

NUECES COUNTY D.A.'S FILE

AMBULANCE RECORDS

2/4/83

AMBULANCE PATIENT RECORD

AID AMBULANCE SERVICE
1401 MORGAN ST.
CORPUS CHRISTI, TEXAS

00980

(PLEASE PRINT LEGIBLY, ONE CHARACTER PER BLOCK)

PATIENT'S NAME WANDA	SEX F	AGE 24	DATE OF RUN 02/07/31
RACE CLEO	TELEPHONE EMU 8841194	BIRTHDAY 002658	TIME AMBULANCE DISPATCHED 201325
STATE TX	ZIP CODE 78140	EMPLOYER SHAMROCK	TIME ARRIVED AT SCENE 201610
STREET ADDRESS SHAMROCK 2602 SP/D	FIRST NAME, INITIAL	RELATION TO PATIENT	TIME DEPARTED SCENE 204010
CITY	PHONE	POLICY NUMBER	TIME ARRIVED AT DESTINATION 204430
PATIENT INSURED BY:			TIME RETURNED TO SERVICE 212500

INCIDENT INFORMATION LOCATION OF INCIDENT (STREET, HIGHWAY, INTERSECTION, ETC.) SHAMROCK 2602 SP/D		POLICE AT SCENE? 19 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
EMERGENCY CALL (THE CODES) <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT NON EMERGENCY <input type="checkbox"/> ROUTINE NON EMERGENCY <input type="checkbox"/> STANDBY		CALLED BY RAND	
MEDICAL INFORMATION ILLNESS OR INJURY INJURY SITES 124		APPEARANT CAUSE OR REMARKS OF INJURIES OR ILLNESS 6.5 x 0.8 2 apparent stab wound to chest (L side) found lying on sidewalk unceremonious (3 months) blood on sidewalk breathing sharp pain pulse	

TREATMENT GIVEN TO PATIENT		PATIENT'S CONDITION EN ROUTE	
<input checked="" type="checkbox"/> CONTROLLED BLEEDING	<input checked="" type="checkbox"/> BANDAGING	1 <input type="checkbox"/> UNCHANGED	2 <input type="checkbox"/> IMPROVED
<input type="checkbox"/> COLD APPLICATION	<input type="checkbox"/> SPINAL IMMOBILIZATION	3 <input checked="" type="checkbox"/> WORSENER	
<input type="checkbox"/> LIMB SPLINTS	<input type="checkbox"/> TRACTION APPLIED	VITAL SIGNS	
<input type="checkbox"/> PATIENT RESTRAINTS	<input type="checkbox"/> PSYCHOLOGICAL FIRST-AID	AT LOCATION	EN ROUTE
<input type="checkbox"/> OBSTETRICAL DELIVERY	<input type="checkbox"/> TRANSPORTATION ONLY	BLOOD PRESSURE	0/0 0/0
<input type="checkbox"/> SUCTIONED AIRWAY	<input type="checkbox"/> AIRWAY TUBE	PULSE	40 0
<input type="checkbox"/> ENDOTRACHEAL TUBE		RESPIRATION	6 0
OTHER (EXPLAIN) W NCS 3 AMP (NAHCO3 AMP)		SEVERITY OF CONDITION	
TIME STARTED MEDICATIONS 2:05		<input type="checkbox"/> GOOD	<input type="checkbox"/> APPARENTLY DIED AFTER ARRIVED
TYPE AND DOSAGE LR 0ml x 2		<input type="checkbox"/> FAIR	<input type="checkbox"/> APPARENTLY DIED AFTER AMB ARRIVED
OTHER (EXPLAIN) WASIVE PAIN		<input type="checkbox"/> POOR	<input type="checkbox"/> APPARENTLY DIED EN ROUTE
OTHER (EXPLAIN)		<input checked="" type="checkbox"/> CRITICAL	

REFUSAL OF SERVICE Ambulance Service has offered to transport me to the health facility of my choice in Nueces County. I have refused that offer.		SUPPLIES USED:	
(Signature of person refusing offer)			
I will complete the following statement:		EXTRICATION PERFORMED? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO	
That I offered transportation to any health care facility in Nueces County, to _____ (Name of person, if known)		RADIO CONTACT WITH HOSPITAL? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
at _____ (Location where offer was made)		TELEMETRY USED? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
on _____, 19____		CREW MW Harrison 21917 GL Magro 24117 JJ. Van Eck SE, M, T	
The offer was refused by _____ (Signature of person making offer)		ROSTER NO.	

CHARGES		DISPATCHED FROM 08	
REGULAR RUN CHARGE	60.00	CHARGE CODE	20
OUT-OF-CITY CHARGE			
OTHER CHARGES	44.75		
TOTAL	104.75		
OUT-OF-COUNTY FEE	10		
REMARKS			

AID Ambulance Service

Shamrock

AMBULANCE SERVICE
DISPATCH REPORT
PS 3 Form 80

REPORT NO.

AMBULANCE NO.

TRACT NO.

00980

608

19

DATE <i>2-4-83</i>	TIME <i>20:13²⁵</i>	SOURCE OF CALL <i>Phone</i>	CALL REPORTED BY <i>P.D.</i>
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LOCATION <i>2602 S.P.I.O.</i>	NATURE OF EMERGENCY <i>Sig 33</i>
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TYPE OF RESPONSE

CODE 3 Emergency - Lights and Siren Other

CODE 2 Emergency - No lights and Siren

CODE 1 Non-Emergency - Routine Transfer

Arrival Time at Scene <i>20:16¹⁰</i>	Departure Time from Scene <i>20:40</i>	Patient Delivered to: <i>M.M.C.</i>
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Arrival Time at Destination <i>20:44:30</i>	Time in Service <i>21:28</i>	Code 1 <input type="checkbox"/> Code 3 <input checked="" type="checkbox"/>
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Time in Station <i>another call</i>	Miles <i>6.0</i>	E.M.T.s: Name: <i>M. W. Wagner</i> No: <i>297</i> <i>D. L. Mangoo</i> No: <i>2177</i>
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Name of Patient <i>Lopez, Wanda</i>	Address <i>2418 Oco</i>	Age <i>24</i>	Sex <i>F</i>
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Race <i>W.</i>	Physical Condition <i>Critical D.O.A.</i>
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Treatment Rendered *Transport 9-12 monitor CPR*

Supplies Used *bandages Artificial Resp. 02*

Equipment Used *suction Airway intracheal tube*

Remarks <i>Medications 10 fluids</i>	Signature of Dispatcher <i>Williams, M.L.</i>
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130/10

28-2-5

83-CR-194A
28-9:30

Aid Ambulance DRIVERS

M.W. WAGER # 297

G.L. MARGO 217

J.J. VANECOK sent

Main Fire Station #1

Dep. Constable C. VARGAS