

F-902M
DECEMBER 2004

LOS ANGELES FIRE DEPARTMENT
EMERGENCY MEDICAL SERVICE REPORT

CC 408789

Incident Date 062509	Incident No. 512	Dispatch Code 957	Pl. No. 01	Of 01	No. Transported 01	First on Scene EN071	Special Studies 1	Supp. Report Page 2	AMA	DOA
Company ID or Transport Co. RA071	Time of Alarm 1222	Time on Scene 1226	Begin Transport 1307	Time at Facility 1313	Time Complete 1630	Age 50	Sex M	DOB N.O.	Color M	Code F
Street No. 100	Street Name / Location Carolwood	Type DR	Fr / Rm / Apt 152	Census Loc.	Wt. 150	Lbs KGS	Feet COLOR Code			
Contact 818	Protocol E18	VIA ALS	TRANSPORT ID PM ID 1 32907	Signature R.D.M.	REASON No SC Req'd No SC Access	SC Guide SC Guide Request Health Plan	POLICE ASSIST. In Custody Stand by	CA /		
Company ID RA071	Time on Scene 1226	Time at Patient 1227	PM ID 1 32907	Signature R.D.M.	PM ID 2 51210	EMT 32663	PM ID 3 EMT	PM ID 4 EMT	PM ID 5 EMT	PM ID 6 EMT
Name / Last Jackson	First Michael	M	Date of Birth 08-28-1958	Home Telephone No. 000-000-0000	State CA	ZIP Code 90024	3-1			
Street No. 100	Street Name / Location Carolwood	Type DR	Fr / Rm / Apt 152	City LA	State CA	ZIP Code 90024	3-1			
Social Security No.	Medicare No.	Medi-Cal No.	Issue Date	FD /						
Patient File No. 36123975944-4	Insurance Carrier	Account No.	ED /							
<p>Soja found supine on floor, CPR in progress, via PND Murray CAX 601168, NO visible New Trauma, Good Lung sounds bilaterally intubation, IV in place via PND Murray lt leg, linker IV - Jug/lt side via PND 9, pulses 2 cpr, Capnography initial 16 @ transfer 26, good Lung sounds throughout and @ transfer</p>										
<p>Meds RX: Lorazepam, 1000 cc N/S for hydration separate two</p>										
<p>Allergies Allergy - Thorazine</p>										
<p>Vitals Time ID # Blood Pressure 4.4 Under 90 < 70 Adult BP < 90 Pulse RR Resp. RATE T Vol SpO2% Time ID # EKG 12291 81 90/60 20 1233 Acc 1234 2 FAI 1mg IV LL N 12341 81 90/60 20 1234 ASY 1243 2 ATR 1mg IV LL N 1243 81 90/60 20 1243 ASY 1258 2 BIC 5mg IV J N 1250 81 90/60 20 1259 ASY</p>										
<p>Medical History <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Current Complaint <input type="checkbox"/> Heart Disease <input type="checkbox"/> No Sig. Hx. <input type="checkbox"/> Seizure <input type="checkbox"/> CHF <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> Allergy - Thorazine</p>										
<p>Physical Exam Head: <input type="checkbox"/> Normal <input type="checkbox"/> R Moncl <input type="checkbox"/> Appears Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Suspected Abuse <input type="checkbox"/> Abnormal <input type="checkbox"/> STriob <input type="checkbox"/> Cyanotic <input type="checkbox"/> NoT <input type="checkbox"/> Inquiry Requested <input type="checkbox"/> Clear <input type="checkbox"/> WHeezes <input type="checkbox"/> JAndred <input type="checkbox"/> COLD <input type="checkbox"/> Poison Control Contacted <input type="checkbox"/> LAtered <input type="checkbox"/> UNequal <input type="checkbox"/> FAls <input type="checkbox"/> Diaphoretic <input type="checkbox"/> OTHER <input type="checkbox"/> RAles <input type="checkbox"/> UNequal <input type="checkbox"/> Cap. Fall <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> ETOH/Drug Suppl</p>										
<p>Level of Severity <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe</p>										
<p>Other <input type="checkbox"/> No Treatment <input type="checkbox"/> Refused Treatment <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> AED-Analysis <input type="checkbox"/> AirWay Obs. Removed <input type="checkbox"/> AED-Defibrillation <input type="checkbox"/> Bld Gluc 284 <input type="checkbox"/> Rk Blows/Thrust <input type="checkbox"/> Bld Gluc 284 <input type="checkbox"/> BVM <input type="checkbox"/> CAD/overly <input type="checkbox"/> CPR <input type="checkbox"/> CO2 Detector <input type="checkbox"/> Dressing <input type="checkbox"/> DEB/Infusion <input type="checkbox"/> EMT Exp Scope <input type="checkbox"/> EKG Monitoring <input type="checkbox"/> EMT Med. Assist <input type="checkbox"/> ETC Imbibation <input type="checkbox"/> Ice Pack <input type="checkbox"/> IV Insertion 15 <input type="checkbox"/> IV Additive/Pump <input type="checkbox"/> IV Monitoring <input type="checkbox"/> IV Monitoring <input checked="" type="checkbox"/> MECS Adm'n. <input type="checkbox"/> OXY <input type="checkbox"/> PC / M <input type="checkbox"/> Needle CRIO <input type="checkbox"/> OPAP Airway <input type="checkbox"/> Restraints <input type="checkbox"/> Needle Thoracost <input type="checkbox"/> Spinal Immobil <input type="checkbox"/> Pulse Oxime/Try <input type="checkbox"/> Shock Position <input type="checkbox"/> Syringe Asp. <input type="checkbox"/> SPlint <input type="checkbox"/> Total IV Fluids Given <input type="checkbox"/> Traction <input type="checkbox"/> Traction Splint <input type="checkbox"/> Vaginal Maneuvers <input type="checkbox"/> Other <input type="checkbox"/> OX/EI <input type="checkbox"/> 12 Lead</p>										

DISTRIBUTION: WHITE - IAFM/MSRI YELLOW - CIVILIAN/DEPARTMENT OF HEALTH SERVICES PINK - PATIENT BLUE - PATIENT/CLINICIAN GREEN - BAC UP/STAFF

LAFD006

HIGHLY CONFIDENTIAL

Exhibit 507 - 6