clear
 Skin Color: Normal Skin Temperature: Normal Skin Condition: Normal

Injury**Injury - Chest****Head To Toe****Location Modifier: Right Injury: Penetrating Injury Modifier:****Head and Neck:****Left Eye: Sluggish, Dilated****Right Eye: Sluggish, Dilated****Vitals:**

Time	Employee	Summary
------	----------	---------

Rhythm 1: NSR Rhythm 2:

12:09:34	Hughes (18706), David	BP: 173/ 143 Pulse: 56 Resp: 0 CO2: 8
----------	--------------------------	--

12:10:00		Glasgow Coma Score: E (1) + V (1) + M (1) = 3
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12:12:07	Hughes (18706), David	BP: 186/ 164 Pulse: 46 Resp: 0 CO2: 9
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12:22:28	Hughes (18706), David	BP: 178/ 138 Pulse: 66 Resp: 0 CO2: 3
----------	--------------------------	--

Treatments/Medications:

Time	Employee	Summary
------	----------	---------

13:42:00	Hughes (18706), David	Treatment- IO Procedure Attempts: N/A Success: Yes Medication - EZ-IO 25mm Dose:500 Unit: cc/ml Route: Intraosseous Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:00	Hughes (18706), David	Treatment- Control Bleeding Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:36	Hughes (18706), David	Medication Epi. 1:10,000 Dose:1 Unit: mg Route: N/A Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:36	Hughes (18706), David	Medication Epi. 1:10,000 Dose:1 Unit: mg Route: N/A Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:39	Hughes (18706), David	Treatment- ALS Assessment Performed Attempts: N/A Success: Yes
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13:42:40	Hughes (18706), David	Treatment- Bag Mask Ventilations Attempts: N/A Success: Yes
----------	--------------------------	--

13:42:41	Hughes (18706), David	Treatment- Chest Compressions Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:44	Hughes (18706), David	Treatment- CPR Attempts: N/A Success: Yes
----------	--------------------------	--

13:42:45	Hughes (18706), David	Treatment- ECG: 4-Lead Attempts: N/A Success: Yes
----------	--------------------------	--

13:42:46	Hughes (18706), David	Treatment- Intubation Attempts: N/A Success: Yes
----------	--------------------------	---

13:42:47	Hughes (18706), David	Treatment- ETT: Placement Confirmed Attempts: N/A Success: Yes
----------	--------------------------	---

Supply**Qty Supply****Medications Wasted:**

Time Employee	Medication	Amt Wasted	Unit	Box #	Seal #
12:56 D. Hughes (18...	EZ-IO 25mm	0	cc/ml	775	4165071-1705

Arrest Information:

Presumed Arrest Etiology: Trauma			
Out of Hospital Disposition: Resuscitation terminated at scene due to medical control order, protocol/policy requirements completed			
Arrest Witnessed:	Witnessed	Arrest After Arrival of EMS:	Yes
First Arrest Rhythm of Patient:	Idioventricular/PEA	Who Initiated CPR:	Responding EMS Personnel
AED Used:	No	Who First Applied AED:	EMS AED or Monitor/Defibrillator
# AED Shocks:	0	# Manual Shocks:	0
ROSC:	No	Sustained ROSC:	No
End of the Event:	Dead in Field	CPR Stopped:	12:56:00
CPR Started:	12:14:00	ROSC Time:	
First Defib Time:			

FlexFields:

FlexField	Value
ePCR - Patient Status	DOA
ePCR - Was your patient admitted to the hospital?	N/A

Patient Info: Last Name - Is This Patient A Veteran?	No
--	----

Patient Info: Last Name - Is This An Employment Related Accident?	No
---	----

13:42 ECG: 4-Lead - ECG RHYTHM INTERPRETATION	Normal Sinus Rhythm
---	---------------------

ET Intubation Documentation - 13:42 Intubation

ET TUBE SIZE	7.0mm
ET TUBE DEPTH AT TEETH	18 cm
ET INTUBATION REASON(S)	Apnea/Agonal Respirations, Inability to Maintain/Protect Airway, Inability to Oxygenate/Ventilation, Poor Clinical Course Expected, Injury/Trauma
ETT CONFIRMATION/RE-CONFIRMATION METHOD(S) USED	Bilateral Breath Sounds Present, Bilateral Chest Rise Present, Gastric Sounds Absent, Visualization of Vocal Cords, End-Tidal CO2 Applied
ET AIRWAY PROTECTION	Tube Holder, Long Back Board
ET AIRWAY COMPLICATIONS	Blood in Airway

IO Documentation - 13:42 IO Procedure EZ-IO 25mm

IO SITE	Proximal Tibia
IV/IO Tubing Size	Macro Drip
IV/IO LINE PATENCY CONFIRMATION	Line is Free Flowing with no Signs of Infiltration

Narrative History Text:

38 YO M FOUND LAYING ON SIDEWALK TO LEFT OF RESIDENCE C SINGLE GSW TO RIGHT CHEST. PT IN PRONE POSITION HANDCUFFED C LABORED BREATHING. PT ROLLED ONTO BACKBOARD, BLEEDING CONTROLLED. PT SECURED TO LONG BOARD C STRAPS X 3 AND LIFTED ON TO STRETCHER AND LOADED INTO UNIT. PT INTUBATED, + CONFIRMATION OF TUBE PLACEMENT. CPR INITIATED, IO PLACED AND EPI X 2 GIVEN. PT MOVED TO LZ. AIRLIFE PARAMEDIC DAN OATES AND RN SHAWN WILLIAMS FROM AIRLIFE 4. ON LOCATION AND TOOK OVER CARE. PT PLACED ON LUCAS DEVICE BY AIRLIFE. CHEST DECOMPRESSION X 2 BY AIRLIFE. AIRLIFE CONTACTED DR CRAIG MANIFOLD AND PT WAS CALLED @ 1256. AIRLIFE CREW OFF LOADED AND 775 RETURNED TO ORIGINAL ADDRESS TO AWAIT ME. UPON ME ARRIVAL PT REMOVED FROM UNIT AND ME TOOK OVER RESPONSIBILITY OF PT. 775 CLEAR/ OUT OF SERVICE DUE TO CLEAN UP. EOR.

Unable to Sign:

Unable to Sign Reason: 3. Neurological condition limits ability to sign
Authorized Representative: No authorized representative is available or willing
Authorized Representative Signature: Yes
Secondary Documentation: Unable to obtain secondary documentation
Secondary Documentation Signature: No
Comment:

Auth Signature: No Privacy Sig: No Unable to Sign: Yes Refused to Sign: No

Signature Image(s):

Authorization Signature



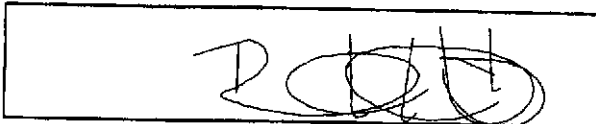
Privacy Notice Signature



Receiving RN / MD Signature

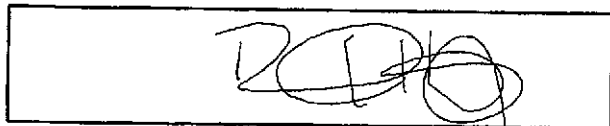


Technician Signature - Hughes (18706), David M - 08/28/2015 14:20



Authorized Representative Signature - Hughes - 08/28/2015 14:21

"I hereby assign and authorize direct payment to Acadian Ambulance Service (AAS) with regard to all of my rights and benefits under any of my existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by AAS, whether in the past, now or in the future. I understand that any health insurance policies of which I am covered are secondary payers to any of my existing liability policies that will cover ambulance transportation in the event of an accident-related claim. I further direct any of my medical insurers to pay directly to AAS all sums due under the applicable policies of all services rendered to me by AAS, whether in the past, now or in the future. To the extent of services provided, I do hereby assign AAS any and all rights I may have against any of my medical insurers allowing AAS any and all causes of action I may have against my medical insurers for their (insurer's) failure to pay the charges attributable to services rendered by AAS. The assignment of the right(s) is limited as described above, and is not to be considered as a subrogation or assignment of any rights or causes of action I or AAS may have against any other third party who may be responsible for payment of the charges incurred and LSA-R.S. 9:4751 et seq." "I authorize any holder of medical or other information pertaining to me, including AAS, to release this information to AAS, the Social Security Administration or any other of its affiliates or subsidiaries, or any other institution or person for purposes of treatment, payment and healthcare operations, including but not limited to a determination as to whether I am qualified to receive Medicare benefits for payment of charges incurred for any related claims, whether in the past, now or in the future. I further authorize a copy of this form to be used in lieu of the original." I further understand and recognize that my obligation for charges not paid, within 30 days from demand, is a personable and heritable obligation. In the event that payment is not tendered timely, I will be assessed a 1.5% monthly finance charge on any unpaid balance. I further acknowledge and understand that in the event a third party claim or suit is filed on my behalf, I remain responsible for the full amount due and owing, which will not be subject to any reductions for attorney fees. In the event AAS files suit for collection of any past due amounts I may owe, I agree to pay all costs associated with the collection proceedings including but not limited to 25% of the principle amount as attorney fees" as well as all costs of court and accumulated interest or in accordance with state applicable law. "I understand and acknowledge that I am personally responsible for any charges including but not limited to base rate, mileage and any ancillaries for services not paid by any insurer(s), including but not limited to, treatment without transport and services deemed not medically necessary or for convenience. "I understand that prior payments by an insurer do not guarantee additional payments." I hereby acknowledge that I have been provided with a copy of Acadian Ambulance's Notice of Privacy Practices on this date. "Not applicable to Texas



On Scene Condition Code: 869.1 (Other trauma - Assault Firearm)

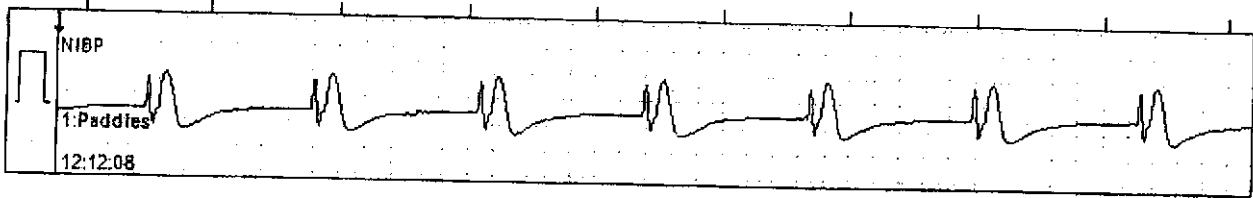
Prehospital Care Report Summary

Date:08/28/2015 Call #: 0565 Booklet:51504022



Prehospital Care Report Summary

Date:08/28/2015 Call #: 0565 Booklet:51504022



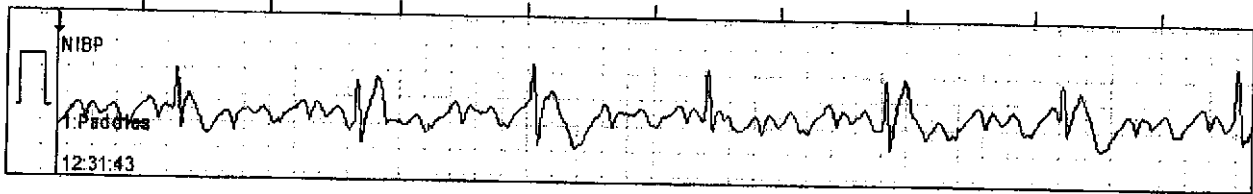
Prehospital Care Report Summary

Date:08/28/2015 Call #: 0565 Booklet:51504022



Prehospital Care Report Summary

Date:08/28/2015 Call #: 0565 Booklet:51504022



STATE OF TEXAS §

IN THE MATTER OF A

COUNTY OF BEXAR §

GRAND JURY INVESTIGATION

September/October
Term 2015

GRAND JURY SUMMONS

TO: The Sheriff, his Deputies, Constables, their Deputies, Grand Jury Bailiffs, Bexar County Criminal District Attorney Investigator, any other Peace Officer of Bexar County, Texas, any Peace Officer with the Texas Department of Public Safety, Texas Ranger, or any other Texas Peace Officer:

ARTICLE 20.09 TEXAS CODE OF CRIMINAL PROCEDURE:

"Duties of Grand Jury"

The grand jury shall inquire into all offenses liable to indictment of which any member may have knowledge, or of which they shall be informed by the attorney representing the State, or any other credible person.

ARTICLE 20.10 TEXAS CODE OF CRIMINAL PROCEDURE:

"Attorney or Foreman May Issue Process"

The attorney representing the State, or the foreman, in term time or vacation, may issue a summons or attachment for any witness in the county where they are sitting; which summons or attachment may require the witness to appear before them at a time fixed, or forthwith, without stating the matter under investigation.

PURSUANT TO THE PROVISIONS OF ARTICLE 20.09, TEXAS CODE OF CRIMINAL PROCEDURE,
YOU ARE HEREBY COMMANDED TO SUMMON:

To: Acadian Ambulance Service
Custodian of Records (Kathy)
PO Box 92970
Lafayette Louisiana 70509
Fax # 337-521-3641
Cell # 337-291-2209

FURTHER SAID WITNESS IS INSTRUCTED TO BRING WITH HIM OR HER THE FOLLOWING
DESCRIBED MATERIALS: "DUCES TECUM"

**ALL REPORTS GENERATED BY THE ACADIAN AMBULANCE SERVICE
PERTAINING TO THE TREATMENT AFFORDED TO MARITZA AMADOR
(08/10/76) IN CONNECTION TO A SHOOTING THAT OCCURRED ON: AUGUST
28TH 2015 AT 11:20 AM AT 24414 WALNUT PASS SAN ANTONIO, TEXAS 78255.
UNIT 775**

**If there are any questions I can be contacted at 210-335-6067 between the hours of 08:00
am to 04:00 pm. Bexar County Sheriff's Office Homicide Investigation.**

PLEASE EXPEDITE

(NOTE: IN LIEU OF APPEARANCE, THE DOCUMENTS SUBPOENAED MAY BE TURNED OVER TO
DETECTIVE J. Barrera #653 FROM THE BEXAR COUNTY SHERIFF'S OFFICE, NO LATER THAN
ONE REGULAR WORKING DAY PRIOR TO THE APPEARANCE DATED LISTED BELOW.)

BC 072666


NOTICE: ALL DELIBERATIONS OF THE GRAND JURY SHALL BE SECRET. ARTICLE 20.16 OF THE TEXAS CODE OF CRIMINAL PROCEDURE ENTITLED "OATHS" TO WITNESSES PROVIDES:

The following oath shall be administered by the foreman, or under his direction, to each witness before being interrogated: "You solemnly swear that you will not reveal, by your word or conduct, and will keep secret any matter about which you may be interrogated or that you have observed during the proceedings of the grand jury, and that you will answer truthfully the questions asked of you by the grand jury, or under its direction, so help you God." Any witness who reveals any matter about which the witness is interrogated or that the any witness has observed during the proceedings of the grand jury other than when required to give evidence thereof in due course, shall be liable to a fine as for contempt of court, not exceeding \$500, and to imprisonment not exceeding six months.

BECAUSE THERE IS AN ONGOING CRIMINAL INVESTIGATION, YOU ARE NOT TO DISCLOSE THE EXISTENCE OF THIS SUMMONS NOR ANY MATERIAL REQUESTED PURSUANT TO THIS SUMMONS OTHER THAN UNDER THE DIRECTION OF A COURT OF COMPETENT JURISDICTION.

THEREFORE, YOU ARE TO HONOR SUCH REQUEST AND TO APPEAR OR FURNISH BEFORE THE BEXAR COUNTY GRAND JURY NOW IN SESSION, ON THE PAUL ELIZONDO TOWER, 101 W. NUEVA, SAN ANTONIO, TEXAS 78204, INSTANTER ON THE 28th DAY OF October A.D. 2015 AT 9:00 O'CLOCK A.M., TO THEN AND THERE TESTIFY BEFORE OR PRESENT SAID MATERIAL TO THE GRAND JURY. PLEASE COMPLETE AND PROVIDE A BUSINESS RECORD AFFIDAVIT.

HEREIN FAIL NOT, AND DUE RETURN MAKE HEREOF, WITNESS MY SIGNATURE ON THIS THE 8 DAY OF September, 2015.


Assistant Criminal District Attorney
State Bar # 24068686
Bexar County Justice Center
300 Dolprosa Street
San Antonio, Texas 78205

Or

Foreman of the Grand Jury

Return of Summons

Served by delivering a copy of this summons to _____ in PERSON/VIA
FAX/CERTIFIED MAIL-RETURN RECEIPT REQUESTED, on this the _____ day of _____
_____, 2015.

Detective John Barrera #653
Bexar County Sheriff's Office
200 N. Comal Street
San Antonio, Texas 78207-3505
Telephone: (210) 335-6070
Voice: (210) 335-6067
FAX: (210) 335-6175
E-Mail: jbarrera@bexar.org

BC 072667

MEMORY TRANSMISSION REPORT

TIME : 09-09-2015 08:08
FAX NO.1 :
NAME : bexar county cid

FILE NO. : 252
DATE : 09.09 08:06
TO : 913375213641
DOCUMENT PAGES : 4
START TIME : 09.09 08:06
END TIME : 09.09 08:08
PAGES SENT : 4
STATUS : OK

SUCCESSFUL TX NOTICE

BEXAR COUNTY SHERIFF'S OFFICE
Criminal Investigations Division
San Antonio, Texas 78207
Telephone # 210-335-6070 / Fax # 210-335-6175
"Serving the needs of our communities"



FAX Transmittal

To: Acadian Ambulance Service
Attn: Custodian of Records (Kathy)
Fax #: (337) 521-3641
From: Detective John Barrera #653

Date: September 09th, 2015

Pages 4

Attached is Grand Jury Subpoena for records. When completed you can email all documents. Thanks, jbarrera@bexar.org

BC 072668

TIME : 09-09-2015 08:08
FAX NO.1 :
NAME : bexar county cid

FILE NO. : 252
DATE : 09.09 08:06
TO : 913375213641
DOCUMENT PAGES : 4
START TIME : 09.09 08:06
END TIME : 09.09 08:08
PAGES SENT : 4
STATUS : OK

SUCCESSFUL TX NOTICE

BEXAR COUNTY SHERIFF'S OFFICE
Criminal Investigations Division
San Antonio, Texas 78207
Telephone # 210-335-6070 / Fax # 210-335-6175

"Serving the needs of our communities"



FAX Transmittal

To:	Acadian Ambulance Service
Attn:	Custodian of Records (Kathy)
Fax #:	(337) 521-3641
From:	Detective John Barrera #653

Date: September 09 th , 2015

Pages 4

Attached is Grand Jury Subpoena for records. When completed you can email all - documents. Thanks, jbarrera@bexar.org

BC 072669



Acadian

AMBULANCE SERVICE



NATIONALLY
ACCREDITED

P.O. Box 92970 • LAFAYETTE, LA • 70509-2970

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

September 11, 2015

BWNJXXX
DET JOHN BARRERA#653
200 N COMAL ST
SAN ANTONIO TX 78207

RE: Record Request

Dear DET JOHN BARRERA#653

Enclosed please find the records you requested on MARITZA AMADOR. This correspondence also serves as the invoice for the production of said records if your payment was not included with the request.

If you have any questions please feel free to contact me at 800-259-2222 Ext 8604. Thank you for your business.

Sincerely,

Cathy Hanks
Medical Records

INVOICE

TAX ID # 72-0701964

FEE FOR PRODUCTION OF RECORDS

\$ 0.00

Patient Name	MARITZA AMADOR
Invoice #	A2199891
Date of Service	8/28/15

BC 072670



Acadian
AMBULANCE SERVICE



NATIONALLY
ACCREDITED

P.O. Box 92970 • LAFAYETTE, LA • 70509-2970

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

Certificate of Authenticity

September 11, 2015

I hereby certify that the attached copy of medical records and/or bills regarding MARITZA AMADOR are true and correct copies. These records were prepared in the course of ordinary business of the health care provider at or near the time of the condition/event.

Cathy Hanks
Medical Records
Acadian Ambulance Service, Inc.

NO. _____

THE STATE OF TEXAS

§

IN THE DISTRICT COURT

VS.

§

____ JUDICIAL DISTRICT

§

BEXAR COUNTY, TEXAS

AFFIDAVIT

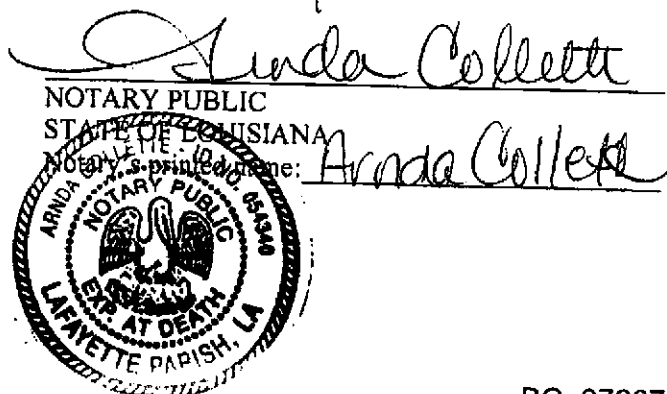
Before me, the undersigned authority, personally appeared Cathy Hanks, who being by me duly sworn, deposed as follows:

My name is Cathy Hanks, I am of sound mind, capable of making this Affidavit, and personally acquainted with the facts herein stated:

I am the CUSTODIAN OF RECORDS for Acadian Ambulance Service, 130 E. Kaliste Saloom Rd., Lafayette, LA. 70508. Attached hereto are 8 pages of records from Acadian Ambulance. These said pages of records are kept by the CUSTODIAN OF RECORDS in the regular course of business, and it was the regular course of business for an employee or representative of Acadian Ambulance, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the originals or exact duplicates of the originals.

Cathy Hanks
AFFIANT

SWORN TO AND SUBSCRIBED before me on the 11 day of September, 20 15.



BC 072672

Prehospital Care Report Summary

Acadian Ambulance Services

Date:08/28/2015 Call #:0617 Incident #:A82850817 Booklet:51504158 Branch: South Central Texas Time Zone:America/Chicago

Call Information:

Disposition:	Treated/Transported	# Patients Transported	
Unit #:	0733 - 733, Ground-Ambulance Trip Type: N/A	In My Unit:	2
Incident Facility:		# Patients at Scene:	2
Incident Location:	24414 Walnut Pass - UBC, TX 78255	Call Received:	11:28:45
Incident Type:	Scene of Accident or Acute Event - Other	Dispatched:	11:54:01
Receiving Facility:	University Hospital of San Antonio (Hospital) - 4502 MEDICAL DR - San Antonio, TX 78229	En Route:	11:54:06
Facility Address:	4502 MEDICAL DR - San Antonio, TX 78229	On Scene:	12:03:42
Destination Type:	N/A	Patient Contact:	12:04:00
Dest. Reason:	Medical Protocol	Left Scene:	12:18:47
Registration #	N/A	At Destination:	12:36:58
		Transfer of Care:	N/A
		In Service:	13:15:14
Loaded Mileage:	13.9 (Total Mileage: 13.9)	Time On Scene:	15 Min
Crew Members:	Renee Saenz, Advanced Trained Paramedic, EMT Paramedic(DOC); Nicholas Wiatrek, EMT Basic(DS)(DH)	Time to Destination:	43 Min
		Total Time of Run:	81 Min

Moved to Amb By: Scoop Stretcher Transport Position: Semi/Full Fowlers From Amb By:

Call Origin: 911 Lights/Siren: Scene / Destination-Not used

Patient Information:

Name:	MARITZA AMADOR	DOB:	08/10/1976
Address:	2513 W HUISACHE - San Antonio, TX 78228	Gender:	Female
Phone:	(210) 262-0726	Age:	39 Years
Email:		Weight:	180.0 lbs, Broselow:
SSN:	452-81-2686		
Driver License:			

Other Contact Info

Name:		Phone:		Cell Phone:	
Relationship:					
Current Meds:	None	Comments:			
Env Allergies:	NKA	Comments:			
Med Allergies:	NKDA	Comments:			
Patient Physician:	Daniel ortiz				
Advanced Directives:					
PMH:	None				
Comment:					

Payer Information:

Priority: Primary	Name: Blue Cross/Blue Shield of Texas	Type: Private Insurance Policy #: ZGP833120041	Group #: 083748
Policy Holder: MARITZA AMADOR, Apt		Phone:	DOB: 08/10/1976
Relationship of Patient to Insured:			

Recurring Scheduled Transports - Medical Need/History:

Primary Condition: N/A

Secondary Condition:

Bed Confined

N/A

Behavioral

N/A

Other

None

Airway Monitoring

N/A

Physical Limitations:

Paralysis

None

Amputations

None

Fractures / Dislocations

None

Paresis (Includes Weakness)

None

Contractures

N/A

Other Physical Limitations

None

Wounds
N/A

Clinical:

Medical Need: Required Stretcher

Onset Date/Time: 08/28/15

Dispatch Reason (EMD): 04 Assault/Rape

Chief Complaint: Head pain

Provider Impression: Trauma Injury

Mechanism of Injury: Blunt Trauma, Fight/Brawl

Protocol 1: Head Trauma

Protocol 2:

Assessments:

Time	Employee	Type	Summary
		ABC	Airway: Patent Breathing: Normal Quality: Unlabored Lung Sounds: Left: Clear Lung Sounds: Right: Clear Skin Color: Flushed Skin Temperature: Normal Skin Condition: Normal Edema: None Cap Refill: < 2 Seconds
		Injury	Injury - Face Location Modifier: External, Right Injury: Swelling Injury Modifier: Comments: RIGHT EYE SWOLLEN SHUT, ENTIRE RIGHT SIDE OF FACE SWOLLEN, NO CREPITUS FELT
		Head To Toe	Head and Neck: Left Eye: Reactive Abdomen and Pelvis LUQ Abdomen: Normal RUQ Abdomen: Normal LLQ Abdomen: Normal RLQ Abdomen: Normal Pertinent Negatives: Head and Neck: Right Eye: Not Reactive
		Neurological	AVPU: Alert

Vitals:

Time	Employee	Summary
		Rhythm 1: Sinus Tach. Rhythm 2:
12:04:00		Glasgow Coma Score: E (4) + V (5) + M (6) = 15
12:11:59	Wiatrek, Nicholas	BP: 145/99 Pulse: 132 Resp: 20 SPO2: 95
12:30:00	Saenz, Renee	BP: 132/100 Pulse: 120 Resp: 20
12:35:00		Glasgow Coma Score: E (4) + V (5) + M (6) = 15

Treatments/Medications:

Time	Employee	Summary
12:04:00	Saenz, Renee	Treatment- ALS Assessment Performed Attempts: N/A Success: Yes
12:09:00	Wiatrek, Nicholas	Treatment- Spinal Precautions Attempts: N/A Success: Yes
12:09:00	Saenz, Renee	Treatment- ECG: 4-Lead Attempts: N/A Success: Yes

09/11/15 09:50

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PCR 1 of 1

BC 072674

12:23:00 Saenz, Renee Treatment- Contact Receiving Hospital
Attempts: N/A Success: Yes

Supply**Qty. Supply****FlexFields:****FlexField****Value**

ePCR - Patient Status 3
ePCR - Was your patient admitted to the hospital? Unknown
ePCR - Patient Belongings: WALLET, BABY BAG
ePCR - Patient Belongings Left With: PATIENT

Patient Info: Last Name - Is This Patient A Veteran? No
Patient Info: Last Name - Is This An Employment Related Accident? No

12:09 ECG: 4-Lead - ECG RHYTHM Sinus Tachycardia
INTERPRETATION

Narrative History Text:

PT WAS PUNCHED IN THE FACED WITH CLOSED FIST MULTIPLE TIMES. PT WAS THEN HIT WITH A "WALKING STICK" LIKE OBJECT IN HER HEAD MULTIPLE TIMES. ONCE THE SCENE WAS DECLARED SAFE PT WAS FOUND SITTING IN A BACK ROOM FEEDING THE BABY. PT'S RIGHT SIDE OF HER FACE IS EXTREMELY SWOLLEN. NO CREPITUS WAS FELT ON PALPATION. PT ALSO HAS A 3-4 INCH LACERATION TO THE MIDDLE OF HER HEAD. PT DENIES LOC, HEAD, NECK OR BACK PAIN. PT DOES NOT HAVE ANY PAIN TO THE LACERATION SITE. PT DENIES NUMBNESS OR TINGLING IN ANY EXTREMITY. PT WAS PLACED IN A C-COLLAR FOR SPINAL PRECAUTIONS. PT'S LACERATION WAS BANDAGED, AND SHE WAS GIVEN AN ICE PACK FOR THE RIGHT SIDE OF HER FACE. PT WAS PLACED ON THE GURNEY. PT WAS ON THE MONITOR FOR THE INITIAL SET OF VITALS ONLY. PT TRANS WITHOUT ANY CHANGES. PT CARE TRANS AT THE HOSPITAL.

Auth Signature: Yes Privacy Sig: Yes Unable to Sign: No Refused to Sign: No

Signature Image(s):

Authorization Signature - Maritza Amador - 08/28/2015 12:55

"I hereby assign and authorize direct payment to Acadian Ambulance Service (AAS) with regard to all of my rights and benefits under any of my existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by AAS, whether in the past, now or in the future. I understand that any health insurance policies of which I am covered are secondary payers to any of my existing liability policies that will cover ambulance transportation in the event of an accident-related claim. I further direct any of my medical insurers to pay directly to AAS all sums due under the applicable policies of all services rendered to me by AAS, whether in the past, now or in the future. To the extent of services provided, I do hereby assign AAS any and all rights I may have against any of my medical insurers allowing AAS any and all causes of action I may have against my medical insurers for their (insurer's) failure to pay the charges attributable to services rendered by AAS. The assignment of the right(s) is limited as described above, and is not to be considered as a subrogation or assignment of any rights or causes of action I or AAS may have against any other third party who may be responsible for payment of the charges incurred and LSA-R.S. 9:4751 et seq." I authorize any holder of medical or other information pertaining to me, including AAS, to release this information to AAS, the Social Security Administration or any other of its affiliates or subsidiaries, or any other institution or person for purposes of treatment, payment and healthcare operations, including but not limited to a determination as to whether I am qualified to receive Medicare benefits for payment of charges incurred for any related claims, whether in the past, now or in the future. I further authorize a copy of this form to be used in lieu of the original." I further understand and recognize that my obligation for charges not paid, within 30 days from demand, is a personable and heritable obligation. In the event that payment is not tendered timely, I will be assessed a 1.5% monthly finance charge on any unpaid balance. I further acknowledge and understand that in the event a third party claim or suit is filed on my behalf, I remain responsible for the full amount due and owing, which will not be subject to any reductions for attorney fees.

Privacy Notice Signature - Maritza Amador - 08/28/2015 12:55

"I hereby assign and authorize direct payment to Acadian Ambulance Service (AAS) with regard to all of my rights and benefits under any of my existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by AAS, whether in the past, now or in the future. I understand that any health insurance policies of which I am covered are secondary payers to any of my existing liability policies that will cover ambulance transportation in the event of an accident-related claim. I further direct any of my medical insurers to pay directly to AAS all sums due under the applicable policies of all services rendered to me by AAS, whether in the past, now or in the future. To the extent of services provided, I do hereby assign AAS any and all rights I may have against any of my medical insurers allowing AAS any and all causes of action I may have against my medical insurers for their (insurer's) failure to pay the charges attributable to services rendered by AAS. The assignment of the right(s) is limited as described above, and is not to be considered as a subrogation or assignment of any rights or causes of action I or AAS may have against any other third party who may be responsible for payment of the charges incurred and LSA-R.S. 9:4751 et seq." I authorize any holder of medical or other information pertaining to me, including AAS, to release this information to AAS, the Social Security Administration or any other of its affiliates or subsidiaries, or any other institution or person for purposes of treatment, payment and healthcare operations, including but not limited to a determination as to whether I am qualified to receive Medicare benefits for payment of charges incurred for any related claims, whether in the past, now or in the future. I further authorize a copy of this form to be used in lieu of the original." I further understand and recognize that my obligation for charges not paid, within 30 days from demand, is a personable and heritable obligation. In the event that payment is not tendered timely, I will be assessed a 1.5% monthly finance charge on any unpaid balance. I further acknowledge and understand that in the event a third party claim or suit is filed on my behalf, I remain responsible for the full amount due and owing, which will not be subject to any reductions for attorney fees.

09/11/15 09:50

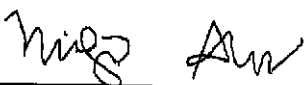
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08/28/2015 Call# 0617 BK: 51504158 - 3 of 9

PCR 1 of 1

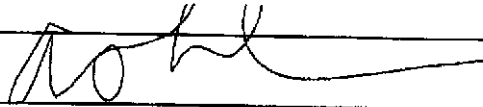
BC 072675

In the event AAS files suit for collection of any past due amounts I may owe, I agree to pay all costs associated with the collection proceedings including but not limited to 25% of the principle amount as attorney fees* as well as all costs of court and accumulated interest or in accordance with state applicable law." I understand and acknowledge that I am personally responsible for any charges including but not limited to base rate, mileage and any ancillaries for services not paid by any insurer(s), including but not limited to, treatment without transport and services deemed not medically necessary or for convenience." I understand that prior payments by an insurer do not guarantee additional payments." I hereby acknowledge that I have been provided with a copy of Acadian Ambulance's Notice of Privacy Practices on this date. I hereby agree that Acadian Ambulance or their designated agent may contact me in regards to my bill and leave a message regarding same on any type of answering device utilizing the following means: telephone, mobile or otherwise; live voice message; pre-recorded message; automatic dialing device; email; text message; and any other reasonable means of communication, written or oral. *Not applicable to Texas




Receiving RN / MD Signature - Ashley - 08/28/2015 12:55

(Must accompany Medic's Signature If no Patient OR Patient Representative signature can be obtained) certify that our Institution has furnished care or other services to the above named patient. In the event that you are unable to obtain the patient's signature or the signature of an authorized Patient Representative, I hereby sign on the patient's behalf.



In the event AAS files suit for collection of any past due amounts I may owe, I agree to pay all costs associated with the collection proceedings including but not limited to 25% of the principle amount as attorney fees* as well as all costs of court and accumulated interest or in accordance with state applicable law." I understand and acknowledge that I am personally responsible for any charges including but not limited to base rate, mileage and any ancillaries for services not paid by any insurer(s), including but not limited to, treatment without transport and services deemed not medically necessary or for convenience." I understand that prior payments by an insurer do not guarantee additional payments." I hereby acknowledge that I have been provided with a copy of Acadian Ambulance's Notice of Privacy Practices on this date. I hereby agree that Acadian Ambulance or their designated agent may contact me in regards to my bill and leave a message regarding same on any type of answering device utilizing the following means: telephone, mobile or otherwise; live voice message; pre-recorded message; automatic dialing device; email; text message; and any other reasonable means of communication, written or oral. *Not applicable to Texas



Technician Signature - Saenz, Renee - 08/28/2015 12:55



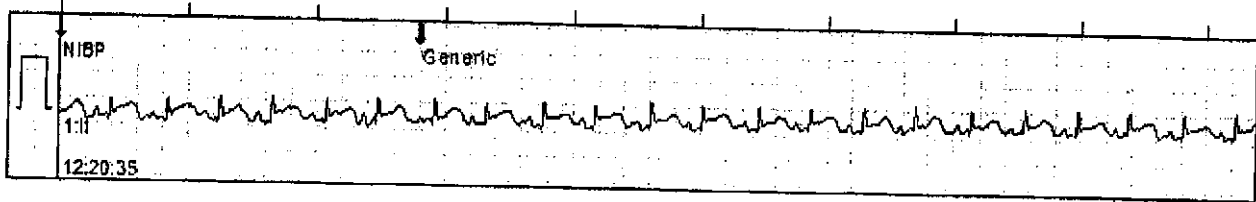
On Scene Condition Code: 796.4 (Abnormal vital signs [Includes abnormal pulse ox])

Agency Definable Field 1: 766959-853285-AUS Agency Definable Field 2: N/A

General Comments: N/A

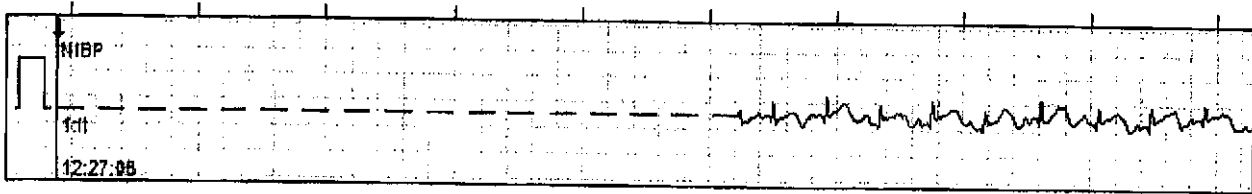
Prehospital Care Report Summary

Date:08/28/2015 Call #: 0617 Booklet:51504158



Prehospital Care Report Summary

Date:08/28/2015 Call #: 0617 Booklet:51504158





Acadian AMBULANCE SERVICE



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P.O. Box 92970 • LAFAYETTE, LA • 70509-2970

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

September 2, 2015

BWNJXXK
- DET JOHN BARRERA #653
200 N COMAL ST
SAN ANTONIO TX 78207

RE: Record Request

Dear DET JOHN BARRERA #653

Enclosed please find the records you requested on GILBERT FLORES. This correspondence also serves as the invoice for the production of said records if your payment was not included with the request.

If you have any questions please feel free to contact me at 800-259-2222 Ext 8604. Thank you for your business.

Sincerely,

Cathy Hanks
Medical Records

INVOICE

TAX ID # 72-0701964

FEE FOR PRODUCTION OF RECORDS

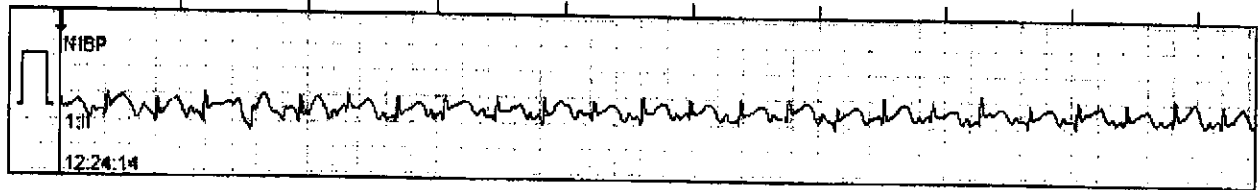
\$ 0.00

Patient Name	GILBERT FLORES
Invoice #	R 5-0565
Date of Service	8/28/15

BC 072679

Prehospital Care Report Summary

Date:08/28/2015 Call #: 0617 Booklet:51504158



Prehospital Care Report Summary

Date:08/28/2015 Call #: 0617 Booklet:51504158

