

IN THE COURT OF COMMON PLEAS
WARREN COUNTY, OHIO

ESTATE OF WILLIAM JEFFERYS,
DECEASED, by Deborah Shepherd,
Administrator
c/o Santen & Hughes, L.P.A
600 Vine Street, Suite 2700
Cincinnati, Ohio 45202

Plaintiff,

v.

CITY OF MIDDLETOWN DIVISION
OF FIRE
c/o EMS Captain Brian Wright
2300 Roosevelt Boulevard
Middletown, Ohio 45042

and

CITY OF MIDDLETOWN
c/o Elizabeth Slamka, Mayor
1 Donham Plaza
Middletown, Ohio 45042

and

BRIAN RUSSELL MARIANO aka
"RUSS" MARIANO aka BRIAN
RUSSELL SMITH, individually and in
his capacity as a paramedic for the
City of Middletown Division of Fire



Also Serve:
City of Middletown Division of
Fire
2300 Roosevelt Boulevard
Middletown, Ohio 45042

and

KYLE LEE BAUGHMAN,
individually and in his capacity as an

CASE NO.: _____

JUDGE: _____

COMPLAINT WITH JURY DEMAND
AND AFFIDAVIT OF MERIT

EMT-B for the City of Middletown :
Division of Fire :



Also Serve: :
City of Middletown Division of :
Fire :
2300 Roosevelt Boulevard :
Middletown, Ohio 45042 :

Defendants. :

Now comes Plaintiff, the Estate of William Jefferys, by and through Deborah Shepherd, its duly appointed Administrator, and for Plaintiff's Complaint against the Defendants, states and avers upon information and belief:



William "Billy" Jefferys

INTRODUCTION

1. This complaint involves multiple causes of action, including: emergency medical

liability for willful and/or wanton conduct, wrongful death, spoliation of evidence and falsification of medical records, and fraud. These causes of action arose while William “Billy” Jefferys was in the care of City of Middletown Division of Fire emergency medical technicians: Defendant Paramedic Brian Russell Mariano and Defendant EMT-B Kyle Lee Baughman. Through Defendant Mariano’s and Baughman’s utter and complete disregard for the Emergency Medical protocols for the City of Middletown Division of Fire as well as their violations of the standard of care for emergency medical technicians of their respective levels of training, Billy died while in transport from a warming shelter to Atrium Medical Center on a City of Middletown ambulance on the night of March 7, 2022. Defendants Mariano and Baughman provided no interventions whatsoever to prevent Billy Jefferys from succumbing to a toxic drug overdose. Instead, they allowed nature to take its course. When Mariano and Baughman discovered that Billy Jefferys had died, they laughed. They then attempted to hand Billy Jefferys’ corpse over to the nurses at Atrium Medical Center, acting as if he was alive. As a final insult, Defendants Mariano and Baughman falsified and withheld information in their Prehospital Care Report in order to avoid the discovery of their misdeeds.

2. Plaintiff requests a trial by jury.
3. An Affidavit of Merit is attached, attached as **Exhibit 1**.
4. Deborah Sheppard is the duly appointed Administrator of the Estate of William Jefferys, Butler County Probate Court case number PE23-08-0814.
5. Plaintiff brings this action on behalf of the Estate of William Jefferys, the next of kin of William Jefferys, and anyone else entitled to compensation for the harms and losses sustained as the result of the recklessness, willful, wanton, and other wrongful conduct described herein or discovered during litigation.

6. Plaintiff seeks punitive damages in an amount necessary to punish Defendants Mariano and Baughman in their individual capacities and deter them from engaging in similar future conduct.

7. Plaintiff requests attorneys' fees and the costs of this litigation be awarded against Defendants Mariano and Baughman in their individual capacities.

DEFENDANTS

8. Defendant City of Middletown Division of Fire, located in both Butler and Warren Counties, provides emergency medical services and transport by and through its actual or ostensible agents and employees.

9. Defendant City of Middletown is a political subdivision, established under the laws of Ohio and located in Butler and Warren Counties.

10. Defendant Brian Russell Mariano aka "Russ" Mariano aka Brian Russell Smith, at all relevant times, was employed by Defendants City of Middletown Division of Fire and City of Middletown as a paramedic and firefighter. Defendant Brian Russell Mariano aka "Russ" Mariano aka Brian Russell Smith is being sued individually and in his official capacity as an employee of Defendants City of Middletown Division of Fire and City of Middletown. Defendant Mariano is a resident of Butler County.

11. Upon information and belief, following the death of Billy Jefferys, Defendant Brian Mariano began conducting his business and social affairs under his middle name, Russell or "Russ".

12. Defendant Brian Mariano was previously known as Brian Smith. In 2017, following an arrest for reckless driving (Lebanon Municipal Court Case No. TRC1600121A), Defendant Brian Mariano legally changed his name (Butler County Probate Court Case No. PI17-

04-0119) from Smith to Mariano. Upon information and belief, Defendant Mariano changed his name in order to prevent his superiors and others from learning of his driving conviction. Mariano failed to report his conviction to the State Board of Emergency Medical, Fire, and Transportation Services (“State Board”) as required under law. Defendant Mariano was sanctioned through consent agreement for his misconduct by the State Board.

13. Defendant Kyle Lee Baughman, at all relevant times, was employed by Defendants City of Middletown Division of Fire and City of Middletown as an EMT-B and firefighter. Defendant Kyle Baughman is being sued individually and in his official capacity as an employee of Defendants City of Middletown Division of Fire and City of Middletown. Defendant Baughman is a resident of Warren County.

14. The Defendants City of Middletown Division of Fire and City of Middletown employed, managed, and directed the care and service providers who were responsible for Billy Jefferys’ emergency medical care, including Defendants Mariano and Baughman.

15. The Defendants are expressly liable for willful and wanton misconduct under R.C. 4765.49.

JURISDICTION AND VENUE

16. This Court has Jurisdiction over the Defendants because, among other things, all Defendants reside in Ohio.

17. Venue is proper in Warren County under Ohio Civil Rule 3(C)(1) and (3) because one of the Defendants resides in Warren County and because the events giving rise to this cause of action occurred in this county.

FACTS

18. The following description of events is based upon video recordings, audio-

recorded interviews, documentary evidence, and personal knowledge. The Estate and family of William Jefferys is eternally grateful to the personnel of the Warren County Sheriff's Office for their efforts in investigating this case and compiling Criminal Offense Report No. SO2203012626, attached as **Exhibit 2**.

Who Was Billy Jefferys?

19. At 47 years old, Billy had led a tough life.
20. As a child, Billy suffered from congenital birth defects.
21. As a teen, Billy was in a catastrophic automobile accident. He was permanently disabled, surviving on social security disability income.
22. Around the beginning of 2022, Billy found himself in between housing. He had applied for a Section 8 housing voucher and was awaiting its approval.
23. For a few weeks prior to his death, Billy sought safety from the cold at The Warming Center, located at 1009 Grove Street, Middletown, Ohio 45044. The Warming Center was being operated at the time by an organization called Abilities First.

A Call for Help

24. In the early morning hours of March 7, 2022, Billy was residing at The Warming Center.
25. An employee for Abilities First performed a bathroom check and noted Billy in a stall, exhibiting seizure-like activity. When he was discovered, Billy was able to respond when spoken to. However, his responses were not clear.
26. The employee alerted Middletown Firefighter and Paramedic Brent Hughes who was on-site at The Warming Center. Hughes assessed Billy. Billy looked up and was responsive to speech. At approximately 2:18 AM, Hughes called for a Middletown Fire and EMS medic unit

to respond for seizure-like activity.

27. As part of his assessment, Hughes discovered a pill bottle in Billy's pocket which, based on the prescription date and dosage, should have had more doses remaining than what was there. Billy was pale and sweaty. His pupils were not pinpoint. Hughes suspected that Billy was suffering from either low blood sugar or an overdose.

28. At 2:19:09 AM, Middletown ambulance Medic 83, operated by Defendants Mariano and Baughman, was dispatched to The Warming Center. Middletown fire Engine 83 also responded in support.

29. Medic 83 arrived at The Warming Center at 2:25:14 AM. Engine 83 arrived shortly after at 2:27:00 AM. Paramedic Hughes met Defendants Mariano and Baughman at Medic 83 and advised them that Billy "probably took too much Valium" and that he wanted to check his blood sugar.

30. Paramedic Hughes assisted Defendants Mariano and Baughman in loading Billy onto the gurney. Hughes noted that Billy felt like he could support his own weight when he was transferred to the gurney. Billy's blood sugar level was normal.

31. At 2:32:32 AM, Billy's gurney arrives at the back of Medic 83, accompanied by Paramedic Hughes, Defendants Mariano and Baughman, and other Middletown Fire and EMS personnel. Billy is sitting upright. And he repositions his arm.

32. Defendants Mariano and Baughman remain in the back of the ambulance for several minutes. Defendant Baughman took a baseline set of vitals using a blood pressure cuff and a pulse oximeter. According to Defendant Baughman, basic assessments indicated that Billy was unresponsive and his vital signs were normal.

33. Billy's vital signs were not normal.

34. Billy's breathing, according to Defendant Baughman, was "labored" belly breathing. Such breathing is not normal and indicates respiratory distress.

35. Defendant Baughman connected Billy to the Lifepak 83 to monitor Billy's pulse oximetry, blood pressure, and pulse rate.

36. At 2:36:03 AM, Billy's blood oxygen level is 77 %, indicating that he is experiencing respiratory distress. A condition known as hypoxemia is indicated by a pulse oximetry reading below 90%. Billy's pulse rate is 48 beats per minute, indicating he is experiencing bradycardia. And his blood pressure was 147/119, indicating that Billy was hypertensive.

37. Defendants Mariano and Baughman do not administer any oxygen or provide any other interventions.

38. Lieutenant Steve Riley and other members of the Middletown Division of Fire stood outside the ambulance. Riley asked Defendant Mariano if he needed any other assistance transporting Billy to the hospital. Defendant Mariano indicated that he did not.

Mariano and Baughman Transport Billy

39. After the remaining Middletown Division of Fire personnel leave, Defendant Baughman asks Defendant Mariano whether he would like to perform any other care or assessments on Billy, including: attaching a 3-lead EKG to monitor Billy's heart or starting an IV for the administration of fluids or medications.

40. Defendant Mariano advised Defendant Baughman that he did not want to take any further action. Defendant Mariano instructed Defendant Baughman to depart for the hospital.

41. Medic 83 departed The Warming Center en route to Atrium Medical Center at 2:40:13 AM.

42. At 2:43:05 AM, the Lifepak 15 monitor recorded Billy's pulse oximetry as 80%. Billy was still experiencing respiratory distress and hypoxemia without any interventions. Billy's pulse was 56 beats per minute. He was still experiencing bradycardia without any interventions.

43. While en route, Defendant Baughman observed a reflection on a screen, indicating that Defendant Mariano was moving around in the back of Medic 83. Baughman shouted to Mariano to determine if "everything was ok." Defendant Mariano did not respond.

Billy's Death is Exposed

44. Billy died en route to Atrium Medical Center.

45. Upon arriving at Atrium Medical Center, Defendant Baughman opened up the rear doors of the ambulance at 2:50:11 AM. Defendant Mariano was standing behind Billy, near the "captain's chair." The following conversation follows:

Baughman: **Looks like he's dead.**

Mariano: I know. He's alive.

Baughman: Is he breathing?

Mariano: Yeah.

Baughman: Dude. There's no way he's breathing!

Mariano: Yeah.

Baughman: No, he's not!

Mariano: Yeah. He just was.

Baughman: Well, he's not now!

Mariano: [indiscernible]

Baughman: [laughs] Dude. We can't take this dude in there like this.

Mariano: Huh?

Baughman: **He's fucking dead. He's not—he's not breathing.**

Mariano: I'll take him [indiscernible].

Baughman: All right. [laughing]

46. Defendant Baughman removes the gurney from the ambulance. Billy is still and lifeless. Defendant Mariano joins Baughman at the gurney. Their conversation continues:

Mariano: [indiscernible]

Baughman: There is no way. **He is not fucking breathing.**

Mariano: [checks Billy for a radial pulse]

Baughman: Fuck. Dude, I'm telling you he isn't fucking [indiscernible].

Mariano: [checks Billy for a carotid pulse]

47. Defendants Mariano and Baughman begin wheeling Billy away from the ambulance. The conversation continues:

Baughman: [laughs] I'm telling you, dude. You need to start doing compressions.

Mariano: No way!

Baughman: [indiscernible]

Mariano: Huh?

Baughman: [laughs] **I'm telling you. He's dead!**

48. Defendant Mariano continues to check Billy for a carotid pulse as they approach and enter Atrium Medical Center.

49. Defendant Mariano never indicates that he has identified a pulse.

Mariano and Baughman Pretend Billy Is Alive At The Hospital

50. Defendants Mariano and Baughman enter Atrium Medical Center's emergency wing at 2:51:33 AM. Billy is stonelike. His mouth is gaping open. Defendants leisurely walk Billy

down the hall of the hospital, showing no signs of urgency.

51. Defendants Mariano and Baughman continue their leisurely walk to the nurse's station in the emergency room.

52. At the nurse's station, the nurses on duty are immediately concerned by Billy's condition.

53. RN Laine Martin asked Defendants Mariano and Baughman what Billy was there for. Defendants Mariano and Baughman responded, "seizure-like activity." Defendants Mariano and Baughman were obstructing Martin's view of Billy, so she stepped closer to take a look at him. Immediately, she asked whether Billy was breathing and had a pulse. Defendants Mariano and Baughman responded, "Yes." Martin responded, "Can you check it please?"

54. Defendant Baughman checked Billy's pulse and responded that Billy did not have a pulse.

55. Martin directed Defendants Mariano and Baughman to a trauma bay.

56. Martin noted that Defendants Mariano and Baughman did not have an IV line started. They had not called the ER prior to arrival to alert them via the rescue squad phone. And they barely had any vitals for Billy.

57. Martin describes Billy upon his arrival at Atrium: "His gaze was fixed at the ceiling. His mouth was wide open. . . . He was white—very white. I mean, normally, when you look at somebody you can tell if they're dead or alive."

58. RN Ashley King was also present for Billy's arrival at the nurse's station. She notes that "it was pretty evident that something was wrong with him. . . . It didn't look like he was breathing—didn't look like he was alive." She confirmed that Billy did not have a pulse. She immediately began CPR compressions on Billy's chest.

59. King notes that, while Defendant Baughman seemed concerned, Defendant Mariano stated that Billy was fine.

60. King describes Billy's condition: "Oh, he was dead. He was dead. Mouth open. Not breathing. Very obvious. Not alive. . . . I've never seen a case like that."

61. RN Nicole Boen was the third nurse present for Billy's arrival at the nurse's station. Boen described Defendant Baughman as "really standoffish" whereas Defendant Mariano was "just kind of nonchalant."

62. Boen recalls Defendant Mariano's response to Martin's question about whether or not Billy was breathing. Defendant Mariano stated, "well, he was a while ago."

63. Boen describes Billy's condition upon arrival: "He was very—already, like, gray. Not moving. . . . He had his eyes open, his mouth wide open. Just laying there on the cot."

64. Hospital records record Billy's condition upon arrival. "Upon arrival to the emergency department, the patient was pale in appearance and pulseless and apneic. He was unresponsive with [Glasgow Coma Scale] of 3." That is the lowest possible score.

65. While at the hospital, after Billy had been taken by the hospital team, Defendant Baughman accosts Defendant Mariano, stating: "I fucking told you so!"

To Mariano and Baughman, Billy's Death Is Laughable

66. When Defendants Mariano and Baughman exited the hospital at 3:27:30 AM, the following exchange occurs:

Mariano: Aw –

Baughman: [giggles]

Mariano: – gosh! What the fuck!

67. On their return drive to the Middletown Division of Fire station, Defendant

Baughman advised Defendant Mariano to report the incident. “This isn’t going away.”

68. Defendant Baughman responded, “Fuck that guy.”

To Mariano, Addicts Deserve Death

69. Defendant Baughman describes Defendant Mariano as “kind of arrogant . . . with patients.”

70. This is not the only incident between Defendant Mariano and a patient with a suspected drug overdose. On one or two shifts prior to Billy’s death, Defendant Baughman recalls Defendant Mariano telling another victim of a drug overdose, “they should kill themselves.”

Mariano and Baughman Let Nature Take Its Course

71. Defendant Baughman did not observe any patient care taking place in the back of the ambulance.

72. Defendants Mariano and Baughman chose not to provide the following basic life support care in accordance with protocols:

- a. to provide supplemental oxygen;
- b. to perform cardio-pulmonary resuscitation (CPR);
- c. to administer shocks through an automatic external defibrillator (AED).

73. Defendants Mariano chose not to provide the following advanced life support care in accordance with protocols:

- a. to attach cardiac leads;
- b. to administer appropriate medications;
- c. to perform cardiac monitoring;
- d. to provide pace-maker care using the Lifepak 15.

74. Defendants Mariano and Baughman ignored all applicable protocols, attached as

Exhibit 3, for a patient like Billy, including, but not limited to:

- a. GMVEMSC Protocol Section 1002.1: Communication with Hospital or Medical Control, including, but not limited to, notifying the hospital of a cardiac arrest and/or other serious patients that may require acute care;
- b. GMVEMSC Protocol Section 1005.3: General Patient Management, including, but not limited to, providing oxygen, performing cardiac monitoring, and starting an IV line;
- c. GMVEMSC Protocol Section 2001.1 and 2001.2: Resuscitation Guidelines, including, but not limited to, providing cardiopulmonary resuscitation (CPR) and obtaining approval from the Medical Control Physician (MCP) prior to ceasing intervention;
- d. GMVEMSC Protocol Section 2002.2: Basic Life Support, including, but not limited to, providing cardiopulmonary resuscitation (CPR) and defibrillation.

75. Absent written or verbal authorization from a higher authority, such as a physician, Defendants Mariano and Baughman were under an obligation to provide medical care “only pursuant to . . . applicable protocols adopted by the emergency medical services organization” with which they were affiliated. *See* R.C. 4765.37 (Authorized services by EMT-basic) and R.C. 4765.39 (Authorized services by EMT-paramedic).

Mariano and Baughman Covered Up Their Conduct

76. Atrium Medical Center staff declared William “Billy” Jefferys to be deceased, despite their great efforts, at 3:14 AM.

77. Several minutes after Billy was pronounced dead, Defendants Mariano and Baughman completed their Prehospital Care Report.

78. Defendants Mariano and Baughman fail to include the Lifepak 15 monitor entries which indicate that Billy was hypoxic, bradycardic, and hypertensive.

79. Instead, Defendants Mariano and Baughman include different readings which were allegedly obtained from a handheld pulse oximetry unit. These readings conflict with those automatically obtained by the Lifepak 15 monitor. These readings imply that Billy’s condition was

notably better than what the Lifepak 15 recorded.

80. Despite Defendant Mariano's and Defendant Baughman's exchange and the video footage indicating that Billy was clearly not breathing and dead upon arrival to Atrium Medical Center, Defendants Mariano and Defendants Baughman record a very different story: "Patient was staring straight ahead, eyes open, with no reaction throughout the entire transport. Patient maintained a stone like [sic] and unresponsive state. . . . Did not communicate. Reacted when his eye was pressed. . . . No signs of respiratory distress. . . . Patient transported to Atrium medical center with continuous monitoring. Patient responded to physical stimuli throughout the entire transport. Upon arrival to the receiving facility and while walking into the ER the patient went into cardiac arrest. CPR was started in the ER. Patient was moved into a trauma room where CPR and care was continued by ER staff."

81. Additionally, Defendants Mariano and Baughman recorded Billy as having a Glasgow Coma Scale score of 12 at 2:41:06 AM and 9 at 2:47:36 AM, indicating moderate consciousness throughout his transport.

82. The Prehospital Care Report, authored by Defendants Mariano and Baughman, is replete with lies.

83. Defendants Mariano and Baughman did not provide continuous monitoring.

84. Billy did not respond to physical stimuli throughout his entire transport.

85. Billy did not go into cardiac arrest while walking into the ER.

86. Billy did show signs of respiratory distress.

87. By falsifying their Prehospital Care Report, Defendants Mariano and Baughman failed to abide by the mandates of their training manual (attached as **Exhibit 4**), specifically:

RUN DOCUMENTATION REQUIREMENTS

Every crew transporting a patient is expected to provide a full run sheet to the hospital. An abbreviated version of a run report, sometimes called a “quick sheet” may be left at the time of transport, but the hospital MUST receive a full, final copy of the run sheet within three hours (with rare exceptions, e.g., major incidents). When a quick sheet is used, it MUST include (at a minimum) all the following:

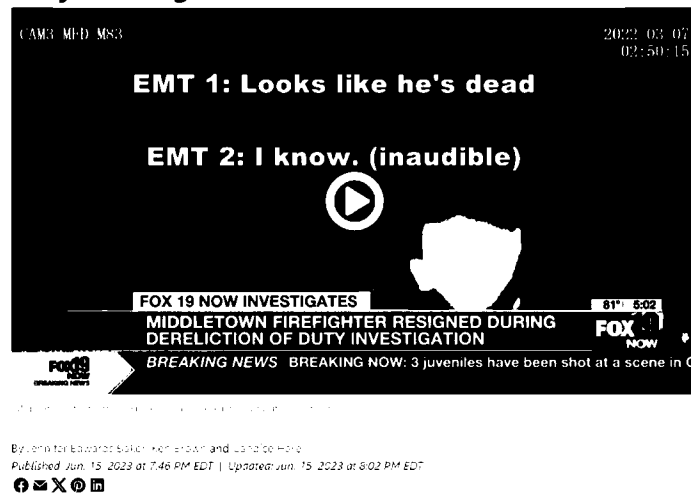
- Patient’s full name
- Age
- Chief complaint
- History of the Present Illness or MOI
- PMH
- Medications
- Allergies
- Vital signs with times
- Prehospital assessment and interventions along with the timing of any medication or intervention and patient response to such interventions

Billy’s Family Learns About The True Nature Of His Death On The News

88. Following Billy’s death, Billy’s family was contacted by the Warren County Coroner’s Office who informed them that Billy had died as a result of a drug overdose.

89. Billy’s family, including the Administrator and members of his Estate, were never informed that an investigation was being conducted into his death while under the care of Defendant Mariano.

Middletown firefighter quit amid dereliction of duty investigation



90. Billy’s family did not learn about the horrendous conduct of Defendants Mariano, Baughman, City of Middletown Division of Fire, and City of Middletown until a Fox 19 news

investigation broke the story on June 15, 2023: <https://www.fox19.com/2023/06/16/middletown-firefighter-quit-amid-derelection-duty-investigation/>

91. Billy's family, including the Administrator and members of his Estate, were not aware that video footage of Billy's care and treatment existed until it was aired by Fox 19.

92. The Estate of William Jefferys has been injured and suffered damages as a result of the untimely death of William Jeffreys.

FIRST CAUSE OF ACTION
(EMERGENCY MEDICAL LIABILITY UNDER R.C. 4765.49 FOR WILLFUL AND/OR WANTON CONDUCT)

93. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

94. William "Billy" Jefferys relied upon Defendants for medical care.

95. Defendant Mariano and Defendant Baughman ignored their protocols and training which required interventions and medical care to be provided to Billy.

96. Defendant Mariano and Defendant Baughman chose, on numerous occasions, not to provide care to Billy, a person to whom a duty of care was owed, and under which circumstances there was a great probability that harm to Billy would result.

97. In the alternative, Defendant Mariano and Defendant Baughman chose to deviate from a clear duty or from a definite rule of conduct, acted with a deliberate purpose not to discharge their duty necessary to the safety of Billy, or purposefully chose to perform wrongful acts with knowledge or appreciation of the likelihood of Billy's resulting injury.

98. As a direct and proximate result of Defendants' conduct described above, William "Billy" Jefferys sustained injury and loss including, but not limited to, conscious pain and suffering, and untimely and wrongful death.

WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount more than Twenty-Five Thousand Dollars (\$25,000.00), for William “Billy” Jefferys’ conscious pain and suffering, medical expenses, loss of enjoyment, together with costs of suit, and any other relief to which the decedent may be entitled to and / or that the court finds is appropriate and/or equitable.

SECOND CAUSE OF ACTION
(WRONGFUL DEATH)

99. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

100. Plaintiff brings this Cause of Action pursuant to Ohio’s Wrongful Death Statute, Ohio Revised Code section 2125.01 *et seq.*, for the benefit of William “Billy” Jefferys’ heirs and next of kin who have suffered loss and damage due to Billy’s wrongful and untimely death.

101. As a direct and proximate result of Defendants’ willful and/or wanton conduct described above, William “Billy” Jefferys sustained physical injuries that caused his untimely and wrongful death.

102. Plaintiff and William “Billy” Jefferys’ additional next-of-kin suffered damages as set forth in the Ohio Wrongful Death statute, including mental anguish and grief, medical and funeral expenses, and loss of decedent’s support, services, society and companionship.

WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount more than Twenty-Five Thousand Dollars (\$25,000.00) to compensate the decedent’s next of kin and heirs at law, together with costs of suit, and any other relief the court finds is appropriate and/or equitable.

THIRD CAUSE OF ACTION
(SPOILIATION OF EVIDENCE AND FALSIFICATION OF MEDICAL RECORDS)

103. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

104. The Supreme Court of Ohio has recognized an independent cause of action for interference with or destruction of evidence. *See Smith v. Howard Johnson Co.*, 67 Ohio St.3d 28, 615 N.E.2d 1037 (1993).

105. As a result of Billy's death while in the care of Defendants Mariano and Baughman, Defendants faced probable litigation involving Plaintiff.

106. Defendants knew that litigation was probable.

107. Defendants willfully destroyed evidence with the design or intention to disrupt Plaintiff's case.

108. Defendants have disrupted Plaintiff's case by preventing Plaintiff from discovering that a medical claim had arisen against Defendants during the statute of limitations set forth in R.C. 2305.113.

109. As a direct and proximate result of Defendants' disruption of Plaintiff's case, Plaintiff has suffered damages.

WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount in excess of Twenty-Five Thousand Dollars (\$25,000.00), together with costs of suit, and any other relief to which the court finds is appropriate and/or equitable.

FOURTH CAUSE OF ACTION
(FRAUD)

110. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

111. Defendants concealed facts about the care provided to and condition of Billy, despite a duty to disclose those facts.

112. The concealed facts were material to Billy's family and his Estate discovering that a legal cause of action had, or may have, arisen.

113. The concealed facts were, instead, substituted with false statements by Defendants which were either made falsely, with know of their falsity, or with such utter disregard and recklessness as to whether they were true or false that knowledge may be inferred.

114. Defendants' false statements were made with the intent of misleading others, including Billy's family and Estate, into relying upon them.

115. Plaintiff justifiably relied upon Defendants' representations and/or concealments.

116. As a direct and proximate result of Plaintiff's reliance upon Defendants' representation and/or concealments, Plaintiff was injured.

WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount in excess of Twenty-Five Thousand Dollars (\$25,000.00), together with costs of suit, and any other relief to which the court finds is appropriate and/or equitable.

JURY DEMAND

A TRIAL BY JURY IS HEREBY REQUESTED.

Respectfully submitted,

/s/ Mark A. Tassone

Mark A. Tassone (0099017)

William E. Santen, Jr. (0019324)

Santen & Hughes

600 Vine Street, Suite 2700

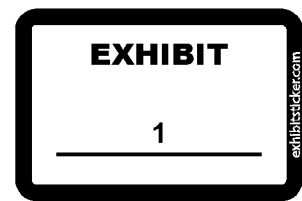
Cincinnati, OH 45202

(513) 721-4450

mat@santenhughes.com

wsj@santenhughes.com

Attorneys for Plaintiff



**AFFIDAVIT OF MERIT
MEDICAL LIABILITY CLAIM**

1. My name is Donald A. Locasto, M.D. I am an adult and suffer no known disability preventing me from providing truthful testimony. I have personal knowledge of the information contained in this affidavit.

2. I am licensed to practice medicine in the State of Ohio. I am board certified in Emergency Medicine and Emergency Medical Services. I serve as the Medical Director for multiple Fire and Rescue departments. More than 50% of my professional time is spent in the active clinical practice of emergency medicine or its teaching at an accredited institution.

3. I have reviewed the medical records of William Jefferys reasonably available to the Estate of William Jefferys.

4. I practice in the field of emergency medicine and emergency medical services and, through my special knowledge, skill, training, experience, and education, am familiar with the applicable standards of care applicable to the emergency medical care that was provided to William Jefferys at by the City of Middletown Division of Fire.

5. To a reasonable degree of medical certainty, the Defendants Brian Mariano and Kyle Baughman breached the standard of care and the breach caused William Jefferys injuries and death.

FURTHER AFFIANT SAYETH NAUGHT.

Donald A Locasto

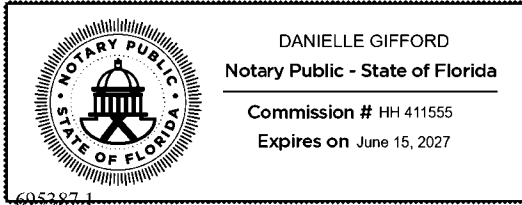
Donald A. Locasto, MD

Florida

STATE OF OHIO)
)
COUNTY OF Clay)

SS:

Sworn to before me and subscribed in my presence this 5th day of January,
2024. Donald A Locasto appeared before me.



Danielle Gifford

Notary Public Danielle Gifford

My Commission Expires: 06/15/2027

Notarized online using audio-video communication

Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address:						Occupation Code:	
Age/DOB: -	Juv:	Sex:	Race:	Height:	Weight:	Hair:	Eyes:
SSN: Not Reported		OLN/State: Not Reported /		Type of Injury:		Treatment?	
Resident Status:			Statement Collected:		Victim/Suspect Relationship:		
Additional Descriptors:							
Aggravated Assault Circumstances:				Justifiable Homicide Circumstances:			
Related Offense(s): None Reported							
No Scars, Marks, or Tattoos Reported							
LEOKA Activity Type				LEOKA Assignment Type			
Organization(s)							
Organization # 1		Involvement Type:		Organization Name: Atrium Medical Center			
Address (Street, Apt, City, State, Zip): 1 Medical Center Dr, Middletown, Ohio 45005						Phone Number: (513) 424-2111	
Organization Victim Type:							
Related Offense(s):							
Vehicle(s)							
No. Stolen: 0				No. Recovered: 0			
Vehicle Property Code:				Vehicle Status:			
Vehicle #: 1		License #:	License State:		VIN:		Value:
Veh. Year:		Veh. Make:		Veh. Model:		Veh. Color:	
Description:					Damage:		
Towed?	Towed by:		Stored at:		Inventory by/Date: -		
Released by/Date: -				Released Other:			
Related Offense(s):							
Related To: None							
Auto Insurer Name:						Phone Number:	
Date Recovered:						Evidence Hold Reason:	
Property							
Item #: 1	Property Status: Evidence			Property Code: Portable Electronic Communications		Value:	
Quantity: 1		Description: iPhone in black case belonging to Brian Mariano				Color: Black	
Related Offense(s): 688 686 Misc							
Related To: Mariano, Brian, Russell , Owner							
Make: Apple			Model: Iphone		Date Recovered: 3/16/2022		
Serial #:			Other #:		Evidence Hold Reason:		
Gun(s)							
Item #: 1	Property Status:			Property Code:		Value:	
Quantity:		Description:					
Related Offense(s):							

Related To: None	
Make:	Model:
Serial #:	Firearm Type:
Recovered Date:	Evidence Hold Reason:
Gun Action:	Barrel Length:
Color:	
Drug(s)	
Item #: 1	Property Status:
Property Code:	
Quantity:	Unit of Measure:
Description:	
Drug Type:	
Evidence Hold Reason:	Recovered Date:
Related Offense(s):	
Related To: None	
Other Person(s)	
Other Person # 1	Involvement Type: Occident
Name: Jefferys, William Thomas	
Address (Street, Apt, City, State, Zip):	
Phone Number:	Employer Phone Number:
Employer/School Name & Address:	Occupation Code:
Age/DOB: 47 - ██████████	Juv. N
Sex: M	Race: W
Height: 5' 08"	Weight: 120
Hair: BLN	Eyes: BLU
SSN: Redacted	OLN/State: Redacted / OH
Statement?: No	
Other Person # 1	Involvement Type:
Name: Baughman, Kyle Lee	
Address (Street, Apt, City, State, Zip):	
Phone Number:	Employer Phone Number: ██████████
Employer/School Name & Address: Middletown Division of Fire 2300 Roosevelt Blvd, Middletown, Ohio 45044	Occupation Code: Other Government Service
Age/DOB: 31 - ██████████	Juv. N
Sex: M	Race: W
Height: 5' 10"	Weight: 140
Hair: BRO	Eyes: BRO
SSN: Redacted	OLN/State: Redacted / OH
Statement?:	
Other Person # 2	Involvement Type:
Name: Martin, Laines Nicole	
Address (Street, Apt, City, State, Zip):	
Phone Number:	Employer Phone Number: ██████████
Employer/School Name & Address: Premier Health 1 Medical Center Dr, Middletown, Ohio 45005	Occupation Code:
Age/DOB: 25 - ██████████	Juv. N
Sex: F	Race: W
Height: 5' 08"	Weight: 145
Hair: BRO	Eyes: GRN
SSN: Redacted	OLN/State: Redacted / OH
Statement?: Yes	
Other Person # 3	Involvement Type:
Name: King, Ashley V	
Address (Street, Apt, City, State, Zip):	
Phone Number:	Employer Phone Number: ██████████
Employer/School Name & Address: Premier Health 1 Medical Center Dr, Middletown, Ohio 45005	Occupation Code:
Age/DOB: 30 - ██████████	Juv. N
Sex: F	Race: W
Height: 5' 03"	Weight: 150
Hair: BLN	Eyes: GRN
SSN: Redacted	OLN/State: Redacted / OH
Statement?: Yes	
Other Person # 4	Involvement Type:
Name: Boen, Nicole Louise	
Address (Street, Apt, City, State, Zip):	

Phone Number:				Employer Phone Number:			
Employer/School Name & Address: Premier Health 1 Medical Center Dr, Middletown, Ohio 45005						Occupation Code:	
Age/DOB: 37 -	Juv: N	Sex: F	Race: W	Height: 5' 03"	Weight: 200	Hair: BRO	Eyes: BLU
SSN: Redacted			OLN/State: Redacted / OH			Statement?: Yes	
Other Person # 5		Involvement Type:		Name: Hughes, Brent Richard			
Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address: Middletown Division of Fire 2300 Roosevelt Blvd, Middletown, Ohio 45044						Occupation Code: Other Government Service	
Age/DOB: 46 -	Juv: N	Sex: M	Race: W	Height: 5' 02"	Weight: 275	Hair: BRO	Eyes: GRN
SSN: Redacted			OLN/State: Redacted / OH			Statement?:	
Other Person # 6		Involvement Type:		Name: Riley, Steven A			
Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address: Middletown Division of Fire 2300 Roosevelt Blvd, Middletown, Ohio 45044						Occupation Code: Other Government Service	
Age/DOB: 54 -	Juv: N	Sex: M	Race: W	Height: 5' 10"	Weight: 195	Hair: BRO	Eyes: GRN
SSN: Redacted			OLN/State: Redacted / OH			Statement?: Yes	
Other Person # 7		Involvement Type:		Name: Steinbrunner, Isaac William			
Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address: Middletown Division of Fire 2300 Roosevelt Blvd, Middletown, Ohio 45044						Occupation Code: Other Government Service	
Age/DOB: 20 -	Juv: N	Sex: M	Race: W	Height: 5' 09"	Weight: 180	Hair: BRO	Eyes: GRN
SSN: Redacted			OLN/State: Redacted / OH			Statement?: Yes	
Other Person # 8		Involvement Type:		Name: Woodrey, Calvin Gene			
Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address: Middletown Division of Fire 2300 Roosevelt Blvd, Middletown, Ohio 45044						Occupation Code: Other Government Service	
Age/DOB: 81 -	Juv: N	Sex: M	Race: W	Height: 5' 10"	Weight: 190	Hair: GRY	Eyes: BLU
SSN: Redacted			OLN/State: Redacted / OH			Statement?: Yes	
Other Person # 9		Involvement Type:		Name: Laurence, Joshua Carter			
Address (Street, Apt, City, State, Zip):							
Phone Number:				Employer Phone Number:			
Employer/School Name & Address: The Mindful Healing Center 1215 1st Ave, Middletown, Ohio 45044						Occupation Code: All Other	
Age/DOB: 43 -	Juv: N	Sex: M	Race: W	Height: 5' 11"	Weight: 160	Hair: BRO	Eyes: BRO
SSN: Redacted			OLN/State: Redacted / OH			Statement?: Yes	

Narrative(s)

Investigative Narrative

Death Investigation.

Investigative Narrative

Decedent:

William Thomas Jefferys
[REDACTED]

Suspect:

Paramedic Brian Russell Mariano
Middletown Division of Fire
2300 Roosevelt Boulevard
Middletown, Ohio 45044
[REDACTED]

The following is a summary of the events that took place on Monday, March 7, 2022. The details were gathered from the Middletown Division of Fire, Premier Health, the Hamilton County Coroner's Office, and witness interviews.

On Monday, March 7, 2022, Paramedic Brent Hughes was working the fire watch detail at the Warming Center, located at 1009 Grove Street in Middletown, when Warming Center employee Joshua Laurence notified him that William Jefferys was having a seizure in the bathroom. Paramedic Hughes went into the stall with William. Paramedic Hughes said it was not a full body seizure, but his leg was shaking. Paramedic Hughes said William looked at him and was somewhat responsive to verbal stimuli. Paramedic Hughes called for the medic to respond. Paramedic Hughes found an empty pill bottle in William's pocket. Due to the fill date, he believed William could have taken too many pills.

At 2:25 a.m. Paramedic Brian Mariano and EMT Basic Kyle Baughman arrived at the Warming Center in Medic 83. At 2:27 a.m. Lieutenant Steve Riley, Fire Apparatus Operator EMT Basic Calvin Woodrey, and EMT Basic Isaac Steinbrunner arrived at the Warming Center in Engine 83. At 2:31 a.m. William is loaded into Medic 83. At 2:40 a.m. Medic 83 left the Warming Center. At 2:49 a.m. Medic 83 arrived at Atrium Medical Center. At 2:52 a.m. hospital staff attempted life saving measures. At 3:14 a.m. William is pronounced deceased.

William's body was taken to the Hamilton County Coroner's Office for an autopsy. William's immediate cause of death is listed as acute combined methamphetamine, diazepam, and amitriptyline intoxication. The approximate interval between onset and death is listed as minutes. William's toxicology report showed positive for Amphetamine, Benzodiazepines, Cannabinoids, Methamphetamine, and Tricyclic Antidepressants. A plastic bag containing white powder was found in the watch pocket of William's jeans. The powder was analyzed and found to be methamphetamine weighing 1.372 grams. William had an empty prescription bottle for Diazepam 5mg, 120 count, filled on February 25, 2022. The instructions on the bottle said to take four times a day and was prescribed by Dr. Alice Onady.

Premier Health medical records listed William was pulseless, apneic, and unresponsive upon arrival. No IV was established. CPR was started after the initial assessment and an IO was placed in the left shoulder. William was intubated and at one point went into PEA with a slow heart rate. Narcan was administered with no response. William never regained a pulse. An ultrasound was placed on the heart and there was no cardiac activity.

I interviewed the Atrium nurses that had contact with William, Paramedic Mariano, and EMT Basic Baughman. Registered Nurse Laine Martin described William as having a fixed gaze, his mouth was wide open, and he was white. Registered Nurse Nicole Boen described William as grey, not moving, with his eyes and mouth open. Registered Nurse Ashley King described William as obviously dead, mouth open, and not breathing.

Paramedic Mariano and Attorney Stew Mathews came to the Warren County Sheriff's Office for an interview. Paramedic Mariano said he responded to the Warming Center for a person in seizures. Paramedic Mariano said William's first set of vitals were taken in the medic. Paramedic Mariano placed a pulse oximeter on William and road in the rear of Medic 83 with William while EMT Basic Baughman drove. Paramedic Mariano said during transport, he went through his narrative, covered his secondary assessment, and continued to monitor vitals. Paramedic Mariano said he was sitting on the bench seat beside William. Paramedic Mariano said he was tapping William, making sure he was making noise and still there during transport. Paramedic Mariano said when they arrived at the hospital, he started packing up the computer and putting stuff away. Paramedic Mariano said EMT Basic Baughman opened the medic doors and said William did not look good. Paramedic Mariano said he checked William, felt a pulse, and saw him take a breath. Paramedic Mariano said they took William into the hospital but were not watching him during this time due to steering the cot. Paramedic Mariano said when they arrived at the nurse's station a nurse asked if William was breathing. EMT Basic Baughman checked William and said there was no pulse.

Paramedic Mariano was shown his run report. He said he manually input this information into the report from a pulse oximeter on William's finger.

I showed Paramedic Mariano the code summary report. Paramedic Mariano said the code summary is automatically recorded from a different pulse oximeter/blood pressure cuff machine. Paramedic Mariano said this machine automatically inputs the

information into the code summary report. Paramedic Mariano said the code summary report readings were lower than the readings that were manually input into his run report because he consulted the reading displayed on the pulse oximeter on William's finger.

Paramedic Mariano's description of what happened is not consistent with the pulse oximeter/blood pressure cuff reading. The exterior video from Medic 83 also does not align with Paramedic Mariano's statements. In the video, you can see William moving as he is being loaded into the medic. When William is being unloaded at the hospital, he appears to be deceased.

Detective Purdy and I interviewed EMT Basic Baughman. EMT Basic Baughman said he woke up and responded to the Warming Center for a patient in seizures. EMT Basic Baughman described the patient as a middle-aged man who was slumped over with his pants around his ankles, unconscious, profusely sweating, and appearing pale. EMT Basic Baughman said a bottle of Xanax was found next to the patient.

EMT Basic Baughman said he took a set of baseline vitals using the pulse oximeter/blood pressure cuff machine in the back of the medic. The patient's vitals were normal. His heart rate was in the eighties, his oxygen was ok, and the patient's blood pressure was fine. EMT Basic Baughman said he did a patient assessment. EMT Basic Baughman held William's hand above his face to see if it would drop and hit him in the face. EMT Basic Baughman said William did not let his hand hit his face.

EMT Basic Baughman asked Paramedic Mariano if he wanted to do anything else, start a three-lead or an IV. Paramedic Mariano said, "No, just get me to the hospital." EMT Basic Baughman said he drove to the hospital in emergency mode.

EMT Basic Baughman said he was pulling into the Atrium Hospital when he noticed Paramedic Mariano was moving in the back of the medic. EMT Basic Baughman said he asked Paramedic Mariano if everything was ok, and he did not respond. EMT Basic Baughman said Paramedic Mariano did not communicate with him during transport. EMT Basic Baughman said when he opened the back doors of the medic, he noticed the patient was not breathing. EMT Basic Baughman said when he opened the squad doors, Paramedic Mariano was standing at the captain's chair behind the head of the cot, facing the rear squad doors.

EMT Basic Baughman said the patient was belly breathing at the Warming Center when he was loaded into the medic. EMT Basic Baughman said it was obvious the patient was not breathing when he opened the rear medic doors at the hospital. EMT Basic Baughman said he told Paramedic Mariano the patient was not breathing, and Paramedic Mariano responded, "Yes he is, I just took him off the monitors." EMT Basic Baughman said Paramedic Mariano did not put the patient on a cardiac monitor, so he thinks he was referring to taking him off the pulse oximeter/blood pressure machine. EMT Basic Baughman said he again told Paramedic Mariano the patient was not breathing. EMT Basic Baughman said Paramedic Mariano did an assessment and said he had a weak pulse. EMT Basic Baughman said he took the blood pressure cuff off of the patient and repeated to Paramedic Mariano he was not breathing, and he should start CPR. Paramedic Mariano replied, "Just get him in the hospital." EMT Basic Baughman said the patient was taken to the nurse's station where a nurse asked if he was breathing. EMT Basic Baughman said he did another patient assessment at the nurse's station and did not feel a pulse and could not feel him breathing. CPR was started and the patient was taken to the trauma bay.

EMT Basic Baughman said no patient care occurred during transport. I asked him how he came to this conclusion. EMT Basic Baughman said he did not directly see what was occurring in the rear of the squad, but he is responsible for cleaning and replacing the equipment in the back of the squad after the run. EMT Basic Baughman said nothing needed to be replaced or cleaned. An IV was not started, and no IV equipment was used.

EMT Basic Baughman said he told Paramedic Mariano this incident was not going away, and it was a big deal. EMT Basic Baughman said Paramedic Mariano's response was, "F--- that guy." EMT Basic Baughman told Paramedic Mariano to talk to EMS Coordinator Captain Brian Wright. Later, Paramedic Mariano told EMT Baughman he talked to Captain Wright and said, "we are all good."

This case will be forwarded to the Warren County Prosecutor's Office for grand jury consideration.

Case Notes

Monday, March 14, 2022

Case Assignment

On Monday, March 14, 2022, I was informed that the Middletown Division of Fire requested the Warren County Sheriff's Office investigate an incident.

Tuesday, March 15, 2022

Meeting at Middletown Fire Department

On Tuesday, March 15, 2022, Detective Lieutenant Chris Peters and I went to the Middletown Division of Fire, located at 2300 Roosevelt Boulevard in Middletown, and met with Assistant Fire Chief Thomas Snively and Fire Captain Brian Wright.

During the meeting, we discussed an incident that took place on Monday, March 7, 2022, at the Warming Center, located at 1009

Grove Street in Middletown. Middletown Fire responded to the Warming Center because William Jefferys was found in the bathroom, sitting on a toilet, in an altered mental status. An empty bottle of Diazepam was found with William.

When the Warming Center is open, it is staffed by a member of the Middletown Division of Fire. Paramedic Brent Hughes was working at the Warming Center on this day. He assisted EMT Basic Kyle Baughman and Paramedic Brian Mariano who responded in Medic 83. Engine 83 responded with Lieutenant Steven Riley, Apparatus Operator Calvin Woodrey, and EMT Basic Isaac Steinbrunner.

William was transported from the Warming Center to the Atrium Medical Center. EMT Basic Baughman drove Medic 83 while Paramedic Mariano rode in the back with William. William was pronounced deceased at the hospital.

Medic 83 has external video cameras. I was given a copy of the video for this incident. I also received EMT Basic Baughman's statement, Paramedic Mariano's statement, the Code Summary Report, the Prehospital Care Report for this incident, and two Prehospital Care Reports from Thursday, March 3, 2022, when William was assaulted at the Warming Center.

Paramedic Mariano's Prehospital Care Report lists that William was transported to Atrium Medical Center with continuous monitoring. Paramedic Mariano documented that William responded to physical stimuli throughout the entire transport. Upon arrival at the receiving facility and while walking into the emergency room, William went into cardiac arrest. CPR was started in the emergency room. William was moved to the trauma room where CPR and care were continued by emergency room staff.

The Prehospital Care Report listed William's vitals as follows:

No time given, BP 147/119, Pulse 85, Resp 16, SpO2 88.

03/07/2022 02:41:06, BP 147/199, Limb Right Arm, Pulse 50, Rhythm Regular, Resp 14, Effort normal, SpO2 83, Qual At Room Air, GCS 12, RTS 11, PT. Position Semi-Fowlers, Eye 4- Opens Eyes spontaneously (All Age Groups), Motor 4- Withdrawl from pain (All Age Groups), Verbal 4- Confused (>2 Years); Cries but is consolable, inappropriate interactions, Score Qualifier Initial GCS has legitimate values without interventions such as intubation and sedation.

03/07/2022 02:47:36, Pulse 83, Rhythm Regular, Resp 10, Effort Normal, SpO2 94, Qual At Room Air, GCS 9, Pt. Position Semi-Fowlers. Eyes 2- Opens Eyes to painful stimulation (All Age Groups), Motor 4- Withdrawl from pain (All Age Groups), Verbal 3- Inappropriate word (>2 Years); Inconsistently consolable, moaning, Score Qualifier Initial GCS has legitimate values without interventions such as intubation and sedation.

The Code Summary Report listed William's vitals as follows:

02:33:05 Event Power On
02:36:03 Event NIBP, SpO2PR 77 0, NIBP(mmHg) PR 147/119 (128) 48
02:38:04 Vital Signs,
02:43:05 Vial Signs, SpO2PR 80 56
02:48:04 Vital Signs,
08:00:03 Power Off

I viewed the exterior video from Medic 83. Medic 83 arrived at the Warming Center and William can be seen moving as he is loaded into the squad at 2:32 a.m. Medic 83 arrived at Atrium Hospital at 2:49 a.m.

Wednesday, March 16, 2022 Meeting with Fire Captain Brian Wright

On Wednesday, March 16, 2022, I met with Captain Wright at Atrium Medical Center. I gave him a travel drive and asked him for all of the external videos from Medic 83 from the time it left the station until it returned to the station after the call for service. We also discussed arranging for me to take photos of Medic 83.

Search Warrant

I obtained a search warrant from Middletown Municipal Court, Judge James Sherron, to seize Paramedic Mariano's cellular phone. Paramedic Mariano came to the Middletown Division of Fire around 3:00 p.m. to pick up items from the firehouse. I met Paramedic Mariano at the firehouse and executed the search warrant. I took possession of Paramedic Mariano's cellular phone and asked him for his passcode. Paramedic Mariano did not provide his passcode. I did not question him about the incident. I gave him my business card and told him I would like to speak with him. I told him to call me if he wanted to come to the Sheriff's Office to talk with me. I gave Paramedic Mariano a copy of the search warrant along with a property receipt.

After I left the firehouse, Captain Wright drove Medic 83 to Crosspointe Church of Christ, located at 5630 St. Rt. 122. I took photos of the exterior and interior of Medic 83. I also took photos of each exterior camera.

I took Paramedic Mariano's cellular phone to the Sheriff's Office and signed it over to Detective Nick Behymer. The phone was

placed on a charger in the secure digital forensics' lab.

Thursday, March 17, 2022

Video from Medic 83

On Thursday, March 17, 2022, I met with Captain Wright and picked up the requested exterior video of Medic 83.

Contact Attorney Stew Mathews

Attorney Stew Mathews called and said he is representing Paramedic Mariano. He provided the passcode for Paramedic Mariano's phone. [REDACTED] Attorney Mathews and Paramedic Mariano are going to meet with me on Wednesday, March 23, 2022, at 3:00 p.m. at the Sheriff's Office for an interview.

Friday, March 18, 2022

Search Warrant

On Friday, March 18, 2022, I obtained a search warrant from Warren County Common Pleas Court, signed by Judge Donald E. Oda II, to download Paramedic Mariano's cell phone. I submitted a digital evidence request through TriTech. Detective Behymer extracted data from the phone.

Contact EMT Basic Kyle Baughman

I called the Middletown Division of Fire at [REDACTED] and spoke with the secretary. I asked her to have EMT Basic Baughman contact me.

Later, EMT Basic Baughman called me. I told him I would like to meet for an interview on Monday. EMT Basic Baughman said he is working on Monday, but he would check with his supervisor to see if there was a time we could meet.

Monday, March 21, 2022

Contact EMT Basic Kyle Baughman

On Monday, March 21, 2022, I called EMT Basic Baughman. EMT Basic Baughman said he was going to decline to be interviewed at this time. I gave him my contact information and told him to reach out to me if he changed his mind.

Email request to Captain Brian Wright

I sent an email to Fire Captain Wright requesting the run log for Paramedic Mariano's shift and his work schedule from March 1, 2022, through the incident date.

Medic 83 Timeline

I viewed the video from Medic 83 and created a timeline from the video.

- 2:22:58, Medic 83 leaves Middletown Firehouse.
- 2:25:29, Medic 83 arrives at the Warming Center, 1009 Grove Street.
- 2:32:40, the patient is loaded into Medic 83.
- 2:40:33, Medic 83 departs from the Warming Center.
- 2:49:40, Medic 83 arrives at Atrium Medical Center, 1 Medical Center Drive.
- 2:50:11, Rear doors to Medic 83 are opened by EMT Basic Kyle Baughman. The patient is taken inside the hospital.
- 3:10:24, Gurney is placed in the rear of Medic 83.
- 3:27:31, EMT Basic Baughman and Paramedic Mariano return to Medic 83.
- 3:27:51, Medic 83 leaves Atrium Medical Center.
- 3:35:50, Medic 83 arrives at Middletown Firehouse.

Medic 83's emergency lights are activated while responding to the Warming Center and from the Warming Center to Atrium Medical Center. The siren is not used.

Paramedic Brian Mariano's Cellular Phone

Detective Behymer signed Paramedic Mariano's phone over to me. I entered the phone into the property room as evidence.

Tuesday, March 22, 2022

Paramedic Brian Mariano's Run Log

On Tuesday, March 22, 2022, I received an email from Captain Wright containing an Excel spreadsheet of Paramedic Mariano's calls for service during his shift, Sunday, March 6 through Monday, March 7, 2022.

The log shows Paramedic Mariano had eleven runs during his shift, eight runs occurred before this incident, and two occurred after.

I saved the run log on my H: drive.

Email request to Captain Brian Wright

I sent an email to Captain Wright asking him who is completing the internal investigation. He responded by saying Middletown City Law Direction, Ben Yoder.

Wednesday, March 23, 2022

Grand Jury Subpoena

On Wednesday, March 23, 2022, I sent Legal Assistant Leanne Massingill a grand jury subpoena requesting William Jeffrey's medical records from the Atrium Medical Center from March 1 through March 8, 2022.

Interview Paramedic Brian Mariano

Paramedic Mariano and Attorney Stew Mathews came to the Sheriff's Office. Detective Mark Purdy and I interviewed Paramedic Mariano. The following is a summary of the interview. The audio and video copy of the interview is saved on my H: drive.

Paramedic Mariano was told he is free to go, he was not being detained, and he did not have to answer questions.

I asked Paramedic Mariano how his shifts work at Middletown Fire Department. Paramedic Mariano said he works twenty-four-hour shifts at Middletown Fire Department. His shifts start at 7:00 a.m. and end at 7:00 a.m. the following day. Paramedic Mariano said he works every third day. Paramedic Mariano said he does not work anywhere else.

I asked Paramedic Mariano to take me through the incident starting from the firehouse. Paramedic Mariano said they were called to a possible seizure. The medic unit and the fire truck both responded to the Warming Center. Middletown Fire Department provides fire watch at the Warming Center. Paramedic Mariano did not know if the fireman working the detail called in the run or if it was called in by another person. Paramedic Mariano said they arrived on the scene and went to the restrooms toward the back of the building. Paramedic Mariano said the fireman told him William was found in the bathroom sitting on the toilet. No one knew what happened and he could have had a seizure. Paramedic Mariano said they checked William's blood sugar and it was within normal range. Paramedic Mariano said the fireman working the fire watch detail helped William up and it appeared to him that William was shuffling his feet to go to the cot. Paramedic Mariano said William was moaning and trying to talk. Paramedic Mariano said he was handed an empty medication bottle of Valium. Paramedic Mariano said due to the date on the pill bottle William could have taken too many pills. Paramedic Mariano said Valium can mellow you out and relax you because it is for seizures. William was loaded on the cot and taken to the medic unit.

Paramedic Mariano said William's first set of vitals were taken in the medic unit. Paramedic Mariano said William's blood pressure, pulse, and oxygen saturation was normal. The engine crew asked him if he need anything or if he needed to bring anyone. Paramedic Mariano told them "No" due to what he thought William's problem was. Paramedic Mariano said his basic partner asked if he could take the run-in. Paramedic Mariano told him no because William did not look good. Paramedic Mariano said William was placed on a pulse oximeter. Paramedic Mariano said during transport he went through his narrative, covered his secondary assessment, and continued to monitor vitals. Paramedic Mariano said he was tapping William and making sure he was making noise and was still there. Paramedic Mariano said they pulled up to the medic bay at the hospital. He is not sure when he took the pulse oximeter off of William, but he usually leaves it on until they arrive at the hospital. Paramedic Mariano said when they arrived at the hospital, he started packing up the computer and putting stuff away. Paramedic Mariano said his partner opened the medic doors and said William did not look good. Paramedic Mariano said he checked William, felt a pulse, and saw him take a breath. They unloaded the cot and took William inside. Paramedic Mariano said while they were taking William into the hospital, they were not watching him the entire time due to steering the cot. When they arrived at the nurse's station a nurse asked if William was breathing. Paramedic Mariano said his medic partner checked William and said there was no pulse. Paramedic Mariano said William was taken into a trauma room. Paramedic Mariano said the doctor said William had no cardiac activity. Paramedic Mariano said he went into the EMS room and completed his report. When he arrived back at the firehouse, he sent a message to his captain saying he needed to talk to him. Paramedic Mariano said he looked through his school notes and protocols trying to figure out what happened.

I asked Paramedic Mariano where he was sitting in the squad. He said on the bench seat beside the patient. I asked Paramedic Mariano if William said anything to him. Paramedic Mariano said there was no clear communication.

Paramedic Mariano was shown his run report. He said the information was manually input into the report from a pulse oximeter on William's finger. A time button must be hit for the date and time stamp to occur on the run report.

Paramedic Mariano said the only thing he noticed during transport was William's respirations went from sixteen to ten. Paramedic Mariano said William's oxygen saturation was at ninety-four percent. Paramedic Mariano said this was in the normal range.

I showed Paramedic Mariano the code summary report for William. Paramedic Mariano said the code summary is automatically recorded from a different pulse oximeter/blood pressure cuff machine. Paramedic Mariano said this machine automatically inputs the information into the code summary report. Paramedic Mariano said the code summary report readings were lower than the readings that were manually input into his run report because he consulted the reading displayed on the pulse oximeter on William's finger.

Paramedic Mariano said he did not remember talking to his partner during transport.

Paramedic Mariano said his partner made a comment about William when he opened the back of the squad at the hospital. Paramedic Mariano said he checked William after the comment, and he had a palpable carotid pulse. Detective Purdy asked if William was still hooked up to machines when he checked his pulse. Paramedic Mariano said he took the machines off of William as they were arriving at the hospital.

Detective Purdy asked Paramedic Mariano to go through when life-saving measures were started. Paramedic Mariano said he did not remember seeing any sign of distress. William was breathing and had a pulse in the back of the medic unit. Paramedic Mariano said he did not notice any signs of distress while they were walking him to the nurse's station. Paramedic Mariano does not know what prompted the nurse to ask if William was still breathing. Paramedic Mariano said his partner did not feel a pulse and CPR was started.

Paramedic Mariano said he knows Medic 83 has video and audio recordings. I showed him the rear video recording of Medic 83 when they arrived at the hospital. Paramedic Mariano acknowledged the video shows their interaction at the hospital. Paramedic Mariano said his partner said William was dead. Paramedic Mariano said he saw Williams breathing and felt a pulse after his partner made that statement. Paramedic Mariano said his last vitals check on Williams occurred minutes before his partner opened the doors to Medic 83 at the hospital.

Thursday, March 24, 2022 Video from Atrium Medical Center

On Thursday, March 24, 2022, Detective Purdy and I went to Atrium Medical Center and spoke with Police Officer Pridemore. Officer Pridemore gave us the hospital video of the event. Officer Pridemore walked us through the emergency room, showed us the trauma room, and the ambulance entrance.

We asked to speak with the nurses involved in this incident. Officer Pridemore said we needed to speak with the director of nursing who was currently in a meeting. I gave Officer Pridemore my business card and asked him to give it to her after the meeting.

I took photos of the entrance to Atrium Medical Center and the ambulance unloading area.

The hospital video and photos were saved on my H: drive.

Warming Center

Detective Purdy and I went to the Warming Center. It was closed. We were unable to contact anyone at the Warming Center. We did not notice any external cameras on the building.

Friday, March 25, 2022 Contact Clinical Nurse Manager Wendy Mitchell

On Friday, March 25, 2022, I received a phone call from Clinical Nurse Manager Wendy Mitchell. I told her I would like to interview the nurses involved in this incident. I emailed Clinical Nurse Manager Mitchell photos of the nurses in the hospital video. Clinical Nurse Manager Mitchell said she would provide the names of the nurses. Clinical Nurse Manager Mitchell said I would need to speak with Manager of Risk Management Thomas Nguyen to set up the interviews.

Later, Nurse Manager Mitchell emailed me identifying the nurses as Registered Nurse Laine Martin, Registered Nurse Ashley King, and Registered Nurse Nicole Boen.

I spoke with the Manager of Risk Management Nguyen. He said I could speak with the nurses about what they observed but they could not disclose what medications were given during care due to HIPPA.

Manager of Risk Management Nguyen sent me the schedule for the nurses and asked that I work with Clinical Nurse Manager Mitchell to speak with them.

Clinical Nurse Manager Wendy Mitchell
[REDACTED]
[REDACTED]

Manager of Risk Management Thomas Nguyen
[REDACTED]
[REDACTED]

Monday, March 28, 2022

Contact Clinical Nurse Manager Wendy Mitchell

On Monday, March 28, 2022, I emailed Clinical Nurse Manager Mitchell and asked her if I could talk with Registered Nurse Martin this Thursday at 3:30 p.m.

Contact Hope House

I called the Hope House at [REDACTED] and spoke with the receptionist. I asked if there was video inside the Warming Center. She transferred me to Tim William's voicemail and asked that I leave a message. I left a message asking Tim to return my call.

Thursday, March 31, 2022

Interview Registered Nurse Lainea Martin

On Thursday, March 31, 2022, I went to Atrium Hospital and interviewed Registered Nurse Lainea Martin. The following is a summary of the interview. The interview was audio-recorded and saved on my H: drive.

I showed RN Martin the security video from the nurse's desk and asked her if she remembered the incident. RN Martin said she did. RN Martin said they walked up to the nurse's station and said the patient was coming in for seizure-like activity. RN Martin said she took a step closer and asked if the patient was breathing and if he had a pulse. RN Martin said they responded yes. RN Martin said she asked them to check for a pulse and they said there was no pulse. They took the patient to the trauma bay. RN Martin said a nurse started compressions while they were walking.

RN Martin said usually the squad will call from the EMS phone before arrival, but they did not call. RN Martin said there was no IV line started.

RN Martin described the patient as having a fixed gaze, his mouth was wide open, and he was white.

RN Martin said she does not know Paramedic Mariano or EMT Basic Baughman.

Monday, April 4, 2022

William Jeffreys' Medical Records

On Monday, April 4, 2022, I received William's medical records. The medical records list William's date and time of death as March 7, 2022, at 3:14 a.m.

Tuesday, April 5, 2022

Registered Nurse Interviews

On Tuesday, April 5, 2022, I went to the Atrium Medical center and interviewed Registered Nurse Nicole Boen and Registered Nurse Ashley King. The following is a summary of those interviews. The interviews were audio-recorded and saved on my H: drive.

Interview Registered Nurse Nicole Boen

I showed RN Boen the security video of the nurse's desk and asked her if she remembered the incident. RN Boen said she did. RN Boen said she was sitting at the nurse's desk when the patient was brought in. RN Boen does not remember if Medic 83 called in a report before they arrived. RN Boen said they were told the patient was brought from the Warming Center. RN Boen said RN Martin asked if the patient had a pulse. The patient was checked and he did not have a pulse.

RN Boen said she does not know Paramedic Mariano or EMT Basic Baughman. She described one of them as standoffish and the other as nonchalant. RN Boen said RN Martin asked if the patient was breathing and one of them replied, "he was a while

ago.

RN Boen described the patient as grey, not moving, his mouth open, and his eyes open. RN Boen said they began CPR.

Interview Registered Nurse Ashley King

I showed RN King the security video of the nurse's desk and asked her if she remembered the incident. RN King said she did. RN King said she was standing at the nurse's station when the patient was brought in. RN King said it was evident something was wrong with the patient. RN King said the patient did not look like he was breathing or alive. The patient did not have a pulse. RN King said she started chest compressions as they were going to the trauma room. RN King said it was pretty evident the patient was dead.

RN King said when they asked if the patient was breathing or had a pulse, Paramedic Mariano said, "yeah, he is fine." RN King said it did not appear EMT Basic Baughman thought the patient was fine. RN King said EMT Basic Baughman was shaking his head like the patient was not ok.

RN King described the patient as obviously dead, with his mouth open, and not breathing.

RN King said while they were working on the patient, Paramedic Mariano came into the room and watched them work. RN King said when they went out of the room and were standing at the nurse's station by the trauma bay, EMT Basic Baughman verbalized that he thought something was wrong with the patient and he asked Paramedic Mariano to do something before they got to the nurse's station, but he did not. He told him it was fine. RN King said Paramedic Mariano is a higher rank than EMT Basic Baughman.

RN King said she knows Paramedic Mariano and EMT Basic Baughman from work and she talks to them outside of work.

Requested Information from Captain Wright

I sent an email to Captain Wright requesting the following information.

- Are the pulse oxygen machine and blood pressure machine in Medic 83 calibrated? If so, can I obtain a copy of those records?
- Any reports of the pulse oxygen machine or blood pressure machine malfunctioning?
- Is there more than one blood pressure cuff or blood pressure machine in Medic 83? If so, how are they different?
- Is there more than one pulse oxygen machine in Medic 83? If so, how are they different?
- Verify the time on Medic 83's cameras and match that to the time on the blood pressure machine.
- Personnel files for Paramedic Brian Mariano and EMT Basic Kyle Baughman; including any discipline, training certificates, and policy read and signs.
- The contact information for the medical director for Medic 83.
- Copy of the standard operating procedure/policy and procedure manual.
- When was the previous shift worked by EMT Basic Baughman before this incident? When was the previous shift worked by Paramedic Mariano before this incident? When was Paramedic Mariano placed on administrative leave?

Wednesday, April 6, 2022

Contact Hope House

On Wednesday, April 6, 2022, I called Tim at the Hope House. Tim said they do not operate the Warming Center. The Warming Center is operated by the Mindful Healing Center.

Contact The Mindful Healing Center

I called the Mindful Healing Center at [REDACTED] and spoke with Jessica. Jessica said there is no video at the Warming Center. Jessica thinks their staff completed a report for this incident. I sent Jessica an email asking for a copy of the report if she locates it.

jessica@themindfulhealingcenter.com

Monday, April 11, 2022

Contact Middletown Division of Fire Employees

I called the City of Middletown Fire Headquarters at [REDACTED] and spoke with Fire Lieutenant Steven Riley, EMT Basic Isaac Steinbrunner, and Apparatus Operator EMT Basic Calvin Woodrey. They agreed to be interviewed Thursday at 3:00 p.m.

Thursday, April 14, 2022

Middletown Division of Fire Employee Interviews

On Thursday, April 14, 2022, I went to the Middletown Division of Fire and spoke with Fire Lieutenant Steve Riley, Apparatus

Operator EMT Basic Calvin Woodrey, and EMT Basic Isaac Steinbrunner. The following are summaries of those interviews. The interviews were audio-recorded and saved to my H: drive.

Interview Fire Lieutenant Steve Riley

Lieutenant Riley said he responded on Engine 83 to the Warming Center for a report of a person in seizure. The engine arrived after Medic 83. Lieutenant Riley said William was in the bathroom. Warming Center personnel and the squad members were in the bathroom with William. Lieutenant Riley said they were ready to move William when they arrived so he was placed on the cot. Lieutenant Riley said the squad crew told him that William's vitals were stable. William was placed in the squad and they asked the squad crew if they needed anything. They said no, so the engine went back into service.

Interview Fire Apparatus Operator EMT Basic Calvin Woodrey

Fire Apparatus Operator EMT Basic Woodrey said he drove Engine 83 to the Warming Center. Medic 83 arrived on the scene before Engine 83. Fire Apparatus Operator EMT Basic Woodrey said Paramedic Brent Hughes was working an overtime detail at the Warming Center. Paramedic Hughes was with William in the bathroom. Fire Apparatus Operator EMT Basic Woodrey described William as breathing, lethargic, and in a postictal state. William had to be assisted to the cot. Fire Apparatus Operator EMT Basic Woodrey said when William was placed in the squad they cleared the scene and did not assist any further.

Interview EMT Basic Isaac Steinbrunner

EMT Basic Steinbrunner said he was on Engine 83 and they arrived on the scene shortly after Medic 83. EMT Basic Steinbrunner said William was in the bathroom of the Warming Center. They helped William onto the cot and took him to Medic 83. EMT Basic Steinbrunner said they were told by the Medic crew that they could clear so they went back into service.

EMT Basic Steinbrunner said William did not talk and appeared to be in a postictal state as if he came out of a seizure.

Case Notes

Wednesday, April 20, 2022

Warming Center

I sent Jessica an email asking if I could access the Warming Center and take photos.

Tuesday, May 3, 2022

William Jefferys' Autopsy Report

On Tuesday, May 3, 2022, I received William's autopsy report. Hamilton County Coroner's Office completed the report. William's immediate cause of death is listed as Acute combined methamphetamine, diazepam, and amitriptyline intoxication. The approximate interval between onset and death is listed as minutes. William's toxicology report showed positive for Amphetamine, Benzodiazepines, Cannabinoids, Methamphetamine, and Tricyclic Antidepressants.

Under the clothing sections of the autopsy report, it lists that a plastic bag containing white powder was found in the watch pocket of his jeans.

The autopsy report was signed by Chief Deputy Coroner, Forensic Pathologist Karen Looman.

Wednesday, May 4, 2022

Interview Paramedic Brent Hughes

On Wednesday, May 4, 2022, Detective Purdy and I went to the Middletown Division of Fire and spoke with Paramedic Brent Hughes. The following is a summary of our interview. The audio recording of the interview is saved on my H: drive.

Paramedic Hughes said he was working the fire watch detail at the Warming Center when he was notified by a Warming Center Employee named Josh that William was having a seizure in the bathroom. Paramedic Hughes went into the stall and said it appeared William was having a seizure. Paramedic Hughes said he would call William's name and he would look up at him and was responsive to verbal stimuli. Paramedic Hughes said he called for the squad to respond. Paramedic Hughes said he found an empty pill bottle in William's pocket he believed the pills were for Valium or some other sedative. Paramedic Hughes said due to the fill date on the pills it appeared William had taken too many. Paramedic Hughes said the squad arrived and they brought the cot in. Paramedic Hughes said he picked William up and assisted him to the cot. Paramedic Hughes said it felt like William could support his weight when he was moving him. Paramedic Hughes checked William's sugar and it was good. Paramedic Hughes checked William's pupils and they were not pinpoint. Paramedic Hughes said William was diaphoretic and his breathing was not labored. Paramedic Hughes said he suspected William was overdosing on prescription pills. Paramedic Hughes said William was loaded into the squad and that was the last contact he had with William. Paramedic Hughes estimates he spent five to ten minutes with William and his condition remained the same while he was with him. Paramedic Hughes said earlier in the

day William told him he had an appointment with a heart doctor.

Wednesday, May 18, 2022

Interview Joshua Laurence

On Wednesday, May 18, 2022, Detective Purdy and I met Joshua Laurence at the Warming Center. Joshua is employed by The Mindful Healing Center and he was working at the Warming Center the night William was transported. The following is a summary of our interview. The audio recording of the interview is saved to my H: drive.

Joshua said he was sitting at the back desk when he noticed William in the bathroom and his leg was shaking. Joshua asked William if he was ok and he did not respond. Joshua opened the stall door and noticed William was having a seizure. Joshua said William was sitting on the toilet. His feet were off to the right at an angle fully extended. William was leaning to his left, his head was tilted back, and he was leaning against the corner of the wall. Joshua said William was having trouble talking and was making a grunting sound. Joshua heard William say he was ok at one point. Joshua notified the firefighter who was working the detail at the Warming Center. Joshua said the firefighter called for a squad. While the firefighter was with William, Joshua said he kept people out of the way. Joshua said an empty prescription bottle was found with William. Jonathan said no drugs or drug paraphernalia were located in the bathroom after William was transported to the hospital.

Joshua said William has been at the Warming Center multiple times. Joshua said William was pushed a couple of days earlier while he was at the Warming Center and hit his head. Joshua said William was unsteady on his feet that night. Joshua said William reached down to get the attention of a female sleeping. He realized the female he reached down to was not the person he wanted to talk to. The female shoved William and William fell back and hit his head. Joshua said William was taken to the hospital after striking his head and he returned to the Warming Center a day or two after the incident. Middletown Police Department responded and completed an incident report.

Photos of the Warming Center

While we were at the Warming Center, I took photos of the exterior and interior of the building. I also took photos of the bathroom.

Middletown Police Department Incident Report

Detective Purdy and I went to Middletown Police Department and obtained a copy of the **assault report**. The incident occurred on March 3, 2022, at 2:38 a.m. The report number is 22-011008. The suspect is listed as [REDACTED]

I saved the police report to my H: drive.

Thursday, May 19, 2022

Warming Center Report

On Thursday, May 19, 2022, Joshua Laurence emailed me the two reports that documented the incidents William was involved in at the Warming Center.

I saved the reports to my H: drive.

Wednesday, May 25, 2022

Attempted Contact EMT Basic Kyle Baughman

On Wednesday, May 25, 2022, I called The Middletown Division of Fire and spoke with the receptionist. She said EMT Basic Baughman works tomorrow. She took my information and said she would have him call me.

Thursday, May 26, 2022

Hamilton County Coroner's Office

On Thursday, May 26, 2022, I called the Hamilton County Coroner's Office at [REDACTED] and spoke to Dillon. Dillon said they have the white powder found on William in their property room. I asked Dillon if I could pick up the powder or if they could test it. I was transferred to their investigations section, [REDACTED]. I left a voicemail.

Friday, May 27, 2022

Attorney Benjamin Yoder

I had a voicemail from Attorney Benjamin Yoder saying he is representing EMT Basic Baughman. On Friday, May 27, 2022, I returned his call. Attorney Yoder said he is EMT Basic Baughman's civil lawyer. Attorney Yoder said he will speak with EMT Basic Baughman and contact me.

Tuesday, May 31, 2022

Attorney Benjamin Yoder

On Tuesday, May 31, 2022, I spoke with Attorney Yoder. He said EMT Basic Baughman will speak with us on Wednesday, June 8, 2022, at the Middletown City Building.

**Monday, June 6, 2022
Hamilton County Coroner's Office**

On Monday, June 6, 2022, I called the investigations section of the Hamilton County Coroner's Office, [REDACTED] and left a voicemail asking them to return my call.

**Wednesday, June 8, 2022
Interview EMT Basic Kyle Baughman**

On Wednesday, June 8, 2022, Detective Purdy and I went to the Middletown Municipal Building and interviewed EMT Basic Baughman. Attorney Benjamin Yoder, Attorney Zachary Barnhart, and Middletown Fire Department Union Representative Benjamin Bultman were present during the interview. The following is a summary of the interview. The audio recording of the interview is saved on my H: drive.

EMT Basic Baughman was told he was not being detained, he did not have to answer any questions, and he could leave at any time.

I asked EMT Basic Baughman to take me through the Warming Center call. EMT Basic Baughman said he was dispatched to a patient in seizures at the Warming Center. He woke up and responded to the call, along with Engine 83. EMT Basic Baughman said he and Paramedic Mariano took the computer and a "ninety bag" and went into the Warming Center where they met Paramedic Hughes. EMT Basic Baughman said the patient was in the bathroom at the Warming Center. EMT Basic Baughman described the patient as a middle-aged man who was slumped over with his pants around his ankles, unconscious, profusely sweating, and appeared pale. EMT Basic Baughman said a bottle of Xanax was found next to the patient. EMT Basic Baughman said Paramedic Hughes was in the bathroom stall with the patient while he was putting information into the computer near the sink. EMT Basic Baughman said the patient's sugar was at normal levels. Paramedic Hughes placed the patient on the cot and the patient was taken to the squad. EMT Baughman said Paramedic Mariano was told by Josh at the Warming Center that the patient was assaulted three days prior.

EMT Basic Baughman said he took a set of baseline vitals using a pulse oximeter/blood pressure cuff machine in the back of the medic. The patient's vitals were normal. His heart rate was in the eighties, his oxygen was ok, and the patient's blood pressure was fine. EMT Basic Baughman said he did a patient assessment. EMT Basic Baughman opened the patient's eye and touched his eye to see if he would blink and held his hand above his face to see if it would drop and hit him in the face. EMT Basic Baughman said the patient did not let his hand hit his face. EMT Basic Baughman said he noticed a small amount of blood on the back of the patient's head. EMT Basic Baughman described the blood as being small droplets from a small scuff that would not require dressing. EMT Basic Baughman said he told Paramedic Mariano about the blood, and he was not worried about it.

EMT Basic Baughman said the engine crew was standing at the door to the medic during the assessments. The engine crew asked if they needed anything. Paramedic Mariano told them, "No" and they cleared the scene. EMT Basic Baughman asked Paramedic Mariano if he wanted to do anything else, start a three-lead or an IV. Paramedic Mariano said, "No, just get me to the hospital." EMT Basic Baughman said he drove to the hospital in emergency mode, and there was nothing out of the ordinary during transport. EMT Basic Baughman said he was pulling into the Atrium Hospital when he noticed Paramedic Mariano was moving in the back of the medic. EMT Basic Baughman said he asked Paramedic Mariano if everything was ok, and he did not respond. EMT Basic Baughman said he parked the medic, gloved up, opened the back door of the medic, and noticed the patient was not breathing. EMT Basic Baughman said the patient was belly breathing at the Warming Center when he was loaded into the medic. EMT Basic Baughman said it was obvious the patient was not breathing when he opened the rear medic doors at the hospital. EMT Basic Baughman said he told Paramedic Mariano the patient was not breathing, and Paramedic Mariano responded, "Yes he is, I just took him off the monitors." EMT Basic Baughman said Paramedic Mariano did not put the patient on a cardiac monitor, so he thinks he was referring to taking him off the pulse oxygen/blood pressure cuff machine. EMT Basic Baughman said he again told Paramedic Mariano the patient was not breathing. EMT Basic Baughman said Paramedic Mariano did an assessment and said, "he has a weak pulse, let's get him in there." EMT Basic Baughman said the patient's eyes were open and his mouth was slightly open. EMT Basic Baughman said this was not the condition the patient was in when he was at the Warming Center. EMT Basic Baughman said he took the blood pressure cuff off the patient and again told Paramedic Mariano he was not breathing, and he should start CPR. Paramedic Mariano replied, "just get him in the hospital." EMT Basic Baughman said the patient was taken to the nurse's station when a nurse asked if he was breathing. EMT Basic Baughman said he did an assessment of the patient and did not feel a pulse and could not feel him breathing. EMT Basic Baughman told the nurse the patient was not breathing. CPR was started and the patient was taken to the trauma bay. EMT Basic Baughman said he told Paramedic Mariano, "I fucking told you so." EMT Basic Baughman said the medical staff worked on the patient for fourteen minutes before he was pronounced deceased.

I asked EMT Basic Baughman a few questions. The following are his responses. EMT Basic Baughman said when he checked the patient's vitals, he used the pulse oxygen/blood pressure cuff machine attached to the squad. EMT Basic Baughman said the

patient did not talk to him or verbalize anything during the call for service. EMT Basic Baughman said when he opened the squad doors. Paramedic Mariano was standing at the captain's chair behind the head of the cot, facing the rear squad doors. EMT Basic Baughman said Paramedic Mariano did not communicate with him during transport.

EMT Basic Baughman said no patient care occurred during transport. I asked him how he came to this conclusion. EMT Basic Baughman said he did not directly see what was occurring in the rear of the squad, but he is responsible for cleaning and replacing the equipment in the back of the squad after the run. EMT Basic Baughman said nothing needed to be replaced or cleaned. An IV was not started, and no IV equipment was used.

EMT Basic Baughman said he told Paramedic Mariano this incident was "not going away, and it was a big deal." EMT Basic Baughman said Paramedic Mariano's response was, "F [redacted] that guy." EMT Basic Baughman told Paramedic Mariano to talk to EMS Coordinator Captain Brian Wright. Later, Paramedic Mariano told EMT Baughman he talked to Captain Wright and said, "we are all good."

I asked EMT Basic Baughman to describe the difference between an EMT basic and a paramedic. He said EMT basics can assist paramedics, put on twelve leads, and administer a limited number of drugs like aspirin and epi. EMT Basic Baughman said a paramedic can administer more drugs and intubate patients. EMT Basic Baughman said to become a paramedic requires a full year of schooling.

EMT Basic Baughman said in the fire department rank structure EMT basic is the lowest rank and the paramedic is in charge of the truck.

EMT Basic Baughman said he worked with Paramedic Mariano for three shifts before the Warning Center call. EMT Basic Baughman said he only texted with Paramedic Mariano a few times and they did not talk about the Warning Center incident. EMT Basic Baughman said he has been employed with Middletown Fire Department for one year. The day of the Warning Center run was EMT Basic Baughman's last day on probation.

Detective Purdy asked EMT Basic Baughman if Paramedic Mariano's actions on other runs has caused him alarm. EMT Basic Baughman described a time when police called them to a patient who was on drugs. EMT Basic Baughman said Paramedic Mariano told the patient in the squad that they should "kill themselves."

This concluded the interview with EMT Basic Baughman. I gave him my business card and asked him to contact me if he had any additional information.

Tuesday, July 26, 2022 William Jefferys' Narcotic Report

On Tuesday, July 26, 2022, I contacted Chief Investigator Justin Weber at the Hamilton County Coroner's Office. Chief Investigator Weber sent me a copy of the crime lab report analyzing the white powder found in William's pocket during the autopsy.

The report identifies the white powder as methamphetamine, a schedule II narcotic, weighing 1.372 grams plus or minus 0.005 grams.

Wednesday, August 17, 2022 Captain Wright's Requested Information

On Wednesday, August 17, 2022, I received an email from Brodi Conover with the personnel files for EMT Basic Baughman and Paramedic Mariano. I also received the answers to the questions I asked Captain Wright.

1. Are the pulse oxygen machine and blood pressure machine in Medic 83 calibrated? If so, can I obtain a copy of those records?

The pulse oxygen and blood pressure is a built in feature on our LifePack 15 device manufactured by Stryker. This device does go through an annual maintenance performed by The Stryker Company. A certified service representative comes to our facility and performs the service in house. Records of this maintenance and testing would need to be requested through Stryker. Our contact is Jeremy Long his email is jeramy.long@stryker.com.

2. Any reports of the pulse oxygen machine or blood pressure machine malfunctioning?

I have no active reports or emails of the LifePack device's not functioning appropriately.

3. Is there more than one blood pressure cuff or blood pressure machine in Medic 83? If so, how are they different?

There are two different mechanisms available on the squads to obtain a blood pressure. The first option is as mentioned above through the LifePak 15. This device will obtain the diagnostics and store to be transmitted into the ePCR reports or data retrieved through a 'Code Summary.' The information can also be manually inputted into the ePCR by staff.

The second option to obtain a blood pressure is manually with a blood pressure cuff and palpation or with a stethoscope. This information would then need to be manually entered within the ePCR report.

4. Is there more than one pulse oxygen machine in Medic 83? If so, how are they different?

There also is two different mechanisms to obtain a pulse oxygen saturation. The first is just like the blood pressure above and captured by the LifePak15 and recorded in the same fashion.

The second option would be by a finger pulse oxygen device. This device operates on its own to capture the readings. It will provide a pulse rate and a pulse oxygen percentage (SpO2). These readings would be documented within the ePCR manually by the respective crew.

5. Verify the time on Medic 83's cameras and match that to the time on the blood pressure machine.

6. Personnel files for Paramedic Brian Mariano and EMT Basic Kyle Baughman; to include any discipline, training certificates, and policy read and signs.

Chief Snively

7. The contact information for the medical director for Medic 83.

Dr. Jill Aston

J [REDACTED]

Ph: [REDACTED]

8. Copy of the standard operating procedure/policy and procedure manual.

Middletown Division of Fire operates under the Greater Miami Valley EMS Council medical protocol. The protocol and procedures and can be found on their website: <https://www.gmvemsc.org/> the actual protocol is under the following links:

<https://www.gmvemsc.org/uploads/protocol/2021protocol.pdf>

<https://www.gmvemsc.org/uploads/protocol/2021trainingmanual.pdf>

9. When was the previous shift worked by EMT Basic Baughman before this incident? When was the previous shift worked by Paramedic Mariano before this incident? When was Paramedic Mariano placed on administrative leave?

The last shift worked prior to this incident for EMT Basic Baughman was on February 28th beginning at 07:00hrs and ending on the 29th at 07:00hrs.

The last 24 hr. shift worked prior to this incident for Firefighter/Paramedic Mariano was on February 25th beginning at 07:00hrs and ending on the 26th at 07:00hrs. However, on 03/02/2022 Mariano worked a duty trade for EMT-Basic Boerger from 07:00-17:00hrs on Medic Unit 85.

Firefighter/Paramedic Mariano was placed on administrative leave on March 11th by Assistant Chief Snively.

Friday, September 9, 2022

Case Approval / Matrix Submission

On Friday, September 9, 2022, Detective Lieutenant Shaun Embleton reviewed and approved this case. I uploaded the case into Matrix and sent it to the Warren County Prosecutor's Office.

Monday, September 26, 2022

Warren County Search Warrant Return

On Thursday, September 22, 2022, I completed the search warrant return and seal to Judge Oda II. Today, I filed the search warrant with the Clerk of Courts.

Monday, October 10, 2022

Middletown Search Warrant Return

On Monday, October 10, 2022, I completed the search warrant return and seal to Middletown Judge James Sherron. I filed the search warrant with the Clerk of Courts.

Monday, December 12, 2022

Case Closure

This case was reviewed by the Warren County Prosecutor's Office and referred to Middletown Court. Middletown Court had Special Prosecutor David A. Chicarelli review the case. On Monday, December 12, 2022, I was notified Special Prosecutor Chicarelli declined criminal charges.

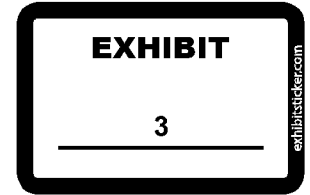
Case Closed.

Additional Information

Evidence Collected?	Cruiser Video Available?	Were Photos Taken?	OD Report?
Victim Information Provided?			
Were Children Present in During Domestic?		If Children Were Present, Did They Witness Domestic?	

Deputy Involvements

Tawmey, Chet 867- Investigating Deputy	Date: 03/16/2022 16:18:30
Hounshell, Joseph 848- Approving Deputy	Date: 03/18/2022 07:58:03
Behymer, Nick 899- Reporting Deputy	Date: 04/03/2022 21:24:00
Hounshell, Joseph 848- Approving Deputy	Date: 06/02/2022 14:56:02
Tawmey, Chet 867- Reporting Deputy	Date: 03/18/2022 08:48:00
Smith, John 848- Approving Deputy	Date: 12/14/2022 13:02:03
Tawmey, Chet 867- Reporting Deputy	Date: 12/13/2022 13:27:00
Smith, John 848- Approving Deputy	Date: 12/14/2022 13:02:57



GMVEMSC

2021 Standing Orders





Subject: Communication with Hospital or Medical Control

Effective: June 1, 2021

Last Modified: Dec. 8, 2020

1002.1 Reasons to Contact the Hospital

- a. To notify the hospital when time is needed to prepare for patient arrival. Examples include:
 - i. Cardiac arrest
 - ii. Any of the defined alerts such as Cardiac Alert, Stroke Alert, Trauma Alert
 - iii. Indications of sepsis
 - iv. Significant communicable disease
 - v. Other serious patients that may require acute care
 - vi. Hazardous material exposures (*mandatory*)
 - vii. Bedbugs

1002.2 Reasons to Contact Medical Control

- a. To obtain orders for procedures or medications as indicated within the protocol.
- b. For field termination or DNR clarification.
- c. To obtain advice in a difficult situation or circumstance. Examples include:
 - i. Before a medication is given, even though protocol allows it to be used without permission.
 - ii. A situation where the patient has an unfamiliar condition.
 - iii. To discuss a destination decision.

1002.3 Call-in Procedures

- a. When contacting a hospital, make sure a clear picture is painted.
- b. When calling about a trauma patient, include:
 - i. MIVT – **M**echanism, **I**njuries, **V**ital Signs and **T**ime
 - ii. Estimated time of arrival (ETA)
 - iii. The components of the Glasgow Coma Score (GCS)
 - iv. Patient assessment findings which are relevant to the decision to transport to a Trauma Center.
- c. If consultation with a physician is desired, specifically request the Medical Control Physician.
- d. When calling with an Alert (Cardiac, Stroke, Trauma, etc.):
 - i. Request to speak directly to the Medical Control Physician at the beginning of the call.
 - ii. Verbalize, “We recommend a _____ Alert.”
 - iii. The MCP has the discretion to withhold the Alert and may decide not to activate it.

END OF SECTION



Subject: General Patient Management

Effective: June 1, 2021

Last Modified: Dec. 28, 2020

1005.1 Guideline

- a. The General Patient Management protocol is to be applied to all patients.
- b. Once a primary impression and differential diagnosis is made, then the provider should look to specific treatment algorithms within these standing orders.

1005.2 Basic Patient Care

- a. The emphasis in patient care should ensure airway protection, oxygenation, and adequate ventilation without causing harm.
- b. Injury reduction strategies may include noninvasive ventilation when appropriate, titration of oxygen in certain settings, and being cautious not to over ventilate.
- c. Tailor treatment to the overall clinical picture.
- d. With the exception of suspected acute cerebral herniation, the rate and depth of ventilation in the prehospital setting should not be guided by the EtCO₂ reading alone.
- e. For the patient with cerebral herniation, ventilate the patient at 20 times per minute to obtain an EtCO₂ of 30 mmHg.
- f. "Permissive hypercapnia" in most cases is appropriate particularly in those with chronic lung disease who may chronically retain CO₂.
- g. It is recommended to listen to the chest to ensure that adequate exhalation is occurring during manual ventilation.

1005.3 General Patient Management

Assessment

Pediatric Considerations	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> • Pediatric patients are defined as patients 16 years old or younger. • A Pediatric reference guide or length-based resuscitation tape may be used to reference pediatric equipment recommendations. • Pedi-Wheel may be used as a reference for pediatric vital signs. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None

Treatment Algorithm

<ul style="list-style-type: none"> • Scene/Crew Safety/PPE; with appropriate equipment/medications to patient side. • Initial Assessment/Physical Exam • Follow basic life support and airway algorithms as indicated based on current AHA guidelines. • An unresponsive patient with gasping breaths and poor color should get supplemental oxygen via BVM • Obtain chief complaint, OPQRST, SAMPLE history, and other pertinent information. • Vital Signs <ul style="list-style-type: none"> ○ Blood Pressure ○ Pulse, rate and quality ○ Respirations; Rate, quality and work-of-breathing ○ Assess every 5 to 15 minutes per patient condition ○ Temperature as needed • Utilize monitoring devices, pulse oximeter, etc. as appropriate. 	EMR	
<ul style="list-style-type: none"> • Perform blood glucose check 		EMT



Subject: General Patient Management

Effective: June 1, 2021

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- Utilize cardiac monitor as appropriate.
- Start IV crystalloid solutions or saline lock as appropriate.
- **IVs:** Follow shock protocol.
 - Medical Emergencies, head trauma, cardiac issues with stable BP: Use TKO rate.
 - Shock (not related to penetrating trauma):
 - **IV fluid** run wide-open
 - Use macro-drip or blood tubing except for penetrating chest or abdominal trauma
 - Decrease fluid rate if SBP greater than 100
- **P IV fluid 20 ml/kg** using macro-drip tubing. Titrate to maintain adequate perfusion.
- Use of IO devices for both Adults and Pediatrics is limited to patients who are unresponsive or hemodynamically unstable, and only when less invasive means are not available or are ineffective (e.g., **Glucagon IM, Narcan IN, and Versed IN**).
- ♦ If a patient with an existing IV pump experiences an allergic reaction, consider discontinuing the pump.

- {IV pump} is an option for an agency with approval from their Medical Director.
- Existing central venous catheters, dialysis catheters, fistulas, or grafts may be utilized for infusion of IV fluids and medication if the patient is hemodynamically unstable. These may also be used when the patient is deteriorating rapidly.

Consult

- Do not stop the flow of medication in an established medication pump except under direct orders from Medical Control. There are some drugs such as Flolan that could kill the patient if stopped.
- If a patient with an existing IV pump experiences an allergic reaction, call the MCP for an order to discontinue the pump.
- Bring medications or a list of the medications to the hospital; include the dose and frequency of administration.

Clinical Pearls

- Crystalloid fluids include Normosol, Plasmalyte, Lactated Ringers or Normal Saline in that order. Their pH is closer to neutral.
 - Medical emergencies, head trauma, cardiac problems with stable BP: Use TKO rate.
- IV medication administration: **Slow IV = over 2 minutes**, unless otherwise specified.
- Any medication given IV can also be administered intraosseous, IO.
- Maintain normothermia.

END OF SECTION



Subject: Resuscitation Guidelines

Effective: June 1, 2021

Last Modified: Dec. 8, 2020

2001.1 Guideline

- a. A patient’s BEST CHANCE for resuscitation is at the scene with high quality CPR and code management.
- b. Paramedics are expected to provide resuscitative care at the scene.

2001.2 Resuscitation and Field Termination

Assessment

Pediatric Considerations

- FIELD TERMINATION DOES NOT APPLY TO PEDIATRIC PATIENTS

Signs & Symptoms

- Pulseless and apneic
- Does not meet Non-initiation of Care Guideline

Differential Diagnosis

- Meets Non-initiation of Care Guideline

Treatment Algorithm

- The EMR will continue resuscitation until the patient is handed off to a higher level provider

EMR

- The EMT will continue resuscitation until the patient is handed off to a higher level provider
- If no higher level provider is available, then transport
- ♦ If no ALS equipment is available at the scene, and transport time to a medical facility will exceed 20 minutes, field termination may be considered

EMT

- Patients will require prolonged resuscitation efforts if:
 - They have a PEA greater than 40.
 - They have an upward trending or persistent EtCO₂ greater than or equal to 20 mmHg, refractory to VF or VT.
- If arrest due to profound hypothermia, then rapidly transport to a Trauma Center
- ♦ Following all appropriate efforts, field termination requires MCP approval, and may only be considered when the following criteria are met:
 - 18 years or older
 - In asystole or PEA, rates less than 40
 - Not be in arrest due to hypothermia
 - Have an advanced airway in place
 - Have vascular access in place
 - There are no signs of neurological function such as reactive pupils, response to pain or spontaneous movement

- The following should be rapidly transported to a cardiac interventional facility if less than a 30 minute transport and defibrillation is the only needed intervention to establish a perfusing rhythm:
 - A documented STEMI and you witness the cardiac arrest.
 - ROSC after VF or ROSC with evidence of ST elevation.

Consult

- When the AEMT or Paramedic contacts MCP directly to receive consent for field termination, they must provide the following information:
 - The duration of the resuscitation
 - How long the patient may have been in arrest prior to EMS arrival
 - Whether it was a witnessed or unwitnessed event
 - The current EtCO₂
 - Blood glucose
 - The presenting rhythm

Clinical Pearls

- There are situations where resuscitation may take 30 minutes or more.
- Research has shown that CPR quality diminishes while being transported.
- Consider aeromedical transport for transports greater than 30 minutes if the patient has ROSC.
- In PEA, the patient may not be in true cardiac arrest, but simply not have palpable pulses due to profound shock.
- Send a copy of the run sheet to the EMS Coordinator of the authorizing MCP’s hospital.

END OF SECTION



Subject: Cardiac Arrest - BLS

Effective: June 1, 2021

Last Modified: Feb. 11, 2021

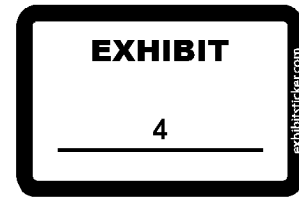
2002.1 This protocol has adopted the 2020 American Heart Association CPR Guidelines

Table with 5 columns: CPR Order, ADULTS, CHILDREN, INFANTS, NEWBORNS. Rows include Compression to Breaths Ratio (Without/With Advanced Airway), Compression Rate, Compression Notes, Compression Depth, and Rescue Breathing.

2002.2 Basic Life Support

Table with 3 main columns: Pediatric Considerations, Signs & Symptoms, and Differential Diagnosis. Includes sections for Treatment Algorithm, Consult, Clinical Pearls, and a summary table for EMR, EMT, AEMT, and Paramedic.

END OF SECTION



GMVEMSC

2021 Standing Orders

Training Manual for ALL providers

ABBREVIATIONS

Some abbreviations are case sensitive while others are content sensitive. Any words that can be readily abbreviated using a period have been left out of this list.

abdomen	abd
abdominal aortic aneurysm	AAA
abortion	AB
acute coronary syndrome	ACS
acute myocardial infarction	AMI
acute pulmonary edema	APE
acute renal failure	ARF
acute respiratory distress/syndrome	ARD/ARDS
administer rectally	p.r.
advanced cardiac life support	ACLS
advanced directive	AD
advanced life support	ALS
after	\bar{p}
against medical advice	AMA
alcohol	ETOH
alert & oriented	A&O
alert/verbal/pain/unresponsive	AVPU
antecubital fossa	AC
arteriosclerotic heart disease	ASHD
as necessary or needed	prn
as soon as possible	ASAP
aspirin	ASA
at	@
at bedtime	h.s.
atrial fibrillation	a-fib
atrial flutter/ tachycardia	AF/AT
atrioventricular	AV
automatic external defibrillator	AED
automatic transport ventilator	ATV
backboard	BB
bag-valve mask	BVM
basic life support	BLS
before	\bar{a}
below the knee amputation	BKA
births, number of	para
black	B
blood pressure	BP
blood sugar	BS
body substance isolation	BSI
body surface area	BSA
bowel movement	BM
bradycardia	brady
breaths per minute	bpm
by mouth	po
by or through	per
cancer	CA

capillary refill time	CRT
carbon dioxide	CO ₂
carbon monoxide	CO
centimeter	cm.
cerebral palsy	CP
cerebrospinal fluid	CSF
cerebrovascular accident	CVA
cervical immobilization device	CID
cervical spine	C-spine
change	Δ
chest pain	CP
chief complaint	CC
chronic obstructive pulmonary disease	COPD
chronic renal failure	CRF
circulatory/sensory/motor	CSM
clear to auscultation bilaterally	CTAB
complaining of	c/o
congestive heart failure	CHF
coronary artery bypass graft	CABG
coronary artery disease	CAD
cubic centimeter	cc.
date of birth	DOB
dead on arrival	DOA
decreasing	\downarrow
degree(s)	$^{\circ}$
delirium tremens	DTs
Dextrose in water – 50%	D50
Dextrose in water - 10%	D10
diabetes mellitus	DM
diagnosis	Dx
dilation & curettage	D&C
discontinue	d/c
disease	DZ
do not resuscitate	DNR
drop (s)	gtt (s)
dyspnea on exertion	DOE
electrocardiogram	ECG / EKG
emergency department	ED / ER
endotracheal tube	ETT
epinephrine	EPI
Equal to or greater than	\geq
Equal to or less than	\leq
esophageal detection device	EDD
esophageal obturator airway	EOA
estimated	Est.
estimated time of arrival	ETA

every	\bar{q}
external jugular vein	EJV
fever of unknown origin	FUO
for example	e.g.
foreign body	FB
four times a day	qid
fracture	fx
French	Fr.
gallbladder	GB
gastrointestinal	GI
gauge	Ga
Glasgow Coma Scale	GCS
gram	g or gm
greater than	>
gunshot wound	GSW
hazardous materials	HazMat
head, ears, eyes, nose, throat	HEENT
Headache	H/a
heart block	HB
heart rate	HR
history	Hx
hypertension	HTN
Incident Command	IC
increasing	↑
inferior	inf.
insulin dependent diabetes	IDDM
intercostal space	ICS
intracranial pressure	ICP
intramuscular	IM
intranasal	IN
intraosseous	IO
intravenous	IV
intravenous push	IVP
joule	J
jugular venous distension	JVD
Kendrick Extrication Device	KED
kilogram	kg
labor & delivery	L&D
last normal menstrual period	LNMP
left	(L)
Left lower/upper extremity	LLE/LUE
Left lower/upper lobe	LLL/ LUL
left lower/upper quadrant	LLQ/LUQ
left bundle branch block	LBBS
less than	<
lights and siren	L&S
liters per minute	lpm
liter	L.
loss or level of consciousness	LOC
mass casualty event	MCE
mechanism of injury	MOI
medial	med.
medical control physician	MCP
metered dose inhaler	MDI

microgram	mcg.
milliequivalent	mEq
milligram	mg.
milliliter (same as cc.)	ml.
motor vehicle collision	MVC
multiple casualty incident	MCI
multiple sclerosis	MS
myocardial infarction	MI
nasal cannula	NC
nasopharyngeal airway	NPA
nausea & vomiting	N&V
newborn	NB
nitroglycerine	NTG
no known drug allergies	NKDA/NKA
non-rebreather mask	NRM
nonsteroidal anti-inflammatory	NSAID
normal saline	NS
normal saline lock	NSL
normal sinus rhythm	NSR
not applicable / available	n/a
nothing by mouth	NPO
O ₂ % of arterial blood	SpO ₂
obstetrics	OB
oropharyngeal airway	OPA
over the counter	OTC
overdose	OD
packs per day	p/d
parts per million	ppm
past medical history	PMH
patient	pt.
pelvic inflammatory disease	PID
penicillin	PCN
peptic ulcer disease	PUD
peripheral inserted central cath	PICC
pharyngo tracheal lumen airway	PtL
pregnancies, number of	Gravida
premature ventricular complex	PVC
prior to my arrival	PTA
pulmonary embolism	PE
pulse	P
pulse, motor, sensation	PMS
pulseless electrical activity	PEA
pupils (=), round, reactive to light & accommodation	PERRLA
right bundle branch block	RBBB
right lower/upper extremity	RLE/RUE
right lower/upper lobe	RLL/RUL
right middle lobe	RML
rapid sequence induction	RSI
respiratory rate	RR
returned to service	RTS
rheumatic heart disease	RHD
right	R
right lower/upper quadrant	RLQ/ RUQ

secondary / second degree	2°
sedate to intubate	StI
sexually transmitted disease	STD
shortness of breath	SOB
signs/symptoms	S/S
sino-atrial	SA
sinus bradycardia	SB
sinus tachycardia	ST
standard operating procedure	SOP
standing orders	SO
ST elevation MI	STEMI
subcutaneous	SQ
sublingual	SL
sudden infant death syndrome	SIDS
supraventricular tachycardia	SVT
symptoms	Sxs
systolic blood pressure	SBP
tachycardia	tach(y)
temperature	T
temporomandibular joint	TMJ
that is	i.e.
three times a day	tid
tibia	Tib
times	×
to keep open	TKO
tourniquet	TQ
tracheal deviation	TD
transport	Tx
transcutaneous pacing	TCP
transfer	x-fer
transient ischemic attack	TIA
treatment/medication	Rx
tuberculosis	TB
twice a day	bid
unconscious	unc.
unequal / not equal	≠
Unified command	UC
unknown	unk.
upper/lower	U/L
upper respiratory infection	URI
urinary tract infection	UTI
ventricular fibrillation	VF/ VFib
ventricular tachycardia	VT/ VTach
vital signs	VS
warm & dry	w/d
week	wk.
weight	wt.
white	W
with	̄
within normal limits	WNL
without	̄ or w/o
Wolff Parkinson-White	WPW
year	yr.
years old	y/o or yo

RUN DOCUMENTATION REQUIREMENTS

Every crew transporting a patient is expected to provide a full run sheet to the hospital.

An abbreviated version of a run report, sometimes called a “quick sheet” may be left at the time of transport, but the hospital **MUST** receive a full, final copy of the run sheet within three hours (with rare exceptions, e.g., major incidents). When a quick sheet is used, it **MUST** include (at a minimum)

all the following:

- Patient’s full name
- Age
- Chief complaint
- History of the Present Illness or MOI
- PMH
- Medications
- Allergies
- Vital signs with times
- Prehospital assessment and interventions along with the timing of any medication or intervention and patient response to such interventions

Use of abbreviations has to be limited to the abbreviations in this document.