Doc # 2005155911
Page 1 of 14
Date: 01/13/2005 01:35P
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $0.00

Return Address:

Skamania County Auditor

Document Title(s) or transactions contained herein: Supplemental Claim for Damages
GRANTOR(S) (Last name, first name, middle initial) Skamania County [ ] Additional names on page _____ of document.
GRANTEE(S) (Last name, first name, middle initial) Blouin Aaron J [ ] Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) [ ] Complete legal on page _____ of document.
REFERENCE NUMBER(S) of Documents assigned or released: AF 2004155790 12/30/04 [ ] Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER [ ] Property Tax Parcel ID is not yet assigned [ ] Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

PETERSON
LAW OFFICES

825 NE 20th Avenue Suite 340 Portland, Oregon 97232

January 12, 2005

RECEIVED
JAN 13 2005
SKAMANIA COUNTY
AUDITOR

Mike Garvison
Auditor
Skamania County
PO Box 790
Stevenson, WA 98648

Re: Our Client: Aaron J. Blouin (a minor)
Date of Injury: September 2, 2003

Dear Mr. Garvison,

As a supplement to our **RCW 4.96.020 Notice of Claim,** enclosed please find LifeFlight chart notes from September 2, 2003.

Thank you for your attention to this matter.

Sincerely,

Todd Peterson/lcw

Todd Peterson, WSB # 23756

LICENSED IN OREGON AND WASHINGTON
a professional corporation

503.280.0888 telephone
877.908.1900 toll free
503.231.9500 facsimile
www.injurylaworegon.com

LIFE FLIGHT NETWORK

FACSIMILE TRANSMITTAL SHEET

TO: Gretchen/ROI

FROM: Meg

COMPANY:

DATE: 1/1/05

FAX NUMBER: 34671

FAX NUMBER 503 413-4666

PHONE NUMBER:

PHONE NUMBER: 503 413-4006

RE: 20471944

NUMBER OF PAGES

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Gretchen-

There are no records for 2000.
They may exist in an area that we will not have access to for a few days, but they also may not.
When that area opens up I will check and let you know.

Sorry.

Meg

Record Number 8-03-7924A
Date Sep 2, 2003

Legal Name:AARON BLOUIN

AARON BLOUIN

CLINICAL RECORD

Treatment Type: Scene

Printed By: derr8px
Mon, Jan 03, 2005 12:31

Call Arrived	Dispatched
15:13:27	15:13:27
Departure	Arrival
15:17	15:45
15:54	16:11

Patient Time: 15:46 09/02/03

Mileage - Loaded: 42.2

Mileage - Unloaded: 67.9

Destination
-Scene - Skamania County
Receiving Facility
EMANUEL HOSP & HEALTH CENT

Assisting Agencies
skamania county FD
skamania county FD

Dispatcher: schaefer8da
penland8hj

Sending Physician

Receiving Physician
IZENBERG

Control Numbers:
EMS #: W0109604
Other Rec #:
PD#:

Ground Personnel
Controlling MD:

Crew
Base: LifeFlight 1
Vehicle: N230LF
Pilot: Jones8Cx
RN1: griffiths8mp
RN2:
PM: beedell8ve
EMT:
Crew MD:
RT:
RA:
ICU 1:
ICU 2:

Patient History

16 Year White Male DOB: 06/29/87 Weight:80 kg

Past Medical History:
None

Current Meds
None

Allergies
NKDA

Language barrier?No

Level of care received PTA: ALS

Time of Incident: 1500

SCENE HPI:

FALL. CHIEF COMPLAINT: 'My neck is the only place I hurt' . . . No LOC Per pt. he was walking down hall in courthouse and tripped, falling into glass door. Pt states head went through door cutting throat. Metal push bar across center of door prevented him from continuing through glass door. EMS states minimal blood loss of 20-30cc on scene. No evidence of arterial bleeding.

Initial Scene Responders: skamania county FD skamania county FD

SIGNATURE (this record has been read and electronically verified.)
beedell8ve 09/02/03 18:20:35

AUDIT BY: (this record has been read and electronically verified.)
griffiths8mp 09/02/03 18:29:00

Record Number
8-03-7924A
Date
Sep 2, 2003

Legal Name:AARON BLOUIN

AARON BLOUIN

CLINICAL RECORD

Treatment Type: Scene

Printed By: derr8px
Mon, Jan 03, 2005 12:31

Field Treatment PTA:
Head immobilizer, tape, long backboard , Patient straps NRBM. O2 at 15 l/min 18G IV, right AC, with LR. 16G IV, left AC, with LR c-collar not applied secondary to location of neck wound and bulky dressings. Tape applied to forehead and chin to insure neurtral inline position. Occlusive drsg applied to wound covered by dry bulky drsg taped in place.

Initial Impression: (Impressions are based on information available and the judgment of the medical personnel at the time of transport).

- Injury to blood vessels of head or neck
-
-
-

Initial ECode (if applicable): 885 Fall on same level

SIGNATURE
beedell8ve 09/02/03 18:20:35

AUDIT BY:
griffiths8mp 09/02/03 18:29:00

8-03-7924A

AARON BLOUIN

Vital Signs / Invasive Monitoring / Ventilation/ Input and Output

Intake

	PTA	Enroute	Total
IVF:	100	200	300
Blood:	0	0	0

Output

	PTA	Enroute	Total
Urine:	0	0	0
EBL:	20	0	20
Emesis/NG::	0	0	0
Stool::	0	0	0

	SBP	DBP	Pulse	Resp	Pulse Ox	EtCO2	Temp	MAP	BP Site	Cap Refill	Color	Ambient Temp
09/02/03 15:52	131	73	60	10	100				Brachial	2	Pink	

Assisted	Mode	Rate	Spontaneous	TV	FiO2	PEEP	PIP	I:E	Pain	CVP	PAP	CWP	CO	CI

Monitor: NSR

R Pupil: Reactive 3 mm L Pupil: Reactive 3 mm ICP:

	SBP	DBP	Pulse	Resp	Pulse Ox	EtCO2	Temp	MAP	BP Site	Cap Refill	Color	Ambient Temp
09/02/03 16:01	131	64	56	20	100	38			Brachial			

Assisted	Mode	Rate	Spontaneous	TV	FiO2	PEEP	PIP	I:E	Pain	CVP	PAP	CWP	CO	CI

Monitor: Sinus Bradycardia

R Pupil: mm L Pupil: mm ICP:

	SBP	DBP	Pulse	Resp	Pulse Ox	EtCO2	Temp	MAP	BP Site	Cap Refill	Color	Ambient Temp
09/02/03 16:06	131	64	59	22	100	38						

Assisted	Mode	Rate	Spontaneous	TV	FiO2	PEEP	PIP	I:E	Pain	CVP	PAP	CWP	CO	CI

Monitor: Sinus Bradycardia

R Pupil: mm L Pupil: mm ICP:

SIGNATURE

beedell8ve 09/02/03 18:20:35

AUDIT BY:

griffiths8mp 09/02/03 18:29:00

Physical Exam:
Place of examination: at patient side

NEURO: Awake, alert, oriented x3, full recall, PERRL, moves all extremities
SKIN: Warm and dry, good color, capillary refill < 2 seconds, strong radial pulses
HEET: 6cm full thickness, jagged, laceration to R anterior neck extending just lateral of cricoid region posteriorly. EMS states trachea,vascular and muscle structures visible through wound. Pt denies SOB or difficulty swallowing. Speech clear.
NECK: C-collar not applied secondary to bulky drsg to neck and location of wound. Tenderness to Right neck. , trachea mid-line. Minor oozing from wound on exam with small amt of blood noted to dressings. No selling noted
CHEST: Clear to auscultation, equal excursion, non-tender, atraumatic
CARDIAC: Regular rate and rhythm. NSR on monitor with occasional sinus bradycardia
ABDOMEN: Non-tender, soft, nondistended, atraumatic
PELVIS: Atraumatic, no pelvic instability
BACK: Not visualized secondary to packaging
EXTREMITIES: Atraumatic, non-tender, no instability. Normal distal capillary refill, sensation to touch, and motor function

Laboratory:

Treatment Rendered

Continue treatment started prior to arrival. Rapid Transport. Patient continuously observed and assessed. Consent for transport: Verbal. Patient received appropriate safety briefing.Patient Hot-loaded onto aircraft. Transported at 1500 feet. Cabin pressure: 1500 feet. Automated Vital Sign Monitor, Pulse Oximeter used. Cardiac Monitor
. Oxygen at 15 l/min, Sensor EtCO2 monitor

IV at TKO Rate

MEDICATIONS:
SPECIAL MEDICATIONS:
OTHER Tx:

SIGNATURE
beedell8ve 09/02/03 18:20:35 Page 4 AUDIT BY: griffithbs8mp 09/02/03 18:29:00
8-03-7924A AARON BLOUIN

8-03-7924A

SIGNATURE

beedell8ve 09/02/03 18:20:35 Page 5

AUDIT BY:

griffiths8mp 09/02/03 18:29:00

AARON BLOUIN

8-03-7924A

AARON BLOUIN

8-03-7924A

AARON BLOUIN

Trauma Scores

Date	Time		Eye	Speech	Motor	Total	RTS:	CV	Resp	GCS	Total
09/02/03	15:52:00	Glasgow:	4	5	6	15				4	

Date	Time		Eye	Speech	Motor	Total	RTS:	CV	Resp	GCS	Total
09/02/03	16:08:00	Glasgow:	4	5	6	15				4	

Additional Procedures

SIGNATURE
beedell8ve 09/02/03 18:20:35

AUDIT BY:
griffiths8mp 09/02/03 18:29:00

8-03-7924A

AARON BLOUIN

Event Log

No change in status en route, report given to receiving hospital team. Patient secured throughout transport. Stretcher secured throughout transport

Patient Delivered To: Emergency Department
Patient at Receiving Unit: 16:14
Signed over to Receiving Unit: 16:15
Signed over to: Seth Izenberg M

Immediate Follow-up

SIGNATURE
beedell8ve 09/02/03 18:20:35 Page 7 AUDIT BY:
griffiths8mp 09/02/03 18:29:00

Additional Data

Did the pt. worsen enroute?

Valuables

The following valuables have been secured in a manner consistant with company policy:

Date: 09/02/03

Patient Record Number: **8-03-7924A**

valuables left with pt

Signature
beedell8ve

Signature
griffiths8mp

8-03-7924
Tue, Sep 02, 2003

DISPATCH RECORD

Base: LifeFlight
Num of Patients: 1

Call Arrived	Time Requested
15:13:27	15:13:27
Crew Beeped	Crew Notified
15:14:52	15:13:27
Unit Available	Dispatched
15:13:27	15:13:27

Call Information

Nature of Call: Trauma
Reason for Call: Trauma Vancouver / School St Stevenson, WA
Response: Emergency Rotor Scene
Further Information: Aaron Blouin 06-29-1987
Direction of Transport: Incoming

Patient Location

-Scene - Skamania County
Stevenson WA 99999 Skamania County
(
Contact:
Latitude: 45 / 41.66
Longitude: 121 / 53.15 Map:
ETA: 15:46:21 (if applicable)

Other Landing Zones (if applicable)

Latitude: 0 / 0
Longitude: 0 / 0 Map:
ETA: 00:00:00

Receiving Facility

EMANUEL HOSP & HEALTH CENTER
2801 N GANTENBEIN PORTLAND OR 99210 Multnomah Cou
(503)-413-4121
Contact:
Latitude: 45 / 32.59
Longitude: 122 / 40.16 Map:
ETA: 16:11:34 (if applicable)

Assisting Agency (if applicable)
Assisting Agency: Stevenson FD
Contact:
Frequency: Pre-Set:
Contact Established?
Phone:

En Route	Arrive Patient	Depart Patient	Arrive Facility	Depart Facility	Arrive Home	Reroute
15:17:39	15:45:00	15:54:20	16:11:18	16:41:53	16:50:17	59:59:59

Accessory Transport

Supplemental Transport

Diversion

Additional Information

Status altered on 9/2/2003 by schaefer8dx from Stand Down to Active Status altered on 9/8/2003 by schaefer8dx from Completed to Active

Dispatcher:
schaefer8da
penland8hj
RN 1: griffiths8mp
ICU 1:

Personnel

Vehicle: N230LF
Pilot: Jones8Cx
Controlling MD:
PM: beedell8ve
ICU 2:
RN 2:
RT:
RA:
MD:

This is a COPY of the original chart

01/03/05 12:32:11
derr8px

8-03-7924
Tue, Sep 02, 2003

DISPATCH RECORD

Base: LifeFlight 1
Num of Patients: 1

Call Arrived	Time Requested
15:13:27	15:13:27
Crew Beeped	Crew Notified
15:14:52	15:13:27
Unit Available	Dispatched
15:13:27	15:13:27

Total Times

Scene Time: 00:09:20
Total Flight: 00:52:43
Loaded Flight: 00:16:58
Unloaded Flight: 00:35:45

Mileage by Leg

Loaded Flight 42.2
Unloaded Flight 67.9
Total Flight 110.1

Hobbs Counter

0.0 to 0.0
Total: 0.0

Times

			Loaded ?	Leg Miles	Leg Time	Odometer
16:50:17 09/02/03 Arrival - Home	N	45 / 32.44 W 122 / 56.93	Yes	13.55	00:08:24	0
		Pilotage:				
16:41:53 09/02/03 Departure - Facility EMANUEL HOSP & HEALTH CENTER.	N	45 / 32.59 W 122 / 40.16	Yes	0.00	00:30:35	SOB: 3 0
		Pilotage:				
16:11:18 09/02/03 Arrival - Facility EMANUEL HOSP & HEALTH CENTER.	N	45 / 32.59 W 122 / 40.16	Yes	0.13	00:00:41	SOB: 3 0
		Pilotage:				
15:57:59 09/02/03 Other Med Report.	N	0 / 0 W 0 / 0	Yes	0.00	00:00:00	SOB: 4 0
		Pilotage:				
15:54:20 09/02/03 Departure - Patient Coordinates adjusted by GPS. -Scene - Skamania County.	N	45 / 41.64 W 121 / 53.17	Yes	0.00	00:09:20	SOB: 4 0
		Pilotage:				
15:45:00 09/02/03 Arrival - Patient Coordinates adjusted by GPS. -Scene - Skamania County.	N	45 / 41.64 W 121 / 53.17	Yes	0.19	00:00:23	SOB: 4 0
		Pilotage:				
15:44:40 09/02/03 Other TD in 1 minute.	N	0 / 0 W 0 / 0	Yes	0.00	00:00:00	SOB: 3 0
		Pilotage:				
15:32:00 09/02/03 Position Check	N	45 / 35 W 122 / 17	Yes	32.39	00:14:21	SOB: 3 0
		Pilotage:				
15:17:39 09/02/03 En Route Security and EH ED advised 1 huor ete.	N	45 / 32.44 W 122 / 56.93	Yes	0.00	00:00:00	SOB: 3 0
		Pilotage:				SOB: 3