

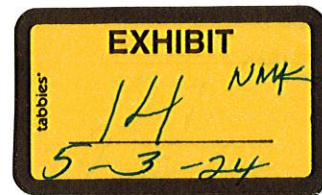
Call Date: 01/29/2022 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
22-449	0608	911 - ASSIST FIRE / MEDICAL			

Further Departmental Action 1

Call Taker: KDEVE - Dever, Kelly
Primary Id: SGOOD - Goode, Sean
Call Closed By: TLEHA - Lehan, Edward 01/29/2022 0748
Call Modified By: TLEHA - Lehan, Edward
Location/Address: 32 FAIRVIEW RD
Jurisdiction: Canton
Post: 3WEST Saraf, Steven
Disp-06:09:16 Arvd-06:09:29 Clrd-07:48:30
Cleared By: TLEHA - Lehan, Edward
Post: 3EAST Mullaney, Stephen
Disp-06:09:18 Arvd-06:09:26 Clrd-07:48:27
Cleared By: TLEHA - Lehan, Edward
Post: 3SGT1 Goode, Sean
Disp-06:09:24 Arvd-06:09:33 Clrd-07:48:33
Cleared By: TLEHA - Lehan, Edward
Narrative: 01/29/2022 0609 Dever, Kelly
Person found in snowbank, Officer Saraf and Mullaney to respond with C.F.D.

Refer To Incident: [22-87-OF](#)



A 21050 MA 01 29 2022 001 0000389 000 Delete Change No Agency **WFRS-1 Basic**

FID State Incident Date Station Incident Number Exposure

B Location Type Check this box to indicate the fire address has an alternate responsibility on the WFRS and Fire Module or Section 8 "Alternative Location Specification" USA only for use by fire.

Street address Intersection In front of Rear of Adjacent to Directions U.S. National Grid

34 FAIRVIEW CANTON RD 02021

Number/Zip Post Prefix Street or Highway City State ZIP Code

EXHIBIT *NMK*
15
5-3-24

C Incident Type 321 EMS call, excluding ve...

E1 Dates and Times Month 01 Day 29 Year 2022 Hour 06 Min 06

E2 Shifts and Alarms Local Option CAN

E3 Special Studies Local Option

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

Arrival 0612
Controlled
Last Unit Cleared 0640

F Actions Taken 34 Transport person

G1 Resources Check this box and stop this check of an Apparatus or Personnel Module is used

Apparatus Personnel
Suppression
EMS
Other

G2 Estimator Dollar Losses and Values Requested for all fires of 10000
Optional for most fires

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
Deaths Injuries
Fire Service Civilian

H2 Detector Detector alerted occupants
 Detector did not alert them
 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 BRC 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: household spill, cleanup only
7 Motor oil: from engine or portable container
8 Paint: from paint cans totaling <55 gallons
9 Other: special HazMat actions 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

Outside
124 Playground or park
055 Crops or orchard
869 Forest (timberland)
007 Outdoor storage area
sanitary landfill
or field

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/Boarding house
449 Commercial hotel or motel
459 Residential, board and care
464 Dormitory/Barracks
519 Food and beverage sales

639 Household goods, sales, repairs
674 Gas or service station
579 Motor vehicle/boat sales/repairs
599 Business office
615 Electric-generating plant
629 Laboratory/Science laboratory
700 Manufacturing plant
819 Livestock/Poultry storage (barn)
882 Non-residential parking garage
891 Warehouse

936 Vacant lot
938 Graded/Cared for plot of land
948 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

Property Use 965
Vehicle parking area

EXHIBIT *NMK*
Gidat
5-3-24

K1 Person/Entity Involved

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 _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

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

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

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 _____

L Remarks

E. WENDELL ROBERY
 January 29, 2022 07:17:34

Ambulance transported to Good Samaritan Hospital. FF Nuttall, McLaughlin detailed to ambulance.

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Officer in charge ID: 495 Signature: _____ Position or rank: _____ Assignment: _____ Month: 01 Day: 29 Year: 2022

Member making report ID: 495 Signature: _____ Position or rank: _____ Assignment: HC Month: 01 Day: 29 Year: 2022

A Delete Change **NFIRS-10 Personnel**

FOID State Incident Date Station Incident Number Exposure

B Apparatus or Resources Dates and Times Sent Number of People Apparatus Use Actions Taken

Dispatch Arrival Clear

Month Day Year Hour/Min

Check if some date is Alert date on the Basic Module (Block E1)

Check ONE box for each apparatus to indicate its main use at the incident

Use up to 4 actions for each apparatus and each personnel

Suppression EMS Other

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
495	E. WENDELL ROBERY		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID Dispatch Arrival Clear

Month Day Year Hour/Min

Sent Number of People

Suppression EMS Other

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1711	ANTHONY D. FLEMATTI		<input checked="" type="checkbox"/>				
2041	Matt Kelly		<input checked="" type="checkbox"/>				
1913	TIMOTHY NOTTALL		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID Dispatch Arrival Clear

Month Day Year Hour/Min

Sent Number of People

Suppression EMS Other

Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1785	KATIE M. MCLAUGHLIN		<input checked="" type="checkbox"/>				
931	GREGORY A. WOODBURY		<input checked="" type="checkbox"/>				
1645	FRANK WALSH		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A Rele Library No Activity **ES0-1 Non-NFIRS Fields**

FDD State Incident Date Station Incident Number Exposure

E1 Additional Incident Times

PSAP Received	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text" value="0604"/>			<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text" value="0605"/>		

B Apparatus or Resources	Dates and Times		Month Day Year Hour/Min		ID	Type	En Route	District
	Month	Day	Year	Hour/Min				
<input type="text" value="1"/> ID <input type="text" value="C-5"/> Type <input type="text"/>	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text" value="0607"/>	<input type="text" value="5"/> ID <input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text"/>	<input type="text" value="6"/> ID <input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
<input type="text" value="2"/> ID <input type="text" value="A-1"/> Type <input type="text"/>	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text" value="0607"/>	<input type="text" value="7"/> ID <input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text"/>	<input type="text" value="8"/> ID <input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
<input type="text" value="3"/> ID <input type="text" value="E-3"/> Type <input type="text"/>	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text" value="0607"/>	<input type="text" value="9"/> ID <input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
	<input type="text" value="01"/>	<input type="text" value="29"/>	<input type="text" value="2022"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
<input type="text" value="4"/> ID <input type="text"/> Type <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="En Route"/>	<input type="text" value="District"/>

PATIENT INFORMATION				CLINICAL IMPRESSION	
Last	O'KEEFE	Address		Primary Impression	Cardiac Arrest
First	JOHN	Address 2		Secondary Impression	
Middle		City	Canton	Protocol Used	
Gender	Male	State	MA	Anatomic Position	General/Global
DOB		Zip	02021	Onset Time	06:00:00 01/29/2022
Age	46	Country		Last Known Well	
Weight		Tel		Chief Complaint	Cardiac arrest last seen 0100 last night
Ped. Color		Physician		Duration	Units
SSN		Ethnicity	Not Hispanic or Latino	Secondary Complaint	
Race	White			Duration	Units
Advance Directives				Patient's Level of Distress	
Resident Status				Signs & Symptoms	Cardiovascular - Cardiac arrest
Patient Resides in Service Area				Injury	Environmental - Exposure to excessive cold - natural - Street or Highway - 01/28/2022
Temporary Residence Type				Additional Injury	
				Mechanism of Injury	Other
				Medical/Trauma	Medical
				Barriers of Care	Unconscious
				Alcohol/Drugs	Unknown
				Pregnancy	No
				Initial Patient Acuity	Critical (Red)
				Final Patient Acuity	Critical (Red)
				Patient Activity	

MEDICATIONS/ALLERGIES/HISTORY/IMMUNIZATIONS	
Medications	None reported
Allergies	No known allergies
History	None reported
Immunizations	
Last Oral Intake	

VITALS/ET/CO2															
Time	AVPU	Side	POB	BP	Pulse	RR	SPO2	ET/CO2	CO	BG	Temp	Pain	GCS (E+V+M)/Gon/Blers	RTS	PTS
06:15	Unresponsive	L	Lay		0	0							3=1+1+1		
06:17	Unresponsive	L	Lay		0	0							3=1+1+1		
06:27	Unresponsive	L	Lay		0	0	18					0	3=1+1+1		
06:32	Unresponsive	L	Lay		0	0	9						3=1+1+1		
06:34	Unresponsive	L	Lay		0	0	8						3=1+1+1		
06:42	Unresponsive	L	Lay		0	0						0	3=1+1+1		
06:49	Unresponsive	L	Lay		0	0	8				60.0 F/R	0	3=1+1+1		

ECG			
Time	Type	Rhythm	Notes
06:32	3-Lead	Asystole	
06:34	3-Lead	Asystole	
06:42	3-Lead	Asystole	
06:45	3-Lead	Asystole	

Flow Chart

Time	Treatment	Description	Provider
06:17	CPR	Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:17	ALS Assessment		FLEMATTI, ANTHONY D.
06:18	Oxygen	Bag Valve Mask (BVM); Flow Rate: 15 lpm; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	NUTTALL, TIMOTHY
06:19	Intraosseous	EZ-40 (Blue 25mm); IO-Tibia-Right Proximal; Normal Saline (0.9% NaCl) - Warm; Total Fluid: 350 ml; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	WALSH, FRANK
06:20	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	WALSH, FRANK
06:20	OPA	Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	NUTTALL, TIMOTHY
06:20	Warming	Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:22	Orotracheal Intubation	7.5; Placed At 27cm; Placement Verification: Auscultation, Chest Rise, Waveform ETCO2, Airway Complications: Patient Vomiting/Aspiration Comments: suction with rigid tip and soft deep suction after successful intubation; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	NUTTALL, TIMOTHY
06:25	Mechanical CPR	Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:25	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	WALSH, FRANK
06:26	Suction	Comments: rigid tip; Contents: Blood; Amount: 150; Patient Response: Improved; Successful; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:30	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:31	Suction	Comments: french tip deep suction via E1; Contents: Vomit; Amount: 50; Patient Response: Improved; Successful; Complication: None; Medical Control: Protocol (Standing Order);	NUTTALL, TIMOTHY
06:31	Intraosseous	EZ-40 (Yellow 45mm); IO-Tibia-Left Proximal; Normal Saline (0.9% NaCl); Total Fluid: 10 ml; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:35	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:40	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.
06:45	Epinephrine 1:10	1 Milligram (mg); Intraosseous (IO); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	FLEMATTI, ANTHONY D.

Assessments

Assessment Time: 01/29/2022 06:18:00

Category	Comments	Subcategory	
Mental Status		Mental Status	✓ Unresponsive
Skin	Erythematous on posterior of body	Skin	✓ Cold - Red (Erythematous) X Lividity
HEENT		Head	Head: No Abnormalities
		Face	✓ Face: Swelling
		Eyes	✓ Left: 4-mm - Non-Responsive Right: 4-mm - Non-Responsive
		Neck	No Abnormalities
Chest		Chest	General: No Abnormalities
		Heart Sounds	Not Assessed
		Lung Sounds	✓ LL: Not Assessed LU: Breath Sounds - Clear RL: Not Assessed RU: Breath Sounds - Clear
Abdomen		General	✓ Distension
Back		Back	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	Pelvis/GU/GI: No Abnormalities
Extremities	Cold rigid hands and feet. Multiple dry blood lacerations to R Arm	Left Arm	✓ Hand - Whole Hand: Other
		Right Arm	✓ Forearm: Other Arm - Upper: Other Hand - Whole Hand: Other
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	✓ Left - Femoral: Absent Left - Carotid: Absent

Assessment

Assessment Time: **01/29/2022 08:18:00**

Category	Comments	Subcategory	
Neurological	Unresponsive	Neurological	Not Assessed

Assessment

Assessment Time: **01/29/2022 08:40:00**

Category	Comments	Subcategory	
Mental Status		Mental Status	✓ Unresponsive
Skin	Erythematous on posterior of body	Skin	✓ Cold + Ben (Erythematous) ✓ Lividity
HEENT		Head	Head: No Abnormalities
		Face	✓ Face: Swelling
		Eyes	✓ Left: 4-mm • Non-Responsive ✓ Right: 4-mm • Non-Responsive
Chest		Neck	No Abnormalities
		Chest	General: No Abnormalities
		Heart Sounds	Not Assessed
		Lung Sounds	✓ LU: Not Assessed LU: Breath Sounds - Clear RU: Not Assessed RU: Breath Sounds - Clear
Abdomen		General	✓ Distention
Back		Back	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	Pelvis/GU/GI: No Abnormalities
Extremities	Cold rigid hands and feet, Multiple dry blood lacerations to R Arm	Left Arm	✓ Hand - Whole Hand: Other
		Right Arm	✓ Forearm: Other Arm - Upper: Other Hand - Whole Hand: Other
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	✓ Left - Femoral: Absent Left - Carotid: Absent
Neurological	Unresponsive	Neurological	Not Assessed

Narrative

Dispatched to the above stated address in front yard for the unresponsive PT. Weather at time of call severe blizzard conditions, PT was in front yard surrounded by snow with unknown woman attempting chest compressions. No rigor or lividity found on PT, EMS took over CPR and found PT to be asystolic on the monitor. PT was placed on scoop and secured to stretcher and secured to ambulance to get PT out of weather and begin warming and continue ACLS protocols. Physical finding for PT found red skin on posterior of PT from exposure to weather, scratches/lacerations on right arm, contusion and swelling to R eye, Distended abdomen, cold rigid fingers and toes, rigor on extremities.

Initial and ongoing assessments shown above.

Interventions listed above at times noted above. Monitored vital signs, EKG, intervention quality, cardiac, respiratory, neuro status of PT en route to hospital. PT was transported to GSMC -> ER -> Room and Bed 1. Care was transferred RN and MD staff w/o change of incident. PT was unresponsive with rectal temp of 80 F taken RN on arrival with no complications at time of transfer of care. CPR continued in ER at time of clearing facility.

Specialty Patient - Advanced Airway

Airway	Indications	Monitoring Devices	Rescue Devices	Reasons Failed Intubation
Class2 Grade3	Apnea/Agonal Respirations	C - Collar ECG EtCO2 Bougie CPR	BVM	N/A

Specialty Patient - CPR

Cardiac Arrest	Yes. Prior to EMS Arrival	Prearrival CPR Instructions	Unknown	In Field Pronouncement	
Cardiac Arrest Etiology	Cardiac (Presumed)	First Defibrillated By	Not Applicable	Expired	No
Estimated Time of Arrest	>20 Minutes	Time of First Defib		Time	
Est Time Collapse to 911		Initial ECG Rhythm	Asystole	Date	
Est Time Collapse to CPR		Rhythm at Destination	Asystole	Physician	
Arrest Witnessed By	Not Witnessed	Hypothermia	No		
CPR Initiated By	Family Member	End of Event	Ongoing Resuscitation in ED		
Time 1st CPR	06:10:01/29/2022	ROSC	No		
CPR Feedback	No	ROSC Time			

Name: O'KEEFE, JOHN

Incident #: 22-4491

Date: 01/29/2022

Patient 1 of 1

Specialty Patient - CPR			
ITD Used	No	ROSC Occurred	
Applied AED	No	Resuscitation Discontinued	
Applied By		Discontinued Reason	Protocol/Policy Requirements Completed
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes; Initiated Chest Compressions
CPR Type	Compressions - Continuous		

Patient Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Transported Lights/Siren	PSAP Call	06:04:00
Location		Transport Due To	Closest Facility	Dispatch Notified	
Address	34 FAIRVIEW RD	Transported To	Good Samaritan Medical Center	Call Received	06:04:00
Address 2		Requested By	Bystander	Dispatched	06:06:25
Mile Marker		Destination	Hospital	En Route	06:07:49
City	Canton	Department	Emergency Room	Staged	
County	Norfolk	Address	235 North Pearl Street	Resp on Scene	
State	MA	Address 2		On Scene	06:14:48
Zip	02021	City	Brookton	At Patient	06:15:30
Country	US	County	Plymouth	Care Transferred	
Medic Unit	CANAMB1	State	MA	Depart Scene	06:27:58
Medic Vehicle	Ambulance 1	Zip	02001	At Destination	06:45:37
Run Type	911 Response	Country	US	Pt. Transferred	
Response Mode	Emergent	Zone		Call Closed	07:35:00
Shift	CPD	Condition at Destination		In District	
Zone	Canton District 1	Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Cardiac Arrest - Death	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority					

Crew Members		
Personnel	Role	Certification Level
FLEMATTI, ANTHONY D.	Lead	2009 Paramedic - MA (Massachusetts) - 573437; NREMT-Paramedic (NREMT-P)
MC LAUGHLIN, KATIE M.	Driver	NREMT-Paramedic (NREMT-P) - M5036653; 2009 Paramedic - MA (Massachusetts)
NUTTALL, TIMOTHY	Other	NREMT-Paramedic (NREMT-P) - M5054493; 2009 Paramedic - MA (Massachusetts)
WALSH, FRANK	Other	2009 Paramedic - MA (Massachusetts) - 694914; NREMT-Paramedic (NREMT-P)
Kelly, Matt	Other	

Insurance Details			
Insured's Name		Primary Payer	Dispatch Nature
Relationship		Medicare	Response Urgency
Insured SSN		Medicaid	Job Related Injury
Insured DOB		Primary Insurance	Employer
Address1		Policy #	Contact
Address2		Primary Insurance Group Name	Phone
Address3		Group #	Mileage to Closest Hospital
City		Secondary Ins	
State		Policy #	
Zip		Secondary Insurance Group Name	
Country	US	Group #	

Mileage		Delays		Additional Agency	
Scene	1.0	Category	Delays	Canton Police	
Destination	9.0				
Loaded Miles	8.0				
Start	1.0				
End	9.0				
Total Miles	8.0				

Next of Kin		
Next of Kin Name	Address1	City

Canton Fire Department
Patient Care Record

Name: O'KEEFE, JOHN

Incident #: 22-4491

Date: 01/29/2022

Patient 1 of 1

Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Personal Items		
Item	Given To	Comment
Purse/Wallet	RN	with cash in wallet

PATIENT INFORMATION				Clinical Impression	
Last	READ	Address	[REDACTED]	Primary Impression	Behavioral/psychiatric episode
First	KAREN	Address 2	[REDACTED]	Secondary Impression	Anxiety reaction/Emotional upset
Middle		City	Canton	Protocol Used	
Gender	Female	State	MA	Anatomic Position	General/global
DOB	[REDACTED]	Zip	02021	Onset Time	
Age	41	Country	US	Last Known Well	
Weight		Tel		Chief Complaint	Psych eval
Ped Color		Physician		Duration	Units
SSN		Ethnicity	Hispanic or Latino	Secondary Complaint	Eval
Race	White			Duration	Units
Advance Directives				Patient's Level of Distress	
Resident Status				Signs & Symptoms	Behavior/Emotional State - Emotional stress
Patient Resides In Service Area				Injury	--
Temporary Residence Type				Additional Injury	
				Mechanism of Injury	
				Medical/Trauma	Medical
				Barriers of Care	None Noted
				Alcohol/Drugs	None Reported
				Pregnancy	Unable to Complete
				Initial Patient Acuity	Lower Acuity (Green)
				Final Patient Acuity	Lower Acuity (Green)
				Patient Activity	



Medication/Allergies/History/Immunizations	
Medications	None Reported
Allergies	No known allergies
History	Multiple Sclerosis
Immunizations	
Last Oral Intake	

VITAL SIGNS															
Time	AVPU	S1a	PO2	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
06:55	Alert	L	S1		88 R	18 R	98 Rm					0	15-4-5+6		
07:05	Alert	L	S1			18 R						0	15-4-5+6		

Assessment			
Category	Comments	Subcategory	
Mental Status		Mental Status	Normal Baseline For Patient
Skin		Skin	No Abnormalities
HEENT		Head	Head: No Abnormalities
		Face	Face: No Abnormalities
		Eyes	Both Eyes: PERRL
		Neck	No Abnormalities
Chest		Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed
Abdomen		General	Not Assessed
Back		Back	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	Whole Arm and Hand: No Abnormalities
		Right Arm	Whole Arm and Hand: No Abnormalities
		Left Leg	Left Leg and Foot: No Abnormalities
		Right Leg	Right Leg and Foot: No Abnormalities
Neurological		Neurological	Not Assessed

Narrative:

Name: READ, KAREN

Incident #: 22-4495

Date: 01/29/2022

Patient 1 of 1

CPD A2 dispatched to A/A for a section 12. U/a found 41 y/o female surrounded by Canton Police Department and a friend. CPD states, pt husband was just taken to hospital due to suffering cardiac arrest. CPD states, pt called some friends and family stating "if my husband dies, then i am going to die". Pt states she made 51 comments but it was due to being distraught over her husband's death and she had no plan to kill herself. Pt states she found her husband "frozen dead in the snow". Pt states she performed mouth to mouth CPR on husband. Pt states her and her husband had an argument earlier in the night. Pt states she has no psych history. Pt denies any drugs or alcohol use.

Found pt sitting in front passenger seat of friends car. Pt crying and visibly upset but cooperative. Pt is A&Ox4. Airway patent and pt speaking in full sentences. RR is normal rate and depth. Skin is normal color and temp. Radial pulses strong and equal bilaterally. Pupils PERRL. +csm'sxd.

Vital signs taken and obs's monitored.

Pt moved ambulatory onto stretcher. Secured pt five straps, rails up, in poc. Pt being transported to Good Samaritan Hospital. CPD E3 member detailed for transport. Pt remained cooperative during transport. Pt walked ambulatory into ER. Pt walked ambulatory onto bed. Secured pt bed down, rails up, in poc. Gave report and transferred pt care/section 12 over to nursing staff with no change or incident. End run JB.

Arrival Details		Destination Details		Incident/Times	
Location Type	Street or Highway	Disposition	Transported Lights/Siren	PSAP Call	06:41:00
Location	STREET BOX	Transport Due To	Law Enforcement	Dispatch Notified	
Address	32 FAIRVIEW RD	Transported To	Beth Israel Deaconess Hospital Milton Inc	Call Received	06:41:00
Address 2		Requested By	Law Enforcement	Dispatched	06:42:52
Mile Marker		Destination	Hospital	En Route	06:44:30
City	Canton	Department	Emergency Room	Staged	
County	Norfolk	Address	199 Reedsdale Road	Resp on Scene	
State	MA	Address 2		On Scene	06:50:37
Zip	02021	City	Milton	At Patient	06:51:00
Country	US	County	Norfolk	Care Transferred	
Medic Unit	CANAMB2	State	MA	Depart Scene	07:06:36
Medic Vehicle	Ambulance 2	Zip	02185	At Destination	07:24:27
Run Type	911 Response	Country	US	Pt. Transferred	07:35:00
Response Mode	Emergency	Zone		Call Closed	08:00:00
Shift	GP1	Condition at Destination		In District	
Zone		Destination Record #		At Landing Area	
Level of Service	Basic Life Support	Trauma Registry ID			
EMD Complaint	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority					

Crew Members		
Personnel	Role	Certification Level
BECKER, JASON A.	Lead	
POCH, JR., SAMUEL E.	Driver	
WHITLEY, DANIEL J.	Other	

Insurance Details			
Insured's Name	Primary Payer	Dispatch Nature	
Relationship	Medicare	Response Urgency	
Insured SSN	Medicaid	Job Related Injury	
Insured DOD	Primary Insurance	Employer	
Address1	Policy #	Contact	
Address2	Primary Insurance Group Name	Phone	
Address3	Group #	Mileage to Closest Hospital	
City	Secondary Ins		
State	Policy #		
Zip	Secondary Insurance Group Name		
Country	Group #		

Mileage		Delays		Additional Agencies	
Scene	1.0	Category	Delays		
Destination	9.3				
Loaded Miles	8.3				geo-verified
Start	0.1				

Name: **FRID, KAREN**

Incident #: **22-4495**

Date: **01/29/2022**

Patient 1 of 1

MIRAGE	
End	10.3
Total Miles	10.7

Next of Kin					
Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Patient History		
Name	Given To	Comment
Cecil Phone/Pager		