

Rpts for Kevin Evans

Rpts for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E6	S: E6 responded to a fib with a full alarm to an abandoned two story office complex. Upon arrival there was light smoke showing in the street and coming from the first floor on the South West corner of the complex. Complex was a condemned office complex which was boarded up but being occupied by homeless individuals.	
	A: E6 established command and began investigation of fire location. E5 was assigned to bring in a water supply and was assigned Div 1/ Investigation with E6 crew. E10 brought in a secondary water supply and was assigned to provide first floor with ppv and was then given Div 2 assignment. R6 was assigned Med Group. Div 1 reported difficulty stretching lines to reach the fire and had to pull addition lines to complete fire attack. HR44 arrived and was assigned RIT. Command called a second alarm and Command was assumed by Batt 10. E6 Captain was given Div 1 with assignment to investigate fire spread and tactics needed to extinguish the fire. Div 1 completed first floor knockdown and was given E3 who was assigned to open all first floor windows with saws to accomplish ppv. One male fire victim was found and removed from the west end windows to Alpine and was attended by FD crews. Div 1 then reported primary all clear and verified knockdown on the first floor. A secondary soon followed and was reported to command. Div 1 was passed to E3 while E6 crew rehabbed. E6 was then reassigned to overhaul with T6 and awaited 6IDA to complete initial investigation prior to completing overhaul. Command was then passed to E6. Command verified the fire to be completely extinguished and released the remaining units which were E6, R6, and T6.	
	C: Fire was determined by 6IDA units to be undetermined but believed caused by homeless inhabitants of the structure. Dollar loss was in excess of \$50,000.00. Fire victim was a fatallity and autopsy is ongoing. E6 passed command to 6IDA1 and returned to service.	
E10	S: E10 responded code 3 to the referenced address for a reported fire in an abandoned building. This was part of a first alarm assignment with other City units. E10 had been to the location on previous occasions for building fires, and this was an established area for homeless people to congregate and live.	
	A: UOA E10 advised command they were approaching from the east, would breach the fence, and bring in a secondary water supply. E10 parked on the west side of the complex north of E6 and were then assigned to Division 2 with the objectives of finding and extinguishing any fire, checking for vertical extension and conducting a primary life search. E10 charged the supply line and advanced a 250' 1-3/4" pre-connect to the second floor above the fire. While advancing the hoseline, E10 was met by E5 captain who requested ppv. E10 ff took blower from E5 and placed it at doorway and requested E5 ff get chainsaw to create exhaust opening. On the second floor landing there was heavy smoke from a chimney effect created by an open area on the first floor ceiling. D2 reported to command that there was extension to the second floor. E10 advanced the hoseline through the only opening on the east side and was able to go in appx. 30-40' when the hoseline ran out. E10 shut down line, egressed and added a 50' section and continued. Primary life search was completed, interior walls and ceiling were opened to check for extension, and same was reported to command. Further checks for extension and secondary life search were conducted by T6. D2 requested rehab and D2 was relieved by E22 and directed to rehab area. E10 was re-habbed and then released by command. E10 gathered hose and equipment, surveyed the structure for future reference and ten RTS.	
	C: Fire in an abandoned building.	
R10	see written report	
WT43	Cancelled upon arrival by Command.	
EMS1	S: 2 alarm 402 at vacant and borded up office building.	
	A: Assigned as EMS group. 1 victim removed from building and was treated and transported by R10 and E203, the pt. outcome was 419.	
	C: Released by command after all clear on the building.	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5	S: E5 responded to a fire in a building reported at 4820 W Charleston in an vacant complex.	
	<p>A: E5 arrived on scene and reported to Command that E5 was staged in front of a hydrant. E5 was assigned investigations and to bring in a hydrant and then E5 was assigned fire attack and then Division 1. Division 1 followed E6 hose line into the west side of the involved building which had heavy smoke exiting with smoke to the floor, and reassigned E6 crew to place the hose line into the east side of the involved building. This was done because fire was showing on the east side of the building and no fire was evident on the west side. E5 crew was given the assignment of pulling a secondary line to the east side of the building. Division 1 requested ventilation and a fan was placed in the door way. Div. 1 began attacking the fire from the outside of the structure on the east side of the building with E5 and E6 crew. There was heavy smoke and fire showing from the east side of the building. E6 hose line was too short and another hose line was requested. During advancement into the structure E5's hose line ruptured and Div. 1 immediately pulled the crew out of the building. Now a total of two attack lines were requested and fire attack was delayed until hose lines were replaced. B10 assumed Command. Div. 1 requested that additional ventilation exit openings be made by removing plywood from around the windows. Once hose lines were replaced Div. one attacked the fire and made progress knocking down the fire while advancing into the structure. Command asked Div 1 if this was a limited risk fire attack and Div. 1 reported that this was a limited risk fire attack and Div. 1 was making progress. Div. 1 also reported that they would confirm a knock down once effective ventilation was made and Div. 1 could see more clearly. Div. 1 was replaced by E6 Captain and E6 Captain retained E6 crew and E5 crew went to change bottles. E5 gave a face to face report to Command and was told to report to Div. 1 for an assignment. Div. 1 assigned E5 to overhaul and a primary life search. While conducting a primary life search another crew found a victim and was in the process of removing the victim. E5 continued to do a primary life search and reported a primary all-clear to Div. 1 when it was completed. Div. 1 reported to E5 that they would continue with another primary life search and it would not be recorded as completed at that time. Soon after a primary all clear was reported and E5 was assigned to pull ceiling. E5 pulled ceiling and went to rehab. E5 was released from rehab, assisted with equipment clean up and then had a citizen inform E5 that there was a medical emergency at the Moose Lodge across the street. E5 reported to Command the situation and requested Command call for an AMR unit. E5 went to channel 10 and resolved the medical call, reported back to Command that E5 was ready for another assignment. Command released E5 and E5 went available.</p> <p>C: E5 was assigned Div. 1, attacked fire, burst hoseline, replaced hoseline, attacked fire, conducted a primary, pulled ceiling, went to rehab, did equipment clean up, resolve a medical call for a civilian, and E5 was released by Command and went available.</p>	
R10	ASSIST R6 WITH REHAB. REASSIGNED FOR TRTMNT/TX OF PT FROM FIRE SCENE. SEE PCR FOR PT CARE INFO.	
HR44	<p>S: HR44 responded with a full assignment to a report of a fire in a abandoned two story office building. Command reporting light smoke coming from the building.</p> <p>A: HR44 was assigned as RIT. While HR44 was conducting a walk around of the building HR44 reported to command heavy black smoke was coming from a door on the west side on the first floor. HR44 was requested by Division 1 to remove plywood from the first floor windows. T22 was assigned to HR44. I advised command that T22 would be RIT Division 2 while HR44 was RIT Division 1. HR44 was assigned by Division 1 to conduct a primary search on the first floor after crews had a knockdown. While conducting the primary search crew members from HR44 along with 109 found one person on the first floor. The person was unconscious. The person was removed thru a window and handed over to Fire Department paramedics. HR44 continued with the life search. HR44 reported a primary completed on the first floor with one person found and removed from the building.</p> <p>C: HR44 stood down as RIT after completing the primary search. HR placed equipment back on the unit and was released by command.</p>	
R3	REHAB	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E203	S: E203 responded to a FIB as part of 2nd alarm.	
	<p>A: E203 was assigned to division 1(e6). DIV 1 assigned e203 to remove boards off the windows and perform a life search on the 1st floor. E203 entered the building on the 1st floor and began removing boards and upon removing the boards in one room. E203 found a body lying on a mattress covered by blankets. E203 along with another crew removed the rest of the boards off the windows and began removing the pt. E203 notified command of a possible smoke inhalation victim. E203 handed the pt to T3 and the pt was taken to the street and cpr began. The victim didn't appear to have been assaulted or anything out of the normal. The pt appears to have been overcome by smoke while sleeping.</p> <p>C: E203 crew along with r10 began ALS. R10 and e203 crew transported the pt to UMC. E203 was released upon returning back from hospital.</p>	
E3	<p>S: E3 arrived on a 2nd alarm to the west of a 2 story abandoned boarded up office building with fire on the first floor and smoke throughout. E3 was assigned to Division 1.</p> <p>A: E3 was assigned to open the doors and windows on the south side. E3 removed boarding on the west. A victim was found and removed through the south window by E203. E3 was reassigned Division 1. E3 overhauled the fire area.</p> <p>C: E3 was released and returned to service.</p>	
109	<p>S: 109 responded to a report of a FIB - Reports en route indicated that there was smoke showing from a two-story abandon office building.</p> <p>A: 109 arrived and was assigned by the IC to perform the duties of the Safety Officer - after donning full protective gear and SCBA I performed a 360 size-up - The two-story wood frame and stucco abandon office complex had moderate smoke coming from the boarded up windows on the entire first floor. Moderate to heavy smoke was coming from a door on the B side of the structure and crews were attacking the fire through a door on the D side of the structure. Crews were also operating on the second floor. After size-up I reported to the IC that the plywood on the doors and windows needed to be removed to allow suitable egress for interior operations - this will also help with ventilation - As the second alarm units arrived this task was initiated - opening the structure was the primary safety concern at this time - the structure was opened and proved to be very beneficial to interior operations. Fire attack reported a knockdown of the fire - the IC then asked me to assess overhaul needs - I entered the structure on the B side and proceeded to the room of origin on the D side - As I assessed the structure I opened several doors - I opened an interior door in the middle of the structure and noticed that there was a mattress and blankets lying in the middle of the floor - this is when I noticed two hands sticking out from the blankets - I immediately grabbed two FF's from the hallway and directed them to the small room - when the blankets were removed we discovered a middle aged black male that was unconscious and unresponsive - I directed the FF's to extricate the victim through an open window - I also contacted the IC and informed him that the victim was going to be extricated through a window on the south side of the structure - after the victim was successfully extricated I continued with my original assignment. Overhaul consideration were reported to the IC - no further assignments for the Safety Officer.</p> <p>C: 109 responded to a 2 alarm fire - all safety concerns were addressed and reported to the IC - One victim was located by the Safety Officer - extrication of the victim directed by Safety and completed in a very timely manner - 109 remained on scene to give a report to Metro Homicide - 109 returned to service after giving Metro a report.</p>	
12/5/2005	<b>Narratives:</b>	
5251202	12/5/2005 9:18:53AM	E10 40-Fire In Building 5310
CAD Narrative	<p>CAD Master Incident Number: 12052005-5251202 Jurisdiction Incident #: LV 20055251202 Primary</p> <p>Jurisdiction Inc.#: LV 20055251202</p>	
E4	Canceled enroute. E4 back in service.	
T3	T3 XLED at scene. T3 cleared and returned to service.	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	Responded to a report of smell of smoke and alarms sounding. E10 arrived and established command and investigated. Investigaion revealed a bag of popcorn had overcooked in microwave. E10 canx all units, terminated command and returned to service.	

R1	Canx on scene upon arrival. In service.	
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12/8/2005	Narratives:	
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5253419	12/8/2005 7:28:57AM	AR1	40-Fire In Building	111
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CAD Narrative	CAD Master Incident Number: 12082005-5253419	Jurisdiction Incident #: LV 20055253419	Primary
	Jurisdiction Inc.#: LV 20055253419		

Engine 201	S: Reported fire in a building A: Upon arrival Eng 201 was assigned to stand by the hydrant. Eng 201 was then assigned to RIT. Eng 201 was then assigned to secondary search. Secondary all clear given to command. Eng 201 was then released by command. C: Engine 201 available
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R301	S. Fire in building. A. Command assigned R301 to assess exposure hazard. Reported to command fire contained to apartment of origin and there was no exposure hazard. C. Released by command. R301 went available.
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E1	E1 assigned fire attack under supervision of E203 officer. E1 crew assisted in fire attack and completed primary life search. All findings reported to command. E1 released.
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E203	S: Full response to a FIB. B1 on scene reporting smoke showing from a single story apartment. Front door was open upon LVFR arrival.
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	A: E203 assigned FA. E203 forced iron gate and made entry to structure. Fire was contained to kitchen. Negative extension to attic. Ventilation and utilities performed by T1. FA extinguished fire and a primary was reported. Interior breakers were tripped to the stove only. Secondary reported by E1. 6 IDA units responded and investigated.
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	C: Apartment released to owner. Command terminated. All units returned to service.
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T1	S: T1 responded with a full response to reports of a 402. Batt 1 on scene in command of a single story structure with smoke showing. A: T1 arrived secured utilities and used ppv for ventilation. C: T1 released.
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12/10/2005	Narratives:	
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5255139	12/10/2005 8:04:06AM	E10	43-Vehicle Fire	611
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CAD Narrative	CAD Master Incident Number: 12102005-5255139	Jurisdiction Incident #: LV 20055255139	Primary
	Jurisdiction Inc.#: CC 20055255139		

E10	UTL. RTS.
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12/15/2005	Narratives:	
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5258985	12/15/2005 11:57:00AM	T6	43-Vehicle Fire	700
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CAD Narrative	CAD Master Incident Number: 12152005-5258985	Jurisdiction Incident #: LV 20055258985	Primary
	Jurisdiction Inc.#: LV 20055258985		

E43	Unable to locate.
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T6	Unable to locate.
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5259286	12/15/2005 7:35:13PM	T6	44-Smoke Investigati	650
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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 12152005-5259286      Jurisdiction Incident #: LV 20055259286      Primary Jurisdiction Inc.#: LV 20055259286	
R5	R5 arrived on scene, Command advised. R5 staged on Charleston. R5 then released from scene by Command. R5 available.	
E2	CANCELLED ENROUTE BY COMMAND	
E6	E6 responded with full dispatch to smoke inv. On arrival nothing found in area. pr contacted and stated they did not see the smoke any longer from the roof of a auto parts store. E6 terminated command and returned to service.	
12/19/2005	Narratives:	
5262230	12/19/2005 6:50:59PM      E10      40-Fire In Building      111	
CAD Narrative	CAD Master Incident Number: 12192005-5262230      Jurisdiction Incident #: LV 20055262230      Primary Jurisdiction Inc.#: LV 20055262230	
E201	We staged briefly and were released.	
E5	cancelled without assignment	
HR44	Cancelled enroute.	
T4	T4 was cancelled at scene, no assignment given...	
air1	air.	
R1	R1 cx at scene while in staging. R1 10-8.	
E4	E4 arrived and staged at a hydrant with alley access. E4 assigned to bring a feeder to E10. E4 established a 5" water supply from the hydrant and to E10 Via a 2 1/2" line. E4 made ready to pump T3 in event of a defensive operation. E4 reported water supply assignment complete. E4 assigned to the roof with T3 and E203. E4 assisted with overhaul and extinguishment. E4 released from assignment after completion of overhaul. E4 picked up equipment and was released by command. E4 available.	
E203	S: Arrived second on a FIB with E10 in command. E203 assigned to interior division with E10 crew. A: Went into 2 apartments, opened ceilings and found no fire. Reported no fire in apartments to command and told command E203 was going to the roof with an attack line. E203 extinguished an AC and roof memebbers as T3 opened the roof. C: Fire out, fire held to a 10" diamiter surrounding the HVAC. E203 readied for service ands returned to service per command.	
T3Narrative	S: T3 responded to a report of a fire in a building with reports of fire on the roof.  A: T3 assigned to ladder the building. Conducted a primary life search and reported an all clear. Went to the roof and cut it to extinguish and search for extention.  C: T3 rehabbed and was released by command. Returned to service.	
R10	CONTROLLED UTILITIES. ASSISTED WITH SALVAGE.	
E1	Cancelled on scene	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	At 1850 hours on Monday December 19, 2005 we were dispatched to a building fire. Seventeen units were assigned to this incident. Forty-three personnel responded. We arrived on scene at 1857 hours and cleared at 2055 hours. The incident occurred at 670 S MARTIN L KING Blvd, Las Vegas in District 02424-75. The local station is ST10. The general description of this property is 1 or 2 family dwelling. The primary task(s) performed at the scene by responding personnel was incident command. No mutual/automatic aid was given or received.	
	The involved structure is described as an enclosed building. The building was occupied and operating. "Roof surface: exterior" best describes the primary use of the room or space where the fire originated. The fire occurred on the second floor. The fire was confined to the floor of origin. "Heat, spark from friction" best describes the heat source that caused the ignition. The cause of ignition was unintentional.	
	The material contributing most to flame spread was "plywood". The use, or purpose of the contributing material was "exterior roof covering or finish".	
	The estimated property loss on this incident was \$1,500. The estimated content loss was \$1,000. The estimated property value was \$1,500. The estimated content value was \$1,000.	
	Alarm number 5262230 has been assigned to this incident. S: E10 on scene in command of a two story 5 plex with fire showing from the center of the roof. E201 interior group with E10 crew. R10 utilities along with salvage. T3 roof group. E4 water supply to t3 and E10. A: interior did primary and reported an all clear. Truck ladder the roof and Extinguished the fire and checked for fire extension. The red cross was called to assist the displace residents. C: All units can return to service e10 to wait for red cross and gather information from owner and manager. Utilities personal arrived and all utilities stopped until all repairs complete by professional and building inspector approved work and released building back to owners and management. command terminated E10 in service.	
12/20/2005	Narratives:	
5262481	12/20/2005 4:26:03AM E10 40-Fire In Building 110	
CAD Narrative	CAD Master Incident Number: 12202005-5262481 Jurisdiction Incident #: LV 20055262481 Primary Jurisdiction Inc.#: CC 20055262481	
T4	S: T4 responded to a possible FIB with multiple calls. T4 arrived on scene to the rear of e14.  A: T4 was assigned to F/A along with E14 crew. T4 crew along with E14 crew pulled 2.5 hand line and 1.3/4 attack line and began attacking the fire on the initial building on fire at the north end of the structure. T4 was then reassigned to put up the master stream and spray water down on the initial building involved. T4 Captain was then reassigned to roof group to provide a trench cut on the initial building involved with E4 crew and two Clark county firefighters. T4 was then re-assigned to rehab. T4 along with E4 crew pickup all tools and equipment.  C: T4 was initially assigned to Fire attack , reassigned to provide master streams, and finally a trench cut to the initial building on fire. T4 , E14 and E4 got a knock down on the initial building on fire. T4 was released by command returning from rehab.	
E4	S: E4 arrived with CCFD E14 in command. This is a 2 story multi-family dwelling with heavy smoke and fire emerging from the second floor balcony and roof area.  A: E4 assigned to bring in a water supply to E14. E4 brought a 5" feeder to E4 , T4 had pulled into the parking area and was setting up it's aerial. E4 established a water supply and pumped T4. E4 crew assigned to operate E14 deck gun on the fire. E4 Capt. assigned west division leader. E4 maintained West division leader and directed units on the west side to combat the fire until extinguished. West division leader coordinated numerous assignments on the fire ground including Aerial operations, Roof top ventilation, hose line placement, safety and life search .  C : E4 relieved by CCFD units and released from the scene by CCFD incident commander. E4 returned to service.	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	At 0426 hours on Tuesday December 20, 2005. Three units were assigned to this incident. Twelve personnel responded. We arrived on scene at 0432 hours and cleared at 1356 hours. The incident occurred at 2665 S Bruce St, Las Vegas in District 02626-26. The local station is ST4. The primary task(s) performed at the scene by responding personnel was extinguishment. Automatic aid was given on this incident.	
	Alarm number 5262481 has been assigned to this incident. S: E10 responded to a FIB with fire showing from the the west side and roof upon arrival. A : E10 secured a 5" water supplies and implement the deck gun while pulling 2.5 hand lines to protect the B and C side exposures. E10 stayed on those hand line for 3 hrs. E10 to rehab at 7:30 am. C: E10 relieved by b shift sta 10 crew.	
E8	S: Responded as part of 2 additional engines on a working fire in an apartment building. E14 was Command. While responding, the assignment was upgraded to a 2nd alarm.  A: E8 arrived and staged on Karen. Command assigned E8 engineer to Staging and remainder of E8 crew to Division C. E8 reported to Division C Leader (E12) and was assigned to conduct a primary life search of the 1st floor apartments on the C exposure building which was already involved in fire. E8 completed assignment and reported PAC in those 4 apartments to Division C. Division C was then renamed East Branch. E8 then assigned to pull a 2.5" line off of E10 and extinguish fire in the C exposure and on the B-C corner of the initial fire building from a defensive position. E8 crew maintained this position on (2) 2.5" hoselines for approx 2 hours. Rehab crews brought water and Gatorade to East Branch crews. After the majority of the fire was knocked down from defensive positions, E8 was assigned East Branch RIT while CCFD crews operated on the interior of the C exposure building. Once crews exited building, E8 was told by Command to secure our equipment and when ready, to return to service.  C: Arrived, staged, assigned to Division C, performed extinguishment from defensive standpoint with 2.5" hoselines, stood-by as East Branch RIT, no further actions taken, secured all equipment, returned to service.	
12/26/2005	Narratives:	
5267585	12/26/2005 2:32:58PM	AR1 40-Fire In Building 111
CAD Narrative	CAD Master Incident Number: 12262005-5267585 Jurisdiction Incident #: LV 20055267585 Primary Jurisdiction Inc.#: LV 20055267585	
HR44	Cancelled enroute by command.	
AR1	AR1 arrived on scene to apartment fire. AR1 provided SCBA bottles and beverages to fire personnel. AR1 cleared call and available	
Rescue 8	S: Rescue 8 responded as part of a full response to a reported FIB. Per dispatch notes bed on fire inside the apartment. Dispatch update multiple calls. Per E-8 everyone out of the apartment and all accounted for.  A: Rescue 8 arrived to find a two story 8 plex apartment building with smoke and flame showing from a down stairs apartment window. R-8 performed a verbal size up and established Lamb Command. E-8 arrived an assumed Lamb Command. R-8 assigned to assist E-8 crew and E-20 with Fire attack and primary life search. R-8 entered the building with 2 personnel behind E-8 crew. E-20 reported Primary all clear. R-8 reported to command knockdown with no extension inside the fire apartment. R-8 remained on scene and assisted with salvage and overhaul. R-8 released by command.  C: Rescue 8 arrived, performed verbal size up, established command, assisted with fire attack and primary life search. Rescue 8 assisted with overhaul and salvage operations. Rescue 8 completed all assignments and returned to service when released by command.	

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Reports for Kevin Evans

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E8	S: Responded to a possible fire in a building as part of a first alarm assignment. Reported to be a mattress on fire in an apartment. Dispatch advised that they were getting multiple calls. E8 saw smoke in the area while responding. R8 arrived first and established Lamb Command at a 2 story apartment building with smoke and flames showing from an apartment on the 1st floor.	
	A: E8 arrived shortly after R8 and assumed Lamb Command, conditions as reported by R8. E8 crew pulled 150' crosslay and knocked down visible fire through an exterior window. All occupants were evacuated and accounted for per face to face with resident. E20 arrived and assigned Fire Attack with E8 crew and R8. Fire Attack crews made entry through front door with 150' crosslay to complete extinguishment, conduct primary life search, and check for extension. T1 assigned to RIT and control utilities. E1 assigned to evacuate other apartments in the affected building. ARC requested by B1. Knockdown reported with primary all clear. T1 and E1 reported completion of their assignments. Overhaul operations delayed until 6IDA units completed investigation. E1 and T1 released. Nevada Power requested to secure power meter. E20 released. After 6IDA's were complete, overhaul completed by E8 and R8 utilizing Class A foam and thermal imager to check for extension. ARC arrived and met with residents. Starmark requested to secure 5 windows and 1 door. All equipment returned to E8, scene turned over to residents, Command terminated, E8 returned to service.	
	C: Arrived, assumed Command, all assignments completed and reported to Command, fire confined to 1 apartment with fire damage to one bedroom and smoke / heat damage throughout rest of apartment (per 6IDA's, damage estimated to be \$30,000), residence returned to occupants, E8 returned to service.	

T1	S: T1 responded with a full response to reports of a 402. E8 on scene in command of a tow story apartment complex with smoke and fire showing from the first floor. A: T1 arrived and was assigned rit and utilities. T1 secured utilities and set up for rit operations. C: T1 released by command.
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12/31/2005

Narratives:

5271352	12/31/2005 5:18:24AM	R10	39-Fire In Hotel/Hos	118
CAD Narrative	CAD Master Incident Number: 12312005-5271352 Jurisdiction Incident #: LV 20055271352 Primary Jurisdiction Inc.#: LV 20055271352			
R10	R10 cancelled at scene by E10.			
R204	R204 was cancelled en route by command, R204 returned to service.			
E201	E201 10-22 enroute by E10.			
E4	Canx en route by CMD			
E10	E10 responded to a reported fire in hotel with someone starting paper on fire in a laundry room. E10 arrived and established command. Metro PD on scene reporting they found a burnt book of matches on floor of laundry room and it was out. E10 cancelled all units and investigated to find same as reported with no suspect and no extension. E10 terminated command and returned to service.			

1/15/2006

Narratives:

6011237	1/15/2006 6:51:29PM	E10	42-Brush/Grass Fire	143
CAD Narrative	CAD Master Incident Number: 01152006-6011237 Jurisdiction Incident #: LV 20066011237 Primary Jurisdiction Inc.#: LV 20066011237			
E10	Grass fire. E10 used booster with foam to extinguish.			
6011265	1/15/2006 7:42:11PM	E10	44-Smoke Investigati	5310
CAD Narrative	CAD Master Incident Number: 01152006-6011265 Jurisdiction Incident #: LV 20066011265 Primary Jurisdiction Inc.#: LV 20066011265			
E10	E10 assisted E5 crew with interior investigation. Nothing found. E10 released and returned to service.;			

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From 10/25/2004 To 12/12/2008

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T4	T4 was assigned to the roof to check A/C units. T4 laddered the building and checked out A/C units and found all clear on the roof and reported this to command. T4 was released and went back in service.	
E5	S: E5 dispatched to a smoke investigation. On arrival, found a light haze in building that quickly dissipated. A: Established command, size up, reduced units. E10 arrived and assisted interior, T4 to roof to check A/C units and exhaust fan. E5 used thermal imager in the area, nothing found by any units. C: Poss burned out motor or dust in the HVAC. Haze was gone, E5 released all units and returned to service.	
HR44	CNX AT SCENE BY COMMAND.	
1/16/2006	Narratives:	
6011567	1/16/2006 6:53:00AM	E10 43-Vehicle Fire 611
CAD Narrative	CAD Master Incident Number: 01162006-6011567 Jurisdiction Incident #: LV 20066011567 Primary Jurisdiction Inc.#: CC 20066011567	
E10	cancelled enroute.	
1/24/2006	Narratives:	
6018000	1/24/2006 9:04:51PM	E10 40-Fire In Building 111
CAD Narrative	CAD Master Incident Number: 01242006-6018000 Jurisdiction Incident #: LV 20066018000 Primary Jurisdiction Inc.#: LV 20066018000	
R10	GAVE ON SCENE REPORT, ASSISTED W/ FORCING ENTRY, ASSIGNED MED REHAB GROUP. NO FURTHER ACTION.	
E4	S: E4 arrived and was assigned by command to take the South alley access.  A: E4 assigned FA with E10 crew. E4 extended a bumper line to the rear of the vacant building. E4 made several openings in this boarded up structure and located the fire in a back bedroom. E4 advised command that it would knock down the fire from the exterior. E4 coordinated this with crews coming from the front. E4 reports knock down. FA requested PPV. E4, E10 crews performed a primary search and reported all clear. FA crews checked for extension in the attic space and found none. Overhaul was performed.  C: E4 released by command.	
T4	S: T4 responded to a report of smoke coming from the roof of a house. T4 arrived in front of a single story, boarded up house, with E10 in command and was assigned forcible entry.  A: T4 cut open all boarded up windows and doors. T4 was then assigned to assist E4 in checking for extension. T4 then performed a secondary search and assisted with overhaul. T4 also provided lights and a blower for ventilation.  C: All assignments were completed. T4 was released by command.	
E10	S: E10 responded code 3 to the referenced address for a reported fire in a building. This was part of a first alarm assignment with other City and County units. R10 arrived first and established "Cleveland" Command. A: UOA E10 assumed command and gave size-up. E10 pulled 2 lines for exposure protection and relayed to all units that this was a defensive operation with exterior lines only. T4 assigned to open boarded windows and doors. E4 assigned fire attack with E10 crew. E12 RIT. R10 Medical. Fire knocked down, primary and secondary searches performed, and overhaul completed. Units demobilized and Scene released to Starmark builders to secure. Command terminate and E10 RTs. C: Fire in an abandoned building.	
6018066	1/24/2006 11:26:49PM	E10 44-Smoke Investigati 600

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 01242006-6018066 Jurisdiction Incident #: LV 20066018066 Primary Jurisdiction Inc.#: LV 20066018066	
E10	E10 was told by apt. manager that someone had broken the glass on several fire extinguisher boxes and discharged the cylinders. Security was following person. E10 referred matter to MPD and advised the manager to let Metro handle. E10 RTS.	
2/2/2006	Narratives:	
6024186	2/2/2006 11:07:23AM E10 40-Fire In Building	113
CAD Narrative	CAD Master Incident Number: 02022006-6024186 Jurisdiction Incident #: LV 20066024186 Primary Jurisdiction Inc.#: LV 20066024186	
E203	Cancelled at scene, unassigned.	
E5	S: E5 dispatched with full alarm to a stove fire. On arrival, PR outside with light smoke showing from apt. A: Established command, size up, investigated, found this to be a pot on the stove with no extension. Blower placed at door to ventilate, all other units cancelled. R 15 assessed one minor smoke inhalation pt who refused transport. C: Pot on the stove. PR states she had grease in a pan that got too hot, neighbor extinguished with dry chem. Property turned back over to tenant, command terminated.	
T3	Cancelled on scene by E5 command.	
E10	Unassigned. Released and returned to service.	
6024448	2/2/2006 5:32:10PM E10 43-Vehicle Fire	600
CAD Narrative	CAD Master Incident Number: 02022006-6024448 Jurisdiction Incident #: LV 20066024448 Primary Jurisdiction Inc.#: LV 20066024448	
E10	Disabled vehicle mistaken for burning. Vehicle unmoveable, driver had already called tow truck. E10 placed flares behing vehicle for appx. 60 feet and advised driver use caution if he was going to stay with vehicle. E10 RTS.	
2/3/2006	Narratives:	
6024695	2/3/2006 1:40:00AM E10 44-Smoke Investigati	5310
CAD Narrative	CAD Master Incident Number: 02032006-6024695 Jurisdiction Incident #: LV 20066024695 Primary Jurisdiction Inc.#: LV 20066024695	
E10	Investigated area nothing found.	
2/15/2006	Narratives:	
6033778	2/15/2006 7:56:55AM E10 40-Fire In Building	531
CAD Narrative	CAD Master Incident Number: 02152006-6033778 Jurisdiction Incident #: LV 20066033778 Primary Jurisdiction Inc.#: LV 20066033778	
E5	E5 Cx enroute.	
R5	R5 Cx enroute.	
E10	Responded to a reported FIB. While enroute, dispatch reported closed flew in fireplace and cancelled allunits except E10. E10 continued response and arrived to find flew open and room with slight smoke. E10 ventilated house and returned to service.	
6033945	2/15/2006 12:40:22PM E10 42-Brush/Grass Fire	151
CAD Narrative	CAD Master Incident Number: 02152006-6033945 Jurisdiction Incident #: LV 20066033945 Primary Jurisdiction Inc.#: LV 20066033945	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	responded to a reported brush fire. Arrived to find a small island of brush in asphalt parking area with smoldering bush. Extinguished and returned to service.	
2/16/2006	Narratives:	
6034670	2/16/2006 11:48:57AM T4	40-Fire In Building 151
CAD Narrative	CAD Master Incident Number: 02162006-6034670 Jurisdiction Incident #: LV 20066034670 Primary Jurisdiction Inc.#: LV 20066034670	
hr44	hr44 cancelled at scene without assignment.	
E1	Cancelled on scene by E4.	
E4	S: Responded to report of a FIB. Upon arrival to a s/s single family dwelling found heavy smoke and fire in the backyard of structure and established command.  A: E4 stretched 1 3/4 inch line and extinguished fire with no complications  C: E4 released all units and terminated command	
2/18/2006	Narratives:	
6036279	2/18/2006 1:59:05PM ARI	40-Fire In Building 111
CAD Narrative	CAD Master Incident Number: 02182006-6036279 Jurisdiction Incident #: LV 20066036279 Primary Jurisdiction Inc.#: LV 20066036279	
E6	S: E6 DISPATCHED ON A SMOKE INVESTIGATION. UPON ARRIVAL E6 FOUND SMOKE COMING FROM THE ROOF TURBONS AND BACK PATIO. E6 UPGRADED DISPATCH TO A FULL ONE.  A: E6 ESTABLISHED COMMAND AND REPORTED SMOKE SHOWING. E6 FOUND SOUTH SIDE DOOR HAD BEEN FORCED OPEN. PER NEIGHBOR HOUSE WAS USED BY DRUG PERSONS. HOUSE VACANT AND BEING RENOVATED. UTILITIES SECURED AND A PRIMARY SEARCH COMPLETED. PPV STARTED. OPENED WALL AND FOUND FIRE IN WALL AND SPREADING TO ATTIC. E2 ARRIVED AND WAS ASSIGNED F/A. HR44 ASSIGNED RIT. FIRE INVESTIGATIONS REQUESTED. FIRE KNOCK DOWN REPORTED AND 2ND SEARCH STARTED. SOME EXTENSION INTO ATTIC FOUND AND EXTINGUISHED. T6 AND E44 RELEASED. F/A REPORTED 2ND ALL CLEAR. FIRE EXTINGUISHED. ALL UNITS RELEASED EXCEPT E6. F/I ARRIVED AND A REPORT GIVEN. E6 RELEASED. STARMARK REQUESTED TO SECURED DOOR.  C: ESTABLISHED COMMAND. FIRE EXTINGUISHED. BENCHMARKS COMPLETED. COMMAND TERMINATED AND SCENE RELEASED TO F/I.	
T6	T6 ARRIVED BUT WAS CANCELLED SHORTLY AFTER ARRIVAL WITH NO ASSIGNMENT.	
HR44	S: HR44 responded with a full dispatch to fire in a vacant home. E6 reports fire in the wall. A: HR44 was assigned RIT. HR44 advised command that the gas was secured with a lock in the off position. C: HR44 was released after the fire was knocked down and equipment was placed back on the units.	
E44	CNX AT SCENE BY COMMAND.	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E2	S: E2 along with other units responded to a reported FIB. Per notes E6 onscene with smoke showing from the rear of the structure. E6 requested additional units.	
	A: E2 arrived and was given assignment to assist FA E6 crew, E2 repeated assignment and carried out assignment. E2 reported to Command all pertinent bench marks.	
	C: This was a fire intentionally set, and fire burned into the attic in the front room. Command released E2. All bench marks met with no FF injuries. Report given.	

2/22/2006

**Narratives:**

	2/22/2006 11:32:43PM	R10	40-Fire In Building	111
6039393				
CAD Narrative	CAD Master Incident Number: 02222006-6039393 Jurisdiction Incident #: LV 20066039393 Primary Jurisdiction Inc.#: LV 20066039393			
T4	T4 was cancelled on scene no assignment given. T4 went back in service.			
E4	E4 cancelled on scene no assignment give. E4 went back in service.			
R10	R10, WAS REQUESTED BY COMMAND TO BRING AN AXE AND A BLOWER TO THE FRONT DOOR OF THE APARTMENT. R10 WAS LATER RELEASED WITHOUT ANY FURTHER ASSIGNMENTS.			
E10	S: E10 responded code 3 to the referenced address for a reported fire in a building. This was part of a first alarm assignment with other city and county units. A: UOA E10 established "Baltimore Command" (CMD) on the "A" side of a single story duplex. CMD reported nothing showing, with occupants having self-evacuated. MPD reported that the fire was in the rear unit, not visible from the street. CMD went to the rear and found a broken window and an appx. 3' x 5' section of carpet on fire with some scorching to the surrounding wall. CMD called for a pre-connect and extinguished the fire. PPV started and primary and secondary life search completed. Fire was obviously set with multiple points of ignition and 6IDA were called. Occupant of front unit stated it might have been the previous tenants in the rear who set the fire. This information relayed to 6IDA5. Starmark called to board up the two openings. Scene released to 6IDA5. CMD terminated and E10 RTS. C: Arson fire in a building.			

3/5/2006

**Narratives:**

	3/5/2006 12:38:16PM	E10	58-Trash Fire	151
6047545				
CAD Narrative	CAD Master Incident Number: 03052006-6047545 Jurisdiction Incident #: LV 20066047545 Primary Jurisdiction Inc.#: LV 20066047545			
E10	Responded to a reported trash fire behind a furniture store. Arrived to find smoldering mattress on loading dock. E10 extinguished and returned to service.			

3/20/2006

**Narratives:**

	3/20/2006 10:30:16AM	T6	41-Fire in Mobile Ho	123
6059227				
CAD Narrative	CAD Master Incident Number: 03202006-6059227 Jurisdiction Incident #: LV 20066059227 Primary Jurisdiction Inc.#: LV 20066059227			
T9	Cancelled at the scene per command.			

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
e44	e44 responded to a fire in a mobile home with a full first alarm assignment. nothing showing en route and no other info.	
	<p>on arrival, e44 established command and gave sizeup of single wide trailer, nothing showing and occupants outside. all others to reduce and continue. e44 met with occupants and found propane hot water heater on exterior ne corner closet with smoldering fire under floor. occupants had discharged extinguisher to base of heater and dc'd gas to heater. e44 dc'd utilities and with hr44 opened floor beneath heater, pulled insulation and extinguished fire with tank water and booster line. interior and exterior checked with ti camera for hidden fires, none found. no smoke damage to interior. all others were released from the scene without assignment.</p> <p>occupants advised to replace hot water heater. until replacement, heater was to be left off and drained. rest of utilities were returned to the building. building returned to the occupants, personnel and equipment accounted for, e44 returned to service.</p>	
3/26/2006	<b>Narratives:</b>	
6064037	3/26/2006 3:56:46PM AR1 57-Water Flow Signal	110
CAD Narrative	<p>CAD Master Incident Number: 03262006-6064037 Jurisdiction Incident #: LV 20066064037 Primary Jurisdiction Inc.#: LV 20066064037</p>	
E7	<p>S: E7 arrived, with B10 in Command, of a two story mini warehouse with Fire Attack (FA) group reporting interior smoke on second floor. E7 staged. Command assigned E7 to FA group to assist with locating fire.</p> <p>A: E7 found FA group on second floor. FA group leader reported fire was located and out. Command assigned E7 to complete a secondary all clear to the entire second floor. E7 completed secondary all clear to the entire second floor with no victims found, and this information was reported to Command. E7 assigned to T7, to assist with water removal on the second floor. T7 released E7 from assignment after assignment completed.</p> <p>C: E7 was released by Command. E7 returned from service.</p>	
E44	<p>S: E44 DISPATCHED TO A POSSIBLE FIB, REPORTED INSIDE A TWO STORY MULTI UNIT STORAGE FACILITY. ON ARRIVAL E44 ASSIGNED F/A WITH E2 CREW.</p> <p>A: E44 CREW ENTERED THE SOUTH SIDE FIRST FLOOR DOOR AND MADE OUR WAY TO THE SECOND FLOOR, MODERATE SMOKE AND NO HEAT, THERMAL CAMERA SHOWED NO HOT SPOTS, E2 CREW AHEAD IN THE SMOKE. HIGH RISE PACKS REQUESTED TO EXTEND THE LINE TO THE FIRE AREA. THE UNIT INVOLVED IN THE FIRE WAS LOCATED AND HAD BEEN EXTINGUISHED BY THE SPRINKLER SYSTEM. COMMAND ADVISED OK TO SHUT DOWN THE SPRINKLER SYSTEM. VENTILATION WORKING AND VISIBILITY IMPROVING, RELAYED TO COMMAND. ADDITIONAL EXITS LOCATED WITH THE CAMERA AND OPENED TO FACILITATE VENTILATION. SEVERAL UNITS NEXT TO THE INVOLVED UNIT OPENED TO CHECK FOR EXTENSION, NO EXTENSION TO ADJACENT UNITS, RELAYED TO COMMAND. E44 CREW EXITED THE STRUCTURE AND REPLACED SCBA A/S. E44 ASSIGNED TO T7 FOR OVERHUAL AND WATER RECOVERY. HALLWAYS CLEARED OF STANDING WATER ON A PLYWOOD FLOOR WITH HAND TOOLS.</p> <p>C: ASSIGNMENTS COMPLETED, TOOLS AND EQUIPMENT REPLACED, RELEASED BY COMMAND, E44 RETURNED TO SERVICE.</p>	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E4 NARRATIVE	S: E4 DISPATCHED TO GAS LINE RUPTURE AT THE GREEN SHACK RESTAURANT. B1 IN COMMAND. B1 RELEASED ALL UNITS EXCEPT FOR E4 WHO ARRIVED ON SCENE BEHIND B1. B1 TRANSFERRED COMMAND TO E4.	
	A: E4 PULLED 1.75 PROTECTION LINE AND WAITED FOR SWG. WHEN SWG ARRIVED, E4 CHARGED LINE AND STOOD BY AS SWG PLUGGED RUPTURED LINE. WITH LINE PLUGGED, E4 LOADED HOSE.	
	C: E4 TURNED SCENE OVER TO SWG AND RETURNED AVAILABLE.	
<b>8/6/2005</b>	<b>Narratives:</b>	
<b>5160964</b>	<b>8/6/2005 4:30:13AM</b>	<b>R10 40-Fire In Building 113</b>
CAD Narrative	CAD Master Incident Number: 08062005-5160964 Jurisdiction Incident #: LV 20055160964 Primary Jurisdiction Inc.#: LV 20055160964	
T6	T6 was cancelled enroute. T6 available.	
R5	R5 arrived on scene and sts single story structure with smell of smoke--R5 to investigate--upon investigation was found to be a BBQ smoker that had been used 2-3 hours before--neg. extension--E15 assumed command and released all other units.	
<b>8/10/2005</b>	<b>Narratives:</b>	
<b>5164335</b>	<b>8/10/2005 9:36:56PM</b>	<b>E10 40-Fire In Building 113</b>
CAD Narrative	CAD Master Incident Number: 08102005-5164335 Jurisdiction Incident #: LV 20055164335 Primary Jurisdiction Inc.#: CC 20055164335	
E10	E 10 Responded to a FIB with CCFD and was canceled on scene with no assignment given. E10 went back in service.	
<b>8/21/2005</b>	<b>Narratives:</b>	
<b>5172204</b>	<b>8/21/2005 12:13:31PM</b>	<b>E10 42-Brush/Grass Fire 611</b>
CAD Narrative	CAD Master Incident Number: 08212005-5172204 Jurisdiction Incident #: LV 20055172204 Primary Jurisdiction Inc.#: LV 20055172204	
E10	unable to locate	
<b>5172318</b>	<b>8/21/2005 3:16:46PM</b>	<b>E10 40-Fire In Building 440</b>
CAD Narrative	CAD Master Incident Number: 08212005-5172318 Jurisdiction Incident #: LV 20055172318 Primary Jurisdiction Inc.#: LV 20055172318	
E10	cancelled at scene.	
E5	At 1516 hours on Sunday August 21, 2005 we were dispatched to an electrical wiring/equipment problem. Six units were assigned to this incident. Sixteen personnel responded. We arrived on scene at 1522 hours and cleared at 1532 hours. The incident occurred at 2700 S Valley View Blvd, Las Vegas in District 02622-29. The local station is ST5. The general description of this property is multifamily dwelling. The primary task(s) performed at the scene by responding personnel was hazard removal. Automatic aid was received on this incident.	
	Alarm number 5172318 has been assigned to this incident.	
<b>5172510</b>	<b>8/21/2005 8:30:12PM</b>	<b>E10 44-Smoke Investigati 5310</b>
CAD Narrative	CAD Master Incident Number: 08212005-5172510 Jurisdiction Incident #: LV 20055172510 Primary Jurisdiction Inc.#: LV 20055172510	
T3 Narrative	CANCELLED ENROUTE	

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## Rpts for Kevin Evans

## Rpts for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
<b>8/22/2005</b>	<b>Narratives:</b>	
<b>5172766</b>	<b>8/22/2005 6:37:54AM E10 44-Smoke Investigati</b>	<b>700</b>
CAD Narrative	CAD Master Incident Number: 08222005-5172766 Jurisdiction Incident #: LV 20055172766 Primary Jurisdiction Inc.#: LV 20055172766	
E10	Nothing found-no callback.	
<b>8/23/2005</b>	<b>Narratives:</b>	
<b>5173834</b>	<b>8/23/2005 1:27:02PM R10 40-Fire In Building</b>	<b>651</b>
CAD Narrative	CAD Master Incident Number: 08232005-5173834 Jurisdiction Incident #: LV 20055173834 Primary Jurisdiction Inc.#: LV 20055173834	
E10	S: Pot on the stove.  A: E10 investigated, cancelled all incoming units, set up ppv.  C: E10 returned to service.	
R10	R10 cancelled at scene by E10	
T4	T4 cancelled en route	
<b>8/28/2005</b>	<b>Narratives:</b>	
<b>5177590</b>	<b>8/28/2005 11:18:00AM E10 53-Flammable Liquid</b>	<b>411</b>
CAD Narrative	CAD Master Incident Number: 08282005-5177590 Jurisdiction Incident #: LV 20055177590 Primary Jurisdiction Inc.#: LV 20055177590	
E10	Appx. 1 qt. of gasoline leaking from fuel tank of parked vehicle. Product was quickly evaporating. E10 plugged hole in tank with sprinkler stop and placed container and vermiculite under leaking area. Security informed to try and locate owner or tow the vehicle if they did not want it on property. Security also informed as to the proper disposal of the contaminated vermiculite. E10 RTS.	
<b>5177770</b>	<b>8/28/2005 3:43:19PM E10 43-Vehicle Fire</b>	<b>600</b>
CAD Narrative	CAD Master Incident Number: 08282005-5177770 Jurisdiction Incident #: LV 20055177770 Primary Jurisdiction Inc.#: CC 20055177770	
E10	Reported as vehicle fire. Mechanical breakdown only, appeared abandoned with no tag or vin. E10 advised FAO to arrange tow with NIIP. RTS.	
<b>8/30/2005</b>	<b>Narratives:</b>	
<b>5179083</b>	<b>8/30/2005 11:34:27AM E46 58-Trash Fire</b>	<b>151</b>
CAD Narrative	CAD Master Incident Number: 08302005-5179083 Jurisdiction Incident #: LV 20055179083 Primary Jurisdiction Inc.#: LV 20055179083	
E46	E46 arrived on scene of a small pile of wood that had been extinguished by maintenace crews. E46 foamed the smoldering wood. E46 10-8	
<b>5179272</b>	<b>8/30/2005 4:26:31PM E46 40-Fire In Building</b>	<b>611</b>
CAD Narrative	CAD Master Incident Number: 08302005-5179272 Jurisdiction Incident #: LV 20055179272 Primary Jurisdiction Inc.#: LV 20055179272	
T9	cancelled enroute	
E9	cancelled enroute	

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Plans for Kevin Evans

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
R41	Arrived with E41 who was in command. Assigned to assist with horizontal ventilation by PPV. Released by Command after positioning the fan.	
E41	S: E41 called to scene of reported apt. fire. Notes st smoke out of 2nd story window. On arrival with nothing showing investigation reveals a cigarette burnt a towel on the 2nd story balcony of apt. 2177 of bldg. #58 that was out on arrival. A: E41 on arrival with nothing showing established command. E41 crew into apt. for investigation. After report of fire out on arrival all unit except R41 were cancelled. E41 checked balcony for extension with thermal unit. R41 assigned to set up horizontal ventilation then cancelled. C: Established command,investigate,check for extension,ventilate,terminate command,return to service.	
HR44	HR44 was ex en route	
E46	E46 cancelled enroute by E41(command).	
9/1/2005	<b>Narratives:</b>	
5180637	9/1/2005 1:55:51PM	E46 40-Fire In Building 111
CAD Narrative	CAD Master Incident Number: 09012005-5180637 Jurisdiction Incident #: LV 20055180637 Primary Jurisdiction Inc.#: LV 20055180637	
T9	S: FIB full response. E41 in command of single story pool house w/ light smoke.  A: T9 assigned to ventilation w/ PPV placed to east door.  C: Ventilation complete, T9 released.	
E41	S: E41 on scene, light smoke showing from a bathhouse. E41 pulling a cross lay. On site worker provided a key for entry into the bath house. A: E9 to assist E41 crew with fire attack. The fire had spread into the attic. T9 set up a blower. E46 assisted with salvage and overhaul. HR44 released, R45 released. C: This fire was started by a worker using a soldering torch to solder fittings for on outside shower valve. The torch caught the stucco paper on fire. The fire spread upward inside the plumbing chase into the attic. The fire was extinguished after pulling the ceilings inside each of the bathrooms. Overhaul was completed. Command terminated, E41 10-8. Note: Worker on scene: Aveszeus Platero (Zus) Company: Hardworking Handyman, 8635 West Sahara Av. 332-2897. Management company: Taylor Management, 2357 Renaissance Dr., 736-9450	
E46	S: E46 responded to a FIB. Upon arrival E46 was assigned to assist with salvage and overhaul. A: E46 crew pulled ceiling and breached walls  C: e46 crew assisted with exstinguished for fire. e46 releases by command	
9/6/2005	<b>Narratives:</b>	
5184620	9/6/2005 7:24:51PM	E46 54-Natural Gas Leak 412
CAD Narrative	CAD Master Incident Number: 09062005-5184620 Jurisdiction Incident #: LV 20055184620 Primary Jurisdiction Inc.#: LV 20055184620	
HR44	Cancelled by dispatch.	
T9	T9 assisted E46 with ventilation of the structure.	
R41	S: Gas leak in Home Depot.  A: Performed primary life search. All clear.  C: R41 available.	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E46	<p>S: E46 responded to Home Depot for a gas leak. E46 arrived on scene of Home Depot and established command. E46 found a large odor of natural gas and a SWG Gas tech already on scene.</p> <p>A: E46 meet with the SWG tech and he stated that he was called out because of a gas smell after a heater assy which was hit by a fork lift one hour before he was called. The SWG gas tech smelled gas upon his arrival and shut off gas to the building. The SWG tech got a reading of 8LEL on his sniffer and he requested FD. E46(command) evacuated the building along with R41. R41 reported a primary life search and E46 crew reported a secondary life search and all personnell were evauated from building. E46 cancelled all units repounding except for E45, T9 and R41. B4 met with MGR on duty to find out why it took so long for FD to be notified. E46, T9 and E45 set up some blowers to assist blowing the gas out of the building. SWG tech stated that a line was possible broke somewhere in the building and he requested assistance to help find the leak and repair it.</p> <p>C: SWG tech rechecked the building with the sniffer and deamed the building safe. The air was back to normal. E46 let the employees back in the store and it was reopened for business. E46 released all units and terminated command. SWG remained on scene to repair the gas leak. E46 10-8. B4 stated she would inform fire prevention on the details of this call.</p>	
E9	E9 was cancelled on scene on this call by command.	
E45	<p>S: E45 responded to Gas leak in Home Depot. E9 in command. Report of broken heater line SWG on scene with light reading of NG still in area.</p> <p>A: E45 assigned to assist with ventilation and set up blower.</p> <p>C:E45 released emergency mitigated via several blowers . SWG readings dropped and back door opened on store and ventilated E45 available.</p>	
9/10/2005	Narratives:	
5187463	9/10/2005 3:12:02PM	T9 40-Fire In Building 100
CAD Narrative	CAD Master Incident Number: 09102005-5187463      Jurisdiction Incident #: LV 20055187463      Primary Jurisdiction Inc.#: LV 20055187463	
R42	Cancelled en route.	
E9	UPON ARRIVAL E9 ASSUMED COMMAND AND FOUNF A TREE FIRE IN THE BACKYARD THAT THE RESIDENT HAD EXTINGUISHED WITH A GARDEN HOSE. E9 OVERHAULED AND RETURNED TO SERVICE	
5187742	9/10/2005 11:02:19PM	T9 44-Smoke Investigati 442
CAD Narrative	CAD Master Incident Number: 09102005-5187742      Jurisdiction Incident #: LV 20055187742      Primary Jurisdiction Inc.#: LV 20055187742	

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From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E245	<p>At 2302 hours on Saturday September 10, 2005 we were dispatched to an overheated motor. Seven units were assigned to this incident. Twenty personnel responded. We arrived on scene at 2308 hours and cleared at 2342 hours. The incident occurred at 4009 Hazel Brooks St, Las Vegas in District 01817-97. The local station is ST45. The general description of this property is 1 family dwelling. The primary task performed at the scene by responding personnel was to shut down system. No mutual/automatic aid was given or received.</p> <p>The estimated property loss on this incident was \$200. The estimated property value was \$200.</p> <p>Alarm number 5187742 has been assigned to this incident.</p> <p>S: E245 Responded with a full response to a report of smoke coming from a crawl space. PR stated that Doctor Cool HVAC repair company responded to and stated that a new blower motor was needed and that the blower would be rigged so that it stays on until Monday morning when it can be replaced. PR stated that the blower motor stopped at approximately 3:30 p.m.</p> <p>A: E245 established Hazel command to the front of a single story home with nothing showing, the garage door open, and bystanders outside. E245 received information from the PR about a recent HVAC repair. T9 was not on scene, so E45 was assigned to check the HVAC unit. Command moved interior with E245 crew who began to check the attic space and unit in that area. T9 arrived, was assigned interior, and was directed to the attic access where E245 crew was located. Command met with E45 face-to-face who confirmed that the exterior HVAC unit was very hot and was disconnected from power by E45. T9 exited the structure, gave a report face-to-face upon request, and was returned to service based on report given. E42 was released with no assignment given. Remaining units investigated further, confirmed that a motor in the attic HVAC unit was abnormal, and disconnected it from power. E245 placed a blower in the front door and evacuated smoke from the master and two bedrooms.</p> <p>E245 investigated the breaker panel and found that two breakers were tripped.</p> <p>C: E45 and 245 disconnected power from HVAC system, removed smoke from the home, and walked the PR through the problems that were addressed. Briefings were given to B4, T9 and E42 were released and command was later terminated.</p>	
E45	<p>S: E45 responded to 4009 Hazel Brooks St., on a smoke investigation.</p> <p>A: E45 was assigned to check out the a/c unit, which had been serviced earlier that day, to determine if it was the source of the smoke. E45 determined it was the source of the smoke, and d/c the power to the unit.</p> <p>C: E45 returned to service.</p>	
E42	<p>At 2302 hours on Saturday September 10, 2005 we were dispatched to an overheated motor. Seven units were assigned to this incident. Twenty personnel responded. We arrived on scene at 2308 hours and cleared at 2342 hours. The incident occurred at 4009 Hazel Brooks St, Las Vegas in District 01817-97. The local station is ST45. The general description of this property is 1 or 2 family dwelling. The primary task(s) performed at the scene by responding personnel was to shut down system. No mutual/automatic aid was given or received.</p> <p>The estimated property loss on this incident was \$200. The estimated property value was \$200.</p> <p>Alarm number 5187742 has been assigned to this incident.</p> <p>E42 e42 canx</p>	
T9	T9 assisted with investigations.	
R42	R42 Cancelled on scene by Command.	
9/15/2005	Narratives:	
5191144	9/15/2005 12:43:54PM	T9 41-Fire in Mobile Ho 130

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**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 09152005-5191144 Jurisdiction Incident #: LV 20055191144 Primary Jurisdiction Inc.#: LV 20055191144	
E41	<p>S: E41 on scene with E46 in command.</p> <p>A: E41 assisted E46 with fire attack on a motorhome fire fully involved. The fire was extinguished. E41 and E46 switched crew members. E41 10-7 to EMS update.</p> <p>C: E41 crew remained on scene in unit E46. E46 completed overhaul. 6ida units arrived, E46 relayed all pertinent information. Command transferred to 6ida. E46 10-8.</p>	
E9	E9 was cancelled in route to this call.	
E46	<p>S: E46 dispatched to a motorhome fire. E46 arrived on scene and established command. E46 crew were assigned to Fire attack with E41 and R41. All other units were cancelled because there were no exposures.</p> <p>A: E46 hooked to hydrant and pulled 2.5 preconnect and 1.50 preconnect. E46 requested investigators. E46 got the home owners cell number from neighbor and make contact with owner. The owner stated they were out of town in South Carolina. The owner stated they purchased the motorhome in 2001 and hasn't had any repairs. The owner stated the unit was plugged in while they were out of town.</p> <p>C: E41/E46 and R41 got a knocked down. E46 make contact with owner. E46 and E41 crew switched so E41 can go to training and repairs. E46 turned command to E41 captain. E41 crew finished overhaul and waited for Investigators. E46 crew on E41 cleared the scene.</p>	
T9		
R41	R41 assist e41 with fire attack...	
9/25/2005	<b>Narratives:</b>	
5198580	9/25/2005 5:39:31AM	T9 44-Smoke Investigati 733
CAD Narrative	CAD Master Incident Number: 09252005-5198580 Jurisdiction Incident #: LV 20055198580 Primary Jurisdiction Inc.#: LV 20055198580	
E46	Cancelled on scene	
E9	Canx enroute by E41 (command)	
T9	Canx enroute by E41 (command)	
E41	<p>S:E41 on scene in command, nothing showing, investigating.</p> <p>A: E41 suspected this was a faulty smoke detector. E46 and E41 can handle.</p> <p>C: The PR reported she heard a loud popping sound. E41 used the thermal imager and was unable to locate any problem. One of the smoke detectors was contaminated. No other problem was found. E41 released E46. E41 terminated command. E41 10-8.</p>	
9/26/2005	<b>Narratives:</b>	
5199493	9/26/2005 12:03:31PM	E9 43-Vehicle Fire 5310
CAD Narrative	CAD Master Incident Number: 09262005-5199493 Jurisdiction Incident #: LV 20055199493 Primary Jurisdiction Inc.#: LV 20055199493	
E9	<p>S: E9 responded to a reported "smoking vehicle" to stated area. On arrival found a 4 door vehicle in a parking lot with hood up and driver outside. After investigation found some wires that had burned and were still smoldering.</p> <p>A: Used booster line to extinguish smoldering wires and engine area.</p> <p>C: Burnt vehicle engine wires - unknown cause. Husband who is a mechanic was on his way to pick vehicle and wife up.</p>	
5199767	9/26/2005 6:12:26PM	E9 40-Fire In Building 113
CAD Narrative	CAD Master Incident Number: 09262005-5199767 Jurisdiction Incident #: LV 20055199767 Primary Jurisdiction Inc.#: LV 20055199767	

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Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
R43	R43 cancelled on scene R43 returned to service	
E43	E43 responded et al to a reported kitchen fire.	
	Upon arrival, E43 found the occupants outside and describing a fire that was on her stove that was out.	
	E43 investigated and found the fire was out, but heat damage affected the microwave, light cover and some of the cabinetry.	
	E43 released all other units.	
E9	E9 was cancelled in route to this call by command.	
E42	At 1812 hours on Monday September 26, 2005 we were dispatched to a cooking fire confined to the container. Seven units were assigned to this incident. Twenty-two personnel responded. We arrived on scene at 1816 hours and cleared at 1834 hours. The incident occurred at 2701 N Rainbow Blvd, Las Vegas in District 02119-61. The local station is ST43. The general description of this property is multifamily dwelling. The primary task(s) performed at the scene by responding personnel was investigation. No mutual/automatic aid was given or received.	
	Alarm number 5199767 has been assigned to this incident.	
	E42 cancelled upon arrival by command	
HR44	HR44 was en route	
10/3/2005	Narratives:	
5204809	10/3/2005 10:07:54AM E9 53-Flammable Liquid 411	
CAD Narrative	CAD Master Incident Number: 10032005-5204809 Jurisdiction Incident #: LV 20055204809 Primary Jurisdiction Inc.#: LV 20055204809	
E9	S: E9 responded to a reported "punctured gas tank" to stated area. Found a small 2 door vehicle in a parking lot with a gas leaking from gas tank. Tank almost empty. Driver stated he was driving down road when he hit something and heard the blow, pulled over and found leak.	
	A: Used vermiculite to control leaking fuel. Checked gas tank level to see how much gas remained in vehicle - on empty.	
	C: Ruptured vehicle gas tank - leaking - unknown how it happened. Tow truck had been called.	
10/5/2005	Narratives:	
5206227	10/5/2005 8:57:49AM T9 44-Smoke Investigati 5311	
CAD Narrative	CAD Master Incident Number: 10052005-5206227 Jurisdiction Incident #: LV 20055206227 Primary Jurisdiction Inc.#: LV 20055206227	
R45	Cancelled at scene.	

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Rpts for Kevin Evans

Rpts for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E42	At 0857 hours on Wednesday October 5, 2005 we were dispatched to remove smoke or odor. Seven units were assigned to this incident. Eighteen personnel responded. We arrived on scene at 0904 hours and cleared at 0918 hours. The incident occurred at 4001 Monte Mia Cir, Las Vegas in District 01819-82. The local station is ST42. The general description of this property is 1 or 2 family dwelling. The primary task(s) performed at the scene by responding personnel was investigation. No mutual/automatic aid was given or received.	
	Alarm number 5206227 has been assigned to this incident.	
	S: E 42 on scene in command with nothing showing and residents out side. all units hold short. P/R states they were drying clothes when he smelled an odor of something burning.	
	A: E42 d/c the dryer and determined that some lent was burned and out. All units can return to service.	
	C: P/R was advised to clean vent and get a new dryer. Command terminated. E42 available.	
E46	E46 responded to this address and staged by a hydrant. No assignment given as E42 established command and handled incident.	
E245	Cancellen enroute by E42	
10/7/2005	Narratives:	
5208215	10/7/2005 5:16:37PM	E9 54-Natural Gas Leak 5311
CAD Narrative	CAD Master Incident Number: 10072005-5208215 Jurisdiction Incident #: LV 20055208215 Primary Jurisdiction Inc #: LV 20055208215	
T9	T9 was unassigned	
R42	At 1716 hours on Friday October 7, 2005. Six units were assigned to this incident. Fourteen personnel responded. We arrived on scene at 1723 hours and cleared at 1730 hours. The incident occurred at 7626 W Lone Mountain RD, Las Vegas in District 01817-19.	
	Cancelled on scene R42 returned to service	
	Alarm number 5208215 has been assigned to this incident.	
E9	S: E9 responded to a reported "Gas Smell" to stated address. Arrived to a single wide mobile home trailer with residents outside and nothing showing. Residents stated they smelled something like gas in the bathroom where the gas dryer is located.	
	A: E9 established command, gave size-up - investigating, all others to continue and reduce. Command investigated and found nothing smelling of gas. All other units were cancelled. Command terminated.	
	C: Gas smell - nothing found. SWG to continue and check dryer.	
E245	E245 on scene staged on Lone Mountain. E9 in command cancelled E245.	
E42	E42 canx per command	
5208406	10/7/2005 10:03:10PM	E9 40-Fire In Building 100
CAD Narrative	CAD Master Incident Number: 10072005-5208406 Jurisdiction Incident #: LV 20055208406 Primary Jurisdiction Inc #: LV 20055208406	
HR44	HR44 was cx en route	
E46	S: UPON ARRIVAL E9 WAS IN COMMAND OF A TRASH AND TRAILER FIRE. A: E46 HELPED WITH FIRE ATTACK AND OVERHAUL AND SHUTTLED WATER C: E46 IN SERVICE	
T9	Upon arrival to a fire in a shed and trailor T9 was ordered to assist with fire attack. We pulled lines off E9 and helped with extinguishment. We then helped with overhaul and were released.	

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**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E9	S: E9 responded to a reported "shed fire" to 2 houses down from this address. Zone 1 tac 6, multiple calls. Arrived to find a well involved small trailer and some sheds next to a boarded up home. Fire was in middle of open land with no exposures. No owners or anyone found.	
	A: E9 gave quick size-up, established Rebecca command and began fire attack. All others to continue in. Crew pulled front cross lay for extinguishment. Had T9 assist fire attack with a backup line form E9. E46 was used for water supply and later assisted with extinguishment and overhaul. All other units were cancelled with the exception of E9, E46, T9 and R9. R9 released upon containment.	
	C: Outside trailer and shed fire - unknown cause. Extinguished and overhauled fire and contents - did not find any responsible parties or property owners.	
10/16/2005	<b>Narratives:</b>	
5215005	10/16/2005 5:27:48PM	R9 40-Fire In Building 110
CAD Narrative	CAD Master Incident Number: 10162005-5215005 Jurisdiction Incident #: LV 20055215005 Primary Jurisdiction Inc.#: LV 20055215005	
T9	T9 arrived to a two story home with smoke and flames coming from a second story window. Per command we set up PPE and shut down utilities. We were then assigned to RIT. After the fire was out we gave a secondary all clear. We then helped with overhaul and clean up. T9 was released.	
E43	S: E43 with full response to FIB. E9 on scene in Command, two story house with smoke showing from 2nd floor.	
	A: E43 arrived, assigned Search Group, to complete primary life search. E43 crew entered structure and searched 1st floor. Poor visibility, ventilation being setup, no victims found. E43 proceeded to 2nd floor, heavy smoke, poor visibility, Fire Attack requesting ventilation. E43 assisted in opening windows in rooms being searched to improve visibility. Primary Search ALL CLEAR, reported findings to Command, available for assignment. Command assigned E43 to check with Fire Attack and assist with overhaul if necessary. E43 face to face with FA, opened ceiling in fire room around ceiling vent. No extension. Minimal damage due to investigators request. E43 crew exited building and reported to Rehab. Re-supplied air and rehabbed. Reported to Command, ready for assignment. Assigned to assist with loading hose.	
	C: E43 completed all assignments without incident. E43 released after loading hose. E43 cleaned tools and re-supplied air bottles. E43 available.	
E42	S: E9 on scene in command of a fire in a two story home. E42 was fire attack group with E9 crew.	
	A: F/A group pulled two attack line and coordinated our attack with ppv. The fire was upstairs in the front bed room. F/A group extinguished the fire and conducted a primary life search and reported to command.	
	C: F/A group was sent to rehab, then released from scene.	
air1	air.	
HR44	CNX AT SCENE BY COMMAND.	

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**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E9	S: E9 responded to a reported FIB on zone 1 tac 6 - "2 story house". In route e9 reported smoke in the area. E9 arrived in front of a 2 story, wood frame & stucco residence with smoke and fire coming from an upstairs front window.	
	A: E9 established command and gave size-up. Reported working fire and prepared for fire attack - pulled front crosslay to front of door. Water supply established by E9. T9 assigned ventilation group - reassigned as RIT group after completing ventilation. E42 assigned FA with e9's crew. E43 assigned search group R9 assigned RIT & utilities - reassigned as RE-HAB group after utilities & 360. FA reported Knock down & confinement to room of origin - no extension. Search group gave Primary & Secondary all clears. RIT group re-confirmed secondary all clear and did salvage to the first floor furnishings. Investigators called and 6ida 12 and cc905 responded. Assisted them with investigation and did final overhaul of fire area. Assisted residents in taking out necessary items. Picked-up and terminated command -	
	C: Room and content fire - contained to room of origin but significant heat and smoke damage to all of the rooms and contents upstairs. 6ida12 and cc905 conducted investigation. "possible playing with matches by kids" Residents allowed access and they locked up afterwards.	

**11/1/2005 Narratives:**

	5226714	11/1/2005 6:47:00AM	E9	40-Fire In Building	118
CAD Narrative	CAD Master Incident Number: 11012005-5226714 Jurisdiction Incident #: LV 20055226714 Primary Jurisdiction Inc.#: LV 20055226714				
R41	R41 WAS CANCELLED ON SCENE BY COMMAND. R41 CLEAR.				
E41	E41 canceled on scene. E4110-8.				
E46	S: E46 responded to a report of fire in bathroom in a High School. E46 arrived, large high school nothing showing school evacuated. Meet with with custodian, trash fire in bathroom. All responding units to continue in.				
	A: Melted trash can in bathroom, no fire or exposures. Fire extinguished by school personnel with fire extinguisher prior to E46 arrival. All units cancelled except E46. PPV provided for smoke removal.				
	C: School released to principle, command terminated.				

E9	E9 was cancelled in route by command - E46.				
	5227039	11/1/2005 3:50:24PM	E9	58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 11012005-5227039 Jurisdiction Incident #: LV 20055227039 Primary Jurisdiction Inc.#: LV 20055227039				
E9	E9 arrived on scene to find light smoke in back yard of residence. Upon arrival, homeowner met E9 in front of building and sts that it was a controlled burn and that the fire was out. E9 informed person that he was not to be burning and cleared the scene. E9 available				

**11/5/2005 Narratives:**

	5229500	11/5/2005 1:18:47AM	AR1	44-Smoke Investigati	111
CAD Narrative	CAD Master Incident Number: 11052005-5229500 Jurisdiction Incident #: LV 20055229500 Primary Jurisdiction Inc.#: LV 20055229500				

**0000154**

P-rns for Kevin Evans

P-rns for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T4	S: T4 dispatched as an individual unit on this incident. A: T4 assigned RIT prior to our arrival. T4 on scene, assignment changed to stand by. C: T4 released. T4 10-8;	
HR44	S: HR44 DISPATCHED TO A POSSIBLE FIB, ON ARRIVAL HR44 REQUESTED TO MEET WITH COMMAND, COMMAND ASSIGNED HR44 TO CHECK EXTENSION TO THE WEST/B SIDE OF THE INVOLVED APARTMENT WHICH WAS APT 51.  A: HR44 FORCED ENTRY TO APT 51 AND RELAYED A PRIMARY ALL CLEAR TO COMMAND, CMD ALSO NOTIFIED OF MODERATE HEAT IN THE UPSTAIRS SOUTH SIDE BEDROOM. F/A THEN STATED THERE WAS FIRE IN THE ATTIC TO THE WEST. HR44 RELAYED TO COMMAND THAT THERE WAS FIRE THROUGH THE ROOF BETWEEN APARTMENT 51 AND 52. HR44 REQUESTED PERMISSION TO LADDER THE ROOF AND BEGIN VERTICLE VENTILATION AND EXTERIOR ROOFTOP F/A, COMMAND AGREED AND HR44 CREW PROCEEDED TO THE ROOF. TWO 24 FOOT ACCESS AND EGRESS LADDERS PLACED, TRENCH CUT BEGAN SOUTH TO NORTH AND FIRE FLASHED THROUGH THE OPENING MINUTES AFTER IT WAS OPENED, HR44 HAD A HAND LINE IN PLACE AND THE FIRE WAS KNOCKED DOWN AND THE TRENCH CUT COMPLETED. COMMAND NOTIFIED OF THE KNOCKDOWN OF THE ATTIC FIRE AND THE COMPLETION OF THE TRENCH CUT WITH NO EXTENSION WEST OF THE TRENCH CUT. A BOOSTER LINE WITH FOAM WAS USED FOR FINAL SOAKING OF THE ROOF AND ATTIC AREA.  C: CREW TO REHAB AND EQUIPMENT REPLACED, HR44 RELEASED BY COMMAND, RETURNED TO SERVICE.	
AR1	AR1 arrived to 2 story apartment complex with heavy smoke and fire. AR1 set up post and started supplying fire personnel with fresh air bottles and drinks. AR1 also set up lighting for fire scene.	
E3	S: E3 arrived on a second alarm with E15 in command of a two story apartment with one unit fully involved. A: E3 was assigned to life search on the B and D exposures. E3 reported a primary and secondary all clear in both exposures. C: E3 was released and returned to service.	
T3 Narrative	S: T3 responded to a report of a fire in a building. Smoke visible from a block away.  A: T3 assigned to ventilation. Completed and conducted primary in exposure "B" with an all clear reported. Cut an inspection hole on the "D" side and found no extension.  C: T3 released and returned to service.	
R5	R5 transported a Injured FF to UMC trauma. Pt was treated for a knee injury. See hard copy for further details.	

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# Plans for Kevin Evans

## Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	<p>S: E10 responded code 3 to the referenced address for a reported smoke investigation in a building. This was part of a first alarm assignment with other City and County units. Enroute E10 reported a 50-60 foot column of smoke in the area of the call.</p> <p>A: UOA E10 was ordered to bring in a 5' water supply to E15. E15 engineer was hand-jacking to hydrant already and E10 placed their apparatus to the south of E15. E10 was then assigned to search the second floor of the fire apartment, E10 collected tools and went to the front door with a 200' pre-connect. Ingress was blocked by the crews from E5 and E15, but their was heavy fire to the left near the kitchen and E10 extinguished it with the line. E5 officer was injured at this point and E10 assumed fire attack with the two crews. I ordered my crew to operate as RIT on the exterior. FA advanced to the second floor and found high heat and heavy smoke and called for additional ventilation and egress ladders to the "a" and "c" sides. Ventilation improved conditions and FA extinguished fire in the master bedroom, conducted a primary life search on the second floor and found extension in the attic and to the "b" exposure. FA pulled ceilings and extinguished these fires. FA was relieved and transferred division to E12 and went to be rehabbed. E10 then operated on the exterior and cut siding to extinguish hidden fire on 'a' side. E10 was then assigned to overhaul and opened various areas inside and on the roof to extinguish hidden fires. B1 transferred command to E10 and E10 continued to demobilize units as necessary. Starmark arrived and began the boarding up process, ARC arrived and took care of the displaced persons. Command terminated and E10 RTS.</p> <p>C: Accidental fire in an apartment.</p>	
11/6/2005	Narratives:	
5230784	11/6/2005 9:05:03PM T4	40-Fire In Building 113
CAD Narrative	<p>CAD Master Incident Number: 11062005-5230784 Jurisdiction Incident #: LV 20055230784 Primary</p> <p>Jurisdiction Inc.#: CC 20055230784</p>	
E10	Pot on the stove, no extension. Life search completed scene released to Starmark for front door repair. RTS.	
11/7/2005	Narratives:	
5230976	11/7/2005 6:29:39AM T4	54-Natural Gas Leak 900
CAD Narrative	<p>CAD Master Incident Number: 11072005-5230976 Jurisdiction Incident #: LV 20055230976 Primary</p> <p>Jurisdiction Inc.#: CC 20055230976</p>	
E4	E4, T4 arrived with the CCFD in command. E4, T4 staged. Released unassigned.	
11/8/2005	Narratives:	
5231894	11/8/2005 12:48:38PM E9	54-Natural Gas Leak 412
CAD Narrative	<p>CAD Master Incident Number: 11082005-5231894 Jurisdiction Incident #: LV 20055231894 Primary</p> <p>Jurisdiction Inc.#: LV 20055231894</p>	
E41	<p>S: Natural gas leak. E46 in command. E41 staged at N. Cimmaron and Oddysseus.</p> <p>A: Gas leak terminated.</p> <p>C: Emergency concluded. E41 released, E41 10-8.</p>	
E46	<p>S: E46 arrived on scene of a 2" gas line hit buy a bull dozer in the middle of intersection.</p> <p>SW gas was already on scene and preparing to enter the hole to shut the gas off.</p> <p>A: E46 pulled a 100' bumper and secured a hydrant. E46(command) cancelled all units except e41.</p> <p>C: E46 released E41 and cancelled command once the line was secured. e46 10-8</p>	
E9	E9 was cancelled in route by command - E46.	
HR44	CNX ENROUTE.	
5231959	11/8/2005 2:34:21PM E9	Carbon Monoxide Dete 424

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Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 11082005-5231959      Jurisdiction Incident #: LV 20055231959      Primary Jurisdiction Inc.#: LV 20055231959	

E9      S: E9 responded to a reported "carbon monoxide detector activation" to reported residence. Arrived to find a ss residence with both residents outside stating their carbon monoxide monitor had activated about 15 min. ago. Residents had been cooking on the stove top (we turned everything off) but nothing else had been on - heater / dryer / fireplace, etc., Detector was activated / on alarm when we arrived. One of the residents stated she had started to feel dizzy.

A: E9 checked out the pt. and investigated the residence. Used carbon monoxide monitor to check outside of house, and all rooms and areas of the inside - recorded all readings. Readings ranged from 5 - 45 ppm. Turned off stove top burners. Set blower to front door area and ventilated the home for about 15 - 20 min. SWG was called to respond. Re-checked all areas of home with detector again - nothing over 10-11 ppm. All windows and front door kept open to continue to ventilate (blower exhaust). Paperwork copies given to residents.

C: Residential CO detector activation - possible stove gas leak. SWG responding - residents told to stay outside for another 10 - 15 min. and have gas company evaluate stove area.

\*\*On return to station - FF Evans was sent to the hospital for 2 degree burns to his left hand from accidentally grabbing the exhaust hose of the blower. He was taken to UMC Burn Center by R9.

11/20/2005      Narratives:

5240501	11/20/2005 11:07:57AM	E10	40-Fire In Building	445
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CAD Narrative	CAD Master Incident Number: 11202005-5240501      Jurisdiction Incident #: LV 20055240501      Primary Jurisdiction Inc.#: LV 20055240501
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R10      ARRIVED ONSCENE AND STAGED NORTH OF INCIDENT. R10 RELEASED AND RETURNED TO SERVICE.

T4      T4 Responded to a possible FIB and was cancelled on scene with no assignment given. T4 went back in service.

E10      Unassigned. Released and returned to service.

E4      E4 arrived and assumed command with nothing showing occupants evacuated. E4 investigated and found a leaking and shorted electric water heater. No fire. E4 released all other units. E4 shut down water and power to the water heater. E4 advised the occupants to replace the water heater. E4 terminated command and returned to service.

5240552	11/20/2005 12:49:17PM	E10	40-Fire In Building	118
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CAD Narrative	CAD Master Incident Number: 11202005-5240552      Jurisdiction Incident #: LV 20055240552      Primary Jurisdiction Inc.#: LV 20055240552
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E10      E10 assisted T6 with overhaul in backyard. Released and returned to service.

E5      S: E5 responded to reports of a fire in the backyard of this address, call upgraded to a FIB with a full response while E5 in route, A large pile of furniture, mattresses and trash had caught fire and threatened 4600 and 4604 Alpine, a shed also fully involved with fire, no extension to either house.

A: E5 established Alpine command, R5 made feeder hook-up, pulled 200' crosslay to rear of house, extinguished fire, E6 assigned to check for extension into attic in both houses, reported all clear, T6-E10 assigned Salvage and Overhaul group, T6 pulled 150' crosslay for the use of foam, E15 released, primary and knockdown reported, a small dog was found and returned to owner, requested Air 1 and 6 ida.

C: Released all units, See 6 ida report for cause, \$2000 damage, released scene to owner and 6 ida.

T6      T6 ASSIGNED OVERHAUL GROUP. E10 ASSIGNED WITH T6. ASSISTED UNITS ON SCENE WITH OVERHAUL OF SHED AND PILE OF JUNK IN BACKYARD. E10 RELEASED. OVERHAUL COMPLETED.

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**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
R5	R5 arrived on scene w/ E5. R5 requested to assisted E5 w/ water supply and evacuation of structure to the west of involved. R5 completed assignment and stood by w/ manpower. R5 cleared by command.	
E6	S: E6 responded with a full alarm to a fib. Upon arrival E5 was in command and attacking the fire. There was heavy smoke throughout the area.  A: E6 was assigned to check the attic area of the involved structure. E6 did so and found the attic to be clear in both the involved property and that of the next property to the west. E6 then assisted fire attack crews with overhaul of a large garbage pile in the back yard.  C: E6 was soon released by command and returned to service.	
<b>11/22/2005</b>	<b>Narratives:</b>	
5241730	11/22/2005 7:54:29AM	E10 54-Natural Gas Leak 600
CAD Narrative	CAD Master Incident Number: 11222005-5241730 Jurisdiction Incident #: LV 20055241730 Primary Jurisdiction Inc.#: CC 20055241730	
E4	E4 arrived with CCFD in command at this possible gas leak. E4 assigned to take E14 FF's and attempt to locate source of escaping gas. E4 found a leak in a compressed air line thought to be gas. No gas leak. E14 released E4. E4 available.	
T4	At 0754 hours on Tuesday November 22, 2005 we were dispatched to a good intent call. Three units were assigned to this incident. Twelve personnel responded. We arrived on scene at 0801 hours and cleared at 0826 hours. The incident occurred at On Karen Ave at S Bruce St, Las Vegas in District 02626-36. The local station is ST4. The primary task(s) performed at the scene by responding personnel was investigation. Automatic aid was given on this incident.  Alarm number 5241730 has been assigned to this incident.  T4 blocked of the South end of the street. T4 was released by command and went back in service.	
<b>11/23/2005</b>	<b>Narratives:</b>	
5242845	11/23/2005 4:31:54PM	E42 55-Chem Odor Invest 5311
CAD Narrative	CAD Master Incident Number: 11232005-5242845 Jurisdiction Incident #: LV 20055242845 Primary Jurisdiction Inc.#: LV 20055242845	
E42	Investigated...no problems	
<b>11/24/2005</b>	<b>Narratives:</b>	
5243700	11/24/2005 11:42:33PM	R10 40-Fire In Building 113
CAD Narrative	CAD Master Incident Number: 11242005-5243700 Jurisdiction Incident #: LV 20055243700 Primary Jurisdiction Inc.#: LV 20055243700	
r10	R10 ARRIVED ON SCENE AND STAGED PER COMMAND. R10 RELEASED WITHOUT ASSIGNMENT.	
E5	S: E5 responded to a building fire at 2801 West Sahara.  A: E5 was cancelled enroute by Command.  C: E5 went available.	
E10	Responded to a reported FIB. Arrived to find light smoke in area of ss 4 unit apartment with occupants outside. E10 established command and investigated to find pot on stove with no extension. Smoke detector sounding. E10 cancelled all units, removed and extinguished pan and ventilated apartment with PPV. E10 left apartment in trust of apt. maintenance man as occupants were not present. E10 terminated command and returned to service.	

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Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T3	unit cancelled on scene.	
<b>11/26/2005</b>	<b>Narratives:</b>	
<b>5244831</b>	<b>11/26/2005 5:54:04PM R201 40-Fire In Building</b>	<b>110</b>
CAD Narrative	CAD Master Incident Number: 11262005-5244831 Jurisdiction Incident #: LV 20055244831 Primary Jurisdiction Inc.#: LV 20055244831	
T3	T3 staged no assignment given released by command.	
E3	S: E3 was dispatched to a reported fire in a building.	
	A: E3 was cancelled by command while en route	
	C: E3 returned to service unassigned by command.	
AR1	CANCELLED EN ROUTE	
E201	S: E201 responded to vacant storage structure. Heavy flame involvement and power lines and poles involved.	
	A: E201 arrived, established command, gave size up, deployed lines for F/A. Assigned E1 to get water supply. Had other units staged. Informed all units of live power line involvement and set up for defensive operation. Cancelled all units except E1, R201 and E201. Called for Nevada Power, put out fire that could be reached from outside until NV Power arrived to secure power. Power secured and fire was extinguished and secondary search performed.	
	C: Fire in abandoned storage unit with live power line involvement. No primary search, defensive posture, Power line secured by NV Power, secondary search performed all clear, overhaul, prepared units for service. Terminated command.	
E1	S: E1 dispatched to a shed fire. UOA E201 on scene in command of a single story shed approx 10 ft by 20 ft, that was fully involved. The fire had extended into the power poles and the wires were arching. E1 was assigned water supply, and then FA with E201 and R201 crew.	
	A: E1 layed 600 feet of 5 inch for a water supply, and deployed three 1" and 3/4 lines from E201 for exstinguishment. The main body of the fire was knocked down. We had to hold short of full exstinguishment until Nevada power secured the power from the pole. After the power was secured, the fire was fully exstinguished, and overhauled.	
	C: E1 completed all assignments given without incident or injury. E1 returned to service.	
R201	S: E201 in command of single story block building, fully involved, live power to building.	
	A: Assigned to fire attack with E201. Manned hose lines for exterior attack while waiting for Nevada Power. After utilities controlled, assigned overhaul, pulled ceiling and walls to search for extension and extinguish hot spots.	
	C: Assisted with loading hose, released by command. Returned to service.	
<b>12/1/2005</b>	<b>Narratives:</b>	
<b>5248501</b>	<b>12/1/2005 2:39:41PM AR1 40-Fire In Building</b>	<b>111</b>
CAD Narrative	CAD Master Incident Number: 12012005-5248501 Jurisdiction Incident #: LV 20055248501 Primary Jurisdiction Inc.#: LV 20055248501	

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Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
B10	<p>S: Batt 10 is dispatched on a full alarm to a reported fire in a building at 4820 W. Charleston, upon arrival this address is incorrect the structure is behind this location on the next street North. E6 arrives and establishes command, reporting light smoke issuing from the complex. He assigns E5 to fire investigation with E6 crew. He requests a water supply as well. E5 is soon assigned to Fire attack on the first floor and assigned Div. 1. E10 reports on scene and brings in a secondary water supply. He is assigned Div 2. Rescue 6 arrives is assigned Med Grp. Batt 10 arrives and requests a sit stat with command. I walked to the North side of the structure to get another view of the situation, it looked like the fire was spreading to the second floor, I met with E10 and asked about the fire conditions, He said it was spreading to the second floor.</p> <p>I gave him an assignment to make a "limited risk" attack on the fire, that he was to advise command if conditions warranted a defensive mode.</p> <p>A: I returned to E6 and assumed command, He said he wanted to call a second I told him to go ahead, and then gave him the first div. and instructions to initiate a "limited risk" fire attack. Both divisions are clear with their instructions.</p> <p>T6 arrives and is assigned to assist Div 2 with ventilation. Hvy 44 is assigned RIT</p> <p>The second alarm arrives and is immediately assigned, one to each division and one to assist with RIT. E201 is assigned to several areas to fill in, one assignment was to provide a life search on Div. 2, E15 is assigned to provide a secondary on Div 1. EMS 1 is assigned EMS Grp.</p> <p>C. Div one knocks the fire down and finds one fire victim, Engine 203 crew and R10 transport the fire victim to UMC. They eventually complete the primary and a secondary as well. Div 2 manages a knock down and provides a primary and secondary .</p> <p>Batt 1 arrives and assists with documentation and demobilization.</p>	
R6	<p>R6 was assigned med group upon arrival. Units assigned to R6 were R3 and R10. R10 later transported victim from fire. R6 established a safe rehab area for personnel onscene. R6 assisted E6 and T6 with salvage and overhaul. R6 was cleared from scene by command.</p>	
T6	<p>S: T6 DISPATCHED ON A FIAB. T6 WAS DELAYED IN RESPONDING DUE TO DISPATCH ERROR BY THE AQ. NO BROADCAST WAS GIVEN AND T6 WAS CALLED TO RESPOND AFTER A 7 MIN DELAY. E6 WAS ALREADY ON SCENE IN COMMAND AND REQUESTING US WHEN DISPATCH CALL US ON CHANNEL 10 AND REQUESTED OUR STATUS. T6 CREW WAS NOT IN UNIT. WE WERE IN THE GYM AT RAINBOW AND ALTA WITH 4 RADIOS ON.</p> <p>A: UPON ARRIVAL T6 ASSIGNED DIVISION 2. T6 REPORTED TO DIVISION 2 AND WAS ASSIGNED TO OPEN UP THE WINDOWS AND DOORS ON 2ND FLOOR FOR VENTILATION AND CHECK FOR FIRE EXTENSION. AFTER COMPLETEING ASSIGNMENT AND NO FIRE FOUND ON 2ND FLOOR, T6 ORDERED TO REPORT TO REHAB. T6 RELEASED FROM REHAB AND ASSISTED WITH OVERHAUL AND LIGHTING.</p> <p>C: ALL ASSIGNMENTS COMPLETED, NO INJ, ALL EQUIPMENT RETURNED TO UNIT, T6 RETURNED TO SERVICE</p>	

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Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5	At 1144 hours on Tuesday April 19, 2005 we were dispatched to an incident but were cancelled while still enroute. Two units were assigned to this incident. Eight personnel responded and cleared at 1213 hours. The incident occurred at 4718 Sand Creek Ave, Las Vegas in District 02722-43. The local station is ST5. Automatic aid was given on this incident.	
	Alarm number 5076025 has been assigned to this incident.	
5076376	4/19/2005 10:33:44PM E10	40-Fire In Building 111
CAD Narrative	CAD Master Incident Number: 04192005-5076376 Jurisdiction Incident #: LV 20055076376 Primary Jurisdiction Inc.#: LV 20055076376	
air1	air.	
R10	R10 assigned to assist E5	
E10	E10 responded to a reported garage fire at this address. Arrived to find single story strip of free standing connectin townhome garages detached from homes with 1 closed with heavy smoke seeping from door.	
	E10 established command and initiated FA. Assigned E5 to assist with entry and they used circular saw to cut down garage door. T3 assigned Vent and lighting. E15 assigned water supply. Air 1 and investigators requested. E10 made entry following E5 removal of door and extinguished fire using attack line. Salvage and overhaul performed. E5 conducted primary search and T3 secondary with home found to have some smoke but all occupants out and accounted for. Home ventilated and utilities secured.	
	Fire extinguished and confirmed out visually and using infrared camera. Investigators still on scene with no determination upon our departure. Power restored to home and left off to garage. Homeowner instructed to contact his insurance agent in morning and with instructions to call back if need arises. E10 terminated command and returned to station for hose cleaning and replacement.	
E5	S: On arrival E10 in command of a garage fire located in a townhouse community.	
	A: E5 and R10 investigate location of fire by entering house. E5 located fire inside garage. E10 made entry by cutting garage door. Crews extinguished fire using a live line. E5 completed primary life search and announced all clear. E5 assisted in overhaul. E5 assisted in returning hose and equipment onto apparatus.	
	C: E5 releases from scene. E5 completed all assigned orders.	
T3 Narrative	S: T3 responded to a report of a fire in a building whiht multiple calls.	
	A: T3 was assigned to PPV and assist with forcible entry. T3 conducted a secondary search and reported all clear.	
	C: T3 returned to service.	
4/20/2005	Narratives:	
5076474	4/20/2005 5:23:23AM E10	40-Fire In Building 440
CAD Narrative	CAD Master Incident Number: 04202005-5076474 Jurisdiction Incident #: LV 20055076474 Primary Jurisdiction Inc.#: LV 20055076474	
T6	S: Burnt exhaust fan in a bathroom.	
	A: T6 opened the ceiling around the fan to check for extension, none was found.	
	C: Assignment complete, T6 was released and returned to service.	

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## Plans for Kevin Evans

## Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E6	S: E6 responded to a fire in a bathroom. occupant states they do not know what was burning. A: E6 arrived and establishe command of a two story restuarant with a light haze in the structure and occupants outside, exhaust fan in bathroom had charring around the sight and no extension found, ceiling was also pulled around the sight with the attic clear, power was controlled using sub-panel in the kitchen, no other action taken C: arrived, command, investigate, check for extension, control power, returned to service and terminate command	
E5/R5	Cancelled on scene.	
E10	Cancelled enroute by E10.	
<b>4/24/2005</b>	<b>Narratives:</b>	
<b>5079929</b>	<b>4/24/2005 4:30:48PM</b>	<b>E10 44-Smoke Investigati 5310</b>
CAD Narrative	CAD Master Incident Number: 04242005-5079929 Jurisdiction Incident #: LV 20055079929 Primary Jurisdiction Inc.#: LV 20055079929	
E10	E10 responded to a report of smoke from a storm drain. E10 found smoke coming from multiple connected drains and extinguished smoldering fire with water at sahara and LVBS. Returned to service.	
<b>4/26/2005</b>	<b>Narratives:</b>	
<b>5081349</b>	<b>4/26/2005 2:48:45PM</b>	<b>E10 44-Smoke Investigati 445</b>
CAD Narrative	CAD Master Incident Number: 04262005-5081349 Jurisdiction Incident #: LV 20055081349 Primary Jurisdiction Inc.#: LV 20055081349	
E10	E10 responded to a report of arcing electrical box on residence. Arrived to find shorted electrical box with burn marks above meter. no heat smoke or fire no power to home and meter not turning. Requested NPC respond. E10 returned to service.	
<b>5081406</b>	<b>4/26/2005 4:36:00PM</b>	<b>E10 44-Smoke Investigati 611</b>
CAD Narrative	CAD Master Incident Number: 04262005-5081406 Jurisdiction Incident #: LV 20055081406 Primary Jurisdiction Inc.#: LV 20055081406	
E10	Responded to a smoke investigation and was unable to locate.	
<b>4/28/2005</b>	<b>Narratives:</b>	
<b>5082798</b>	<b>4/28/2005 3:58:49PM</b>	<b>E10 40-Fire In Building 111</b>
CAD Narrative	CAD Master Incident Number: 04282005-5082798 Jurisdiction Incident #: LV 20055082798 Primary Jurisdiction Inc.#: CC 20055082798	
T6	S: T6 responded to house fire with smoke and flames showing on arrival.  A: Command called a defensive fire and T6 was assigned East Division. T6 applied water from the east side with the ladder pipe and was supplied by E15. 2 firefighters from T6 were assigned to South Division to assist with there operations.  C: After the fire was knocked down T6 discontinued operations, assisted E5 with pickup and was released from the scene.	

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**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5	S: On arrival E22 in command of a single store family dwelling with total involvement and extension through a portion of the roof.	
	E: E5 announced its arrival and was assigned fire attack along with E22 crew. FA was quickly changed to South Division. South Division has assigned E5, E22, T6 and HR21. Multiple lines along with a deck gun made a fire attack from the exterior portion. The house was reported vacant and a defensive operation was determined. Power to the house was live and NV Power was requested to DC power. A knock down was achieved and minor overhaul started. E5, T6 and E22 went to rehab and south division was transferred to E218. E5 assisted in returning equipment to apparatus and was later released.	
	C: Fire under investigation at time of report. All assigned tasks and orders were completed and reported outcome was given to command. E5 return to quarters.	
E10	E10 responded to a reported FIB on the 2nd alarm.	
	Arrived at large house fire and immediately assigned north division. Mustered equipment and established water supply. Used attack lines to prevent fire from spreading to houses and large trees to rear (North) of structure. Performed limited overhaul.	
	E10 release to rehab and released from scene.	
5/3/2005	<b>Narratives:</b>	
5086398	5/3/2005 1:14:40PM	E10 44-Smoke Investigati 113
CAD Narrative	CAD Master Incident Number: 05032005-5086398 Jurisdiction Incident #: LV 20055086398 Primary Jurisdiction Inc.#: LV 20055086398	
E3	Cancelled en route.	
T1	T1 cancelled enroute by B10.	
E5	At 1314 hours on Tuesday May 3, 2005 we were dispatched to a cooking fire confined to the container. Five units were assigned to this incident. Eighteen personnel responded. We arrived on scene at 1320 hours and cleared at 1338 hours. The incident occurred at 5000 Alta Dr, Las Vegas in District 02421-58. The local station is ST5. The general description of this property is multifamily dwelling. The primary task(s) performed at the scene by responding personnel was investigation. No mutual/automatic aid was given or received.	
	Alarm number 5086398 has been assigned to this incident.	
	POS out on arrival. No extension.	
5086563	5/3/2005 4:31:05PM	E10 42-Brush/Grass Fire 142
CAD Narrative	CAD Master Incident Number: 05032005-5086563 Jurisdiction Incident #: LV 20055086563 Primary Jurisdiction Inc.#: NLV 20055086563	
E3	E3 assisted w/ controlling and confining brush fire. E3 released by NLV E53.	
E10	E10 responded to a large brush fire in NLV. E53 in command. E10 used tank water and shovels to extinguish, contain and overhaul south head of fire. E53 released E10. Returned to service.	
WT43	Supplied water for brush fire.	
5/5/2005	<b>Narratives:</b>	
5088135	5/5/2005 5:16:39PM	E10 58-Trash Fire 151
CAD Narrative	CAD Master Incident Number: 05052005-5088135 Jurisdiction Incident #: LV 20055088135 Primary Jurisdiction Inc.#: CC 20055088135	

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**Pans for Kevin Evans**  
**Pans for Kevin Evans**

From 10/25/2004 To 12/12/2008

<b>Narrative Name</b>	<b>Initial Dispatch</b>	<b>Incident Type</b>
E10	Responded to smoke from a sewer drain and found it. Opened 4" intake into drain and extinguished. Returned to service.	
<b>5088261</b>	<b>5/5/2005 9:16:16PM E10 43-Vehicle Fire</b>	<b>3000</b>
CAD Narrative	CAD Master Incident Number: 05052005-5088261 Jurisdiction Incident #: LV 20055088261 Primary Jurisdiction Inc.#: LV 20055088261	
<b>5/7/2005</b>	<b>Narratives:</b>	
<b>5089553</b>	<b>5/7/2005 4:27:20PM E10 42-Brush/Grass Fire</b>	<b>611</b>
CAD Narrative	CAD Master Incident Number: 05072005-5089553 Jurisdiction Incident #: LV 20055089553 Primary Jurisdiction Inc.#: LV 20055089553	
E10	UTL- Canx at scene.	
<b>5/12/2005</b>	<b>Narratives:</b>	
<b>5093256</b>	<b>5/12/2005 3:01:50PM E10 58-Trash Fire</b>	<b>151</b>
CAD Narrative	CAD Master Incident Number: 05122005-5093256 Jurisdiction Incident #: LV 20055093256 Primary Jurisdiction Inc.#: LV 20055093256	
E10	E10 responded to a trash fire under the railroad track bridge, Extinguished with booster and returned to service.	
<b>5/15/2005</b>	<b>Narratives:</b>	
<b>5095149</b>	<b>5/15/2005 12:22:27AM E10 40-Fire In Building</b>	<b>611</b>
CAD Narrative	CAD Master Incident Number: 05152005-5095149 Jurisdiction Incident #: LV 20055095149 Primary Jurisdiction Inc.#: LV 20055095149	
E10	Canx enroute by Command.	
E5	At 0022 hours on Sunday May 15, 2005 we were dispatched to an incident but were cancelled while still enroute. Six units were assigned to this incident. Seven personnel responded and cleared at 0037 hours. The incident occurred at 4026 Pennwood Ave, Las Vegas in District 02622-58. The local station is ST5. The general description of this property is multifamily dwelling. Automatic aid was received on this incident.	
	Alarm number 5095149 has been assigned to this incident.	
<b>5/16/2005</b>	<b>Narratives:</b>	
<b>5096267</b>	<b>5/16/2005 12:07:34PM E10 40-Fire In Building</b>	<b>113</b>
CAD Narrative	CAD Master Incident Number: 05162005-5096267 Jurisdiction Incident #: LV 20055096267 Primary Jurisdiction Inc.#: LV 20055096267	
E10	E10 responded to a reported building fire. Arrived at 2 story apt with smoke and no flames showing. E10 established command and investigated.	
	Door open to downstairs unit upon entry found water on floor and hot and smoking oven. Stove fire, all units cancelled. E10 interviewed manager who std he found smoke and opened apt. Saw oven on fire and extinguished with water hose and turned off power to building.	
	E10 investigated and found oven partially melted but oven had been on with pots and pans in oven. Pan handles had melted creating the smoke. E10 crew secured the stove/oven power at breaker box in apt and ventilated. Apt left in supervision of manager, no occupants on scene. E10 terminated command and returned to service.	
R10	R10 was cancelled upon arrival.	
<b>5096399</b>	<b>5/16/2005 2:49:52PM E10 43-Vehicle Fire</b>	<b>611</b>

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# Plans for Kevin Evans

## Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 05162005-5096399 Jurisdiction Inc.#: LV 20055096399	Jurisdiction Incident #: LV 20055096399 Primary
E10	UTL	
5096412	5/16/2005 3:08:45PM E10 40-Fire In Building	651
CAD Narrative	CAD Master Incident Number: 05162005-5096412 Jurisdiction Inc.#: LV 20055096412	Jurisdiction Incident #: LV 20055096412 Primary
E10	Cancelled at scene unassigned.	
r301	dispatched and cancelled e/r with closer unit.	
B1	S: B1 responded on a full alarm to a fire in a building at 655 N Mojave Rd. The nature of the call was a roof fire. R8 is the first unit on scene establishing command and reporting nothing showing on arrival, further investigation reveals a slight smell of smoke. PR states the smoke had dissipated. A: B1 arrived and assumed command and assigned E51 fire investigations with R8 crew. Investigations requested an AC unit on the roof be checked for the possible cause. T16 was assigned roof group. C: An AC unit on the roof was isolated as the cause and rendered safe. the building was turned over to the electrician repairmen to resolve the problem, all units released.	
R8	S: Responded with a full response to a report of a roof fire at the Lied Animal Shelter. R8 arrived and established Mojave Command and reported nothing showing from the outside. PR on scene reports an odor of smoke in a small 10 x 10 room that houses cats - shortly before the power to that room had shut off. B1 arrived and assumed Command - assigning E51 to investigations.  A: Assigned to E51 to assist investigating - breaker panel showed a possible problem with an AC unit on the roof. E16 and E51 secured unit on the roof - no other problems. Odor of smoke had dissipated from the small room.  C: Released from scene by Command. R8 available.	
5096771	5/16/2005 11:45:17PM E10 40-Fire In Building	111
CAD Narrative	CAD Master Incident Number: 05162005-5096771 Jurisdiction Inc.#: LV 20055096771	Jurisdiction Incident #: LV 20055096771 Primary
air1	air.	
T3 Narrative	S: T3 responded to a report of a fire in a building. E10 in command reports fire in a garage.  A: T3 assigned PPV. Forced the front door and completed assignment. Conducted Primary life search and removed four birds to the backyard. Reported an all clear. Checked for extension into the house and found it clear. Reassigned to open up the roof. completed task and helped on scene units load hose.  C: T3 released by command and returned to service.	
R10	R10 arrived, assisted E10 and E5 with fire attack and and over haul, R10 released by command.	

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**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	<p>E10 responded to a reported fire in building. Pre arrival notes stated possible garage fire. E10 arrived to find 2 story home with heavy smoke and fire showing from open single story attached garage. Neighbors reported unknown if residents home.</p> <p>E10 established command and self assigned fire attack into open garage. E10 made benchmark assignments to the following units. E15 entry to home and search, E5 water supply and assist FA, R10 assist FA, T3 RIT, ventilation and utilities, E5 performed 2nd search with complete all clear. (Residents of home were never found or contacted) E10/R10 pulled 2 attack lines and had a quick knock down of the fire, Using infrared imager pulled walls and ceiling to extinguish hidden fire and stop spread, Extinguished fire, confirmed with imager. E15 reported 5 birds and 1 dog in house and moved with cages (Birds) to backyard (Animal control requested to respond), Light smoke in house was ventilated with PPV. Some drywall and ceiling pulled in adjacent wall in interior of home to confirm no extension. E10 as command started to release units, requested investigators and design builders to secure home.</p> <p>Investigators determined fire was unintentional with cause unknown due to heavy fire in area of origin had consumed ignition source. Animal control arrived and determined home was safe enough to move animals back in (E10 accomplished with assistance from animal control.) Design builders arrived and secured home. Entry into home accomplished by breaking glass in 1 of 2 french style front doors and reaching into unlock. door resecured by design builders, Garage door failed during fire and collapsed onto vehicle parked in garage, Design builders resecured garage. Home left resecured with power and water off. E10 terminated command and returned to service.</p>	
E5	<p>S: On arrival E10 in command of a two story, single family dwelling with fire and smoke coming from the garage.</p> <p>A: E5 announced its arrival Command assigned E5 to supply E10 with a water supply. E5 hand jack 5 inch off E10 to a hydrant. E5 assisted E10 crew with FA, and ventilation. FA used a live line to extinguish fire. Fire confined to garage with minor extension to wall and ceiling. Ventilation was PPV. E5 shut down power and water. E5 assisted with overhaul and returning equipment to apparatus. E5 released from scene.</p> <p>C: All assigned duties completed and results reported to command. E% returned to service.</p>	
5/25/2005	<b>Narratives:</b>	
5103498	5/25/2005 9:46:22AM	E10 43-Vehicle Fire 200
CAD Narrative	<p>CAD Master Incident Number: 05252005-5103498 Jurisdiction Incident #: LV 20055103498 Primary  Jurisdiction Inc.#: LV 20055103498</p>	
E10	<p>E10 responded to a reported vehicle fire in palace station lot. Arrived to find 1994 plymouth mini van that had overheated and blew oil and antifreeze onto adjacent vehicles damaging them. E10 cleaned up fluids and broke into vehicle to turn off ignition.</p> <p>Damage to 94 voyager NV 520 NUF</p> <p>Also hood and front end damage to late model hummer NV 428SKV</p> <p>Returned to service.</p>	
5103899	5/25/2005 7:47:04PM	E10 40-Fire In Building 111
CAD Narrative	<p>CAD Master Incident Number: 05252005-5103899 Jurisdiction Incident #: LV 20055103899 Primary  Jurisdiction Inc.#: LV 20055103899</p>	
E1	<p>E1 responded to a fire in abuilding call on a second alarm.</p> <p>E1 was assigned to north division, commanded by E5, for man powere. E1, as part of north division, assisted in exposure protection.</p> <p>E1 was released and returned to service.</p>	

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**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
HR44	<p>S: Dispatched to a 2 alarm fire, upon arrival assigned as RIT.</p> <p>A: Assembled RIT equipment to front of structure, look scene over and reported to command. Command assigned HR44 to place lights in the West Division, while placing lights West Div. Sup informed me that his entire Div. was going to rehab and that I was now West Div.. I had HR44 crew staff 2 1 3/4" handlines and begin extinguishing the fire. I informed command that we where now fighting fire in the West Div.. At that time command requested I meet with him face to face which I did. HR44 remained on scene as RIT until released by command.</p> <p>C: Assignment completed and released by command.</p>	
R5	<p>R5 dispatched to a structure fire. R5 arrived on scene and was assigned REHAB by command. R5 performed rehab duties during incident. R5 realeased by command following termination of incident. R5 clear.</p>	
E10	<p>Responded to 3rd alarm fire. Performed extensive salvage and overhaul. Loaded hose and returned vehicles to service.</p>	
air1	<p>air.</p>	
T6	<p>S: T6 responded to a fire in a building on a second alarm.</p> <p>A: T6 was assigned to east division. Our aerial was set up for defensive operations and water was supplied by E6. 1 firefighter was assigned to assist with the 2 1/2 hoselines. T6 also supplied lights.</p> <p>C: After the fire was controled, T6 assisted with pickup and was released. T6 10-8.</p>	
B1	<p>S: B1 responded on a full alarm to 1630 Sunset Dr., Leaving the station a collum of smoke was visible. E3 arrived first and established Sunset Command and assigned his crew to E203 for fire attack, and assigned T3 to set up defensively in the vacant lot adjacent to the fire building. E203 was requested to bring in a water supply for E3 and E43 was assigned to bring in a water supply for T3.</p> <p>A: B1 arrived and assumed command, and struck a second alarm, Capt Campbell was assigned West Division and given T3, E3, E203, and R3. E43 and E6 were assigned to East Division. E5 and T6 were assigned to North Division. As units arrived in their respective Divisions it was determined that T6 would be more useful in the East Division and E5 served as North Division and later requested another Engine to assist them, they were given E1. E44 was assigned RIT, R5 was assigned Rehab.</p> <p>The main safety hazard beside the fire was power lines to the rear of the structure which were impinged upon by flames. E203 was given the assignment to complete a primary life search, about that time the defensive lines were not able to save the power lines and they burnt through. With live lines down the length of the rear of the structure the order to abandon the building was issued and the fire attack changed to a defensive mode.</p> <p>One fire fighter issued an emergency signal by mistake (E1) the problem was identified quickly.</p> <p>All divisions were notified that we were in defensive operations, Nevada power was requested early on by E3 and assisted by the North Division to disconnect the power. Once that was accomplished Offensive Operations were resumed.</p> <p>6IDA, units were requested, B10 arrived and assumed Command and B1 ran Operations.</p> <p>801, 142 arrived and assisted as Safety and Planning. Animal control arrived but were not needed. metro was called for traffic and crowd control. Because of heavy smoke conditions local residents were checked for smoke related problems by E10 (none were encountered).</p> <p>C: A primary life search was completed, The fire was contained and then brought under control, and finally extinguished. 6IDA completed their investigation advising approx \$150,000 loss. Extra crews were brought in for Overhaul E42, E2, WT43,</p> <p>T3 provided a secondary all clear, and the West Division declared the fire out and stop loss. Overhaul was completed, crews were released and command terminated.</p>	

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# Reports for Kevin Evans Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E201	S: E201 responded to fire in building. B10 in command, multiple units and divisions established.	
	A: E201 arrived, staged. Assigned to West division. Used preconnect 1 3/4" and 2 1/2" lines off E3 to extinguish fire. Went interior and put out hot spots in main structure and shed area until fire was under control. Reported to Rehab. Assigned Overhaul of structure and shed.	
	C: E201 completed assignments released and returned to service.	
e203	S: Unit arrived and was assigned to bring a water supply. A five-inch supply line was used from north of the incident.	
	A: E203 was assigned to fire attack with the crew of E3. We used two cross lays from the west side of building & the south side. The main building was on slightly damaged in the early stages of this fire. Two firefighters were on one attack line to the south building, storage. Two firefighters were entered the building with me and used the other crosslay to knock down fire spreading to the interior. Unit was called outside during the roll call & abandon the building call, - Unit returned from rehab and was assigned to west division.	
	C: E203 was released from scene and crew returned home using Eng	
E2	Assisted in equipment replacement.	
E43	S: E43 responded on first alarm to a fire in a building. E3 was in command of a single story house with the rear yard fully involved. E43 was assigned to bring in a five inch supply line to T3.	
	A: E43 caught a hydrant north of the incident and supplied T3. B1 assumed command and assigned E43 to East Division which was E6. East Division was to protect the exposure to the east which was a mini storage. E43 climbed over the wall and cut the lock on the gate to gain access to storage area. East Division assigned E6 firefighters to E43. There was a storage shed and two cars that the fire had extended to on the East side. E43 and E6 crew pulled two 2 1/2 inch lines to extinguish the fire and prevent any further fire spread. E43 extinguished the fire. After Nevada Power had all power shut off to area. E43 overhauled the east side.	
	C: E43 was rehabed. E43 assisted E6 in picking up equipment and was released by command.	
E5	S: On arrival B1 in command of a two alarm defensive fire. Fire had involved one structure with others endangered by flame spread.	
	A: E5 announced its arrival and was assigned north division. E5 positioned apparatus inside a self storage business. E5 was assigned E1 and positioned lines inside the storage yard to protect several buildings on the north side of the fire. Two live lines were used along with a water supply. Fire attack was started and northern exposures were protected. East division assisted in fire attack One building along with several vehicles and trailers were destroyed inside the storage yard. E5 returned hose and equipment onto apparatus.	
	C: All assigned tasks were completed and results reported to command. E5 returned to service.	
E6	S: E6 responded a the second alarm which B1 was in command. Command assigned E6 east division with E43.	
	A: Arrived, assigned east division to protect mini storage, caught hydrant with two supply lines, E43 forced entry to yard while T6 was setting up ladder pipe operations, E43 was assigned my two firefighters and pulled two 2 1/2 lines into the yard, T6 was also supplied by E6, After the bulk of fire was knocked down east division overhauled a shed in its area, after overhaul east division started to demobilize	
	C: arrived, assigned east division, water supply, rehab, demobilize	
801	S: 801 responded to a paged 2+ alarm fire in a building. I arrived and reported to the command post. I was assigned to assist the command staff with resource status.	
	A: Battalion 10 was in command and Battalion 1 was operations of a fire involving more than 1 structure. Division were established and units were being tracked. A ICS flow chart was established and units were tracked. FAO was notified that I would be monitoring Battalion 1's calls and would be responding to full responses in this area.	
	C: Multiple alarm building fire. See IC report for more information. 801 released.	

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# Reports for Kevin Evans Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
WT43	S: reported fire in a building A: Upon arrival WT43 was assigned to use the booster line and front crosslay for overhaul as E203 and E3 were out of foam. C: Loss stop was declared by command and WT43 was released to service.	
E3	At 1947 hours on Wednesday May 25, 2005 we were dispatched to a building fire. Twenty-three units were assigned to this incident. Sixty-three personnel responded. We arrived on scene at 1951 hours and cleared at 2306 hours. The incident occurred at 1630 Sunset Dr, Las Vegas in District 02222-99. The local station is ST3. The general description of this property is specialty shop. This is a mixed use property described as business and residential use. The primary task(s) performed at the scene by responding personnel was extinguishment. No mutual/automatic aid was given or received.  The involved structure is described as an enclosed building. The building was occupied and operating. "Outside area" best describes the primary use of the room or space where the fire originated. The fire occurred on the first floor. The fire spread beyond the building of origin. "Cigarette" best describes the heat source that caused the ignition. The cause of ignition was unintentional. The material first ignited was "wood or paper, processed". The use, or purpose of the material that was first ignited was "exterior wall covering or finish".  The material contributing most to flame spread was "volatile solid or chemical". The use, or purpose of the contributing material was "multiple items first ignited".  The estimated property loss on this incident was \$150,000. The estimated content loss was \$50,000. The estimated property value was \$150,000. The estimated content value was \$50,000.  Alarm number 5103899 has been assigned to this incident.  S: E3 responded to a reported fire in a building with copious amounts of ammunition on the premises. E3 noted a large column of smoke in the area, immediately after exiting the station. This was reported over the radio, and noted. Upon arrival, E3 was first in, and announced a fully involved single story home, with fully involved out buildings, as well as compromise of utilities; ie, power lines. Flames as high as 20' in the air, as well as heavy black, fast moving smoke showing. Flames showing from the south end of the home to the front door. "Sunset command" was named, and E3 positioned on the "A" side of the structure for deployment of lines. Note: As command exited E3, a strong smell of gasoline was present in the air from an unknown source. This was reported to 6 Ida units once on scene. Several explosions occurred during firefighting.  A: E3 crews pulled 2 - 1 3/4" pre-connected lines to the structure. One at the door, and the other to the south corner, where it appeared to be the hottest point on scene. E203 was ordered to bring in the water supply to E3, and assume fire attack with E3 & 203 crews. T3 was ordered to position themselves to the south of the structure on a vacant lot for aerial ops. E43 was ordered to bring in a second water supply, and pump T3, and then assist with fire attack. T3 was also given the assignment of utilities if possible. However, due to the amount of fire, heat and the fact that ammo was discharging throughout the structure, utilities and an initial life search were postponed. Command called for NPC, and ATF immediately due to the utility poles involved, and ATF, due to the enormous amount of bullets and casings found. B1 arrived, and then assumed command, called for a second alarm, and assigned E3 to West division.  C: All assignments were carried out without incident. 3 - 1 3/4" lines and 3 - 2 1/2" lines, as well as 2 master streams were employed by various units. The fire was extremely hot, and well vented, as well as having a tremendous amount of fire load in all structures involved. These facts contributed to the amount of time it took to finally knock down the fire, and begin overhaul of the structures. E3 returned to service.	
5103913	5/25/2005 7:58:39PM	E10 44-Smoke Investigati 5310
CAD Narrative	CAD Master Incident Number: 05252005-5103913 Jurisdiction Inc.#: LV 20055103913	Jurisdiction Incident #: LV 20055103913 Primary
E10	Responded to a smoke investigation. Nothing found.	

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# Reports for Kevin Evans Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
<b>5/26/2005</b>	<b>Narratives:</b>	
<b>5104072</b>	<b>5/26/2005 12:24:11AM E10 40-Fire In Building</b>	<b>611</b>
CAD Narrative	CAD Master Incident Number: 05262005-5104072 Jurisdiction Incident #: LV 20055104072 Primary Jurisdiction Inc.#: LV 20055104072	
T4	CANCELLED ENROUTE AS FIRE WAS DIFFERENT ADDRESS.	
E10	Wronglocation. Canx by dispatch.	
<b>5104121</b>	<b>5/26/2005 3:02:33AM E10 58-Trash Fire</b>	<b>151</b>
CAD Narrative	CAD Master Incident Number: 05262005-5104121 Jurisdiction Incident #: LV 20055104121 Primary Jurisdiction Inc.#: LV 20055104121	
E10	Responded to a trash fire and arrived to find fully involved couch. Witness std person tried to light house with couch next to it. (5'10" 150 lbs. WMA), E10 extinguished and returned to service.	
<b>6/1/2005</b>	<b>Narratives:</b>	
<b>5109193</b>	<b>6/1/2005 1:46:56PM E10 40-Fire In Building</b>	<b>111</b>
CAD Narrative	CAD Master Incident Number: 06012005-5109193 Jurisdiction Incident #: LV 20055109193 Primary Jurisdiction Inc.#: LV 20055109193	
E201	Cancelled on scene, no assignment given.	
E10	E10 responded to a reported FIB. Arrived to find ss apartment with nothing showing and some bystanders out front directing us in. E10 established command and investigated to find rear apartment with door/windows shut, locked and secured with security bars/mesh and heavy smoke and heat on inside.  E10 pulled attack lines, self assigned FA, Passed command to B1, assigned ventilation to E12. E10 performed forcible entry and made way to kitchen area where we found stove fire with moderate damage to cabinets and walls above fire area. FA crew extinguished using small amount of water, pulled some ceiling and wall to check for extension and there was none. E10 remained on scene requested investigators, Requested ARC for 2 adult occupants, performed some salvage and overhaul. Returned unit to service. Assisted investigators. Terminated command.  Investigation concluded fire was started by occupants moving out with power off to unit, left scene, NPC returned and restored power and stove was in on position with combustibles (Phone book and other items on and next to stove) when occupants had left. E10 returned to service.	
HR44	HR44 was ex by command	
<b>5109334</b>	<b>6/1/2005 5:19:42PM E10 58-Trash Fire</b>	<b>151</b>
CAD Narrative	CAD Master Incident Number: 06012005-5109334 Jurisdiction Incident #: LV 20055109334 Primary Jurisdiction Inc.#: LV 20055109334	
E10	Responded to reported trash fire and arrived to find smoke from storm drain. E10 used tank water to extinguish and returned to service.	
<b>5109495</b>	<b>6/1/2005 11:12:47PM E10 44-Smoke Investigati</b>	<b>5310</b>
CAD Narrative	CAD Master Incident Number: 06012005-5109495 Jurisdiction Incident #: LV 20055109495 Primary Jurisdiction Inc.#: CC 20055109495	
R4	R4 Stagged, Cancelled per Command. R4	

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# Reports for Kevin Evans

## Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	E10 responded into B3 for a reported FIB. Arrived on scene 1st to find security directing us to a rear apartment building.	
	E10 established command at 3 story apartment with smoke showing and no fire. Investigation found BBQ smoldering on balcony of second floor. E10 cancelled all units, reloaded hose, terminated command and returned to service.	
E4	Canx at scene unassigned.	
6/8/2005	Narratives:	
5114697	6/8/2005 10:35:17PM E10 40-Fire In Building	111
CAD Narrative	CAD Master Incident Number: 06082005-5114697 Jurisdiction Incident #: LV 20055114697 Primary Jurisdiction Inc.#: LV 20055114697	
B1	S: B1 responded to a reported fire in a building with a full alarm the Aztec Inn. 2200 LV Blvd. E201 arrived and established command, and reported nothing showing. B1 queried security and they informed us that the building was full of smoke, and indicated access was on the other side of the building.	
	A: We repositioned to the other side and saw light smoke. B1 assumed command and assigned E201 to fire attack, T4 to vent group, and E10 to a secondary life search.	
	C: E201 extinguished the fire, provided a primary and checked for extension. T4 vented confirmed the power was shut off, and confirmed the apartments were abandoned.	
	E10 provided a secondary all clear. B1 released all other units, and turned command over to E201 and went available.	
E1	cancelled on scene	
E10	Responded to a reported FIB. Delayed by train, no MCT. Arrived to find E201 in command of 2 story abandoned hotel with smoke showing from 1st floor room. Assigned secondary search. Search complete. Room empty. E10 assisted on scene with extinguishment and overhaul. Returned to service.	
E201	S: E201 responded to fire in 2 story motel. Nothing showing on arrival. Security on scene.	
	A: E201 arrived, established command and gave size up, investigating. After investigation found apartment in center of corridor, smoke showing from downstairs apartment. B1 assumed command. Assigned E201 F/A. E201 forced entry through gate and deployed lines for Fire attack. Door to apartment opened by Metro officer on scene. Mattress on fire. Performed quick knockdown and life search and reported to command. Checked for extension. B1 passed command back to E201. Released all units and waited for 6ida unit to arrive. Completed overhaul.	
	C: Fire attack, knockdown, primary search all clear, checked for extension non found, cause undetermined, terminated command and returned to service.	
R10	R10 arrived, staged, cleared by command	
E4	E4 arrived and staged. E4 cancelled by command.	
6/12/2005	Narratives:	
5117159	6/12/2005 6:46:44AM E10 43-Vehicle Fire	5310
CAD Narrative	CAD Master Incident Number: 06122005-5117159 Jurisdiction Incident #: LV 20055117159 Primary Jurisdiction Inc.#: CC 20055117159	
E10	E10 responded to a smoking vehicle on I-15S. Arrived to find small car with smoke from under hood. Investigated to find oil line broke and blew oil onto hot engine and exhaust. Returned to service.	
5117548	6/12/2005 8:14:53PM E10 40-Fire In Building	653

**Reports for Kevin Evans**  
**Reports for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 06122005-5117548      Jurisdiction Incident #: LV 20055117548      Primary Jurisdiction Inc.#: LV 20055117548	
B1	S: Responded to a possible fire in a building. E10 established command and reported nothing showing /investigating. Command then reported that this was a propane tank that had ignited around the valve and they had shut it off and stopped the problem. Command then released all other units.  A: Monitored activities while responding.  C: E10 remained in command and B1 returned to service.	
R10	arrived, staged, released	
E201	cancelled on scene	
E10	E10 responded to a report of a BBQ propane explosion. Arrived to find residents out front of ss house with ns. E10 established command and investigated.  Gas BBQ in backyard with flames from burned through gas line from 5 gal propane tank. E10 shut valve and fire extinguished. Cooled unit with garden hose. Cancelled all units terminated command and returned to service.	
E4/T4	Cancelled at scene unassigned.	
6/19/2005	<b>Narratives:</b>	
5122664	6/19/2005 11:55:03AM	E10 44-Smoke Investigati 651
CAD Narrative	CAD Master Incident Number: 06192005-5122664      Jurisdiction Incident #: LV 20055122664      Primary Jurisdiction Inc.#: LV 20055122664	
T4	T4 is dispatched and cancelled enroute by E4. T4 is available.	
R204	R204 cx without assignment. R204 available.	
E10	Cancelled at scene	
E4	S: E4 responded to 721 Charleston for report of smoke in an office. E4 arrived and established Charleston command in front of single story commercial center with nothing showing, E4 to investigate.  A: Met with office personnel and found light odor of electrical, cancelled all units E4 to remain on scene to investigate further. no problem found after further investigation.  C: No problem found E4 terminated command and returned to service.	
5122751	6/19/2005 1:58:18PM	E10 58-Trash Fire 154
CAD Narrative	CAD Master Incident Number: 06192005-5122751      Jurisdiction Incident #: LV 20055122751      Primary Jurisdiction Inc.#: LV 20055122751	
E10	Smoking garbage can. Extinguished with tank water.	
5122933	6/19/2005 6:59:40PM	E10 58-Trash Fire 151
CAD Narrative	CAD Master Incident Number: 06192005-5122933      Jurisdiction Incident #: LV 20055122933      Primary Jurisdiction Inc.#: LV 20055122933	
E10	Responded to a trash fire by the RR tracks on oakley. Extinguished with tank water and returned to service.	
6/30/2005	<b>Narratives:</b>	
5131271	6/30/2005 2:53:17PM	E10 43-Vehicle Fire 600

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**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 06302005-5131271      Jurisdiction Incident #: LV 20055131271      Primary Jurisdiction Inc.#: LV 20055131271	
E10	Investigated a reported bus fire. Bus was overheated. Returned to service.	
7/7/2005	<b>Narratives:</b>	
5137448	7/7/2005 12:59:16PM      E10      40-Fire In Building      251	
CAD Narrative	CAD Master Incident Number: 07072005-5137448      Jurisdiction Incident #: LV 20055137448      Primary Jurisdiction Inc.#: LV 20055137448	
New Narrative		
R10	R10 arrived, staged cx by command	
E5	Cancelled on scene	
E10	Responded to a reported FIB. Electrical arc with smoke.  Arrived and established command. Found where electrical had arced and scorched 2X4 but no ignition. E10 confirmed extinguishment with IR camera. Cancelled all units and returned to service.	
Truck 3	cancelled enroute	
5137655	7/7/2005 6:04:33PM      E10      51-Dumpster Fire      154	
CAD Narrative	CAD Master Incident Number: 07072005-5137655      Jurisdiction Incident #: LV 20055137655      Primary Jurisdiction Inc.#: LV 20055137655	
E10	Responded to and extinguished a dumpster fire. Returned to service.	
7/16/2005	<b>Narratives:</b>	
5144430	7/16/2005 8:06:19AM      E10      40-Fire In Building      111	
CAD Narrative	CAD Master Incident Number: 07162005-5144430      Jurisdiction Incident #: LV 20055144430      Primary Jurisdiction Inc.#: LV 20055144430	
B1	S: B1 responded on a full alarm to a FIAB at Alta / Kenny. Large column of smoke showing enroute. E5 arrives and establishes Kenny command, makes a fast attack and requests a water supply from E203, E3 arrives and is assigned to fire attack with E5 crew. T3 is assigned to a primary, utilities, and Vent Grp. R5 is assigned RIT. A: B1 arrives and sees the car port still on fire, fire is threatening to extend in to the house. B1 locates command and conducts a Sit/ Stat, Re/Stat, calls for two additional units and assumes command, reassigns E5 Capt to his crew. An exterior division and interior division is established. T3 is assigned to Interior Division with E10. E5 is assigned to Exterior Division with E3 and E203. R5 is reassigned to Re-Hab, Later EMS1 arrives and takes over Rehab. Hvy44 arrives and is assigned to RIT. C: T3 conducted a primary, E15 provides the secondary. Interior division locates extension in the attic and extinguishes the small attic fire. Exterior division knocks the fire down and lays down a blanket of foam to stop re-ignition (vehicles had a fuel leak which was fueling the fire) Three vehicles a boat, the car port and the facia were on fire and extinguished w/in 10 min. No injuries Command was turned over to E3 B1 returned to service, Fire investigators responded.	
E10	Responded on 2nd alarm to a FIB. Arrived and assigned to interior division by command to pull ceiling and extinguish hidden fire. E10 accomplished assignment and returned to service.	

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**Reports for Kevin Evans**  
**Reports for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
HR44	S: HR44 responded to FIB @ 504 Kenny Way. E5 established Kenny command.	
	A: HR44 arrived & was assigned to RIT & utilities by command. HR44 shut down electrical & noted there was no natural gas supply to house. HR44 conducted A 360 of structure & opened security bars on the north & south sides of house. HR44 was then assigned to overhaul the front fascia & metal flashing on roof. HR44 completed all assignments & was released by command.	
	C: HR44 returned to service	
E5	S: E5 responded to multiple calls of FIB, in route E5 announced smoke in route and requested HR44 and Air 1 respond, upon arrival found a 3 bay car port on fire involving 3 vehicles, a boat and a jet ski, fire began to extend into the house upon arrival but was stopped, occupants outside and both neighbors were also evacuated from their houses prior to our arrival, neighbor's boat was damaged by fire and was written as an exposure, 6 total vehicles were damaged by fire and all were in the driveway of the involved address: 95 Chevy 1500 NV 127 JEA, 90 Honda Civic NV LILBOLT, 99 Dodge Durango NV STAAWAY (heavily damaged), 98 Dodge Durango NV 552 CUP (heavily damaged), 77 Fiat Spider NV 191 CBC (heavily damaged) 95 VW Pasat NV 347 NXM, 87 Four Winns boat also heavily damaged.	
	A: Established Kenny Command to the front, E5 crew pulled 2 1/2 inch preconnect, requested next in engine to bring in water supply off of Alta, assigned E3 FA with E5 crew, assigned R5 I RIT, assigned T3 ventilation group and to secure utilities and give primary, E203 brought in water supply, gave sit stat/ re stat to Bat 1 who assumed command, E5 then assisted with ventilation and overhaul.	
	C: E5 released by E3 who assumed command, fire was under investigation (see 6 Ida report for cause and origin) damage estimated at \$150,000.	
E203	S: E203 responded with other units on a reported fire in an building. Large column of black smoke visible enroute. E5 arrived and established command.	
	A: E203 arrived and layed a 5" supply line to E5, then assigned to assist E5 crew. Attack lines pulled and extended to the carport area to extinguish fire. E203 sent to rehad. E203 cleared rehad then assigned to assist interior in checking for extension. All equipment returned to unit, then returned to service.	
	C: Structure fire, water supply, extinguishment, overhaul.	
E8	Stoodby until fire investigators arrived.	
E3	E3 responded to a reported FIB. A large column of smoke was visible at the station prior to the call coming in. Once in route, the column of smoke was reported on the air. E3 arrived just after E5, and was assigned fire attack with E5 crew. E5 had pulled a 2 1/2" line upon arrival, and E3 crews pulled two additional 1 3/4" lines from E5 to the seat of the fire. Upon E5 getting a water supply from E203, Fire Attack ordered the deck gun to be put into play as soon as possible. Once a water supply was established, a total of 4 - 1 3/4" , and 1 - 2 1/2" line were laid, as well as the deck gun employed. E3 remained on the exterior of the structure, due to the involvement of both vehicles and structure. Copious amounts of fuel was also released during the fire from the vehicles fuel cells, creating a further hazard to crews and structure. Copious amounts of foam was used to extinguish, and overhaul. E3 was briefly in command after B1 returned to service. Command was later passed to E203, and E3 and T3 returned to service.	
E4	E4 was called after fire was extinguished to provide fire watch until Investigators arrived. E4 arrived, we did stop a gas flow from one of the involved vehicles by crimping the gas line and disconnecting the battery to stop the fuel pump from working. Gas flow stopped. E4 was relieved by E8. E4 returned to service.	
Air 1	Air.	
T1	T1 responded after incident, at the request of 6ida units, to assist with moving debris. We helped open one vehicle hood. No other assignments given. Returned to service.	
R5	R5 WAS INITIALLY ASSIGNED RIT, THEN WE WERE REASSIGNED TO FIRE ATTACK. FINALLY R5 WAS REASSIGNED TO SET UP A MED GROUP WITH EMS-1. R5 WAS RELEASED TO RETURN TO SERVICE. R5 WENT AVAILABLE.	

# Reports for Kevin Evans Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T3	S: T3 responded to a report of a fire in a building with multiple calls received. Smoke was visible enroute.	
	A: T3 was assigned primary search. Accomplished and gave a report. Were reassigned as interior division and searched for fire extension into the house. Found fire in the attic space and extinguished. Conducted overhaul operations.	
	C: T3 released by command and returned to service.	
5144475	7/16/2005 9:35:08AM E10 40-Fire In Building	111
CAD Narrative	CAD Master Incident Number: 07162005-5144475 Jurisdiction Incident #: LV 20055144475 Primary Jurisdiction Inc.#: CC 20055144475	
E10	Canx enroute by command.	
5144623	7/16/2005 1:36:20PM E10 40-Fire In Building	100
CAD Narrative	CAD Master Incident Number: 07162005-5144623 Jurisdiction Incident #: LV 20055144623 Primary Jurisdiction Inc.#: CC 20055144623	
E10/R10	Cancelled at scene unassigned.	
E4	S: Responded to FIB, on first alarm assignment. No other information given.	
	A: E4 first on scene, established command, nothing showing, residents standing outside pointing to the involved apartment. On the second floor in apartment "J" the glass was broken and the front door was open and nothing showing. Bystanders say there was fire on the lamp inside, they entered the vacated apartment and extinguished the flame with a dry chem extinguisher. Upon our arrival the fire was out, it appeared to be a lamp shade or some material put over the lamp which caught fire. Fire was contained to the lamp itself, no other damage to the structure other than contents of the dry chem extinguisher. We ventilated the apartment. All other responding units except E4 and T4 released from scene. I got the phone number of the apartment manager and had dispatch notify them of the situation. The other residents said they would wait until the occupants of the involved apartment returned and then turn the scene over to them.	
	C: E4 arrived to a fire which was out prior to our arrival, we found no extension, we did what we could to secure the residence, no injuries reported, no equipment left on scene. E4 returned to service, command terminated.	
7/17/2005	Narratives:	
5145108	7/17/2005 1:38:35AM E10 40-Fire In Building	131
CAD Narrative	CAD Master Incident Number: 07172005-5145108 Jurisdiction Incident #: LV 20055145108 Primary Jurisdiction Inc.#: LV 20055145108	
E4	Arrived and stood by hydrant, cancelled by command. E4 returned to service.	
T4	Arrived and held short, cancelled by command, T4 returned to service.	
R10	R10 arrived on scene and established New York . R10 gave a report and command was quickly passed to E12 who was right behind us. R10 assisted E10 with clean up. R10 cleared.	
E10	Responded to a reported building fire with Car up against building.	
	E10 arrived and found access to burning vehicle and cancelled all other units. E10 extinguished fire and found car to be stripped of equipment and VIN numbers and license plates removed. Vehicle was approx a 1995 chevy corsica.	
	E10 overhauled and returned to service.	
7/23/2005	Narratives:	
5150483	7/23/2005 4:54:18PM E10 40-Fire In Building	111



# Rpts for Kevin Evans

## Rpts for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
CAD Narrative	CAD Master Incident Number: 07232005-5150483 Jurisdiction Inc.#: LV 20055150483	Jurisdiction Incident #: LV 20055150483 Primary

airl

air.

R4

At 1654 hours on Saturday July 23, 2005 we responded to Structure Fire at 1210 Exley AVE, Las Vegas, NV, 89104. One patient was treated. The location type was not specified. The first unit to arrive on the scene was Engine (E4).

No special factors affected the delivery of care.

This patient is a 74 year old female. Laceration to Right thumb area.

The cause of the illness/injury is Other cause. The provider impression/assessment is Trauma.

The patient's signs/symptoms were:

Traumatic Injury

The patient has had a previous history of:

Hypertension

Pt transported to Sunrise ER. See hand written report.

T4

T4 arrived with E4 in command. T4 assigned to shut off utilities, Provide PPV and create an exhaust opening. T4 completed assignment and was assigned as RIT. T4 provided interior lighting for overhaul. T4 released by command.

E10

Unassigned. Assisted with clean up.

E4

S: E4 responded to FIB, smoke from building, elderly female in the structure. E4 responding as first alarm unit.

A: E4 arrived and in command (Exley Command), light smoke showing with resident trying to put out fire with garden hose. E4 pulled two attack lines, assigned T4 to ventilation. T4 put PPV to doorway, shut utilities (gas and electric). Command was passed to T4 but B1 was on scene and took command, E4 now fire attack. E4 entered and found fire in one bedroom and extinguished. Fire attack did primary life search and found structure to be clear. Secondary life search found no one in the structure. The elderly female was treated and transported by R4. Fire was contained to the bedroom, smoke damage to the rest of the residence. Ceiling was pulled to check for extension and none found. Talking with the residents I found that the elderly lady (two children, one middle aged female who is mother to the children, and the elderly lady who is the mother to the middle aged female (Isabell Alfaro) were occupants) had candles on her dresser and she said she left the room and when she returned the bedroom was on fire. The burn pattern in the room indicated that the fire had started on the dresser ("V" pattern pointed to the north end of the dresser) and spread up the wall to the ceiling. Melted candles were found on top of the dresser.

C: The estimated damage is at about \$10,000 and the cause of the fire was apparent so the investigators were not needed on this call. Red Cross was called for to find boarding for the two children, mother and grandmother. They were informed to not turn the electrical and gas on to the unit until Nevada Power and Southwest Gas were called. The owner of the residence (Fausto Vega) was informed of this and he said he would comply, he also told us he would secure the building until the residents could return. The elderly female was transported (read the EMS notes). The fire was extinguished, all equipment performed as expected, no injuries reported by E4 crew, all equipment returned to the unit, E4 released all units and terminated command. E4 returned to service.

5150563

7/23/2005 6:44:04PM

E10

43-Vehicle Fire

600

CAD Narrative

CAD Master Incident Number: 07232005-5150563  
Jurisdiction Inc.#: LV 20055150563

Jurisdiction Incident #: LV 20055150563 Primary

**Plans for Kevin Evans****Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E10	Investigated reported vehicle fire. Fire out on arrival. Small carburator fire. E10 helped citizen to push vehicle off highway and returned to service.	
<b>5150662</b>	<b>7/23/2005 8:54:26PM E10 40-Fire In Building</b>	<b>100</b>
CAD Narrative	CAD Master Incident Number: 07232005-5150662 Jurisdiction Incident #: LV 20055150662 Primary Jurisdiction Inc.#: LV 20055150662	
E10	Unassigned.	
E5	S: E5 dispatched to a fire at the back of an apt. complex. Enroute, R15 arrived and reported a breaker box smoking. A: E5 arrived and established Pennwood command, met with R 15. Found a fuse box for the meters with burn marks around it. Walls cold, nothing hot found with thermal imager. Other units cancelled. Established safe area and awaited Nevada Power. C: Nevada Power arrived, scene released to them. E5 returned to service.	
<b>7/25/2005</b>	<b>Narratives:</b>	
<b>5152072</b>	<b>7/25/2005 5:00:30PM E10 40-Fire In Building</b>	<b>5310</b>
CAD Narrative	CAD Master Incident Number: 07252005-5152072 Jurisdiction Incident #: LV 20055152072 Primary Jurisdiction Inc.#: LV 20055152072	
E3	Assisted E10 with investigation of the structure. Determined the smoke to possibly be from an A/C unit. E3 released from the scene.	
E10	E10 responded to a reported building fire and arrived and established command at a ss office complex.  E10 investigated and found light smoke and smell of burning electrical. Assigned T3 to roof to check HVAC units. T3 investigated and found single HVAC unit with burned out motor and no extension.  E10 terminated command and released all units.	
E203	Unit unassigned.	
T3 Narrative	S: T3 responded to report of smoke in a building.  A: T3 assigned to check the the AC unit on the roof. Found the AC motor burned with no extension and fire out.  C: T3 returned to service.	
<b>7/27/2005</b>	<b>Narratives:</b>	
<b>5153698</b>	<b>7/27/2005 6:19:27PM E10 58-Trash Fire</b>	<b>151</b>
CAD Narrative	CAD Master Incident Number: 07272005-5153698 Jurisdiction Incident #: LV 20055153698 Primary Jurisdiction Inc.#: LV 20055153698	
E10	E10 unable to locate. E10 available	
<b>7/28/2005</b>	<b>Narratives:</b>	
<b>5153995</b>	<b>7/28/2005 5:39:28AM E10 40-Fire In Building</b>	<b>UUU</b>
CAD Narrative	CAD Master Incident Number: 07282005-5153995 Jurisdiction Incident #: LV 20055153995 Primary Jurisdiction Inc.#: LV 20055153995	
T3 Narrative	Cancelled enroute.	
E10	Cancelled at scene unassigned.	
E5	Cancelled at the scene.	

**0000138**

**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
8/3/2005	Narratives:	
5158825	8/3/2005 1:09:23PM E10 40-Fire In Building	600
CAD Narrative	CAD Master Incident Number: 08032005-5158825 Jurisdiction Incident #: LV 20055158825 Primary Jurisdiction Inc.#: LV 20055158825	
Engine 10	At 1309 hours on Wednesday August 3, 2005 we were dispatched to a good intent call. One unit was assigned to this incident. Four personnel responded. We arrived on scene at 1317 hours and cleared at 1330 hours. The incident occurred at 2411 W Sahara Ave, Las Vegas in District 02623-19. The local station is ST10. The general description of this property is casino, gambling clubs. The primary task(s) performed at the scene by responding personnel was investigation. No mutual/automatic aid was given or received. Problem with kitchen exhaust fan blade. no fire or smoke. Palace station Engineering on scene replacing the fan blade and motor. Engine 10 available. Alarm number 5158825 has been assigned to this incident.	
5159213	8/3/2005 11:37:42PM E10 39-Fire In Hotel/Hos	111
CAD Narrative	CAD Master Incident Number: 08032005-5159213 Jurisdiction Incident #: LV 20055159213 Primary Jurisdiction Inc.#: LV 20055159213	
R204	R204 reported to staging. R204 released without assignment. R204 available.	
R201	Dispatched on 3rd alarm & assigned to staging by command. In service.	
E201	S: E201 Responded to fire in 2 story apartment beside a casino. Heavy smoke coming from 2nd floor and roof adjacent to casino. E10 on scene gave size up. B1 assumed command.  A: E201 assigned F/A with E10 crew, by the time we got in position with lines Command had called to go defensive. We were then reassigned to East Division. We pulled 2 1/2" lines off E10 for defensive operations. We used 35' ladder to go to Casino roof to check for extension. Never made it on roof, checked conditions from ladder, reported to command that there is a fire wall between casino and apartments, with the casino clear, but heavy smoke south of casino. We finally were allowed to make a offensive posture coordinated through east division. We then made access to 2nd floor balcony from west side worked our way from trench cut to the east, checking attic til we met E1 crew. We then met up with E5 and E1. Reported to command that E5, E201 and E1 were together on 2nd floor. We then worked together to attack fire in attic. We continued to give progress reports to East division as we made our way to seat of fire. Had knockdown reported to command and was sent to rehab. No other assignments given.  C: Fire Attack, then East division defensive, then East division fire attack, knockdown, rehab, prepared unit for service. Released by command.	
R8	Responded on 2nd alarm to a fire in a Hotel/Casino and was assigned to Rehab throughout the incident. R8 provided rehab, and recorded vitals for several units under the direction of EMS 1. Returned to service after assignment was completed.	

0000139

**Plans for Kevin Evans****Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T1	S: T1 responded to FIB in a Casino Hotel with smoke and flames showing.	
	<p>A: T1 reported on scene assigned evacuation group with R10. T1/R10 assembled equipment and made our way to the second floor began evacuation in rooms with fire damage and rooms adjacent to fire rooms .T1 reported to command that evacuation group had found fire in the attic on second floor and requested a attack team to the second floor to extinguish fire T1 was denied request for F/A team . F/A began applying water from bottom floor exterior . Evacuation group pulled off of second floor by East division and began forcing entry and Evacuating first floor. T1 completed evacuation of first floor. Reported to command requested permission to complete second floor evacuation. T1 was given order to complete search on second floor. T1 forced entry and completed search of second floor found fire in attic and reported to command requested a F/A team to second floor.T1 applied water with E1 line and met with E1 captain and reported findings. E1 took over attack line T1/R10 exited second floor balcony and replaced air packs.T1/R10 was reassigned to west division with T3 to roof. R10 requested rehab and was released to rehab. West division notified T1 /T3 laddered roof and made a 4x8 ventillation hole approx 20' from involved area and found no fire and non pressurized smoke. T1 was released to rehab by west division. T1 reported to rehab and was released.</p> <p>C: T1 assembled equipment and personnell and returned to station 1. T1 placed back into service.</p>	
E1	S: E1 responded on the second alarm with B1 in command.	
	<p>A: E1 assigned to West Div (T4) and to supply a water supply. E1 brought in a water supply to the north side. T4 already supplied by E4. West Div assigned E1 to pull a line to the second floor to stop progress of the fire in the attic with T4 starting a trench cut. E1 pulled ceiling in several rooms going towards the fire. E1 now reassigned to East Div with E201. T1, E201, E5, and E1 now all on the second floor attacking the fire in the attic. Two lines in place hitting the fire. Crews at this location rotated through changing bottles. E1 advised East Div out of air and reporting to rehab.</p> <p>C: Assigned to West Div, reassigned to East Div, rotated with crews in place, rehab, released by command.</p>	

**0000140**

Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
B1	<p>S: Batt. 1 responded on a full alarm to a reported fiab, at 2200 S. Las Vegas Blvd. The Aztec Inn. E10 arrived and requested E12 secure a water supply, and reported heavy smoke and flames from the second story section of the motel, and then called a second alarm. Batt 1 was about a block away at that time and could see the collum of smoke.</p> <p>Batt. 1 assumed "Blvd" command and upon my arrival saw patrons inside the casino area. as we passed the structure I could see heavy smoke coming from the roof and an orange glow coming from the SE area of the building.</p> <p>A: B1 assumed 'Blvd' command assigned B1A to set up Staging, assigned E10 to East Division with E201 and E12 to assist. They again reported heavy flame involvement in the attic. Batt. 1 was unable to determine the extent of the fire and decided to operate in the Defensive mode. E4 was assigned to West Division and assigned to stop the fire heading to the west, they were assigned T4, E1, later T3, and T1. Initially T1 was assigned to evacuation group with the assistance of R10. T4 was initially assigned to evacuate the casino. E4 was assigned to RIT , later HVR 21 arrived and functioned as RIT allowing E4 to take the West Division, E15 was assigned to assist with RIT.</p> <p>My exposure was the casino and E5 and R4 were assigned to "Casino Grp" they layed protection lines and later assisted the East Division with fire attack stopping the fire before it got to the Casino. EMS 1 was assigned to Med Grp and Rehab with R8, later I assigned Chief Spurling and soon after re-assigned him to cover the empty Battalions in case we had any further calls. Chief Allred arrives and is Assigned West Division, I briefed him on commands goals for the West Division. Chief Harper B10 arrived and was assigned to the East Division, Command briefed him on commands goals and objectives for the Division as well. Chief Klevin was assigned to Safety. Chief Acebo assisted with Planning with Chief Johnson. E218 was assigned "Water Officer" they reported no water shortages and were reassigned later on.</p> <p>C: The fire went to a 3rd alarm. the West Division cut a trench cut and stopped the fire spread to the west., East Division made several attempts attacking the fire and made a stop in the East Division saving the casino. Evacuation Grp evacuated the first and second floors. Fire investigators arrived and reported the fire under investigation, with a estimated dollar loss of about \$200,000. The Planning section completed and carried out a demobilization plan as well as contacted the utilities. An overhaul plan was developed E41 was left in command B1 returned to service.</p>	
Engine 10	<p>S: Reported fire in a building. Engine 10 reported smoke showing from Wyoming Ave prior to arrival. Engine 10 on scene in command, heavy smoke showing from a two story building, Engine 12 bring me in a water supply. Engine 10 requested a second alarm.</p> <p>A: Batt 1 assumed command, Engine 10 was assigned to East Division with Engine 201 assigned. Line was pulled to knockdown the fire in the stairwell area by Engine 10 crew. Additional lines pulled as secondary lines. Command announced this fire was defensive. Attempts made to stop the fire from heading west and to protect the casino area. Engine 1 crew and Engine 5 crew were assigned to east division. Fire was then attacked room to room heading to the east. Numerous reports were given by E201 Captain on the progress of fire attack. Engine 1 crew and Engine 10 crew were assigned to rehab. Batt 10 assumed command of East Division.</p> <p>C: Engine 10 crew placed rig in service and were released by command.</p>	
air1	air.	

# Plans for Kevin Evans

## Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E4	S: Responded as first alarm unit to casino fire. Call received with multiple calls, smoke showing in the area enroute.	
	<p>A: Upon arrival E4 initial tactic was to secure the hydrant to the south on LVBlvd and begin forcible entry and fire attack to the south/east of the structure. We were also in position to supply T1 with our water supply also. After we laid the line our assignment was changed to West division. We left our supply uncharged on LVBlvd from the hydrant to T1 and moved E4 to the West of the structure. There was no access to the West and as we came around on the West/North side of the structure we took the hydrant to the North of the structure and supplied T4 which was in the North/West parking lot of the structure. At this time the West division consisted of E4, T4, E1. We had T4 go to the roof and provide a trench cut, E1 went to the second floor balcony and entered the apartments and pulled ceiling looking for extension. T4 had good smoke from the trench cut and E1 found fire in the attic of one of the second floor apartments. The rest of E4 crew were setting egress ladders and pulling attack lines for T4 and E1. I was relieved of West division leader by Chief Allred and was sent to the roof with T4 and E4.</p> <p>C: E4 completed our assignments, after being relieved by Chief Allred we were sent to Rehab. After this we were assigned to accompany South West Gas to the gas meters of the structure. This accomplished we gathered our equipment (missing is on pike head axe), no injuries reported by the E4 crew, E4 returned to service.</p>	
R4	S. Assigned to hotel/casino fire on 2nd alarm.	
	<p>A. Upon arrival R4 was assigned to assist E5 crew with protection of the casino. There was never any fire in the casino area. E5 and R4 redeployed to 2nd floor where fire attack took place. Two fans provided for PPV.</p> <p>C. After assignment completed, R4 changed airpack bottles and reported to rehab. R4 took over Rehab duties from R8 and R12. Command released R4 to go back in service.</p>	
109	S: 109 responded to a multiple alarm fire - smoke visible en route.	
	<p>A: 109 arrived and reported to the Command Post - 109 assigned to assist with Planning - 109 coordinated unit crew assignments with B1-A. Units were tracked throughout the duration of the incident. B4 arrived and worked with 109 on Planning - As the incident progressed a demobilization plan was developed and implemented.</p> <p>C: 109 responded to a 3 alarm fire - assigned to Command Staff - Planning. Duties completed for this assignment - no other assignments - 109 released from scene.</p>	
R10	R10 assigned to T1, Ventilation and search of 1st and 2nd floor of hotel.	
	R10 went to rehab the released from the fire scene.	
E3	E3 responded on 3rd alarm and reported to staging. E3 assigned to East division for overhaul of units involved.	
	E3 stood by until HR 44 completed shoring operation. Once shoring completed, overhaul began with foam application. E3 was released and turned overhaul ops over to E45, E41. E3 returned to service.	
E41	S: E41 to station 3 for move up. E41 dispatched to incident #5159213 at 02:50 hours 8-04-2005.	
	A: E41, E3, and E45 assigned to overhaul. E41 assumed Blvd. command. Overhaul of the apartments involved started with the original apartment involved and each unit in succession.	
	C: Overhaul completed. The building was released to on site security. Blvd. command was terminated. E41 10-8	

Plans for Kevin Evans

Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5	S: On arrival B1 in command of a two story Motel/Casino with heavy smoke and fire coming from 3 units.  A: E5 announced it arrival in staging. E5 assigned to do a "walk around" and report findings to command. I reported that I saw heavy smoke coming from three units close to the casino. Command reassigned E5 to inside the casino to protect the interior from fire. My investigation found that the casino was separate from the motel and there was no access from the casino the rooms. E5 then utilized a 2.5 inch line and joined East division in FA. My crew went to the second floor to assist in FA and pulling ceilings. Most of the fire was isolated in the attic of two units. A offensive attack with a 2.5 inch line along with using the thermal imager was used to extinguish the attic fires. East division completed total extinguishment and was reassigned to rehab. Reports were given my myself and other captains to command and other chiefs on scene. E5 later assisted in returning hose and other equipment onto apparatus.  C: All assigned tasks were completed and results reported to command. E5 returned to service.	
HR44	S: HR44 responded to FIB @ 2200 Las Vegas Blvd. Batt 1 was in command of 3 alarm fire in a two story hotel with casino attached. HR44 was assigned to assist HR21 with temporary shoring of second story roof.  A: HR44 arrived & assisted HR21 with placing two "T" shores in place in second story apartment with severe fire damage to roof. HR44 completed assignment & then was assigned RIT. HR44 was released by command after all hot spots were put out.  C: HR44 returned to service	
E45	S: E45 moved up to station 10 for about an hour and then responded To FIB. Upon arrival Fire had been knocked down and was to a third Alarm stage. E45 was assigned with E41 to conduct overhaul on the structure. There were still several places where smoke began to regain momentum and attempt to re-kind. E45 helped other units roll up hose and waited for 6IDA units to complete investigation before Overhaul operations could be conducted. A: E45 assigned E41 crew which took first two units to the East of structure E45 pulled ceiling on the six units west of those units. Upon further action E45 and E41 pulled all ceiling in said apartment and found three areas still hot and smoldering and foamed all areas until no more trapped or produced smoke continued to rise from structure. C: E41 and E45 foamed and overhauled all of structure and after 20 minutes of no further visible smoke or any reading above 80 degrees with thermal imager. It was determined that command was to be terminated and on site security was assigned and placed on Fire Watch!. E45 released and E41 decide to stay on scene 5 minutes more. E45 available. returning to Batt. 4	

**Plans for Kevin Evans**

**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T3	S: T3 on a 3rd alarm, flames and smoke showing from Aztec Inn. B1 in Command. Active fire, T3 to report to staging on arrival.	
	<p>A: T3 arrived, staged. Assigned to East Division. T3 crew assembled tools. Assigned Engineers to position apparatus on A-B corner and to remain with apparatus in the event of ladder deployment or repositioning of rig. T3 crew met with Command for face to face. Command directed us to location of East Division, through Casino where they were coordinating efforts with West Division. Light passive smoke interior, crew donned SCBA. East Division reassigned T3 to West Division with T1 crew. Assignment was to perform vertical ventilation operations between T4 Trench Cut and fire area. T3 with T1 crew laddered two story portion of motel on North side. Sounded roof, structure intact/safe to operate on. Located multiple wires/cables on roof, unknown if energized. Reported findings and concerns to West Division. Fire under control, being held in area of original involvement, conditions allowed for further investigation of crew safety. West Division reported to roof and investigated conditions. Determined area safe, confirmed electrical was disconnected, continue with roof operations. T3 and T1 crews cut a 4x8 ventilation/inspection hole. Assigned to Rehab. T3 re-hydrated, had vitals taken, ready for assignment. T3 released, assembled equipment. East Division requested T3 use CO monitor to determine if air-packs were required for HR21 team shoring fire area. Monitor alarmed with CO levels above 50 ppm in various area of floors 1 and 2 in West Division. Reported findings to HR21 and Command.</p> <p>C: T3 assisted with Ventilation Operations in West Division. Rehabbed. Gathered tools and equipment. Accounted for all personnel. T3 released, returned to Channel 1. Available.</p> <p>C: _____</p>	
801	S: I responded to the request for a 3rd alarm response to a fire in a building. I arrived and was directed by the IC to assume West Division. I was assigned to keep the fire from progressing to the west with E1, E4, T1, T4 and R10.	
	<p>A: This was a fire in a casino / 2 story, garden-styled apartment building. The building was wood framed with a light-weight roof. There was a moderate amount of smoke and fire showing from the two story section near the connection to the casino. Upon my arrival to the incident, crews were operating near the fire and on the roof. Crews were operating in an offensive mode. I was briefed by Captain Denny on the disposition and location of his crews. I gradually met with the Captains of West Division to confirm our objective. E1 was reassigned to East Division. R10 was operating with others in preparation of a defensive attack. T4 and e4 had cut a trench cut on the roof of the 2 story section. PARs, building conditions, fire conditions and completed objectives were given to the IC. West Division did progress to the area of fire involvement and did cut heat holes. East Division crews were able to access and extinguish the fire. Gradually, R10, E1, E4, T1 and T4 were sent to rehab. E218, E203 and E3 were also assigned and operated in West Division. A size up of the fire area was done and crews were withdrawn due to structural instability. HR21 was summoned and the IC was notified that we were going to shore the unstable roof trusses prior to investigation and overhaul. West Division was dissolved and crews were reassigned or sent to rehab.</p> <p>C: Responded to and operated at a building fire. I was released by the IC.</p>	
8/5/2005	<b>Narratives:</b>	
5160338	8/5/2005 11:11:22AM	E10 54-Natural Gas Leak 412
CAD Narrative	CAD Master Incident Number: 08052005-5160338 Jurisdiction Incident #: LV 20055160338 Primary Jurisdiction Inc.#: LV 20055160338	
R301	R301 cancelled on scene R301 returned to service	
E203	cancelled on scene	
t1/e10	t1 and e10 cancelled	

**0000144**



(1) Employed in this State in a full-time salaried occupation of fire fighting for the benefit or safety of the public; or


(2) Acting as a volunteer firefighter in this State and is entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145; and

(b) It is demonstrated that:

(1) He was exposed, while in the course of the employment, to a known carcinogen as defined by the International Agency for Research on Cancer or the National Toxicology Program; and

(2) The carcinogen is reasonably associated with the disabling cancer.

**IT IS SO ORDERED** this 13<sup>th</sup> day of May, 2009.

  
**Nora Garcia**  
**Hearing Officer**

**APPEAL RIGHTS**

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

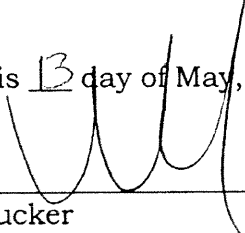
KEVIN EVANS  
413 CHERRY MEADOWS CT  
LAS VEGAS NV 89145

HILBRECHT & ASSOC CHTD  
723 S CASINO CENTER BLVD  
LAS VEGAS NV 89101-6716

JANE C LUCAS  
CITY OF LAS VEGAS  
400 E STEWART AVE  
LAS VEGAS NV 89101

DANIEL SCHWARTZ, ESQ.  
SANTORO DRIGGS ET AL  
✓ 400 SOUTH FOURTH STREET  
THIRD FLOOR  
LAS VEGAS, NV 89101

Dated this 13 day of May, 2009.

  
\_\_\_\_\_  
Ava B. Tucker  
Employee of the State of Nevada

0000105

Nevada Department of Administration Hearings Division  
2200 S. Rancho Drive, Ste 220  
Las Vegas, NV 89102  
(702) 486-2527

Nevada Department of Administration Hearings Division  
1050 E. Williams Street, Ste 450  
Carson City, NV 89701  
(775) 687-8420

## REQUEST FOR HEARING BEFORE APPEALS OFFICER: 37

### CLAIMANT INFORMATION

Claimant:	KEVIN EVANS
Address:	413 CHERRY MEADOWS CT. LAS VEGAS, NV 89145
SSN:	
Telephone:	(702) 292-0595

### EMPLOYER INFORMATION

Claim number:	2008-0291
Employer:	CITY OF LAS VEGAS
Address:	400 E. STEWART AVE. LAS VEGAS, NV 89101
Telephone:	(702) 229-5044

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: MAY 13, 2009

**YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION**

BRIEFLY EXPLAIN REASON FOR APPEAL:
SEE ATTACHMENT "A"


If you are represented by an attorney or other agent, please print the name and address below.

### ATTORNEY/REPRESENTATIVE:

Name:	NORMAN TY HILBRECHT, ESQ.
Address:	723 S. CASINO CENTER BLVD. LAS VEGAS, NV 89101-6716
Telephone:	(702) 384-1036

### INSURANCE COMPANY:

Name:	CITY OF LAS VEGAS
Address:	400 E. STEWART AVE. LAS VEGAS, NV 89101
Telephone:	(702) 229-5044

  
Signature

6-9-09  
Date

### NOTICE

If the Hearing Officer decision is appealed, Claimants are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

**\*\*If you are appealing the Hearing Officer's Decision, file this form and a copy of the Decision no later than thirty (30) days after the date of the Hearing Officer's Decision.\*\***

REVISED 04/03/09

0000106

TAB3

## ATTACHMENT A

### **REASON FOR APPEAL**

Claimant submitted the opinion of his expert physician in occupational epidemiology and toxicology satisfying the mandates of NRS 617.440 necessary to establish his glioblastoma arose out of and in the course of his employment as a Las Vegas Firefighter.

The Hearing Officer, without citing any legal or other authority, ruled that the only remedy Firefighters have for cancer as an occupational disease is NRS 617.453, while at the same time correctly observing that Claimant could not qualify for coverage under that section because he had not yet been employed as a Firefighter for 5 years.

Neither the clear language of NRS 617.453, relied upon by the Hearing Officer, nor Nevada case law support the Hearing Officer's conclusion that NRS 617.453 deprives Firefighters of the right to assume the added burdens imposed by NRS 617.440 to establish that their disease arose out of and in the course of their employment in the event they do not qualify for coverage under the more lenient provisions of NRS 617.453.

## Clinical Results

## Spring Valley Medical Center

Results from 07/12/2009 00:00 to 07/15/2009 23:59

Name: **EVANS, KEVIN**

D.O.B.: **01/02/1971**

Admission Date: **07/13/2009 17:00**

Age: **38 y**

Med. Record No.: **35174818**

Gender: **Male**

Visit No.: **902717883**

Location: **ICU2**

Attending Phys.: **Hanif, Badrunnisa I**

Room/Bed: **255-01**

Allergies: **Bactrim, Sulfa (Sulfonamides)**

### Transcription

#### Consultation

Collected/Performed: **07/14/2009 19:47**

SPRING VALLEY HOSPITAL MEDICAL CENTER  
5400 Rainbow Boulevard  
LAS VEGAS, NV 89118

REPORT TITLE: **Infectious Disease Consultation.**

Consulted by Dr. Hanif for choice of appropriate antibiotic management for treating chronic stab wound infection in this young patient.

**HISTORY OF PRESENT ILLNESS:** This is a very pleasant 38-year-old Caucasian male a fire fighter by profession. No significant past medical history other than a recently diagnosed glioblastoma multiforme in December of 2008. The patient is status post right craniotomy for brain tumor excision followed by radiotherapy as well as chemotherapy, which were all completed around mid of February 2009. As per both the patient and his wife, he had problems with scalp wound healing after surgery, and especially after his radiotherapy. From April 2009, he noticed yellowish/purulent drainage from scalp wound; however, no associated fevers and chills, but had complaints of occasional headaches, and increased pressure sensation. He was treated initially by Dr. Nagy as an outpatient with Levaquin with no relief in symptoms. He then started following up at Infectious Disease consultant's office with Dr. Skankey from April 24, 2009. The patient states that he was initially treated with oral antibiotics including Bactrim, ciprofloxacin, and Ceftin. Then about 3 weeks ago, he had PICC line placed, and was started on IV Rocephin secondary to persistent draining from his scalp wound. The patient also had two outpatient MRI's done, which were consistent with possible fluid collection within resection cavity. He also went to UCLA for having second opinion about these MRIs, and was advised from his neurosurgeon, Dr. Nagy as well as by UCLA oncologists that he would need wound revision for proper healing, and resolution of his clinical symptoms. The patient was admitted for elective surgery yesterday at Spring Valley Hospital where he underwent right-sided craniotomy with cyst drainage, and wound revision done by Dr. Nagy on July 13, 2009. Empirically, has been started on IV antibiotics with cefepime and vancomycin from yesterday. As per intraoperative note, his preoperative diagnosis was ruling out intracranial abscess and possible osteomyelitis; however, his postoperative diagnosis was superficial wound infection as there was no purulence of pus found within intracranial cavity, and bony involvement was also not seen. Today, the patient is doing very well, was extubated soon after the procedure yesterday, currently on 2 liters of oxygen, doing very well, ambulating, and having no complaints, has two intracranial drains placed during surgery, one subgaleal, and other is epidural JP drain.

**REVIEW OF SYSTEMS:** Today, when I saw the patient he has no complaints of fever, chills, headaches, nausea, vomiting, shortness of breath, chest pains, abdominal pains, diarrhea, dysuria, weakness, skin rash, or any other symptoms.

**PAST MEDICAL HISTORY:** History of glioblastoma multiforme diagnosed in December 2008, status post radiotherapy and chemotherapy. No other significant medical conditions exist in this patient.

**ALLERGIES:** Allergic to sulfa, manifested by skin rash, and hives, when he was

Visit No.: **902717883**

**EVANS, KEVIN**

Viewed/Printed on:  
07/15/2009 10:27

This is a summary report for your convenience and not a permanent part of the medical record. Please refer to the medical record for a complete report.

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TAB 5

EVANS, KEVIN

Visit No.: 902717883

EVANS, KEVIN

**Consultation (Continued from previous page...)****Collected/Performed: 07/14/2009 19:47**

given Bactrim as an outpatient for treating scalp wound infection.

**FAMILY HISTORY:** Positive for cancers; however, the patient states that none of his family members were ever diagnosed with brain tumor, unsure which cancers were present in his family members.

**SOCIAL HISTORY:** Married, lives with wife at home, a fire fighter by profession. No history of smoking, alcohol use, or drug abuse in this patient.

**PHYSICAL EXAMINATION: VITAL SIGNS:** Shows blood pressure of 140/76, heart rate of 100, respiratory rate 22, temperature ranges between 98 to 98.2 degrees Fahrenheit, oxygen saturation is 99% on room air.  
**GENERAL APPEARANCE:** Young male lying comfortably in bed, alert, and oriented x3, does not appear in any acute distress.  
**HEENT:** Dry oral mucous membranes noted. Head is covered by surgical dressing. Two intracranial JP drains present.  
**NECK:** Supple with no adenopathy.  
**CHEST:** Clear to auscultation bilaterally with no crackles or wheezes heard.  
**CARDIOVASCULAR:** Regular S1 and S2 with no murmurs or gallops present.  
**ABDOMEN:** Obese, soft, and nontender. Breath sounds are present.  
**NEUROLOGIC EXAM:** Nonfocal.  
**EXTREMITIES:** No cyanosis, clubbing, or peripheral edema noted on both lower extremities.  
**SKIN EXAM:** No skin rash present.

**LABORATORY DATA:** Shows WBC count of 9.3, hemoglobin and hematocrit is 14 and 40, platelet count is 203. Metabolic panel shows BUN of 13, creatinine is 0.7. Glucose level is 95. Tissue exam and surgical fluid cultures are all pending, which were sent yesterday on July 13, 2009.

**ASSESSMENT:**

1. Chronic nonhealing right parietal scalp wound infection.
2. Status post right craniotomy with cyst drainage and wound revision on July 13, 2009, postoperative day #1 today.
3. Intraoperative findings consistent with superficial wound infection with no purulence or pus noted within intracranial cavity.
4. Surgical fluid cultures, all pending at this time.
5. No fevers and no signs of sepsis.
6. On intravenous cefepime and vancomycin, day #2 today.
7. History of glioblastoma multiforme, status post resection in December 2008.
8. Treated with chemotherapy as well as radiotherapy along with Decadron for sometime.
9. Chronic nonhealing scalp wound, draining since April 2009.
10. Treated with outpatient orally as well as intravenous antibiotics for last 3 months or so.
11. Allergic to sulfa manifested by severe skin rash and hives.

**RECOMMENDATIONS:**

1. Awaiting surgical fluid cultures of July 13, 2009.
2. I agree with empiric antibiotics with IV cefepime and vancomycin for now covering all possible gram-positives as well as gram-negative pathogens associated for causing possible chronic wound infection in this patient.
3. MRI of brain in 24 to 48 hours for evaluation of resolution of preoperative findings in this patient.
4. Anticipate antibiotic course of about 2 weeks starting from surgery for treating scalp wound infection.
5. Watch for temperatures and WBC count.
6. Final antibiotic recommendations to be made as more data is available.

Thank you very much for consultation. Thank you Dr. Hanif for allowing me to participate in the care of this patient.

NAIMA ZAHEER, MD

Visit No.: 902717883

EVANS, KEVIN

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EVANS, KEVIN

Visit No.: 902717883

EVANS, KEVIN

**Consultation (Continued from previous page...)**

Collected/Performed: 07/14/2009 19:47

NZ/medq  
709866

DD: 07/14/2009 19:47:00 DT: 07/15/2009 03:16:11

PATIENT:	EVANS, KEVIN	MR#:	35174818
REFERRING PHYSICIAN:	NAGY, AURANGZEB, MD	ACCT#:	902717883
CONSULT DATE:		RM#:	255

## CONSULTATION

**Consultation**

Collected/Performed: 07/13/2009 13:35

SPRING VALLEY HOSPITAL MEDICAL CENTER  
5400 Rainbow Boulevard  
LAS VEGAS, NV 89118

CHIEF COMPLAINT: Wound drainage with question of wound infection.

HISTORY OF PRESENT ILLNESS: The patient is a 38-year-old gentleman with history of glioblastoma multiforme. The patient has a history of craniotomy in December 2008, and since then has had a wound infection and drainage with some erythema on the top of the wound and there was a fluid collection question cyst, and so came in for wound revision and drainage of the fluid collection and craniotomy. The patient currently is postop, has been on antibiotic for 3 weeks with Rocephin. No nausea or vomiting at home. No numbness or weakness. No dysphagia. No odynophagia. No neurological complaint. The only complaint that he had when \_\_\_\_\_ was headache.

PAST MEDICAL HISTORY: Significant for glioblastoma multiforme, diagnosed in December 2008, had a craniotomy and surgery and then had radiation treatment finished in February 2009, and for the last 2 months has having drainage through the wound with some fluid collection and then erythema, has been on antibiotic p.o. Levaquin and Cipro as outpatient and was started on IV Rocephin for last 3 weeks and according to him the drainage is not stopping and so came to get the wound revision. The patient has no fever or chills. No cough, no shortness of breath, no other complaints.

HOME MEDICATIONS: Include Temodar 460 mg daily for 5 days, Rocephin 2 g IV twice a day, Zofran 8 mg 1 hour prior to the Temodar, and multivitamin.

SOCIAL HISTORY: Does not smoke. Occasional alcohol. No illegal drugs. He is married, lives with wife and kids, is a firefighter.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Detailed review of system was obtained, was negative except for above.

PHYSICAL EXAMINATION: GENERAL: The patient is a young gentleman, in no distress, has had dressing on. There is serosanguineous drainage with some soaking on \_\_\_\_\_. JP drains are in place.

HEENT: Pupils equal, round, and reactive to light. Extraocular movements intact. Moist mucous membrane.

NECK: Supple. No JVD or lymphadenopathy.

RESPIRATORY: Clear to auscultation bilaterally.

ABDOMEN: Soft, nontender, nondistended. Bowel sounds positive.

EXTREMITIES: No edema.

NEUROLOGIC: Nonfocal.

LABORATORY DATA: EKG as outpatient done shows incomplete right bundle branch block, otherwise no ST-T changes. His labs done on July 8, 2009, shows WBC of 5.24, hemoglobin and hematocrit are 15 and 43, and platelet count is 197. BUN and creatinine is 23 and 0.9, otherwise renal panel normal. UA is negative. Hepatitis panel is negative. Chest x-ray was negative as outpatient.

ASSESSMENT: Status post wound revision for constant scalp wound drainage. There was no sign of intracranial infection per Neurosurgery just a superficial wound infection, but we will plan to continue intravenous

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EVANS, KEVIN

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EVANS KEVIN

Visit No.: 902717883

EVANS, KEVIN

**Consultation (Continued from previous page...)**

Collected/Performed: 07/13/2009 13:35

antibiotics until the cultures are back on the fluid collection, we will follow and started Maxipime and vancomycin because the patient has been on long-term antibiotic, will monitor closely and follow up on the culture results.

BADRUNNISA HANIF, MD

BH/medq  
315269

DD: 07/13/2009 13:35:50 DT: 07/13/2009 23:15:44

PATIENT:	EVANS, KEVIN	MR#:	35174818
REFERRING PHYSICIAN:	NAGY, AURANGZEB, MD	ACCT#:	902717883
CONSULT DATE:	07/13/2009	RM#:	701

CONSULTATION

**Operative Report**

Collected/Performed: 07/13/2009 15:01

SPRING VALLEY HOSPITAL MEDICAL CENTER  
5400 Rainbow Boulevard  
LAS VEGAS, NV 89118

## PREOPERATIVE DIAGNOSES:

1. Possible intracranial abscess.
2. Superficial wound infection with possible osteomyelitis.

POSTOPERATIVE DIAGNOSIS: Superficial wound infection.

PROCEDURE: Craniotomy for cyst drainage and wound revision.

FINDINGS: No obvious active infection, although a ring present from probable over infection.

## SURGEON:

Aurangzeb N Nagy, M.D.

ANESTHESIOLOGIST: Terence M. Cone, MD

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: About 60 mL.

DRAINS: One subgaleal JP drain and 1 epidural JP drain.

COMPLICATIONS: None.

INDICATIONS: This is a 38-year-old gentleman who was diagnosed with glioblastoma multiforme status post prior craniectomy in the right parietal region. He had done well clinically from his surgery, but had poor wound healing and after radiation and Temodar, had some areas over the metal, which were healing poorly and allowing for some drainage from the scalp and given the poor healing here and an abnormality in the resection cavity seen on MRI with the fluid levels in this area it was thought best to explore the patient and make sure that there was no underlying infection. He had gone to UCLA for second opinion, where this has been recommended. So the patient was planned for cyst aspiration as well as wound revision. The patient and his family understood the risks and benefits of the procedure including death, stroke, heart attack, seizure, CSF leak, infection, bleeding, loss of function and sensation, failure to improve, worsening of symptoms, recurrence of infection and agreed to proceed.

OPERATIVE PROCEDURE: After informed consent was obtained, the patient was taken to the operating theater, preoperative antibiotics were administered,

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EVANS, KEVIN

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Visit No.: 902717883

EVANS, KEVIN

**Operative Report (Continued from previous page...)**

Collected/Performed: 07/13/2009 15:01

general endotracheal anesthesia was induced. The patient was placed supine on the operating table. Head was turned towards the left. Shoulder roll was placed in the right shoulder. The right hemicranium was shaved, prepped, and draped in the usual sterile surgical fashion, 0.25% Marcaine with 20:200,000 epinephrine solution was injected into the planned incision site and #10 blade was to reopen prior incision. Bovie electrocautery was used for hemostasis along the Raney clips and the myocutaneous flap was retracted anteriorly and the burr hole covers were removed and the bone flap was able to be elevated up. Central dural tack-up sutures were cut. A ring around the bone margin was identified. The bone flap itself was noted to be markedly pitted centrally and this was consistent with radiation administration. There did appear to be good marrow within the bone. There was only one area where there was grossly necrotic bone. Whether this was from radiation or infection was unclear. There was no purulence or pus. The ring was sent for specimen and culture. The dura was found to be within normal limits. It was thickened likely due to the prior Duragen that has been placed there. There was no epidural purulence. The dura over the area of the cyst cavity was opened with a 15-blade and the cyst cavity was identified and the capsule was cauterized, opened, and the contents were aspirated. It appeared to be chronic blood, and this was sent for culture. The cavity was irrigated copiously with antibiotic impregnated solution as was the entirety of the wound. Bipolar cautery, bone wax and Gelfoam were used for hemostasis. When excellent hemostasis was achieved, the dura was closed with interrupted 4-0 Nurodon. An epidural drain was placed and drawn out through a stab incision posteriorly and secured with 2-0 nylon. The 2 central dural tack-up sutures were placed with a 2-0 silk suture and attention turned to the bone flap. Bone flap was sent to the autoclave to be 100% certain of being rid of any possible infection and then return it was soaked in antibiotic impregnated solution and new plates and screws were applied and it was secured to the scalp after the dural tack-up sutures secured to the bony opening after all central dural tack-up sutures had been passed through it. It was then screwed tightly in to the skull and an epidural drain was placed and the galea was reapproximated with interrupted 2-0 Vicryl. Special attention was taken to evert the edges and to the areas where there had been poor healing before; in these areas after the Vicryl was placed, 2-0 nylon was used to evert the edges and a vertical mattress suture and staples were used on the \_\_\_\_\_ portion of the incision. It should be noted that prior to autoclaving, the bone had been scrubbed thoroughly with the Betadine brushes available at the scrub's things. Triple antibiotic ointment was spread over the staple line and a dry sterile dressing was applied and head wrap was applied and the patient was awoken and extubated without difficulty and transferred to the Post Anesthesia Care Unit. All sponge and instrument counts were correct x2 at the end of case.

AURANGZEB N NAGY, MD

ANN/medq

705518

DD: 07/13/2009 15:01:15 DT: 07/14/2009 01:07:52

PATIENT: EVANS, KEVIN

MR#: 35174818

SURGERY DATE: 07/13/2009

ACCT#: 902717883

RM#: 701

OPERATIVE REPORT

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**End of Report for EVANS, KEVIN**

Visit No.: 902717883

EVANS, KEVIN

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12/18/2009 09 42 FAX 5184491621

NYS LABORERS TRI-FUNDS

002/003

**James Melius, MD DrPH  
PO Box 70  
Copake Falls, NY 12517**

December 17, 2009

Norman Ty Hilbrecht, Attorney at Law  
Hilbrecht & Associates  
723 South Casino Center Blvd.  
Las Vegas, Nevada 89101-6716

Dear Mr. Hilbrecht:

As requested, I have reviewed the information on Mr. Kevin Evans who is a Las Vegas fire fighter who has developed brain cancer.

I have spent much of my career in occupational and environmental health evaluating toxic exposures and resultant health effects in fire fighters. This effort started in 1980 while I worked for the federal government and continued with my work with the New York State Department of Health. Most recently, I have been serving as Chair of the Steering Committee that is overseeing the medical follow-up of the fire fighters and other workers exposed at the World Trade Center disaster. I have edited a book on Fire Fighters' Safety and Health, published the most recent overall review of occupational health for fire fighters, and served on committees for the National Fire Protection Association.

I am familiar with toxic exposures experienced by fire fighters including the available scientific literature documenting that exposure and on the current scientific literature documenting the association between fire fighting exposures and cancer. During my extensive work in occupational and environmental medicine, I have also become familiar with brain cancer and factors that contribute to the development of this disease.

**Medical Information:**

My understanding is that Mr. Evans was diagnosed and treated for a brain tumor (glioblastoma) in 2008.

**Work Information:**

Mr. Evans worked as a fire fighter for the Las Vegas Fire Department from October 24, 2004 until November 23, 2008 when he was temporarily disabled due to his illness. It is my understanding that he returned to work in February 2009.

**Fire Fighters' Exposures and Brain Cancer**

Brain tumors including glioblastoma have been demonstrated to be related to a number of occupational and environmental exposures including formaldehyde, vinyl chloride, and

TABC

0000113

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acrylonitrile.<sup>1,2,3</sup> All of these chemicals are found in fire smoke from the burning of various synthetic and natural materials<sup>4</sup>. Formaldehyde is released in almost all fires involving both natural and synthetic materials while vinyl chloride and acrylonitrile are released from the combustion of common synthetic materials found in most homes, building, and automobiles. Based on the record from Las Vegas Fire Department fire runs, and my general knowledge about exposures that fire fighters experience as part of their daily duties, he was undoubtedly exposed to these carcinogens on multiple occasions during his fire fighting career. This would include most residential, commercial, and other fire incidents.

Several studies of fire fighters confirm this elevated risk of brain cancer including studies in the Seattle area, Toronto, California, and Massachusetts.<sup>5,6,7,8</sup> A recently published study of brain cancer in the San Francisco area found a five fold excess of this cancer among fire fighters.<sup>9</sup>

Given the known association between fire fighting and brain cancer and the known exposure of Mr Evans and other fire fighters to chemicals in fire smoke know to be associated with the development of brain tumors, I believe that Mr. Evans' brain cancer resulted from his exposures to the known carcinogens found in fire smoke.

In summary, I can state with a reasonable degree of medical certainty that Mr. Evans' work for the Las Vegas Fire Department caused him to have significant exposures to several carcinogens including vinyl chloride, acrylonitrile, and formaldehyde which resulted in the development of his brain tumor.

Sincerely,



James Melius MD, DrPH

<sup>1</sup> Stroup NE Brain Cancer and Other Causes of Death in Anatomists. J National Cancer Institute 77:1217-1224, 1986.

<sup>2</sup> Kirman CR et al. Cancer Dose Response assessment for acrylonitrile based upon rodent brain tumor incidence: use of epidemiological, mechanistic, and pharmacokinetic support for nonlinearity. Regulatory toxicology and pharmacology 43:85-103, 2005.

<sup>3</sup> Lewis R et al Vinyl chloride and liver and brain cancer at a polymer production plant in Louisville, Kentucky. J Occup Environ Med 45:533-537, 2003

<sup>4</sup> Lees P. Combustion Products and Other Firefighter Exposures. Occ Med: State of the Art Reviews 10: 691-706, 1995.

<sup>5</sup> Demers PA et al. Mortality among firefighters from three Northwestern United States cities. Br Jnl Ind. Medicine 49:464-470, 1992.

<sup>6</sup> Aronson KJ et al. Mortality among fire fighters in metropolitan Toronto. AM J Ind Med 26:89-101, 1994

<sup>7</sup> Kang D et al. Cancer incidence among male Massachusetts fire fighters. American Journal of Ind Medicine 51:329-335, 2008

<sup>8</sup> Bates MN Registry-based case control study of cancer in California firefighters. Amer Jnl Ind Med 50:339-344, 2007.

<sup>9</sup> Kishnan G et al. Occupation and adult gliomas in the San Francisco Bay area. J Occup Environ Med 45:639-647, 2003.



# Vegas Fire and Rescue Vegas Fire and Rescue

## Runs for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
<b>3/10/2005 Narratives:</b>		
5047367	3/10/2005 6:29:49PM E10 43-Vehicle Fire	131
CAD Narrative	CAD Master Incident Number: 03102005-5047367 Jurisdiction Incident #: LV 20055047367 Primary Jurisdiction Inc.#: LV 20055047367	
E10	Responded to a vehicle fire and arrived to find late model dodge pu with smoke from engine compartment. Opened hood and used 1 1/2"line to extinguish fire in engine fuel injector assembly. E10 extinguished and contacted tow for owner. Returned to service.	
<b>3/11/2005 Narratives:</b>		
5047582	3/11/2005 3:09:13AM E10 58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 03112005-5047582 Jurisdiction Incident #: LV 20055047582 Primary Jurisdiction Inc.#: LV 20055047582	
E10	E10 responded to trash fire to assist E15. E10 arrived to find E15 extinguishing a large couch on fire against a building. E10 assisted E15 with checking for extension. None. E10 returned to service.	
<b>3/12/2005 Narratives:</b>		
5048779	3/12/2005 5:03:29PM E10 51-Dumpster Fire	154
CAD Narrative	CAD Master Incident Number: 03122005-5048779 Jurisdiction Incident #: LV 20055048779 Primary Jurisdiction Inc.#: LV 20055048779	
E10	Responded to a dumpster fire and found small fire and extinguished with booster line. Returned to service.	
5049039	3/12/2005 11:11:39PM E10 40-Fire In Building	151
CAD Narrative	CAD Master Incident Number: 03122005-5049039 Jurisdiction Incident #: LV 20055049039 Primary Jurisdiction Inc.#: CC 20055049039	
E10	E10 responded with county units into the county for a pallet yard fire. Although Co units had a large fire. E10 was not used and was canx from staging without assignment. Returned to service.	
<b>3/14/2005 Narratives:</b>		
5049927	3/14/2005 10:02:15AM E10 40-Fire In Building	111
CAD Narrative	CAD Master Incident Number: 03142005-5049927 Jurisdiction Incident #: LV 20055049927 Primary Jurisdiction Inc.#: LV 20055049927	
E10	Cancelled at scene without assignment.	
R201	Arrived, staged, cx without assignment by command.	

TAB10

0000115

# Reports for Kevin Evans Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E201	S: E201 responded to mattress fire in single family dwelling. Occupant used fire extinguisher to extinguish mattress fire started by his nephew with a lighter.	
	A: E201 arrived, established command, gave size -up. Had all units stage. Investigated found fire out on arrival. House full of smoke and extinguisher dust. Cancelled all units. Used PPV to evacuate smoke. Had discussion with young boy about the dangers of lighters, etc. He admitted to starting fire. Mother arrived and gave her same discussion.	
	C: Fire started by young boy about 6 or 7. Minor damage to carpet and mattress. Terminated command and returned to service.	
T1	Cancelled on scene, no assignment given.	
E1	cancelled on scene	
<b>5050076</b>	<b>3/14/2005 1:27:48PM</b>	<b>E10 40-Fire In Building 111</b>
CAD Narrative	CAD Master Incident Number: 03142005-5050076 Jurisdiction Incident #: LV 20055050076 Primary Jurisdiction Inc.#: LV 20055050076	
E10	Cancelled at scene unassigned.	
E203	Cancelled on scene, no assignment.	
HR44	HR44 cancelled en rte.	
T6	T6 responded to a stove fire with little extension. T6 was assigned to check for extension and none was found. T6 returned to service	
E5	At 1327 hours on Monday March 14, 2005 we were dispatched to a building fire. Eight units were assigned to this incident. Twenty personnel responded. We arrived on scene at 1334 hours and cleared at 1418 hours. The incident occurred at 2025 S Decatur Blvd, Las Vegas in District 02521-69. The general description of this property is multifamily dwelling. The primary task(s) performed at the scene by responding personnel was ventilation. Automatic aid was received on this incident.	
	The involved structure is described as an enclosed building. The building was occupied and operating. "Cooking area, kitchen" best describes the primary use of the room or space where the fire originated. The fire occurred on the second floor. The fire was confined to the room of origin. "Heat from powered equipment" best describes the heat source that caused the ignition. The cause of ignition was unintentional. The material first ignited was "natural product". The use, or purpose of the material that was first ignited was "cooking materials".	
	The use, or purpose of the contributing material was "cooking materials".	
	Alarm number 5050076 has been assigned to this incident.	
	Pot on the stove. Fire out on arrival. Damage confined to kitchen appliances and cabinets. No extension found in attic.	
<b>3/21/2005</b>	<b>Narratives:</b>	
<b>5055352</b>	<b>3/21/2005 8:32:21PM</b>	<b>E10 54-Natural Gas Leak 412</b>
CAD Narrative	CAD Master Incident Number: 03212005-5055352 Jurisdiction Incident #: LV 20055055352 Primary Jurisdiction Inc.#: LV 20055055352	
E10	Cancelled at scene by command (E4)	

0000116

## Reports for Kevin Evans

## Reports for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E4	S: E4 arrived on scene at 1100 E. St. Louis at Middle School. Established St. Louis Command reported nothing showing, Meeting with RP.	
	A: RP stated that they thought the meter was leaking Gas. E4 found no problem, light odor of gas, Sound from meter appeared to be normal operating sound, Cancelled all Units, E4 can Handle, Advised dispatch to notify SWG of possible small leak from meter.	
	C: E4 returned to service.	
T4	At 2032 hours on Monday March 21, 2005 we were dispatched to a gas leak. Six units were assigned to this incident. Fourteen personnel responded. We arrived on scene at 2037 hours and cleared at 2045 hours. The incident occurred at 1100 E St Louis Ave, City of Las Vegas in District 2525-79. The local station is ST4. The general description of this property is high school/junior high school/middle school. The primary task(s) performed at the scene by responding personnel was incident command. Automatic aid was received on this incident.	
	Alarm number 5055352 has been assigned to this incident. arrived staged then canceled by e4. we returned to service.	
3/23/2005	Narratives:	
5056363	3/23/2005 10:49:51AM E10 55-Chem Odor Invest 5311	
CAD Narrative	CAD Master Incident Number: 03232005-5056363 Jurisdiction Incident #: LV 20055056363 Primary Jurisdiction Inc.#: LV 20055056363	
E10	E10 was dispatched to a reported smell of natural gas. Arrived to find ahern rental shop maintenance yard where propane tanks were being stacked/filled/maintained. Personnel were venting tanks next to where another person was welding. Supervisor was not responsive to my concerns of the welders and said I was smelling axle grease and notpropane. E10 left scene and called fire prevention to followup. Returned to service.	
3/28/2005	Narratives:	
5059759	3/28/2005 12:33:52PM E10 40-Fire In Building 661	
CAD Narrative	CAD Master Incident Number: 03282005-5059759 Jurisdiction Incident #: LV 20055059759 Primary Jurisdiction Inc.#: LV 20055059759	
E10	Due to language barrier this incident was mistakenly dispatched as a fire but became a female with a cut foot. AMR handled.	
5060126	3/28/2005 9:22:04PM E10 40-Fire In Building 151	
CAD Narrative	CAD Master Incident Number: 03282005-5060126 Jurisdiction Incident #: LV 20055060126 Primary Jurisdiction Inc.#: LV 20055060126	
T3	T3 cancelled enroute by command, assistance not needed. T3 available, returning.	
R10	Assigned by command to establish a water supply using E10. R10 completed assignment and assisted later with loading the hose back onto E10.	
	R10 released.	
E10	E10 responded to a reported trash fire and arrived to find large debris and trash pile in court yard of SS home fully involved with palm trees also burning. E10 Requested full response. E10 FA used 1 1/2" line to knock down fire. Used E3 and E201 for assistance. Other units canx. E10 did extensive overhaul and confirmed extinguishment with visual and heat gun (Infrared), returned to service and canx command.	
New Narrative		
E201	Responded to tree fire with E10, assigned to check east area for extension, non found, released by command.	

0000117

**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch			Incident Type
<hr/>				
3/29/2005	Narratives:			
5060260	3/29/2005 3:20:07AM	E10	51-Dumpster Fire	151
CAD Narrative	CAD Master Incident Number: 03292005-5060260      Jurisdiction Incident #: LV 20055060260      Primary Jurisdiction Inc.#: LV 20055060260			
E10	Responded to a trash fire and arrived to find homeless warming fire that got out of hand. Extinguished with booster and returned to service.			
3/30/2005	Narratives:			
5061480	3/30/2005 6:08:06PM	E10	44-Smoke Investigati	651
CAD Narrative	CAD Master Incident Number: 03302005-5061480      Jurisdiction Incident #: LV 20055061480      Primary Jurisdiction Inc.#: CC 20055061480			
E5/E10	At 1808 hours on Wednesday March 30, 2005 we were dispatched to a smoke scare, odor of smoke. Two units were assigned to this incident. Eight personnel responded. We arrived on scene at 1814 hours and cleared at 1829 hours. The incident occurred at 3588 S Valley View Blvd, Las Vegas in District 02722-39. The local station is ST5. The general description of this property is warehouse. Automatic aid was given on this incident.  Alarm number 5061480 has been assigned to this incident.			
5061499	3/30/2005 6:33:44PM	E10	40-Fire In Building	5310
CAD Narrative	CAD Master Incident Number: 03302005-5061499      Jurisdiction Incident #: LV 20055061499      Primary Jurisdiction Inc.#: CC 20055061499			
E10	Responded into the county on smoke investigation. Stood by unassigned until released. Returned to service.			
4/1/2005	Narratives:			
5062923	4/1/2005 5:50:53PM	E10	58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 04012005-5062923      Jurisdiction Incident #: LV 20055062923      Primary Jurisdiction Inc.#: LV 20055062923			
E10	Responded to a trash fire and extinguished.			
4/6/2005	Narratives:			
5066675	4/6/2005 8:48:41PM	E10	44-Smoke Investigati	5310
CAD Narrative	CAD Master Incident Number: 04062005-5066675      Jurisdiction Incident #: LV 20055066675      Primary Jurisdiction Inc.#: CC 20055066675			
E10	E10 responded to a report of smoke in an apartment and arrived to find 2 story apt with NS. E10 established command and reduced units. Investigated to find 408 apt resident that reported a fire in a trash can in apt. Investigated to find resident had dumped can into dumpster and found dumpster burning. E10 extinguished dumpster. Check apt for extension and found none. Released all units and returned to service.			
4/8/2005	Narratives:			
5068243	4/8/2005 11:53:59PM	E10	40-Fire In Building	611
CAD Narrative	CAD Master Incident Number: 04082005-5068243      Jurisdiction Incident #: LV 20055068243      Primary Jurisdiction Inc.#: LV 20055068243			
R1	R1 responded to a call for a reported building fire w/ a possible shooting. R1 held short and was cancelled by Battalion 1 and Metro shortly thereafter. Available.			
E1\E201	CX ENROUTE			

0000118

**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
T1	T1 canceled at scene by B1 with no assignment given. This was a false call.	
E10	Canx enroute by command (B1)	
4/9/2005	<b>Narratives:</b>	
5068366	4/9/2005 5:06:56AM E10 43-Vehicle Fire	131
CAD Narrative	CAD Master Incident Number: 04092005-5068366 Jurisdiction Incident #: LV 20055068366 Primary Jurisdiction Inc.#: LV 20055068366	
E10	E10 responded to vehicle fire and arrived to find a lincoln town car (Approx 1990) on residential street, with fully involved passenger compartment. E10 extinguished fire using attack line. Vehicle was intact with doors locked and windows burned out. License plates intact on vehicle and VIN plate present. E10 contacted investigator Tony Stevens via cell phone and briefed him on incident.  Apartment resident std she tried to wake owner of vehicle by knocking on her door but she was either not home or did not answer. E10 returned to service.	
4/10/2005	<b>Narratives:</b>	
5069657	4/10/2005 11:35:06PM E10 46-Pole Fire	445
CAD Narrative	CAD Master Incident Number: 04102005-5069657 Jurisdiction Incident #: LV 20055069657 Primary Jurisdiction Inc.#: LV 20055069657	
E10	E10 responded to reported pole fire and arrived to find backyard power pole with street light attached 1/2 way up. Street light was smoking with no fire. E10 stood by for NPC.	
4/11/2005	<b>Narratives:</b>	
5069687	4/11/2005 12:52:15AM E10 58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 04112005-5069687 Jurisdiction Incident #: LV 20055069687 Primary Jurisdiction Inc.#: LV 20055069687	
E10	E10 responded to a small trash fire under I-15. Arrived to find 5 homeless people with a small well contained warming fire. E10 returned to service.	
5069702	4/11/2005 1:27:48AM E10 51-Dumpster Fire	154
CAD Narrative	CAD Master Incident Number: 04112005-5069702 Jurisdiction Incident #: LV 20055069702 Primary Jurisdiction Inc.#: LV 20055069702	
E10	Small dumpster fire. Extinguished.	
4/15/2005	<b>Narratives:</b>	
5072805	4/15/2005 7:10:02AM E10 40-Fire In Building	600
CAD Narrative	CAD Master Incident Number: 04152005-5072805 Jurisdiction Incident #: LV 20055072805 Primary Jurisdiction Inc.#: LV 20055072805	
T6	Unassigned. Released and returned to service.	
R5	R5 arrived and directed E5 to the smoke. R5 then staged.	
E10	Canx at scene unassigned.	

0000119



Plans for Kevin Evans  
Plans for Kevin Evans

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5/R5	At 0710 hours on Friday April 15, 2005 we were dispatched to a good intent call. Six units were assigned to this incident. Eighteen personnel responded. We arrived on scene at 0717 hours and cleared at 0724 hours. The incident occurred at 5236 W Oakey Blvd, Las Vegas in District 02521-58. The local station is ST5. The general description of this property is multifamily dwelling. The primary task(s) performed at the scene by responding personnel was investigation. No mutual/automatic aid was given or received.	
	Alarm number 5072805 has been assigned to this incident.	
5073098	4/15/2005 2:46:10PM E10 43-Vehicle Fire	131
CAD Narrative	CAD Master Incident Number: 04152005-5073098 Jurisdiction Incident #: LV 20055073098 Primary Jurisdiction Inc.#: LV 20055073098	
E10	E10 responded to a vehicle fire at the valet area of the stratosphere hotel.	
	Arrived to find late model limo with fire out. Fire contained to electrical box behind drivers seat. Fire extinguished by driver with powder extinguisher. E10 returned to service.	
4/16/2005	Narratives:	
5073468	4/16/2005 12:30:37AM E10 58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 04162005-5073468 Jurisdiction Incident #: LV 20055073468 Primary Jurisdiction Inc.#: LV 20055073468	
E10	E10 extinguished cigarette butt size fire in street.	
5073568	4/16/2005 4:57:42AM E10 58-Trash Fire	151
CAD Narrative	CAD Master Incident Number: 04162005-5073568 Jurisdiction Incident #: LV 20055073568 Primary Jurisdiction Inc.#: LV 20055073568	
E10	Newspaper burning in gutter. Extinguished with water, returned to service.	
4/17/2005	Narratives:	
5074458	4/17/2005 10:36:44AM E10 54-Natural Gas Leak	412
CAD Narrative	CAD Master Incident Number: 04172005-5074458 Jurisdiction Incident #: LV 20055074458 Primary Jurisdiction Inc.#: LV 20055074458	
R10	R10 arrived on scene and was cancelled by E10 with no actions taken.	
E10	E10 responded to a reported gas leak in the front yard of a residence. Arrived and established command.	
	1" gas line in front yard by workers digging up a palm tree. Workers used C clamp to pinch line and stop leak. E 10 canx all units and remained on scene and waited for SWG co. SWG arrived and released us.	
E5	10-22	
5074544	4/17/2005 12:57:15PM E10 40-Fire In Building	111
CAD Narrative	CAD Master Incident Number: 04172005-5074544 Jurisdiction Incident #: LV 20055074544 Primary Jurisdiction Inc.#: CC 20055074544	
R10	R10 arrived and was assigned to staging. R10 took no actions and was released by command.	
E10	E10 Responded on a 2nd alarm into the county. Assigned to staging. Eventually assigned to south division and performed extensive exterior overhaul. Returned to service.	

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**Plans for Kevin Evans**  
**Plans for Kevin Evans**

From 10/25/2004 To 12/12/2008

Narrative Name	Initial Dispatch	Incident Type
E5	S: On arrival E12 in command of a multi unit, industrial complex with heavy smoke showing from two units. E5 was part of a second alarm assignment.	
	<p>A: E5 announced its arrival and was assign west division. E5 investigation found a large exterior fire to the rear of 3125 highland with several power lines as exposures. E5 secured a water supply and started an exterior attack using several hand lines and a deck gun. E5 utilized its own crew along with several CCFD crews to handle this task. Advancement was made to the rear of 3125 Highland. A Partner saw was used to gain access to the rear of the structure. NV power shut down the lines that were in danger of collapse due to flame impingement. Class B foam was pumped to hand lines due to several vehicles burning and the large amount of fuel being split onto the ground. extinguishment was completed and overhaul began on the roof line to the rear of the structure. Further overhaul was completed in rear storage yards. E5 returned all equipment onto apparatus and was later released from the emergency.</p> <p>C: fire under investigation at time of this report. E5 completed all assigned tasks and returned apparatus back into service.</p>	
e203	Unit arrived and was placed staging. Unit was unassigned.	
E3	S: E3 responded to a reported fire in a building as part of a second alarm. Upon arrival, E3 found heavy black smoke coming from what was to be believed to be several commercial structures. E3 was assigned to staging by command to the south of the incident.	
	<p>A: E3 was assigned south division. E3 made access by using an alley way that was to the west of E3 location. E3 pulled approx. 800' of 5" supply line from a separate water supply down the alley. E3 pulled up short of the fire, and pulled approx. two 350' lays of 2 1/2" lines to the seat of the fire. E3 found the power poles in the immediate area had been severely compromised, due to fire impingement. This condition was reported to operations. E3 found the majority of fire was confined to the exterior of the buildings involved.</p> <p>C: E3, and E10 crews were able to successfully advance both 2 1/2" lines, and eventually knock down the fire. Due to the fact that NPC was not able to de-energize the power lines quickly, overhaul had to be delayed until the shut off of power was confirmed. All orders and directives were carried out with out incident. E3 re-loaded hose, re-supplied, and returned to service.</p>	
5074885	4/17/2005 9:27:09PM	E10 51-Dumpster Fire 154
CAD Narrative	<p>CAD Master Incident Number: 04172005-5074885 Jurisdiction Incident #: LV 20055074885 Primary  Jurisdiction Inc.#: LV 20055074885</p>	
E10	Responded to a dumpster fire and extinguished it with attack line. Returned to service.	
4/18/2005	<b>Narratives:</b>	
5074995	4/18/2005 2:49:02AM	E10 43-Vehicle Fire 131
CAD Narrative	<p>CAD Master Incident Number: 04182005-5074995 Jurisdiction Incident #: LV 20055074995 Primary  Jurisdiction Inc.#: LV 20055074995</p>	
E10	<p>E10 responded to a report of a vehicle fire and arrived to find a late model car in an alley on blocks with wheels removed. Fully involved in fire. Metro on scene.</p> <p>E10 extinguished fire with attack line. Contacted investigator 617 (Burton) with info on fire. Appeared that vin# was removed intentionally. Metro retrieved from computer. E10 returned to service.</p>	
4/19/2005	<b>Narratives:</b>	
5076025	4/19/2005 11:44:01AM	E10 40-Fire In Building 611
CAD Narrative	<p>CAD Master Incident Number: 04192005-5076025 Jurisdiction Incident #: LV 20055076025 Primary  Jurisdiction Inc.#: CC 20055076025</p>	

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Documents for: EVANS, KEVIN

**Warning: this is a preliminary report!**

393-55-44      WW  
EVANS, KEVIN R  
Outpatient Note  
NEUROLOGY

Date of Service: Wednesday, February 25, 2009

History Of Present Illness: Kevin Evans is a 38-year-old male with a diagnosis of a right frontal lobe glioblastoma multiforme. The patient initially presented with headaches, nausea, and vomiting. He had an MRI of the brain which found a large right parietal lesion which was cystic in nature with very minimal enhancement and vasogenic edema and mass effect. The patient was eventually taken to surgery for a subtotal resection performed by Dr. Reaury Maggi on 2/4/2008. The pathology came out to be a glioblastoma multiforme. The patient saw us in consultation on December 16, 2008. Our recommendations were to proceed forth with conformal radiation therapy in combination with daily Temodar. The patient now presents to Neuro-Oncology Clinic for review of an MRI scan and clinical exam. He is accompanied with his wife and 2 brothers.

Interval History: The patient was last seen in the Neuro-Oncology Clinic on December 16, 2008 for consultation. Since that time, he initiated radiation therapy on 12/29/2008 through February 10, 2009. He had concurrent daily Temodar 165 mg from 12/29/2008 through February 10, 2009. In terms of side effects, he denied any nausea, vomiting, or diarrhea. He did have some mild constipation and used a MiraLAX to help alleviate the constipation. He did complain of some mild fatigue with the combination radiation and Temodar, but since we last saw him has returned to working full time as a fireman. In terms of his neurological symptoms, he occasionally has headaches intermittently that are usually resolved with Tylenol. He also complains of occasional short-term memory loss, but not significant. He otherwise denies any seizure activity, gait imbalance, speech deficit, or other focal neurological symptoms.

Current Medications: Include Keppra 500 mg p.o. b.i.d., Tylenol No. 3 as needed, multivitamin 1 tablet p.o. daily, vitamin E 1 tablet p.o. daily, vitamin C, vitamin D, green tea extract, and Coenzyme Q-10.

Physical Examination: Vital Signs: Blood pressure 124/68, pulse 79, temperature 36.7, respiration rate 20, and weight 103.5 kg. General Appearance: This is a well-developed, well-nourished male in no apparent distress. HEENT: Sclerae is anicteric. Neck: Supple. Trachea is midline. Extremities: No lower extremity edema. Skin: Pink, warm, dry and intact. Neurological Exam: The patient is alert and oriented to person, place, time, and situation. Attention is intact. Recent and remote memory are intact. Naming, repetition, and comprehension are intact. Cranial nerve exam reveals full visual fields. Pupils equal, round, and reactive to light and accommodation. Extraocular movements intact. Patient verbalizes symmetric facial sensations. Symmetric facial movements noted. Normal hearing to finger rub bilaterally. Upgoing and symmetric palate. Sternocleidomastoid and trapezius elevate symmetrical with 5/5 strength. Tongue protrudes midline. Sensory exam intact to light touch. Coordination exam intact to finger-nose-finger exam. Motor exam reveals normal bulk, tone, and strength in all muscle groups tested. 5/5 strength in all 4 extremities. The patient is able to ambulate with a narrow-based steady gait. He is able to tandem. Negative Romberg. KPS score is 90%.

Diagnostic Studies: MRI of the brain performed today, 2/25/2009, shows an approximately 2.7-cm x 4.3-cm resection cavity is noted in the right parietal

<https://pcims05.mednet.ucla.edu/DocText.asp?DocArea=M5&CntlNum=08088527&docSt...> 3/13/2009

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Docket 59089 Document 2011-39422

lobe with surgical changes from prior right frontal parietal craniotomy. There is significant associated edema which extends towards the occipital horn of the right lateral ventricle and posterior leaflets. Occipital lobe has mild mass effect on the trigone of the right lateral ventricle. There is significant heterogeneous enhancement along the surgical margins including areas of nodular enhancement, particularly at the medial resection margin. Some enhancement of the leptomeninges underlying the craniotomy defect is present. Unfortunately, we do not have his initial MRI or his postop MRI to compare. We have asked the patient to send us on CD copies of his scan for comparison to today's scan.

Impression And Plan: Kevin Evans is a 38-year-old male with a newly diagnosed glioblastoma multiforme of right parietal lobe. He just recently finished radiation and concurrent Temodar. His MRI scan, unfortunately, we are unable to compare to his initial MRI scan or his postop scan, as we do not have copies of those scans. We discussed with the patient that usually this scan after radiation and is difficult to compare with initial scan or his postop scan, because there could be changes related to radiation or reactive change. So, at this point in time, we discussed with the patient that this MRI scan is now our new baseline scan. We will have him repeat MRI of the brain with and without gadolinium in 4 weeks' time to evaluate if there is any further changes. Our plan is to start his first cycle of adjuvant Temodar at 150 mg per metered squared to a total dose of 350 mg 5 days on and 23 days off. We explained to the patient that at this point in time, we will do the adjuvant cycle for a minimum of 1 year to a maximum of 2 years, as long as his MRI scan does show absence of tumor stabilization. We explained in terms of side effects of Temodar, there may be some nausea, vomiting, constipation, and myelosuppression. I will have him perform a CBC today and then instructed he has a CBC performed at day 21 and day 28 of the cycle. In regards to his Keppra, we will continue his Keppra 500 mg p. o. b.i.d. I will contact his local oncologist in Vegas, Dr. Paul Michael as to an update on his status and his MRI. The patient will return to Neuro-Oncology Clinic in 4 weeks' time for an MRI of the brain with and without gadolinium and clinical examination. The patient was given our contact information and instructed to contact us if he has any further questions, concerns, or changes in neurological status.

The patient was evaluated and the plan of care was formulated with Dr. Timothy Cloughesy.

Nannette Fong, N.P. (PNSNFO)

Dictated: 3/3/2009 9:01

By: Nannette Fong, N.P. (PNSNFO)

Reference number: M5-903030991335900

Transcribed: 3/4/2009 0:13

By: /EDIX

Reference number: 03031335.900

Received: 3/4/2009 0:17

Document ID Number: 8088527

Patient UI Number: 104731922

Filing number: 003

Confirmation number: 3019290

\*\*\* END OF DISPLAY #08088527 \*\*\*



**REQUEST FOR HEARING**  
(Pursuant to NAC 616C.274)

REPLY TO:

Department of Administration  
Hearings Division  
1050 E. William Street, Ste. 400  
Carson City, NV. 89701  
(702) 687-5966

OR

Department of Administration  
Hearings Division  
2200 S. Rancho Drive, Ste. 210  
Las Vegas, NV 89102  
(702) 486-2525

Employee Information	
Employee's Name and Address KEVIN EVANS 413 CHERRY MEADOWS CT. LAS VEGAS, NV 89145	
Employee's Telephone Number (702) 292-0595	Claim No. 2008-0291 Date of Injury 11/23/08

Employer Information	
Employer's Name and Address CITY OF LAS VEGAS DEPT OF FIRE AND RESCUE 400 STEWART AVE. LAS VEGAS, NV 89101	
Employer's Telephone Number (702) 229-6241	

Insurer Information	
Insurer's Telephone Name and Address	
Insurer's Telephone Number	

Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

Do Not Complete or Mail This Form Unless You Disagree With Your Insurer's Determination.

**YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.**

Briefly explain the basis for this appeal:

SEE ATTACHED SHEET

RECEIVED  
APR 06 2009  
FILED  
MAR 31 PM 1:16

RECEIVED

APR 06 2009

This request for hearing is filed by, or on behalf of:

- ☐ The Injured Employee  
☐ The Employer

and is dated this 31st day of March, 2009

Signature of Injured Employee/Employer

Signature of Injured Employee's/Employer's Rep. (Advisor)

# 02233 00089

**MEDICAL ONCOLOGISTS**

**MEDICAL ONCOLOGISTS**

Heather J. Allen, M.D., FACP  
Mary Ann K. Allison, M.D., FACP  
Mika Cline-Burkhardt, M.D.  
Khoi Dao, M.D.  
Matthew D. Galsky, M.D.  
Clark Jean, M.D.  
Edwin C. Kinglsey, M.D.  
Paul E. Michael, M.D.  
Gregory Obara, M.D.  
Anthony V. Nguyen, M.D.  
Rupesh J. Parikh, M.D.  
Joseph Quagliana, M.D.  
Noel Rowan, M.D., FACP  
Hamidreza Sanaei, M.D.  
James D. Sanchez, M.D.  
Anu Thummala, M.D.  
Brian Vicuna, M.D.

**RADIATION ONCOLOGISTS**

Andrew M. Cohen, M.D.  
Dan L. Curtis, M.D.  
Farzaneh Farzin, M.D.  
Raul T. Meza, M.D., FACP  
Matthew Schwartz, M.D.

**PEDIATRIC ONCOLOGISTS**

Ronald Kline, M.D.  
Nik F. Abdul Rashid, M.D.  
Lisa M. Johnson, M.D.

**SERVICES OFFERED**

Chemotherapy  
Radiation Therapy  
Pediatric Oncology  
Hematology  
Clinical Research  
(UCLA, USON, CCOM)  
Positron Emission Tomography  
Diagnostic CT  
Nuclear Medicine  
Onsite Pharmacy  
Onsite Laboratory  
Therapeutic Phlebotomy  
Social Services  
Nutritional Counseling  
Community Support Groups  
Nursing Care  
Hydration  
IGRT  
IMRT  
Gamma Knife  
High Dose Rate Brachytherapy  
Prostate Brachytherapy  
Intravascular Brachytherapy  
Stereotactic Radiosurgery

**LOCATIONS**

3730 South Eastern Avenue  
Las Vegas, Nevada 89169  
702-952-3400

10001 South Eastern Avenue  
Suite 108  
Henderson, Nevada 89052  
702-952-3444

9280 W. Sunset Rd., Ste 100  
Las Vegas, Nevada 89148  
702-952-1251

7445 Peak Drive  
Las Vegas, Nevada 89128  
702-952-2140

655 Town Center Drive  
Las Vegas, Nevada 89144  
702-233-2200

3196 S. Maryland Pkwy., Ste 400  
Las Vegas, Nevada 89109  
702-688-6180



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April 30, 2009

To Whom It May Concern

RE: EVANS, KEVIN

I am the treating medical oncologist for patient Kevin Evans. His date of birth is January 2, 1971. He is a 38-year-old married male, and a Las Vegas firefighter who was diagnosed with a high-grade glioblastoma multiforme with surgical resection seen at the University of California Los Angeles Medical Center. The patient's procedure was on December 4, 2008, at Valley Hospital. He was subsequently sent to UCLA, where he was seen by Dr. Nghiemphu, and he has been started on postoperative chemotherapy and radiation at UCLA, and is maintaining these treatments in Las Vegas.

In the course of his employment as a Las Vegas Firefighter, Mr. Evans has been exposed on numerous occasions to various combustion by-products that have been found in scholarly studies to be present in virtually every structure fire. Many of these chemicals are known carcinogens listed by the International Association for Research on Cancer and the National Toxicology Program. Acrylonitrile benzene, formaldehyde, diesel exhaust (soot) and vinyl chloride are among these carcinogens. Having been furnished Mr. Evan's Run Reports showing all of his call-outs over the years, the medical literature leads me to the conclusion that Mr. Evans has suffered multiple and substantial exposures to many known, listed carcinogens.

Based on my review of the literature along with the presumptions established by Nevada statutes it is my opinion to a reasonable medical probability that Mr. Evans' brain cancer is reasonably associated with his exposures to the various carcinogens contained in the combustion by-products to which he was exposed in the course of his employment as a firefighter. I believe these exposures are unique to his employment as a firefighter, and do not affect the general work force in this state. Furthermore, I believe to a reasonable medical probability that these exposures caused or contributed to the development of Mr. Evans cancer.

As Mr. Evans treating medical oncologist, I have participated with his physicians at UCLA in the development of a treatment plan that includes continual chemotherapy for at least the next 12 months, with periodic visits to Dr. Nghiemphu at UCLA. Although he has returned to duty, Mr. Evans' prognosis is guarded at this time.

If I may be of further assistance in clarifying the medical claim for patient Kevin Evans, please contact me.

Sincerely yours,

PAUL E. MICHAEL, MD

[www.ccnvada.com](http://www.ccnvada.com)

000090

**James Melius, MD DrPH  
PO Box 70  
Copake Falls, NY 12517**

May 5, 2009

Norman Ty Hilbrecht, Attorney at Law  
Hilbrecht & Associates  
723 South Casino Center Blvd.  
Las Vegas, Nevada 89101-6716

Dear Mr. Hilbrecht:

As requested, I have reviewed the information on Mr. Kevin Evans who is a Las Vegas fire fighter who has developed brain cancer.

I have spent much of my career in occupational and environmental health evaluating toxic exposures and resultant health effects in fire fighters. This effort started in 1980 while I worked for the federal government and continued with my work with the New York State Department of Health. Most recently, I have been serving as Chair of the Steering Committee that is overseeing the medical follow-up of the fire fighters and other workers exposed at the World Trade Center disaster. I have edited a book on Fire Fighters' Safety and Health, published the most recent overall review of occupational health for fire fighters, and served on committees for the National Fire Protection Association.

I am familiar with toxic exposures experienced by fire fighters including the available scientific literature documenting that exposure and on the current scientific literature documenting the association between fire fighting exposures and cancer. During my extensive work in occupational and environmental medicine, I have also become familiar with brain cancer and factors that contribute to the development of this disease.

**Medical Information:**

My understanding is that Mr. Evans was diagnosed and treated for a brain tumor (glioblastoma) in 2008.

**Work Information:**

Mr. Evans worked as a fire fighter for the Las Vegas Fire Department from October 24, 2004 until November 23, 2008 when he was temporarily disabled due to his illness. It is my understanding that he returned to work in February 2009.

**Fire Fighters' Exposures and Brain Cancer**

Brain tumors including glioblastoma have been demonstrated to be related to a number of occupational and environmental exposures including formaldehyde, vinyl chloride, and

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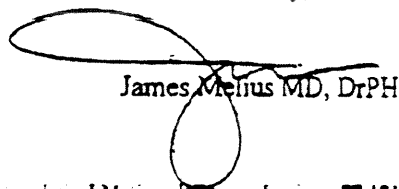
formaldehyde<sup>1,2,3</sup> All of these chemicals are found in fire smoke from the burning of various synthetic and natural materials<sup>4</sup>. Formaldehyde is released in almost all fires involving both natural and synthetic materials while vinyl chloride and acrylonitrile are released from the combustion of common synthetic materials found in most homes, building, and automobiles. Based on the record from Mr. Evans fire runs, and my general knowledge about exposures that fire fighters experience as part of their daily duties, he was undoubtedly exposed to these carcinogens on multiple occasions during his fire fighting career. This would include most residential, commercial, and other fire incidents.

Several studies of fire fighters confirm this elevated risk of brain cancer including studies in the Seattle area, Toronto, California, and Massachusetts.<sup>5,6,7,8</sup> A recently published study of brain cancer in the San Francisco area found a five fold excess of this cancer among fire fighters.<sup>9</sup>

Given the known association between fire fighting and brain cancer and the known exposure of Mr Evans and other fire fighters to chemicals in fire smoke known to be associated with the development of brain tumors, I believe that Mr. Evan's brain cancer resulted from his exposures to the known carcinogens found in fire smoke.

In summary, I can state with a reasonable degree of medical certainty that Mr. Ferguson's work for the Las Vegas Fire Department caused him to have significant exposures to several carcinogens including vinyl chloride, acrylonitrile, and formaldehyde which resulted in the development of his brain tumor.

Sincerely,



James Melius MD, DrPH

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<sup>1</sup> Stroup NE Brain Cancer and Other Causes of Death in Anatomists. J National Cancer Institute 77:1217-1224, 1986.

<sup>2</sup> Kirman CR et al. Cancer Dose Response assessment for acrylonitrile based upon rodent brain tumor incidence: use of epidemiological, mechanistic, and pharmacokinetic support for nonlinearity. Regulatory toxicology and pharmacology 43:85-103, 2005.

<sup>3</sup> Lewis R et al Vinyl chloride and liver and brain cancer at a polymer production plant in Louisville, Kentucky. J Occup Environ Med 45:533-537, 2003

<sup>4</sup> Loes P. Combustion Products and Other Firefighter Exposures. Occ Med: State of the Art Reviews 10: 691-706, 1995.

<sup>5</sup> Demers PA et al. Mortality among firefighters from three North-western United States cities. Br Jnl Ind. Medicine 49:464-470, 1992.

<sup>6</sup> Aronson KJ et al. Mortality among fire fighters in metropolitan Toronto. AM J Ind Med 26:89-101, 1994

<sup>7</sup> Kang D et al. Cancer incidence among male Massachusetts fire fighters. American Journal of Ind Medicine 51:329-335, 2008

<sup>8</sup> Bates MN Registry-based case control study of cancer in California firefighters. Amer Jnl Ind Med 50:339-344, 2007.

<sup>9</sup> Kishnan G et al. Occupation and adult gliomas in the San Francisco Bay area. J Occup Environ Med 45:639-647, 2003.

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## CURRICULUM VITAE

**JAMES MALCOLM MELIUS, MD, Dr.P.H**

January 2009

HOME ADDRESS: PO Box 70, 11 Cemetery Road, Copake Falls, NY 12517

WORK ADDRESS: New York State Laborers' Health and Safety Trust Fund  
18 Corporate Woods Blvd., 3<sup>rd</sup> Floor  
Albany, NY 12211

WORK PHONE: 518-449-1715 Fax- 518-449-1621

EMAIL: melius@nysliuna.org

DATE OF BIRTH: June 16, 1948

PLACE OF BIRTH: Great Barrington, Massachusetts

EDUCATION AND TRAINING: Brown University, Providence, Rhode Island,  
AB, Biology, 1970

Brown University, MMS, 1972

University of Illinois College of Medicine,  
Chicago, Illinois, MD, 1974

West Suburban Hospital Family Practice Residency,  
Chicago, Illinois, Completed August 1977

Cook County Hospital, Occupational Medicine, Residency,  
Chicago, Illinois, Completed June 1979

University of Illinois School of Public Health, Chicago,  
Illinois, Dr.P.H in Epidemiology, Awarded June 1984

CERTIFICATION: American Board of Family Practice, Passed October 1977  
(not recertified since)

American Board of Preventive Medicine (Occupational  
Medicine), Passed May 1979

LICENSES: New York (active), Illinois (inactive)

TAB 5

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PRESENT POSITIONS:

February 1995 to present	Research Director, Laborers' Health and Safety Fund of North America
November 1997 to present	Lecturer, Department of Community and Preventive Medicine, Mt. Sinai School of Medicine
September 1998 to present	Administrator, New York State Laborers' Political Action Committee
January 2002 to present	Administrator, New York State Laborers' Health and Safety Trust Fund and New York State Laborers' Employers Cooperation and Education Trust Fund

PREVIOUS POSITIONS:

May 1996 to December 2001	Director, New York State Laborers' Health and Safety Trust Fund
June 1997 to December 2001	Director, New York State Laborers' Employers Cooperation and Education Trust Fund
February 1995 to May 1996	Scientific and Medical Director, Center to Protect Workers' Rights
January 1988 to February 1995	Director, Division of Occupational Health and Environmental Epidemiology, State of New York State Department of Health. Directed Division, which conducted occupational and environmental epidemiological studies. Coordinated development of state network of occupational medicine clinics and other occupational health programs.
September 1989 to February 1995	Professor of Environmental Health and Toxicology, School of Public Health of the State University of New York at Albany.
June 1987 to January 1988	Medical Consultant, Division of Environmental Health Assessment, State of New York Department of Health where he was involved in a variety of occupational and environmental health programs including occupational disease surveillance, environmental and occupational Epidemiology, indoor air quality studies, emergency response, and development of a network of occupational medicine clinics.
May 1985 to June 1987	Director, Division of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health. Directed Division with over 100 scientific staff who conducted occupational health hazard evaluations (see below), surveillance studies and occupational epidemiological studies.
January 1980 to May 1985	Chief, Hazard Evaluations and Technical Assistance Branch, National Institute for Occupational Safety and Health. Directed branch which conducted over 500 field evaluations each year of occupational problems at the request of workers or their unions, employers, and other governmental agencies.
July 1979 to January 1980	Associate Director, Great Lakes Center for Occupational Safety and Health, University of Illinois School of Public Health; and Lecturer, Epidemiology at the School of Public Health.

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August 1977 to January 1980

Attending and Teaching Physician, West Suburban Hospital, Family Practice Residency.

ORGANIZATIONS:

American Association for the Advancement of Science

American Public Health Association (Representative, Governing Council 1993-1994)

Collegium Ramazzini (Member of Executive Committee 2006 to 2007)

CURRENT COMMITTEES:

Chair, Medical Advisory Board, International Association of Fire Fighters, 1984 to present

Member, Presidential Advisory Board on Radiation and Worker Health, 2001 to present

Member, Scientific Advisory Committee, IARC Nest Case Control Study of Bitumen Workers, 2003 to present

Chair, WTC Medical Monitoring Program Steering Committee, 2004 to present

Co-Chair, WTC Registry Labor Advisory Committee, 2005 to present

ICOH Construction Safety and Health Committee, 2005 to present

Member, Endorsement Committee, New York League of Conservation Voters, 2005 to present

Board of Directors, Audubon New York, 2005 to present

Member, September 11 Worker Protection Task Force, 2008 to present

SELECTED PAST COMMITTEES:

Member, Institute of Medicine Committee Review of NIOSH Traumatic Injury Program. 2007 to 2008

Member, Institute of Medicine Environmental Health Sciences Roundtable, 2003 to 2007

President, Vote Yes for Transportation, Campaign Coordination Committee for Transportation Bond Act 2005

Chair, Board of Scientific Counselors, Agency for Toxic Substances and Disease Registries. 1999 to 2003.

Member, Board of Scientific Counselors, National Institute for Occupational Safety and Health, 1999 to 2003.

Member, Health Sciences Research Board, New York State Department of Health, 1997 to 2001

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Member, Institute of Medicine, Committee on Occupational Exposure to Tuberculosis, 1999-2000.

Member, National Advisory Committee on Electromagnetic Fields Research, Department of Energy, 1993 to 1999.

Member, Advisory Committee on the Elimination of Tuberculosis, CDC, 1995 to 1998.

Member, National Research Council, Committee on Environmental Epidemiology, 1991 to 1997.

Chair, Scientific Advisory Committee, Mt. Sinai School of Medicine, Environmental Sciences Research Center, 1994 to 1996.

Member, Advisory Committee on External Regulation of Department of Energy Facilities, Department of Energy, 1995.

Chair, Technical Advisory Committee, Center to Protect Workers' Rights, 1992 to 1995.

Department of Health and Human Services, Co-chair of the Interagency Committee on Indoor Air Quality, 1982 to 1987.

Chairman, NIOSH Committee to Develop Prevention Strategies on Cardiovascular Disease in the Workplace (1985) and Neurotoxic Disease (1986).

Member, National Research Council Committee on Airliner Air Quality, 1985 to 1987.

Chairman, Expert Advisory Panel to State of New Mexico for Cleanup of State Building after a Transformer Fire, 1985 to 1986. Member, Advisory Committee Binghamton State Office Building Transformer Fire Cleanup, 1981 to 1987.

Chairman, NIOSH Human Subjects Review Board, 1986 to 1987.

Member, National Research Council Committee on Study of Nuclear Utility Workers, 1989.

Member, National Fire Protection Association, Medical Committee on Occupational Health and Safety Issues, 1989 to 1992.

Member, National Research Council, Committee on Tracking System for Hazardous Materials Transport, 1991 to 1993.

Member, DHHS Study Section on Occupational Health 1991 to 1994.

Member, Institute of Medicine, Committee to Survey the Health Effects of Mustard Gas and Lewisite, 1992 to 1993.

Co-chair, Search Committee for NIOSH Director, 1993.

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Chair, ATSDR Advisory Committee, Health Effects on PCBs  
(Bloomington, Indiana), 1993.

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INTERNATIONAL  
EXPERIENCE:

Member, IARC Panel to Evaluate Carcinogenic Risk from Polynuclear Aromatic Compounds, Lyon, 1983.

Member, WHO Committee on the National Organization of Occupational Health Services, 1983.

Member, Centers for Disease Control team to assist Indian Government after the Bhopal Disaster, December 1984. Three subsequent trips to India (1985, 1986, 1987) to work with Indian Occupational Health Agencies.

Consultant, Israel Ministry of Labour, 1991.

PAST HONORS:

International Association of Fire Fighters, Award for Assistance in Evaluating Occupational Health Problems, December 1983.

CDC Honor Award for field Investigations and Services, May 1985. For outstanding and innovative leadership in improving, implementation, and maintaining NIOSH's general industry health hazard evaluation program.

International Association of Fire Fighters, Award for Assistance on Occupational Safety and Health Issues, 1989.

New York Professional Fire Fighters, Award for Assistance on Occupational Safety and Health Issues, 1989.

Elected to Council of Fellows, Collegium Ramazzini, 1990.

The William Steiger Memorial Award, ACGIH, 2001

PUBLICATIONS:

Articles

1. Melius J and Schulte P. "Epidemiological Design for Field Studies: Occupational Neurotoxicity," Scand J. Work Environ Health 7:Suppl 4), 34-39, 1981.
2. Rutstein D, Mullan R, Frazier T, Halperin W, Melius J, and Sestito J. "Sentinel Health Events (Occupational): A Basis for Physician Recognition and Public Health Surveillance," Am J Public Health 73:1054-1062, 1983.
3. Landrigan P, Melius J, Rosenberg M, Coya M, and Binkis N. "Reproductive Hazards in the Workplace Development of Epidemiological Research," Scand J Work Environ Health 9:83-88, 1983.
3. Liss G, Kominsky J, Gallagher J, Melius J, Brooks J, and Bernstein I. "Failure of Enzyme Encapsulization to Prevent Sensitization of Workers in the Dry Bleach Industry," Am J of Allergy and Clinical Immunology, 73:348-355, 1984.
4. Bernstein R, Falk H, Truner D, and Melius J. "Nonoccupational Exposures to Indoor air Pollutants: A Survey of State Programs and Practices," Am J Public Health 74:1020-1023, 1984.
5. Melius J, Wallingford K, Keenlyside R, and Carpenter J. "Indoor Air Quality - The NIOSH Experience," Ann Am Conf Gov Hygienists 10:3-7, 1984.

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6. Melius J, Costello R, and Kominsky J. "Facility Siting and Health Questions: The Burden of Health Risk Uncertainty," *Natural Resources Lawyer* 17:467-472, 1984.
7. Horan J, Kurt T, Landrigan P, Melius J, and Singal M. "Neurological Dysfunction from Exposure to 2-t-Hydroxy-5-methyl hexane: A New Occupational Neuropathy," *Am J Public Health* 75:513-517, 1985.
8. Landrigan P, Melius J, Rinsky R, and Thun M. "Approaches to the Estimation of Exposure in Occupational Epidemiology," Banbury Report 19: Risk Quantitation and Regulatory Policy, Cold Spring Harbor Laboratory, 1985.
9. Hryhorczuk D, Orris P, Kominsky J, Melius J, and Burton W. "PCB, PCDF, and PCDD Exposure Following a Transformer Fire," *Chemosphere* 15:1297-1303, 1986.
10. Orris P, Kominsky J, Hryhorczuk D, and Melius J. "Exposure to Polychlorinated Biphenyls from an Overheated Transformer," *Chemosphere* 15:1305-1311, 1986.
11. Fitzgerald E., Melius J, Standfast S, Youngblood L, and Janerich D. "Assessing the Health Effects of Potential Exposure to Polychlorinated Biphenyls, Dibenzo-p-dioxins, and Dibenzofurans: The Binghamton State Office Building Medical Surveillance Program," *Archives of Environmental Health* 41:368-376, 1986.
12. Melius J. "Medical Surveillance for Hazardous Waste Workers," *J Occup Med* 1986.
13. Wilkerson W, Young R, and Melius J. "Investigation of a Fatal Heatstroke," *Am Ind Hyg Assoc J* 47:493-496, 1986.
14. Rinsky R, Melius J, Hornung R, et al. "Case Control Study of Lung Cancer in Civilian Employees at the Portsmouth Naval Shipyard, Kittery, Maine," *Am J Epi*, 127:55-56, 1988.
15. Baker E, Melius, J, and Miller D. "Occupational Disease Surveillance," *Journal of Public Health Policy*, 9:198-221, 1988.
16. Fitzgerald E, Weinstein A, Youngblood L, Standfast S, and Melius J. "Health Effects Three Years After Potential Exposure to Toxic Contaminants of an Electrical Transformer Fire," *Archives of Environmental Health*, 44:214-221, 1989.
17. Melius J, Sestito J, and Seligman P. "Occupational Disease Surveillance with Existing Data Sources," *Am J Public Health*, 79(Suppl.):46-52, 1989. Melius J. "OSHA Standard for Medical Surveillance of Hazardous Waste Workers," in Occupational Medicine: State of the Art Reviews, Hazardous Wast Workers Vol. 5 (1) Philadelphia: Hanley & Belfus, 1990.
18. Marshall E, Melius J, London M, Nasca P, and Burnett W. "Investigation of a Testicular Cancer Cluster Using a Case-Control Approach," *Int J. Epidemiol*, 19:269-273, 1990.
19. Kaminsky L, Mahoney M, Leach J, Melius J, Miller M. "Fluoride: Benefits and Risks of Exposure," *Critical Reviews in Oral Biology and Medicine*, 1:261-281, 1990.
20. Mahoney M, Nasca P, Burnett W, and Melius, J. "Bone Cancer Incidence Rates in New York State: Time Trends and Fluoridated Drinking Water." *Am J Public Health*, 81:475-479, 1991.
21. Bell B, Franks P, Hildreth N, and Melius J. "Methylene Chloride Exposure and Birthweight in Monroe County, New York." *Environmental Research*, 55:31-39, 1991.



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22. Selman J, Rissenberg M, and Melius J. "Eosinophilia Myalgia Syndrome: Follow-up survey of patients—New York, 1990-1991." *MMWR* 40:401-403, 1991.
23. Geschwind S, Stolwijk S, Fitzgerald E, Stark A, and Melius, J. "Congenital Malformations and Hazardous Waste Sites." *Am J Epidemiol*, 135:1197-1207, 1992.
24. Back E, Henning K, Kallenbach L, Brix K, Gunn R, and Melius J. "Risk Factors for Developing Eosinophilia Myalgia Syndrome Among L-Tryptophan Users in New York." *Am J of Rheumatology*, 20:666-672, 1993.
25. Gadon M, Melius J, McDonald G, and Orgel D. "New Onset Asthma Following Exposure to the Stream System Additive 2-Diethylethanolamine (DEAE): A Descriptive Study." *J Occup Med*, 6:623-626, 1994.
26. Osario AM and Melius JM. "Lead Poisoning in Construction." *State of the Art Reviews in Occupational Medicine*, 10:353-362, 1995.
27. Ringen K, Pollack E, Finklea J, Melius JM, and Englund A. "Health Insurance and Workers' Compensation: The Delivery of Medical and Rehabilitation Services for Construction Workers." *State of the Art Reviews in Occupational Medicine*, 10:435-444, 1995.
28. Melius JM. "Cardiovascular Disease among Firefighters" *State of the Art Reviews in Occupational Medicine*, 10:821-828, 1995.
29. Lewis-Michl EL, Melius JM, Kallenbach LR, Ju CL, Talbot TO, Orr MF, Lauridsen PE. "Breast Cancer Risk and Residence Near Industry or Traffic in Nassau and Suffolk Counties, Long Island, New York." *Arch Environ Health* 51:255-265, 1996.
30. Orris P, Hartman D, Strauss P, Anderson R, Collins J, Knopp C, Xu Y, and Melius JM. "Stress Among Package Truck Drivers." *Amer Jnl Ind Med* 31:202-210, 1997.
31. Zwerling C, Daltroy LH, Fine LJ, Johnston JJ, Melius JM, and Silverstein BA. "Design and Conduct of Occupational Injury Intervention Studies: A Review of Evaluation Strategies" *Amer J Ind Med* 32:164-179, 1997.
32. Melius J. "Occupational Health for Firefighters", *Occup. Med* 16:109-123, 2001.
33. Breyse P, Weaver V, Cadorette M, Wiggs, L, Curbow B, Stefaniak A, Melius J, Newman L, Smith H, Schwartz B. "Development of a Medical Examination Program for Former Workers at a Department of Energy Facility" *Amer J Ind Med* 42:443-454, 2002.
34. Melius J. "Asphalt – a Continuing Challenge", *Amer J Ind Med* 43: 235-236, 2003.
35. Breyse P and Melius J. co-editors, *Proceedings of the Health Effects of Occupational Exposure to Emissions from Asphalt/Bitumen*. June 7-8, 2006 Dresden, Germany. JOEH, 4 Suppl. 1 2007

#### BOOKS, CHAPTERS AND OTHER

#### PUBLICATIONS:

1. Melius J. "Medical Surveillance for Hazardous Waste Workers," chapter in Protecting Personnel at Hazardous Waste Sites, Butterworth Publishers, 1985.
2. Melius J. "Industrial Incidents" in The Public Health Consequences of Natural Disasters, Centers for Disease Control, 1986.
3. Parrish G, Falk H, and Melius J. "Industrial Disasters: Classification, Investigation, and Prevention," in Recent Advances in

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- Occupational Health: Number Three, edited by J.M. Harrington, Churchill Livingstone, 1987.
4. Melius J. "Investigating Environmental Health Hazards" in Occupational Medicine, edited by Zenz C, Year Book Medical Publishing, Inc., Chicago, 1988, pp 99-103.
  5. Melius J. "Fire Fighters" in Occupational Medicine, edited by Zenz C, Year Book Medical Publishing, Inc., Chicago, 1988, pp 983-985.
  6. Melius J, Costello R, and Dahstron D. "Hazardous Waste Sites" in Occupational Medicine, edited by Zenz C, Year Book Medical Publishing, Inc., Chicago, 1988, pp 1061-1066.
  7. Melius J, Wallingford K, and McCunney R. "The Health Hazard Evaluation" in Handbook of Occupational Medicine.
  8. Melius J. "High-Risk Worker Notification: A Necessary Public Health Program" in Landrigan P & Selikoff I, edit., Occupational Health in the 1990's, New York Academy of Sciences, Vol 572, 1990.
  9. Nicholson W, Johnson E, Harrington J, Melius J, and Landrigan P. "Asbestos, Carcinogenicity and Public Policy." Letter in Response: *Science*, 248:796-799, 1990.
  10. Melius J. "The Bhopal Disaster," in Rom, W. Environmental and Occupational Medicine, Second Edition, Boston: Little, Brown & Co., 1992. Updated Third Edition. 1999.
  11. Melius, J. "Infection Control Programs for Pre-Hospital Health Care Providers" in Mayhall G. Hospital Epidemiology and Infection Control. Williams and Wilkins, 1996..Updated Second Edition 1999.
  12. Melius J, "Current Worksite Monitoring and Performance Measurement for Environmental Remediation in the United States" National Environmental Education and Training Center. September 1995.
  13. Browne M, Ju C, Recer G, Kallenback L, Melius J, and Horne E. A Prospective Study of Health Symptoms and *Aspergillus fumigatus* Spore Counts Near a Grass and Leaf Composting Facility. *Compost Science & Utilization*. 9: 241-249, 2001.

#### SELECTED PRESENTATIONS:

1. Melius J. "Strategies for Research and Development on Chemical Hazards: An American Approach," presented at the Swedish American Conference on Chemical Hazards in the Work Environment, March 1980. Proceedings published by U.S. Department of Labor.
2. Landrigan P, Bainbridge J, and Melius J. "Medical Officers, Epidemiology, and the National Institute for Occupational Safety and Health," presented at the International Seminar on Assessment of Toxic Agents at the Workplace, Luxembourg, December 1980. Published Barlin A, Yodaiken R, and Henmon B, editors. Assessment of Toxic Agents at the Workplace. Boston, Martin Nijhoff, 1984.
3. Melius J, and Halperin W. "Medical Screening of Hazardous Waste Workers," presented at SOEH Conference on Hazardous Waste, December 1980. Published in conference proceedings.
4. Melius J. "Chemical Hazards in Fire Fighting," presented at the Sixth Redmond Symposium, November 1981. Published in conference proceedings.

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5. Melius J. "Occupational Exposures to Pesticides: Evaluations by NIOSH Investigators," National Governors Association Meeting, San Diego, 1984.
6. Melius J. "Health Hazards of Highly Toxic Chemicals," International Symposium on Environmental and Industrial Safety, New Delhi, India. February 1985.
7. Melius J. "The Bhopal Incident," presented at meetings of the Society of Toxicology, American Industrial Hygiene Conference, and many others, 1985-1987.
8. Melius J. "Industrial Hygiene for Service Industries," American Industrial Hygiene Conference, May 1985.
9. Melius J. "National Strategies for Preventing Occupational Diseases," International Symposium on Environmental and Industrial Safety. New Delhi, India. February 1987.
10. Melius J. "Occupational Lead Poisoning in New York State," NIOSH Conference on State Occupational Health Programs. September 1992.
11. Melius J. "New York State Occupational Health Clinic Network," American College of Occupational and Environmental Medicine, Fall Meeting, New York City, 1992.
12. Melius J. "Source Characterization and Control," Keynote Presentation at NIOSH Workshop a Engineering for Preventing Airborne Infections in Health Care at other Facilities, 1993.
13. Melius J. "Occupational Diseases in Construction Workers," presented at meeting on Occupational Safety and Health in Construction, Washington, DC, 1993.
14. Melius J. "Fatalities and Injuries among Highway Construction Workers", presented on conference on Highway Work Zone Hazards, Washington, 1997.
15. Melius J. "Control of Workplace Hazards in Construction" plenary presentation at NIOSH Conference, Control of Workplace Hazards for the 21<sup>st</sup> Century - Setting the Research Agenda. March 1998.

0000102

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**HEARINGS DIVISION**

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 62233-NG  
Claim Number: 2008-0291

KEVIN EVANS  
413 CHERRY MEADOWS CT  
LAS VEGAS, NV 89145

CITY OF LAS VEGAS  
JANE C LUCAS  
400 E STEWART AVE  
LAS VEGAS, NV 89101

\_\_\_\_\_/  
The Claimant's request for hearing was filed on March 31, 2009 and a hearing was scheduled for and held on May 6, 2009 in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by TY HILBRECHT, ESQ. The Employer was present via JANE LUCAS, WORKERS' COMPENSATION ANALYST. The Employer was represented by DANIEL SCHWARTZ, ESQ.

**ISSUE**

The Claimant appealed the determination of CITY OF LAS VEGAS dated January 22, 2009.

The issue before the Hearing Officer is CLAIM DENIAL.

**DECISION AND ORDER**

The claimant, through counsel, argued that as a result of his employment as a firefighter he developed a cancerous brain tumor that should be accepted pursuant to NRS 617.440. It is deemed that NRS 617.440 does not apply given the claimant's status as a firefighter. The statute that addresses cancer as an occupational disease of firefighters is NRS 617.453 and requires the employment to be for 5 years or more. In this case the claimant has not been employed as a firefighter for 5 years and therefore the determination of the Insurer is hereby **AFFIRMED**.

**NRS 617.453(1) provides,**

1. Notwithstanding any other provision of this chapter, cancer, resulting in either temporary or permanent disability, or death, is an occupational disease and compensable as such under the provisions of this chapter if:

(a) The cancer develops or manifests itself out of and in the course of the employment of a person who, for 5 years or more, has been:

1                                   **IN THE SUPREME COURT OF THE STATE OF NEVADA**

2                   CITY OF LAS VEGAS,

3                                   Appellant,

4                   v.

5                   KEVIN EVANS,

6                                   Respondent.

Supreme Court Electronically Filed  
Dec 22 2011 12:49 p.m.  
District Court No. A-J0-623471-1  
Tracie K. Lindeman  
Clerk of Supreme Court

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8                                   **APPELLANT'S APPENDIX**

9  
10           DANIEL L. SCHWARTZ, ESQ.  
11           Nevada Bar No. 005125  
12           Lewis Brisbois Bisgaard & Smith LLP  
13           6385 South Rainbow Boulevard, Suite 600  
14           Las Vegas, Nevada 89118  
15           Telephone: 702-893-3383  
16           Attorneys for Appellant  
17           CITY OF LAS VEGAS

MARVIN S. GROSS, ESQ.  
Nevada Bar No. 000671  
King, Gross & Sutcliffe, Ltd.  
3017 W. Charleston Ste. 50  
Las Vegas, NV 89102  
Telephone: 702-870-3555  
Attorneys for Respondent,  
KEVIN EVANS

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**CERTIFICATE OF MAILING**

I hereby certify that on this 28 day of December, 2011, I served the foregoing  
**APPELLANT'S APPENDIX** upon the following parties by placing a true and correct  
copy thereof in the United States Mail in Las Vegas, Nevada with first class postage fully  
prepaid:

Marvin S. Gross, Esq.  
King, Gross & Sutcliffe, Ltd.  
3017 W. Charleston Blvd. #50  
Las Vegas, NV 89102



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An employee of LEWIS BRISBOIS BISGAARD & SMITH, LLP

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT  
FORM C-4  
EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT  
FORM C-4  
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name <b>Kevin</b>	M.I. <b>R.</b>	Last Name <b>Evans</b>	Birthdate <b>1-2-71</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)		
Home Address <b>413 Cherry meadows Ct.</b>		Age <b>37</b>	Height <b>6'3"</b>	Weight <b>215</b>	Social Security Number		
City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89145</b>	Telephone <b>702 363-6882</b>		Primary Language Spoken <b>English</b>		
Physical Address <b>413 Cherry meadows Ct. Las Vegas NV</b>		City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89145</b>	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <b>firefighter</b>		
INSURER <b>Las Vegas firefighters trust</b>		THIRD-PARTY ADMINISTRATOR <b>Beechstreet</b>		Employer's Name/Company Name <b>Las Vegas Fire &amp; Rescue</b>			
Office Mail Address (Number and Street) <b>1501 S. Martin Luther King Blvd Las Vegas NV 89101</b>		Telephone <b>383-2888</b>		Date of Injury (if applicable) <b>11/23/08</b>			
Hours Injury (if applicable) <b>am pm</b>		Date Employer Notified <b>11-23-08</b>		Last Day of Work After Injury or Occupational Disease <b>11-28-08</b>		Supervisor to Whom Injury Reported <b>Cap Steve Reincke</b>	
Address or Location of Accident (if applicable) <b>unknown</b>							
What were you doing at the time of the accident? (if applicable) <b>Firefighter Duties</b>							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>exposure to toxic chemicals or smoke</b>							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <b>exposure 11-23-08</b>					Witnesses to the Accident (if applicable) <b>NA</b>		
Nature of Injury or Occupational Disease <b>Brain tumor/cancer</b>			Part(s) of Body Injured or Affected <b>Brain</b>				
<small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BUT NOT LIMITED TO, ANY INFORMATION PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, ALCOHOL, OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AVAILABLE TO THE EMPLOYEE.</small>							
Date <b>1-9-09</b>		Place <b>Valley Hospital</b>		Employee's Signature <b>[Signature]</b>			
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Place <b>Valley Hospital</b>		Name of Facility <b>Valley Hospital</b>					
Date <b>11/28/08</b>	Diagnosis and Description of Injury or Occupational Disease <b>Brain mass</b>		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)				
Hour <b>12/4/08</b>	Treatment: <b>12/4/08 -&gt; craniotomy for tumor removal using neuronavigation</b>		Have you advised the patient to remain off work five days or more? <input checked="" type="checkbox"/> Yes Indicate dates: from <b>11/28/08</b> to <b>1/21/09</b>				
X-Ray Findings: <b>Brain mass</b>		<input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty					
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If modified duty, specify any limitations/restrictions:					
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date <b>1.9.09</b>	Print Doctor's Name <b>Dr. Amy Nagy</b>		I certify that the employer's copy of this form was mailed to the employer on:				
Address <b>8285 Warby Ave Ste 220</b>		INSURER'S USE ONLY					
City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89113</b>	Provider's Tax I.D. Number <b>88-0446674</b>	Telephone <b>702-737-7000</b>	Degree <b>MD</b>		
Doctor's Signature <b>[Signature]</b>		JAN 09 2009					



# **"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"** (Incident Report)

Pursuant to NRS 616C.015

Name of Employer **CITY OF LAS VEGAS**

Names of Employee: <b>Kevin R Evans</b>		Social Security Number: <b>[REDACTED]</b>	Telephone Number: <b>702-363-6882</b>
Date of Accident (if applicable): <b>11-23-08</b>	Time of Accident (if applicable):	Place where accident occurred (if applicable): <b>Station 10 1501 S. Martin Luther King</b>	
What is the nature of the injury or occupational disease? <b>Grady Glioblastoma Multiforme (Brain Tumor)</b>		List any body parts involved: <b>Cancerous Brain Tumor</b>	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment): <b>At 49 months of employment Kevin had signs of disease &amp; went to hospital for diagnosis + pain management</b>			
Names of witnesses: <b>NA</b>			
Did the employee leave work because of the injury or occupational disease? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?	Has the employee returned to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?
Was first aid provided? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known:  <b>RECEIVED DEC 15 2008</b>	
Did the accident happen in the normal course of work? (if applicable) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Was anyone else involved? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Names of others involved:  <b>SCANNED</b>		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature

Date

Signature of Injured or Disabled Employee

Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 web site: <http://govcha.state.nv.us> e-mail: [cha@govcha.state.nv.us](mailto:cha@govcha.state.nv.us)

Employee should sign, date and retain a copy.

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE CLAIM FORM		Please Type or Print Please Type or Print		EMPLOYER REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE EMPLOYER REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
<b>EMPLOYER</b>	Employer's Name <b>CITY OF LAS VEGAS</b>		Nature of Business (mfg., etc.) <b>Firefighter</b>	FEIN <b>886000198</b>	OSHA Log #
	Office Mail Address <b>400 STEWART AVE.</b>		Location ... If different from mailing address <b>500 N. CASINO CENTER</b>		Telephone <b>702-383-2888</b>
	City <b>LAS VEGAS,</b>	State <b>NV</b>	Zip <b>89101</b>	INSURER <b>SELF-INSURED</b>	
<b>EMPLOYEE</b>	First Name <b>Kevin</b>		M.I. <b>R</b>	Last Name <b>EVANS</b>	Birthdate <b>01-02-71</b>
	Home Address (Number and Street) <b>413 Cherry Meadows Ct.</b>		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Age <b>37</b>
	City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89145</b>	Was the employee paid for the day of injury? (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	In which state was employee hired? <b>NV</b>		Employee's occupation (job title) when hired or disabled <b>Firefighter</b>		How long has this person been employed by you in Nevada? <b>4 years</b>
	Telephone <b>292-0595</b>		Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Primary Language Spoken <b>English</b>
<b>ACCIDENT OR DISEASE</b>	Date of injury (if applicable)		Time of injury (Hours: Minute AM/PM) (if applicable)		Date employer notified of injury or O/D
	Address or location of accident (Also provide city, county, state) (if applicable)		Supervisor to whom injury or O/D reported <b>Steven Reincke</b>		
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)		Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. <b>EXPOSURE TO CARCINOGENS</b>				
	SCANNED				
<b>INJURY OR DISEASE</b>	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)		Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Part of body injured or affected		If fatal, give date of death		Witness
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) <b>Glyoblastoma - multi forme Grade 4</b>		Witness		Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If validity of claim is doubted, state reason		Location of Initial Treatment <b>Summerlin Hospital ER</b>		Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Treating physician/chiropractor name		Emergency Room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	How many days per week does employee work? <b>56 Hours</b>		From <b>7</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm To <b>7</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		Last day wages were earned <b>11/23/08</b>
<b>IMPORTANT LOST TIME INFO</b>	Date employee was hired <b>10/25/04</b>		Last day of work after injury or disability <b>11/23/08</b>		Date of return to work <b>—</b>
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If not, for how many hours a week was the employee hired? <b>56</b>		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.				
	Pay period <input checked="" type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ <b>22.00</b> per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo
	<b>For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <a href="http://govcha.state.nv.us">http://govcha.state.nv.us</a> E-mail: <a href="mailto:cha@govcha.state.nv.us">cha@govcha.state.nv.us</a></b>				
<b>Insurer Use Only</b>	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.		Employer's Signature and Title <b>[Signature]</b>		Date <b>12/17/08</b>
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3rd Party		Deemed Wage		Class Code
	Claims Examiner's Signature <b>[Signature]</b>		Date		Status Clerk <b>[Signature]</b>

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# EMERGENCY NURSING RECORD Neurological Complaints

TRIAGE DATE 1/24/18 TIME 0251 1 2 3 4 5

NAME: KEVIN EVANS  
D.O.B.: 1/24/71 AGE: 37 (M) / F  
HISTORIAN: patient paramedics family  
ARRIVAL MODE: car police EMS LOS VEGAS FIRE  
PCP: none Telehistory Y (N)

TREATMENT PTA leg blood glucose  
meds: Celecox 1gm 20g RA (N) O  
VITALS Height 6'3" Weight 165 lbs (kg)  
BP 136/75 RR 18 temp 98.1 R Ax  
SaO<sub>2</sub> 97 RA/O<sub>2</sub> GCS 15 NIH: 2

PAIN LEVEL current: 0 /10 max 10 /10 acceptable 0 /10  
scale used 0-10 quality location

ALLERGIES NKA  
drug: PCN / ASA / sulfa / latex / codeine / iodine  
food:

CHIEF COMPLAINT tx from Summerlin  
intercranial mass  
HA x 7 days

headache mental status change  
photophobia fatigue / weakness  
dizziness vision change  
syncope neck discomfort  
nausea / vomiting x seizure activity  
chemical / CO exposure difficulty swallowing

PAST MEDICAL HX negative  
CVA / TIA / heart disease / HTN / diabetes  
neuro disorder  
past surgeries none

MEDS none see Medication Reconciliation Form

SOCIAL HX smoker 0 ppd drugs / alcohol  
TB exposure / symptoms  
has been physically hurt or threatened by someone close

LNMP DIA C P Ab pregnant / postmenopausal  
BARRIERS  
cultural English language  
cognitive hearing impaired  
vision impaired order  
RN Signature RNA

TIME TO ROOM 0253 RACK TIME 0300 ROOM 411

INITIAL ASSESSMENT TIME: 0253  
GENERAL APPEARANCE

no acute distress mild / moderate / severe distress  
Alert anxious / decreased LOC  
neat, clean unkempt  
tearful / crying

FUNCTIONAL / NUTRITIONAL ASSESSMENT

independent ADL assisted / total care  
appears well obese / malnourished  
nourished / hydrated recent weight loss / gain  
RESPIRATORY mild / moderate / severe distress  
no resp distress wheezing / crackles / stridor  
normal breath sounds decreased breath sounds  
tachypnea

CVS regular rate tachycardia / bradycardia  
pulses strong pulse deficit

NEURO oriented x 3 disoriented to person / place / time  
PERRL confused / memory loss  
moves all extremities pupils unequal R L  
normal gait pinpoint / dilated  
weakness / sensory loss  
gait unsteady  
facial droop / tongue deviated

ABDOMEN no inspection tenderness / guarding / rebound  
soft, non-tender rigid / distended  
bowel sounds normal bowel sounds hyper hypo absent

PSYCH affect appropriate depressed / flat affect  
cooperative uncooperative / non communicative  
maintains eye contact lack of eye contact  
normal speech inappropriate speech / behavior  
Responds appropriately speech slurred  
suicidal / homicidal ideation  
delusional / flight of ideas  
hallucinating visual / auditory

SKIN warm, dry pale / cyanotic / cool / diaphoretic  
intact open wound / needle marks / lesion(s)  
skin rash

ADDITIONAL FINDINGS  
0253: Pt denies SOB, CP, numbness  
and tingling. Pt states slight  
HA 3/10. Pt says he is equal  
to last 3 days. No 3 sec. HA  
drift. No facial droop. Palpe

INITIAL ACTIONS

TIME	INIT
0253	PA
ID band applied	ID band verified
disrobed / gowned	blanket provided
bed low position	side rails up (x1) x2
call light in reach	head of bed elevated

RN Signature [Signature] Scanned into IVOS

109888891

EVANS, KEVIN  
DOB: 01/02/1971 37 SX: M ENR  
MRN: 63302668 ADM/REG DT: 11/30/08  
VALLEY HOSPITAL MEDICAL CENTER



ER0011

Circle positive ✓ Check-normal Backlash-negative

00004

## ACTIONS

TIME		INIT
0053	cardiac monitor	KA
0053	pulse oximeter O <sub>2</sub> _____ L via	KA
0053	Accu-Chek	
0053	ready for Dr et al notified doctor / seen by Dr	
	restraints see documentation	
	isolation	
	sedation see documentation	

## IV STARTS

TIME	#	site	gauge	attempts	complications	INIT
PTA	1	RAC	18	converted		KA

## IV / MEDICATION INFUSION RECORD

Start Time	Solution / Med	Type / Pump	Rate ml / hr	Stop Time	Amount Infused	INIT
0000	DSNS	dia	RO <sup>0</sup>			KA
	Response: no change	improved				
	Response: no change	improved				
	Response: no change	improved				

## MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
0000	Keppra	500mg	PO	PO	KA
	Response: no change	improved			
	Response: no change	improved			
	Response: no change	improved			
	Response: no change	improved			

## PROCEDURES

TIME		INIT
	12-lead EKG performed	
	notified	
	LP tray set up	
	consent signed	
	assisted with LP / tolerated well	
	spinal fluid to lab	
	Foley fr. mL return	
	lab / bc drawn / sent by ED tech / nurse / lab	
	results back	
	awaiting physician review	
	to Xray w/ monitor / nurse / O <sub>2</sub> / tech	
	return to room	
	to CT w/ monitor / nurse / O <sub>2</sub> / tech	
	return to room	

## VITAL SIGNS

TIME	BP	P	RR	T	SpO <sub>2</sub>	GCS	Pain	Pupils	INIT
0015	138/65	74	18		98	15	/10	3B	KA
0031	139/48	75	18		98	15	/10	3B	KA
0046	129/48	68	16		97	15	/10	3B	KA
0400	138/54	67	18		98	15	/10		KA

## ADDITIONAL NOTES

addition: glasses equal right.  
 0400: PT resting @ wife @ bedside.  
 PT Aox 4. no neuro deficits noted.  
 0530: PT Aox 4. GAD. GAD. GAD. GAD.  
 No neuro deficits noted.

## INTAKE

## OUTPUT

IV / saline lock discontinued: Total Amt Infused \_\_\_\_\_  
 Time \_\_\_\_\_ Initials \_\_\_\_\_

## PROPERTY TO:

patient family security safe see patient belongings list

## DISPOSITION TIME:

discharged home police nursing home ME funeral home expired  
 verbal / written instructions / RX given to: patient \_\_\_\_\_  
 verbalized understanding \_\_\_\_\_  
 learning barriers addressed \_\_\_\_\_  
 accompanied by / driver \_\_\_\_\_  
 admitted / transferred to \_\_\_\_\_  
 report to \_\_\_\_\_ time \_\_\_\_\_  
 transfer documentation completed \_\_\_\_\_  
 notified family / police / ME \_\_\_\_\_  
 left AMA / LWBS / LAT signed AMA sheet refused \_\_\_\_\_  
 physician notified at: \_\_\_\_\_

## Discharge Vitals

BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_  
 pain level at discharge /10 \_\_\_\_\_

## CONDITION

unchanged improved stable other \_\_\_\_\_  
 Depart Time \_\_\_\_\_ Mode: walk crutches W/C stretcher ambulance

## Discharge Nurse Signature

☐ Continuation Sheet

SIGNATURE	INITIAL
<i>[Signature]</i>	KA

RECEIVED

109888891

FEB 12 2009

EVANS, KEVIN  
 DOB: 01/02/1971 37 SX: M ENR  
 MRN: 53202668 ADM/REG DT: 11/30/08  
 VALLEY HOSPITAL MEDICAL CTR



E0011

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**Valley**  
Hospital Medical Center  
EMERGENCY PHYSICIAN RECORD  
General Adult (5)

## PQRI - Physician Quality Reporting Initiative

DATE: 11/30 TIME: \_\_\_\_\_ ☐ on arrival  
ROOM: MTLB EMS Arrival \_\_\_\_\_

EMS treatments ordered \_\_\_\_\_

HISTORIAN: patient spouse paramedics

\_HX / \_EXAM LIMITED BY: \_\_\_\_\_

☐ ambulance notes reviewed

## HPI

chief complaint: FX FROM SUMMERLIN  
FOR CONGESTIVE HEART FAILURE

started: C/O HX 1 WK

## time course:

still present  
better  
gone now  
worse

## severity:

mild  
moderate  
severe

## modifying factors:

none

## context:

\$ NEURO COMPLAINTS

## quality:

## location:

## Recent trauma history

## Similar symptoms previously

## Recently seen / treated by doctor



ER0012

Circle: positive ☒ Check-normal ☒ Backlash-negative

Rev. 06/07 Page 1 of 2

## ROS

## CONST

fever \_\_\_\_\_ subjective / to \_\_\_\_\_ °F

chills \_\_\_\_\_

generalized weakness \_\_\_\_\_

weight loss \_\_\_\_\_

## ENT

sore throat \_\_\_\_\_

nasal drainage / congestion \_\_\_\_\_

## CVS / PULMONARY

cough \_\_\_\_\_

sputum \_\_\_\_\_

trouble breathing \_\_\_\_\_

chest pain \_\_\_\_\_

## GI

abdominal pain \_\_\_\_\_

nausea / vomiting \_\_\_\_\_

diarrhea \_\_\_\_\_

black / bloody stools \_\_\_\_\_

## URINARY

problems urinating \_\_\_\_\_

frequent urination \_\_\_\_\_

## FEMALE GENITAL

abnormal bleeding / discharge \_\_\_\_\_

LMP \_\_\_\_\_

postmenopausal / hysterectomy \_\_\_\_\_

## SKIN / MS

skin rash \_\_\_\_\_

back pain \_\_\_\_\_

leg pain \_\_\_\_\_

foot swelling \_\_\_\_\_

## NEURO / EYES

headache \_\_\_\_\_

blackout \_\_\_\_\_

lost feeling / power \_\_\_\_\_

in arm leg face R / L \_\_\_\_\_

difficulty walking \_\_\_\_\_

difficulty with speech \_\_\_\_\_

double vision \_\_\_\_\_

confusion \_\_\_\_\_

☒ All systems neg. except as marked

## PAST HX

negative

neurological problems \_\_\_\_\_

CVA seizure disorder \_\_\_\_\_

## HTN

heart disease \_\_\_\_\_

heart attack (MI) angina \_\_\_\_\_

heart failure \_\_\_\_\_

DVT / PE risk factors \_\_\_\_\_

chest cancer recent surgery \_\_\_\_\_

leg swelling bedridden paralysis \_\_\_\_\_

lung disease \_\_\_\_\_

asthma emphysema \_\_\_\_\_

diabetes Type 1 Type 2 \_\_\_\_\_

diet / oral / insulin \_\_\_\_\_

renal disease \_\_\_\_\_

high cholesterol \_\_\_\_\_

HIV / AIDS \_\_\_\_\_

Scanned into IVOS

## Surgeries / Procedures

none

cardiac bypass / stent \_\_\_\_\_

endoscopy \_\_\_\_\_

indwelling lines ports / catheter / dialysis line \_\_\_\_\_

dialysis graft \_\_\_\_\_

pacemaker \_\_\_\_\_

## Medications

none see nurses note

ASA NSAID \_\_\_\_\_

acetaminophen \_\_\_\_\_

## Allergies

NKDA

see nurses note

## SOCIAL HX

smoker \_\_\_\_\_

recent ETOH \_\_\_\_\_

lives at home \_\_\_\_\_

## FAMILY HX

negative

drug use / abuse \_\_\_\_\_

lives alone \_\_\_\_\_

lives in nursing home \_\_\_\_\_

RECEIVED

FEB 12 2009

Patient Identification



109888891

EVANS, KEVIN

DOB: 01/02/1971 37 SX: M EMR

MRN: 63202668 ADM/REG DT: 11/30/08

VALLEY HOSPITAL MEDICAL CENTER

00006

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed
**PHYSICAL EXAM****GENERAL APPEARANCE**

P ☐ acute distress mild / moderate / severe distress  
 Q ☐ alert anxious / lethargic  
 I

**EENT**

PERRL

ENT inspection nml  
 pharynx nml  
 no signs of dehydration

**NECK**

nml inspection  
 thyroid nml

**RESPIRATORY**

chest non-tender  
 breath sounds nml

**CVS**

regular rate, rhythm  
 no murmur  
 no gallop

scleral icterus / pale conjunctivae  
 post-surgical pupillary defect (R/L)  
 EOM palsy / anisocoria  
 purulent nasal drainage  
 pharyngeal erythema / exudate  
 oral lesions / dry mucous membranes

trauma  
 thyromegaly  
 lymphadenopathy (R/L)\*  
 stiff neck / Kernig's / Brudzinski's sign  
 carotid bruit

see diagram  
 wheezes / rales / rhonchi  
 resp. distress  
 irregularly irregular rhythm

extrastokes (occasional / frequent)  
 tachycardia / bradycardia  
 PMI displaced laterally

ND present / gallop (S3 / S4)  
 murmur grade \_\_\_ / 6 sys / dias  
 friction rub

decreased pulse(s)  
 R carotid fem dors ped  
 L carotid fem dors ped



T=tender R=rebound  
 m=mild mod=moderate  
 sv=severe  
 Example: Tsv  
 indicates severe tenderness.

**GI (ABDOMEN)**

non-tender  
 no organomegaly  
 nml bowel sounds  
 no distention

**RECTAL**

non-tender  
 home neg stool

**BACK**

nml inspection

**SKIN**

no embolic lesions  
 color nml, no rash  
 warm, dry

**EXTREMITIES**

non-tender  
 no ROM  
 nml appearance

tenderness / guarding / rebound  
 abnormal bowel sounds  
 increased / decreased / absent

hepatomegaly / splenomegaly / mass  
 bruit  
 black / bloody / heme pos. stool

tenderness / mass / nodule

CVA tenderness (R/L)\*

cyanosis / diaphoresis / pallor

skin rash

pedal edema

call tenderness

joint swelling

Homan's sign

**NEURO / PSYCH**

oriented x3

mood / affect nml

CN's nml (2-12)

no motor / sensory deficit

disoriented to person / place / time

depressed affect

lacial droop

weakness / sensory loss

slurred / abnormal speech

**EKG MONITOR STRIP**

NSR Rate

NSR

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

Rate

**XRAYs**

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist  
 nml/NAD no infiltrates nml heart size nml mediastinum

not / changed from:

**LABS****CBS**

normal / except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

**Chemistries**

normal / except

Na

K

Cl

CO2

Gluc

BUN

Creat

Ca

**CK**

normal / except

CKMB

Troponin

PT

PTT

INR

Amylase

Lipase

**UA**

normal / except

WBC

RBC

bacteria

dip

P Pulse Ox 97% on RA/L L % at (time)  
 R Interpretation: oxygenation good adequate / poor  
 I

**PROGRESS**

Time unchanged Improved re-examined

PT. GLENN ANTI-EPILEPTICS  
 & DECAOLON

Discussed with Dr. NAGY, V. P. Time:

will see patient in: ED / hospital / office

Counselled patient / family regarding: Additional history from: family caretaker paramedics

lab/rad results diagnosis need for follow-up Rx given

CRIT CARE TIME (excluding separately billable procedures)

30-74 min 75-104 min min

**CLINICAL IMPRESSION**

☐ Chest Pain (PQRI) ☐ Syncope (PQRI)

☐ precordial / painful respirations ☐ Pneumonia (PQRI)

☐ chest wall / discomfort

☐ tightness / pressure / angina

INTRACRANIAL MASS

DISPOSITION: 1. ADULT

CONDITION: ☐ good ☐ fair ☐ poor ☐ critical ☐ improved

☐ stable ☐ unchanged

RESIDENT / PA / NP SIGNATURE

**ATTENDING NOTE:**

Resident / PA / NP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is:

My personal exam of patient reveals:

Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:

I confirm the diagnosis of:

Care plan reviewed. Patient will need:

Please see resident / midlevel note for details.

Physician Signature RTI # assumed care at

☐ Template Complete ☐ Dictated Addendum ☐ Additional T-Sheet

Patient Identification

RECEIVED

FEB 12 2009

109888891

EVANS, KEVIN  
 DOB: 01/02/1971 37 SK: M EHR  
 MRN: 63202668 ADM/REG DT: 11/30/08  
 VALLEY HITAL MEDICAL CENT

00007

**VALLI HOSPITAL MEDICAL CENTER  
VALLI HOSPITAL MEDICAL CENTER**

**Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640**

**PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106**

**PATIENT: EVANS, KEVIN                      DOB: 01/02/1971                      Sex: M    VT: IP  
DATE: 11/30/08                              MR#: 63202668                      X-RAY#: 444684  
Study: MRI BRAIN W/O CONTRAST                      RM#: 460-01                      ACCT#: 109888891**

**MRI OF THE BRAIN WITHOUT CONTRAST:**

**HISTORY:**            Severe headache, intracranial mass, 37-year-old male, no other studies available at this facility.

**TECHNIQUE:**    Using a 1.5 Tesla MRI Unit, sagittal T1-weighted images of the head were obtained in addition to axial T1, T2, FLAIR, and diffusion weighted images.

**FINDINGS:**            A large 6.7 x 6.4 x 5.3 cm mass like lesion is identified in the right parietal lobe. The lesion is well defined and hyperintense on T2-weighted images and less hyperintense on FLAIR images and hypointense on T1-weighted images. On diffusion-weighted images, the lesion is near isointense with brain, some slight midline shift to the left is seen. No evidence of hemorrhage is seen. Such findings are most consistent with a large neoplastic process such as a glioma, correlation with CT and correlation with MRI with gadolinium contrast IV is recommended.

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Dictated: 11/30/08 08:58                      Dictated By: DEAN EASTON, M.D.  
Typed: JAL 12/02/08 08:58                      Released By: DEAN EASTON, M.D.  
Radiology Associates of Nevada

Valley Hospital Medical Center  
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VARIABLE TEXT

00008

**VALL HOSPITAL MEDICAL CENTER**  
**VALL HOSPITAL MEDICAL CENTER**

**Department of Radiology**  
**620 Shadow Lane**  
**Las Vegas, NV 89106 (702) 388-4640**

**PATEL, M.D., VIREN**  
**2020 GOLDRING AVE #202**  
**LAS VEGAS, NV 89106**

**PATIENT: EVANS, KEVIN**                      **DOB: 01/02/1971**                      **Sex: M**                      **VT: IP**  
**DATE: 11/30/08**                      **MR#: 63202668**                      **X-RAY#: 444684**  
**Study: MRI BRAIN W/CONTRAST ONLY**                      **RM#: 460-01**                      **ACCT#: 109888891**

**MRI OF THE BRAIN, WITH CONTRAST ONLY:**

**HISTORY:**                      37-year-old, right parietal mass.

**TECHNIQUE:**                      Using a 1.5 Tesla MRI unit, 15 cc of Magnevist contrast was given IV with axial and coronal T1 weighted images performed.

**FINDINGS:**                      Very minimal enhancement is noted. There may be some slight enhancement along the gyral grey-white matter junctions of the right parietal area that could represent some minimal enhancement, which would favor a low-grade glioma. Again, the lesion is quite crisply defined, which also favors a malignancy such as a low-grade glioma. On the coronal images, there is actually 9 mm of midline shift to the left.

**IMPRESSION:**

1. Very minimal, if any, enhancement, such findings together with the large amount of shift with relatively minimal symptoms would favor a low-grade glioma.

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Dictated: 11/30/08                      Dictated By: DEAN EASTON, M.D.  
Typed: TR 12/02/08 16:00                      Released By: DEAN EASTON, M.D.  
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620 SHADOW LANE  
VALLEY HOSPITAL MEDICAL CENTER  
620 SHADOW LANE  
LAS VEGAS, NEVADA 89106

CHIEF COMPLAINT: This patient initially presented that he was at Summerlin Hospital. The patient was complaining of having a headache symptomatology. The patient was found to have intracranial mass. He has been having headaches for approximately 1 week. Patient has admitted to having nausea, vomiting. He has been treated with Cerebyx, and the patient has been transferred to Valley Hospital. The patient is pending evaluation by Dr. Nagy and evaluation by Dr. Veerappan.

PAST MEDICAL HISTORY: Negative.

ALLERGIES: None.

SOCIAL HISTORY: The patient does not smoke or drink.

PHYSICAL EXAMINATION: VITAL SIGNS: Currently stable at this point in time, the patient is afebrile.

MENT: Pupils are round, equal and reactive to light and accommodation.

Extraocular movements are intact without strabismus.

NECK: Supple. Trachea midline.

CARDIOVASCULAR: Shows regular rate and rhythm. S1 and S2.

PULMONARY: Coarse breath sounds present bilaterally.

ABDOMEN: Soft, nontender, nondistended. No guarding or rebound.

EXTREMITIES: No cyanosis or clubbing.

NEUROLOGIC: Cranial II through XII grossly intact without lateralizing signs.

LABORATORY FINDINGS: CBC, electrolytes are within normal limits. Initial scan showed intracranial mass. An MRI, full final report is still pending at this point in time.

ASSESSMENT:

1. Intracranial mass.

2. Edema.

PLAN: Mannitol and dilantin IV, monitor neurologic status. Nausea and vomiting medications. Further recommendations are following.

Ordered by PATEL, VIREN B. on 18-Dec-2008 15:57:47 -0800

-----  
Viren B. Patel, DO

Scanned into IVOS

16183/MedQ

DO: 11/30/2008 12:39:11

DO: 11/30/2008 17:22:00

PATIENT: EVANS, KEVIN

ATTENDING: Viren B. Patel, DO

ADMISSION DATE: 11/30/2008

MR#: 63202668

ACCT#: 109888891

RM#: 456

HISTORY AND PHYSICAL

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000010

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VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP

DATE: 12/03/08 MR#: 63202668 X-RAY#: 444684

Study: SP ANGIO CAROTID CEREBRAL RT RM#: 460-01 ACCT#: 109888891

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RIGHT CEREBRAL ANGIOGRAM

HISTORY: Preoperative angiographic evaluation of a right brain mass.

TECHNIQUE: Written consent was obtained. The right groin was thoroughly prepped and draped. 1% lidocaine was used for local anesthesia. Access into the right common femoral artery was performed using a one-wall puncture and a micropuncture needle. A 5 French vascular sheath was positioned with the tip at the distal right external iliac artery. Coaxially, a 5 French HI catheter was used to selectively catheterize the right common carotid artery, right internal carotid artery and then the right vertebral artery.

The patient tolerated the procedure well. No immediate complications were encountered. Hemostasis at the right groin was achieved using a closure device (Angio-Seal).

Comparison is made with CT scan of the brain and MRI of the brain dated 11-30-08.

FINDINGS: The right petrous, cavernous, and supraclinoid ICA are within normal limits. There is mass effect on the anterior and middle cerebral arteries secondary to the large right posterior parietal lobe mass. There is downward displacement of the sylvian triangle with splaying of the branch vessels of the middle cerebral artery. There is midline shift of the anterior cerebral artery by approximately 1 cm. The mass is hypervascular. No large arterial feeding vessels however, are recognized. No arteriovenous shunting or puddling is seen.

There is downward displacement of the internal cerebral vein. There is displacement but no amputation of the superior superficial cortical veins. The superior sagittal sinus and transverse sinuses are patent.

IMPRESSION:

1. Mass effect caused by a vascular neoplasm involving the right posterior parietal lobe being supplied mainly by branches of the right middle cerebral artery. A vascular blush is seen, but no A-V shunting or puddling is seen.

Dictated: 12/03/08 17:40 Dictated By: JOHN OH, M.D.  
Typed: DRG 12/03/08 17:40 Released By: JOHN OH, M.D.

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Valley Hospital Medical Center

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VARIABLE TEXT

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VALLEY HOSPITAL MEDICAL CENTER**

**Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640**

**NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052**

**PATIENT: EVANS, KEVIN                      DOB: 01/02/1971              Sex: M      VT: IP**

**DATE: 12/03/08                      MR#: 63202668              X-RAY#: 444684**

**Study: SP ANGIO CAROTID CEREBRAL RT                      RM#: 460-01      ACCT#:  
109888891**

noted. There is splaying of the venous structures without thrombosis.

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Valley Hospital Medical Center

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000012

VA/ Y HOSPITAL MEDICAL CENTER  
620 SHADOW LANE  
VA/ Y HOSPITAL MEDICAL CENTER  
620 SHADOW LANE  
LAS VEGAS, NEVADA 89106

IRGEON:  
rangzeb N Nagy, MD

LEOPERATIVE DIAGNOSIS: Right frontoparietal brain tumor.

OSTOPERATIVE DIAGNOSIS: Right frontoparietal brain tumor.

OCEDURE PERFORMED: Right-sided craniotomy for tumor debulking with use of  
uronavigation, microscope, and a motor strip mapping with strip electrodes and  
emann electrode.

SISTANT: Stacy Fort, nurse practitioner.

ESTHESIOLOGIST: Martin H. Straznicky, M.D.

ESTHESIA: General endotracheal anesthesia.

TIMATED BLOOD LOSS: Maybe 120 mL.

AINS: Subgaleal Hemovac.

ECIMENS: Central portion of the tumor, which came back as grade 2 astrocytoma  
th findings of nuclear atypia and mitosis without endothelial proliferation or  
crosis.

NDINGS: The motor strip was identified as being entered to a large draining  
in. The sensory strip was felt to be immediately adjacent to that. Posterior  
this area, a large amount of quite gray tissue was able to be identified and  
ere was a substantial distention once the dura was opened deep to this. Once  
e opening in the brain tissue had been made, a much more gray portion of  
ssue was able to be found, which was easily able to be aspirated. The  
sssection was stopped when the abnormal tissue began to blend back into brain  
ssue and when the yellowish-appearing brain tissue was found on the margins,  
rther resection was altered. A small portion was likely left against the  
terior margin where his sensory strip was felt to incoordinated movements and  
blems with motor function in this young gentleman.

DICATIONS: A 37-year-old gentleman with incapacitating headaches, nausea, and  
urry vision who presented to the emergency room for whom imaging studies  
owed large right frontoparietal mass appearing mostly to be in the parietal  
be causing substantial midline shift with risk of herniation. The patient and  
e family understood the risks and benefits of the procedure including death,  
roke, heart attack, seizure, CSF leak, infection, bleeding, loss of function  
d sensation, failure to improve, worsening of symptoms, and failure to obtain  
agnosis from the sampling material, and they understood that it was most  
kely there would be residual tumor left and that a margin would not be taken  
ound the tumor; given its proximity to motor structures, and its potential  
ximity to visual structures via the mass effect at the deep and inferior  
pect. The family and the patient understood the risks of the surgery and the  
sks of not going forward with surgery and agreed to proceed.

RECEIVED

ERATIVE PROCEDURE: After informed consent was obtained, the patient was taken  
the operating theatre; appropriate antibiotics were administered, general  
otracheal anesthesia was induced, Foley catheter was inserted, sequential  
mpressions were also inserted and arterial line was inserted, a central venous  
theter was inserted, a shoulder roll was placed underneath the right shoulder,  
d the head was turned towards the left exposing the right hemicranium. The  
tient's head was placed in a Mayfield in a nearly lateral position. The head

FEB 12 2009

000013

is shaved and the neuronavigation apparatus was registered. The head was prepped and draped in the usual sterile surgical fashion. A 0.25% Marcaine with 1:200,000 concentration epinephrine solution was injected into the planned incision site and a very large question mark incision was made in the patient's scalp, starting on the left and continuing over towards the right side. The skin flaps were retracted anteriorly. A Ray-Tec was placed beneath the marginal flap to prevent necrosis. The muscle flap was then elevated and retracted anteriorly and anteriorly. A large craniotomy was generated both to allow access to the entire tumor and to allow access to the more normal appearing portion of brain, more medial to the bulk of the tumor to allow for normal area to use the strip electrodes to identify the motor strip with a phase reversal. Several burr holes were placed and Penfield #3 was used to strip away the dura from the overlying bone and the burr holes were connected with a high-speed drill with B2 bit and foot plate. The bone flap was able to be elevated with the dura intact and this was set to the side. Dural tack-up sutures were placed particularly medially and some Gelfoam was sewn over an area of persistent bleeding near the midline. The dura was opened, base towards the middle meningeal artery and the area in the brain seemed to pouch out to push outwards under pressure. A patty was placed to protect the vein of Trolard, as it appeared to be somewhat compressed by the margin of the dura. Neuronavigation apparatus was brought in to identify the margins of tumor. This corresponded fairly well to an area of the grayish-appearing brain on the surface of the cortex. The strip electrodes were brought in and the motor strip was able to be identified. There was a large vein just posterior to this and then the posterior aspect of the sensory strip appeared to be involved with tumor. The Ojemann electrodes were applied to the area that suspected to be the motor strip; however, no stimulation was able to be achieved with this and it was determined that the Ojemann electrodes were in fact effective, as they would not stimulate muscle tissue either. This was discussed with the neurophysiologist and it should be corrected before the next case. The portion of cortex posterior to the sensory strip was chosen as an entry site and the gyrus was sulcized, and then that cut with a #15 blade and the tissue was sent from this area as specimen and then debulking of the brain tissue began. Attempts were made to preserve vessels until it was cleared that those vessels were serving only the tumor and then they were sacrificed. These were all only small vessels. The debulking continued until much more abnormal gray tissue appeared deeper to the surface of the cortex. This was very easily able to be aspirated away and gradually a large hole was generated in the surface of the brain towards the posterior and inferior margins. The decompression was taken to a more normal appearing brain, was identified. This was more white in appearance than the tumor had been. This was also carried out superiorly towards the medial aspect and towards the anterior aspect. The obliterated tissue was removed anteriorly and medially as well. When more normal-appearing tissue was identified, the dissection was stopped medially and also when more normal tissue was identified anteriorly, the dissection was also stopped there, given the proximity of the motor strip and the fact that we were appeared to be underneath and somewhat anterior to the cortical margin, which was in border. The pathology had come back as grade 2 astrocytoma, so the decision was made not to create a orifice at this time and the brain now appeared quite slack and it was felt appropriate to give hemostasis and close. This, however, was performed. Meticulous hemostasis was achieved with bipolar electrocautery and Avitene. The wound was irrigated copiously with antibiotic impregnated solution and when it was completely dry, the dura was reapproximated with 4-0 Nurodon in a fashion and the dural tack-up sutures were further applied. Any bleeding areas of the dura were cauterized with bipolar electrocautery and 2 central dural tack-

sutures were placed and then, the bone flap was placed and secured with plates and screws and the central tack-up sutures were tied and the temporalis fascia was reapproximated. A Hemovac drain rather a JP drain was lain underneath the large scalp flap and drawn out through a stab wound incision and secured with nylon. The galea was reapproximated with interrupted 2-0 Vicryl, staples were used on the skin margin, and a dry sterile head wrap was applied lightly. The patient was awakened and extubated without difficulty and transported to the postanesthesia care unit, moving all extremities and good strength. The patient had been given preoperative antibiotics and have been given Dilantin, mannitol, and Decadron at the beginning of the case.

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000014

ied by NAGY, AURANGZEB N on  
Dec-2008 15:44:02 -0800

-----  
rangzeb N Nagy, MD

-----  
rangzeb N Nagy, MD

2675/MedQ

: 12/11/2008 22:04:56

: 12/12/2008 20:46:59

TIENT: EVANS, KEVIN

RGERY DATE: 12/04/2008

RGEON: AURANGZEB N NAGY, MD

MR#: 63202668

ACCT#: 109888891

OPERATIVE REPORT

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VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP  
DATE: 12/04/08 MR#: 63202668 X-RAY#: 444684  
Study: MRI BRAIN W/CONT ONLY LTD RM#: 610-03 ACCT#: 109888891

MRI OF THE BRAIN WITH CONTRAST

HISTORY: Brain lab protocol. Large right temporal frontoparietal lobe mass.

TECHNIQUE: 100 T1 thin section axial images with 15 cc of Magnevist.

FINDINGS: There is a 7.4 cm x 5.7 cm right temporal frontoparietal lobe mass with internal enhancement. There is mass effect and midline shift. The midbrain is compressed and distorted. The third ventricle is compressed. The right lateral ventricle is compressed. There is mild hydrocephalus of the left lateral ventricle.

IMPRESSION:

1. 7 cm right temporal frontal and parietal lobe mass.
2. Brain lab protocol mapping for surgery today.

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Dictated: 12/04/08 22:48 Dictated By: M. J. EISENBERG, M.D.  
Typed: DRG 12/05/08 22:48 Released By: M. J. EISENBERG, M.D.  
Radiology Associates of Nevada

Valley Hospital Medical Center  
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VARIABLE TEXT

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VALL HOSPITAL MEDICAL CL TER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP  
DATE: 12/04/08 MR#: 63202668 X-RAY#: 444684  
Study: XR CHEST 1V RM#: 610-03 ACCT#: 109888891

UPRIGHT AP PORTABLE CHEST AT 1:50 PM

HISTORY: Intracranial mass, postop.

FINDINGS: An appropriately placed endotracheal tube is noted along with a right internal jugular vein catheter with its distal tip in the superior vena cava. The heart is not enlarged. The lungs are clear.

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Dictated: 12/04/08 18:59 Dictated By: DEAN EASTON, M.D.  
Typed: DRG 12/06/08 18:59 Released By: DEAN EASTON, M.D.  
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Valley Hospital Medical Center

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# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
857 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

11/30/08

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M

Location: VDIS Room/Bed:

Patient's Facility: Valley Hospital

Admitting Physician: Patel, Viren B

Ordering Physician: Unknown Doctor

Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

Collected: 12/04/08 @ 13:59

Received: 12/04/08 @ 13:59

Acct: 367047

Test	Result	Flag	Reference Range/Units
------	--------	------	-----------------------

## REFERENCE LABORATORY

Gross and Micro

GROSS AND MICRO

Result:

Scanned into IVOS

PATH NO: TCB C92367

SPECIMEN: A-right parietal tumor

B-right parietal tumor

C-rt parietal tumor

Pre-Op diagnosis: rt parietal mass

REMARKS: 63202668

Frozen Diagnosis:

(INTRAOPERATIVE CONSULTATION) - FROZEN SECTION

A-RIGHT PARIETAL TUMOR (STAT READ): GLIOBLASTOMA.

(CALLED TO DR. NAGY AT 11:20 A.M.) (DR. KNIGHT)

620 Shadow Lane  
Las Vegas, Nevada

Gross Diagnosis:

GROSS:

Received from the OR without fixative, labeled "Evans, Kevin, right parietal tumor", are two pink-tan soft portions of tissue that measure 0.8 x 0.5 x 0.3cm in aggregate. Touch preps are made, and the specimen is entirely submitted in cassette FSA for frozen section. The specimen is totally embedded. Number of cassettes: 1

B-Received in formalin, labeled "Evans, Kevin, right parietal tumor", is a 1.7 x 1.5 x 0.3cm aggregate of tan-gray soft tissue fragments. Wrapped. The specimen is totally embedded. Number of

RECEIVED  
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Legend

High - H3 Low - L0

EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/09/2008 @ 13:38

REFERENCE LABORATORY

Page: 1 of 3

DISCHARGE ADDENDUM FINAL REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000018

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Diana Garcia MD

Will Scamman, MD

Peter Scully, MD

Patient: EVANS, KEVIN

M.R.#: 63202668

Account #: 109888891

DOB: 01/02/1971 Age: 37yr Sex: M

Location: VDIS Room/Bed:

Patient's Facility: Valley Hospital

Admitting Physician: Patel, Viren B

Ordering Physician: Unknown Doctor

Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

Collected: 12/04/08 @ 13:59

Received: 12/04/08 @ 13:59

Accn: 367047

Test	Result	Flag	Reference Range/Units
------	--------	------	-----------------------

## REFERENCE LABORATORY

cassettes: 1

C-Received in formalin, labeled "Evans, Kevin, right parietal tumor, P22 chromosome analysis", is a 1.0 x 0.8 x 0.2cm aggregate of tan-gray soft tissue fragments. Wrapped. The specimen is totally embedded. Number of cassettes: 1

Scanned into IVOS

smg286:lb:12/04/08

Microscopic Diagnosis :

A,B

into the final diagnosis.

Diagnosis:

A-BRAIN, RIGHT PARIETAL TUMOR, BIOPSY:  
- GLIOBLASTOMA. (WHO GRADE IV)

B-BRAIN, RIGHT PARIETAL TUMOR, BIOPSY:  
- GLIOBLASTOMA. (WHO GRADE IV)

C-BRAIN, RIGHT PARIETAL TUMOR, BIOPSY:  
- GLIOBLASTOMA. (WHO GRADE IV)

COMMENT:

Sections demonstrate a cellular glial neoplasm with high-grade nuclear atypia, numerous mitotic figures, vascular proliferation and scattered foci of necrosis.

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Legend  
High - H) Low - L0

EVANS, KEVIN  
REFERENCE LABORATORY

Account #: 109888891

Printed Date/Time: 12/09/2008 @ 13:38

Page: 2 of 3

DISCHARGE ADDENDUM FINAL REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000019

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

Patient: **EVANS, KEVIN**

M.R.#: **63202668**

Account #: **109888891**

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patel, Viran B**

Ordering Physician: **Unknown Doctor**

Admit Date: **11/30/08**

## CLINICAL LABORATORY REPORT

Collected: 12/04/08 @ 13:59

Received: 12/04/08 @ 13:59

Accn: 367047

Test	Result	Flag	Reference Range/Units
------	--------	------	-----------------------

## REFERENCE LABORATORY

The neoplastic cells are diffusely positive for p53, and at least 90% express the proliferation marker Ki-67. Only a small subset of neoplastic cells is positive for GFAP. They are negative for synaptophysin and chromogranin.

The histologic and immunohistochemical features are diagnostic of glioblastoma.

Dr. Will Scamman concurs.

#AAT:A33256659\*ACC7\*AC04X3

kja334:12/05/08

Joseph C. Khoury, M.D. (Electronic Signoff)

PREVIOUS SPECIMENS:

T08C92367

Z07C00102

These results were transmitted electronically, supplemental reports may be available. Please consult the original anatomic pathology report for complete information.

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Legend  
High - H Low - L

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EVANS, KEVIN  
REFERENCE LABORATORY

Account #: **109888891**

Printed Date/Time: 12/09/2008 @ 13:38

Page: 3 of 3

DISCHARGE ADDENDUM FINAL REPORT

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000020

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
820 Shadow Ln.  
Las Vegas, NV 89108

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: **EVANS, KEVIN**  
M.R.#: **63202668**  
Account #: **109888891**

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patal, Viren B**

Ordering Physician:

Adm# Date: **11/30/08**

## CLINICAL LABORATORY REPORT

Collection Date>	12/04/08 03:45	12/05/08 04:25	12/04/08 23:40	12/04/08 17:34	12/04/08 13:59	
Received Date >	12/06/08 04:42	12/05/08 04:42	12/04/08 23:41	12/04/08 17:38	12/04/08 13:59	
Lab Accession #>	368430	367380	366250	367232	367047	
Test						Reference Range
Collection Qnt	aa	bb	cc	dd	eeColl tm not ap	

Collection Date>	12/03/08 17:48	12/02/08 17:00				
Received Date >	12/03/08 18:21	12/02/08 17:03				
Lab Accession #>	365172	364099				
Test						Reference Range
Collection Qnt	ff	qq				

## HEMATOLOGY

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Collection Date>	12/06/08 03:45	12/05/08 04:25	12/04/08 05:30	12/03/08 02:05	12/02/08 02:30	
Received Date >	12/06/08 04:42	12/05/08 04:42	12/04/08 05:56	12/03/08 02:22	12/02/08 02:44	
Lab Accession #>	368430	367380	365170	365171	364100	
Test						Reference Range
CBC W/DIFF W/PLT						
CBC W/PLT						
WBC	12.4 HI	12.3 HI	8.8	8.2	8.5	(4.3 - 10.0 k/cmm)
RBC	4.31 LO	4.01 LO	4.84	4.44 LO	4.43 LO	(4.50 - 6.00 m/cmm)
HEMOGLOBIN	13.1	11.9 LO	14.4	13.6	13.3	(13.0 - 18.0 g/dl)
		Repeatc				

aa OSHL Cancellec 05 2335POETS

bb per rn sig' cancel osmo  
level(QR)...retime orders  
for 0400

cc PT IN OR AT 1100, BJM

per rn sig' do labs at 2330  
for osmo cancel other labs  
at 2350

dd RIGHT PARIETAL TUMOR

ee RIGHT PARIETAL TUMOR

ff PER RN DAVID Q8HRS 1800

gg DRAWN BY SHELLEY

Legend

High - HI Low - LO

EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

KENATCLOUT

Page: 1 of 12

## DISCHARGE CUMULATIVE REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000021

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

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5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: **EVANS, KEVIN**  
M.R. #: **63202668**  
Account #: **109888891**

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patel, Viren B**

Ordering Physician:

Admit Date: **11/30/08**

## CLINICAL LABORATORY REPORT

### HEMATOLOGY

Collection Date>	12/06/08 03:45	12/05/08 04:25	12/04/08 05:30	12/03/08 02:05	12/02/08 02:30	
Rece'ed Date >	12/06/08 04:42	12/05/08 04:42	12/04/08 05:56	12/03/08 02:22	12/02/08 02:44	
Lab Accession #>	368430	367380	365170	365171	364100	
Test	Reference Range					
HEMATOCRIT	37.3 LO	34.2 LO	41.8	38.3 LO	38.0 LO	39.0 - 54.0 %
MCV	86.4	85.3	86.3	86.2	86.2	80.0 - 100.0 fL
MCH	30.4	29.6	29.7	30.5	30.1	27.0 - 34.0 pcG
MCHC	35.2	34.7	34.4	35.4	34.9	32.0 - 36.0 g/dL
RED CELL DISTRIB	13.1	13.0	12.9	13.5	13.3	7.0 - 16.0 %
PLATELET COUNT	196	209	217	196	201	135 - 450 k/cmm
MEAN PLATE VOL	9.3	8.8	9.5	9.1	8.8	6.9 - 10.9
AUTO DIFF						
Neutrophils			85.0 HI	84.4 HI		42.0 - 71.0 %
Lymphs			10.7 LO	11.8 LO		24.0 - 44.0 %
Monocytes			3.8	3.7		2.0 - 12.0 %
Eosinophil			0.1	0.0		0.0 - 6.0 %
Basophils			0.4	0.1		0.0 - 2.0 %

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Collection Date>	12/01/08 02:40					
Rece'ed Date >	12/01/08 03:10					
Lab Accession #>	363262					
Test	Reference Range					
CBC W/PLT						
WBC	8.9					4.3 - 10.0 k/cmm
RBC	4.73					4.50 - 6.00 m/cmm
HEMOCRITIN	14.3					13.0 - 18.0 g/dL
HEMATOCRIT	40.7					39.0 - 54.0 %
MCV	86.0					80.0 - 100.0 fL
MCH	30.2					27.0 - 34.0 pcG
MCHC	35.1					32.0 - 36.0 g/dL
RED CELL DISTRIB	13.7					7.0 - 16.0 %
PLATELET COUNT	230					135 - 450 k/cmm
MEAN PLATE VOL	9.3					6.9 - 10.9

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

HEMATOLOGY

Page: 2 of 12

### DISCHARGE CUMULATIVE REPORT

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000022

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

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620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M

Location: VDIS Room/Bed:

Patient's Facility: Valley Hospital

Admitting Physician: Patel, Viren B

Ordering Physician:

Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

### COAGULATION

Collection Date>	12/05/08 04:25	12/04/08 05:30	12/02/08 07:40			
Received Date >	12/05/08 04:42	12/04/08 05:56	12/02/08 08:27			
Lab Accession #>	367380	365170	364600			
Test	Reference Range					
PROTHROMBIN TIME	10.9	10.6	10.7			9.0 - 11.5 Seconds
INR	aa 1.1	aa 1.1	aa 1.0			0.9 - 1.1
PTT	bb 25.4	bb 23.7	bb 23.8			22.0 - 34.0 Seconds

### CHEMISTRY

Collection Date>	12/06/08 03:45	12/05/08 15:30	12/05/08 07:45	12/05/08 04:25	12/04/08 23:40	Reference Range
Received Date >	12/06/08 04:42	12/05/08 15:41	12/05/08 07:53	12/05/08 04:42	12/04/08 23:41	
Lab Accession #>	368430	367655	367656	367380	366250	
Test						
COMP MET PANEL						
BASIC METABOLIC						
Sodium	134.1			133.4		121.0 - 145.0 mEq/L
Potassium	4.5			4.5		3.5 - 5.3 mmol/L
Chloride	101.0			102.0		98.0 - 110.0 mEq/L
CO2 (Bicarb)	28.0			28.0		22.0 - 31.0 mmol/L

aa Recommended Therapeutic Ranges for INR

- Prophylaxis of venous thrombosis:
- Prevention of systemic embolism:
- Treatment of venous thrombosis:
- Treatment of pulmonary embolism:
- Valvular heart disease:
- Tissue heart valves: (2.0 - 3.0)

\*\*\*\*\*

- Treatment of systemic embolism:
- Treatment of atrial thrombosis:
- Mechanical heart valves (2.5 - 3.5)

\*\*\*\*\*

bb A PTT value of between 54-72 seconds correlates to the heparin therapeutic range of 0.3-0.7 IU/mL

Legend

High - H Low - L

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

COAGULATION, CHEMISTRY

Page: 3 of 12

### DISCHARGE CUMULATIVE REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000023

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89108

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

Patient: EVANS, KEVIN

M.R.#: 63202668

Account #: 109888891

DOB: 01/02/1971 Age: 37yr Sex: M

Location: VDIS Room/Bed:

Patient's Facility: Valley Hospital

Admitting Physician: Patel, Viren B

Ordering Physician:

Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

### CHEMISTRY

Collection Date>	12/06/08 03:45	12/05/08 15:30	12/05/08 07:45	12/05/08 04:25	12/04/08 23:40	
Receiver Date >	12/06/08 04:42	12/05/08 15:41	12/05/08 07:53	12/05/08 04:42	12/04/08 23:41	
Lab Accession #>	368430	367655	367656	367380	366250	
Test						Reference Range
Glucose	128.0 HI			127.6 HI		70.0 - 110.0 mg/dL
BUN	20			24		7 - 25 mg/dL
Creatinine	1.1			0.8		0.5 - 1.3 mg/dL
Calcium	8.2 LO			7.9 LO		8.6 - 10.2 mg/dL
Magnesium	2.4					1.8 - 2.5 mg/dL
Total Protein				5.5 LO		6.2 - 8.3 g/dL
Albumin				3.2 LO		3.6 - 5.1 g/dL
Bilirubin Total				0.8		0.2 - 1.2 mg/dL
Alkaline Phos				29 LO		40 - 115 U/L
ALT - SGPT				17		9 - 60 U/L
AST - SGOT				10		10 - 40 U/L
eGFR	aa			cc		
Osmolality Serum		287	290		251	275 - 300 mOsm/L

Collection Date>	12/04/08 15:50	12/04/08 05:30	12/03/08 17:48	12/03/08 11:30	12/03/08 02:05	
Receiver Date >	12/04/08 16:03	12/04/08 05:56	12/03/08 18:21	12/03/08 11:33	12/03/08 02:22	
Lab Accession #>	367156	365170	365172	365671	365171	
Test						Reference Range

### BASIC METABOLIC

aa > F9  
> F9  
See bb  
bb \*\*\*\*\*  
eGFR Reference Ranges >17 years:  
>59 mL/min/1.73m<sup>2</sup>  
The eGFR calculation includes: age, race  
and gender.  
\*\*\*\*\*  
cc > F9  
> F9  
See bb  
Legend  
High - HI Low - LO

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

CHEMISTRY

Page: 4 of 12

### DISCHARGE CUMULATIVE REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

-000024

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

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820 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

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5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: **EVANS, KEVIN**  
M.R.#: **63202668**  
Account #: **109888891**

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patel, Viren B**

Ordering Physician:

Admit Date: **11/30/08**

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

## CLINICAL LABORATORY REPORT

### CHEMISTRY

Collection Date>	12/04/08 15:50	12/04/08 05:30	12/03/08 17:48	12/03/08 11:30	12/03/08 02:05	
Received Date >	12/04/08 16:03	12/04/08 05:56	12/03/08 18:21	12/03/08 11:33	12/03/08 02:22	
Lab Accession #>	367156	365170	365172	365671	365171	
Test						Reference Range
Sodium		138.3			136.9	131.0 - 145.0 mEq/L
Potassium		4.8			4.4	3.5 - 5.3 mmol/L
Chloride		102.0			103.0	98.0 - 110.0 mEq/L
CO2 (Bicarb)		30.0			27.0	22.0 - 31.0 mmol/L
Glucose		123.0 HI			137.0 HI	70.0 - 110.0 mg/dL
BUN		21			21	7 - 25 mg/dL
Creatinine		1.0			0.9	0.5 - 1.3 mg/dL
Calcium		9.2			9.8	8.6 - 10.2 mg/dL
Magnesium					2.4	1.8 - 2.5 mg/dL
eGFR		AA			CC	
Dilantin					1.2 LO	10.0 - 20.0 ug/mL
Osmolality, Serum	295	296	298	291	295	275 - 300 mOsm/L

Collection Date>	12/02/08 17:00	12/02/08 07:40	12/02/08 02:30	12/01/08 21:00	12/01/08 18:25	
Received Date >	12/02/08 17:03	12/02/08 10:55	12/02/08 02:44	12/01/08 21:15	12/01/08 18:50	
Lab Accession #>	364099	364102	364100	363897	363264	
Test						Reference Range

### BASIC METABOLIC

aa > F9  
> F9  
See bb  
bb \*\*\*\*\*  
eGFR Reference Ranges >17 years:  
>59 mL/min/1.73m(2)  
The eGFR calculation includes: age, race  
and gender.  
\*\*\*\*\*  
cc > F9  
> F9  
See bb  
Legend  
High - HI Low - LO

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EVANS, KEVIN

CHEMISTRY

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

Page: 5 of 12

### DISCHARGE CUMULATIVE REPORT

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# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
820 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
857 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: **EVANS, KEVIN**  
M.R.#: **63202668**  
Account #: **109888891**

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patel, Viren B**

Ordering Physician:

Admit Date: **11/30/08**

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

## CLINICAL LABORATORY REPORT

### CHEMISTRY

Collection Date>	12/02/08 17:00	12/02/08 07:40	12/02/08 02:30	12/01/08 21:00	12/01/08 18:25	
Rece'ed Date >	12/02/08 17:03	12/02/08 10:55	12/02/08 02:44	12/01/08 21:15	12/01/08 18:50	
Lab Accession #>	364099	364102	364100	363897	363264	
Test						Reference Range
Sodium			135.8			131.0 - 145.0 mEq/L
Potassium			4.5			3.5 - 5.3 mmol/L
Chloride			104.0			98.0 - 110.0 mEq/L
CO2 (Bicarb)			26.0			22.0 - 31.0 mmol/L
Glucose			119.0 HI			70.0 - 110.0 mg/dL
BUN			19			7 - 25 mg/dL
Creatinine			0.9			0.5 - 1.3 mg/dL
Calcium			8.7			8.6 - 10.2 mg/dL
eGFR			88			
Osmolality, Serum	298	304 HI	299	293	298	275 - 320 mOsm/kg

Collection Date>	12/01/08 10:50	12/01/08 02:40	11/30/08 19:24			
Rece'ed Date >	12/01/08 11:11	12/01/08 03:10	11/30/08 20:04			
Lab Accession #>	363263	363262	362942			
Test						Reference Range
<b>BASIC METABOLIC</b>						
Sodium		137.5				131.0 - 145.0 mEq/L
Potassium		4.4				3.5 - 5.3 mmol/L
Chloride		105.0				98.0 - 110.0 mEq/L
CO2 (Bicarb)		26.0				22.0 - 31.0 mmol/L
Glucose		127.0 HI				70.0 - 110.0 mg/dL
BUN		19				7 - 25 mg/dL
Creatinine		1.0				0.5 - 1.3 mg/dL

aa > 69

See bb

bb \*\*\*\*\*

eGFR Reference Ranges >17 years:

>55 mL/min/1.73m<sup>2</sup>

The eGFR calculation includes: age, race  
and gender.

\*\*\*\*\*

Legend

High - HI Low - LO

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

CHEMISTRY

Page: 6 of 12

### DISCHARGE CUMULATIVE REPORT

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000026

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Patient: **EVANS, KEVIN**  
M.R.#: **63202668**  
Account #: **109888891**

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: **01/02/1971** Age: **37yr** Sex: **M**

Location: **VDIS Room/Bed:**

Patient's Facility: **Valley Hospital**

Admitting Physician: **Patel, Viren B**

Ordering Physician:

Admit Date: **11/30/08**

## CLINICAL LABORATORY REPORT

### CHEMISTRY

Collection Date>	12/01/08 10:50	12/01/08 02:40	11/30/08 19:24			
Received Date >	12/01/08 11:11	12/01/08 03:10	11/30/08 20:04			
Lab Accession #>	363263	363262	362942			
Test	Reference Range					
Calcium		9.0				8.6 - 10.2 mg/dL
Magnesium		2.3				1.8 - 2.5 mg/dL
eGFR		aa				
Dilantin		7.3	10			10.0 - 20.0 ug/mL
Osmolality, Serum	296	294	295			275 - 300 mOsm/L

Scanned into IVOS

aa > F9

See bb

bb \*\*\*\*\*

eGFR Reference Ranges >17 years:

>55 mL/min/1.73m<sup>2</sup>

The eGFR calculation includes: age, race  
and gender.

\*\*\*\*\*

Legend

High - H3 Low - L0

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EVANS, KEVIN

CHEMISTRY

Account #: **109888891**

Printed Date/Time: 12/07/2008 @ 13:26

Page: 7 of 12

### DISCHARGE CUMULATIVE REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000027

**THE VALLEY HEALTH SYSTEM  
THE VALLEY HEALTH SYSTEM**

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SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: **EVANS, KEVIN**  
M.R.#: **63202668**  
Account #: **109888891**

Diana Garcia MD

Will Scamman, MD

Peter Scully, MD

DOB: **01/02/1971** Age: **37yr** Sex: **M**  
Location: **VDIS Room/Bed**  
Patient's Facility: **Valley Hospital**  
Admitting Physician: **Patel, Viren B**  
Ordering Physician: **Nagy Aurangzeb N**  
Admit Date: **11/30/08**

**CLINICAL LABORATORY REPORT**

**REFERENCE LABORATORY**

Collected: **12/04/08 @ 17:30** Received: **12/04/08 @ 17:38** Accn: **367232**

**TISSUE EXAM**

Gross and Micro

Pending

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**Legend**

High - H) Low - L)

**EVANS, KEVIN**

Account #: **109888891**

Printed Date/Time: **12/07/2008 @ 13:26**

REFERENCE LABORATORY

Page: 9 of 12

**DISCHARGE CUMULATIVE REPORT**

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000028

# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
820 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M  
Location: VDIS Room/Bed:  
Patient's Facility: Valley Hospital  
Admitting Physician: Patel, Viren B  
Ordering Physician: Unknown Doctor  
Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

## REFERENCE LABORATORY

Collected: 12/04/08 @ 13:59 Received: 12/04/08 @ 13:59 Accn: 367047

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

REFERENCE LABORATORY

Page: 10 of 12

## DISCHARGE CUMULATIVE REPORT

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# THE VALLEY HEALTH SYSTEM THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

Diana Garcia, MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M  
Location: VDIS Room/Bed:  
Patient's Facility: Valley Hospital  
Admitting Physician: Patel, Viren B  
Ordering Physician: Nagy Aurangzeb N  
Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

### BLOOD BANK

Collected: 12/04/08 @ 05:30 Received: 12/04/08 @ 05:56 Accn: 365170

#### TYPE AND SCREEN

ABO TYPE

A

RH TYPE

POS

Ab Screen (IAT)

NEG

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EVANS, KEVIN

Account #: 109888891

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Page: 11 of 12

BLOOD BANK

#### DISCHARGE CUMULATIVE REPORT

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THE VALLEY HEALTH SYSTEM  
THE VALLEY HEALTH SYSTEM

VALLEY HOSPITAL  
620 Shadow Ln.  
Las Vegas, NV 89106

SUMMERLIN MEDICAL CENTER  
657 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

Diana Garcia MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M  
Location: VDIS Room/Bed  
Patient's Facility: Valley Hospital  
Admitting Physician: Patel, Viren B  
Ordering Physician: Nagy Aurangzeb N  
Admit Date: 11/30/08

CLINICAL LABORATORY REPORT

REFERENCE LABORATORY

Collected: @ 00:00 Received: @ 00:00 Accn: 366977

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EVANS, KEVIN

Account #: 109888891

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REFERENCE LABORATORY

Page: 12 of 12

DISCHARGE CUMULATIVE REPORT

NOTE: ALL TESTING DONE AT FACILITY IN WHICH THE PATIENT WAS LOCATED WHEN THE TEST WAS ORDERED UNLESS OTHERWISE NOTED

000031

VALLEY HOSPITAL MEDICAL CENTER  
VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP  
DATE: 12/05/08 MR#: 63202668 X-RAY#: 444684  
Study: CT BRAIN W/O CONTRAST RM#: 610-03 ACCT#: 109888891

C.T. BRAIN WITHOUT CONTRAST AT 8:37 A.M.

HISTORY: Status post right craniotomy for brain tumor removal.

TECHNIQUE: Thin axial images of the brain.

FINDINGS: There has been a large right frontoparietal and temporal craniotomy. There is a drain in the scalp. There has been resection of a large right temporofrontal parietal tumor. There is a small amount of hemorrhage along the margins of the resection cavity. There mass effect with midline shift from right to left. The midline shift is about 8 mm. The third ventricle remains compressed. The right lateral ventricle is compressed. The 4th ventricle is normal. The left lateral ventricle is not dilated.

There is partial obliteration of the suprasellar cistern with distortion of the mid brain probably from some uncohemiation.

IMPRESSION:

1. Status post tumor resection with residual mass effect and shift.

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Dictated: 12/05/08 09:20 Dictated By: M. J. EISENBERG, M.D.  
Typed: JL 12/07/08 09:21 Released By: M. J. EISENBERG, M.D.  
Radiology Associates of Nevada

Valley Hospital Medical Center  
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VALLEY HOSPITAL MEDICAL CENTER  
VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN

DOB: 01/02/1971

Sex: M VT: IP

DATE: 12/05/08

MR#: 63202668

X-RAY#: 444684

Study: XR CHEST 1V

RM#: 610-03

ACCT#: 109888891

PORTABLE CHEST AT 3:44 A.M.:

HISTORY: Central line and postop.

FINDINGS: Extubated. CVP in the superior vena cava. Normal heart size and clear lungs. No change.

IMPRESSION:

1. Negative.

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620 SHADOW LANE  
VAI Y HOSPITAL MEDICAL CENTER  
620 SHADOW LANE  
LAS VEGAS, NEVADA 89106

MITTING DIAGNOSIS: Intracranial tumor, status post intracranial surgery with ioma diagnosis.

SCHARGE DIAGNOSIS: Intracranial tumor, status post intracranial surgery with ioma diagnosis.

SPITAL COURSE: Mr. Evans was initially admitted. The patient was found to ve intracranial tumor with edema. The patient was admitted. The patient was mplainig of intractable headaches. The patient did not have a low-grade ioma. The patient had glioblastoma, which was noted on pathology specimen st biopsy. The patient has been seen by Neurology. The patient's headaches re managed with medications and Neurology. The patient was given mannitol and cadron. The patient overall had a uncomplicated hospital course. The patient d excision of tumor performed by Dr, Nagy. The patient will followup on an tpatient basis with his own oncologist. The did not want to see Dr. Ellerton d the patient is currently stable for discharge. Prescriptions written. tpatient followup. I have instructed to keep the patient at least another 24 urs; however, to observe and make sure the patient does not have any nausea or miting. However, the patient has been discharged by Neurosurgery. No further sues.

Signed by PATEL, VIREN B. on 21-Jan-2009  
17:36:01 -0800

ren B. Patel, DO

6302/MedQ  
: 01/13/2009 15:50:52  
: 01/13/2009 21:39:19

TIENT: EVANS, KEVIN  
TENDING: Viren B. Patel, DO  
MISSION DATE: 11/30/2008

MR#: 63202668  
ACCT#: 109888891  
DISCHARGE DATE: 12/06/2008

DISCHARGE SUMMARY

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857 Town Center Dr.  
Las Vegas, NV 89134

SPRING VALLEY MEDICAL CENTER  
5400 S. Rainbow Blvd.  
Las Vegas, NV 89118

Patient: EVANS, KEVIN  
M.R.#: 63202668  
Account #: 109888891

Diana Garcia MD

Will Scamman, MD

Peter Scully, MD

DOB: 01/02/1971 Age: 37yr Sex: M  
Location: VDIS Room/Bed:  
Patient's Facility: Valley Hospital  
Admitting Physician: Patel, Viren B  
Ordering Physician: Patel, Viren B  
Admit Date: 11/30/08

## CLINICAL LABORATORY REPORT

### MICROBIOLOGY

Collected: 12/06/08 @ 18:52 Received: 12/06/08 @ 18:52 Accr: 33750 Seq: 0  
Discharged Discharged patient

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EVANS, KEVIN

Account #: 109888891

Printed Date/Time: 12/07/2008 @ 13:26

Page: 8 of 12

MICROBIOLOGY

### DISCHARGE CUMULATIVE REPORT

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VALLEY HOSPITAL MEDICAL CENTER  
VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP  
DATE: 11/30/08 MR#: 63202668 X-RAY#: 444684  
Study: MRI BRAIN W/CONTRAST ONLY RM#: 460-01 ACCT#: 109888891

MRI OF THE BRAIN, WITH CONTRAST ONLY:

HISTORY: 37-year-old, right parietal mass.

TECHNIQUE: Using a 1.5 Tesla MRI unit, 15 cc of Magnevist contrast was given IV with axial and coronal T1 weighted images performed.

FINDINGS: Very minimal enhancement is noted. There may be some slight enhancement along the gyral grey-white matter junctions of the right parietal area that could represent some minimal enhancement, which would favor a low-grade glioma. Again, the lesion is quite crisply defined, which also favors a malignancy such as a low-grade glioma. On the coronal images, there is actually 9 mm of midline shift to the left.

IMPRESSION:

1. Very minimal, if any, enhancement, such findings together with the large amount of shift with relatively minimal symptoms would favor a low-grade glioma.

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VALLEY HOSPITAL MEDICAL CENTER

Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN                      DOB: 01/02/1971                      Sex: M      VT: IP  
DATE: 11/30/08                              MR#: 63202668                      X-RAY#: 444684  
Study: MRI BRAIN W/O CONTRAST                      RM#: 460-01                      ACCT#: 109888891

MRI OF THE BRAIN WITHOUT CONTRAST:

HISTORY:              Severe headache, intracranial mass, 37-year-old male, no other studies available at this facility.

TECHNIQUE:              Using a 1.5 Tesla MRI Unit, sagittal T1-weighted images of the head were obtained in addition to axial T1, T2, FLAIR, and diffusion weighted images.

FINDINGS:              A large 6.7 x 6.4 x 5.3 cm mass like lesion is identified in the right parietal lobe. The lesion is well defined and hyperintense on T2-weighted images and less hyperintense on FLAIR images and hypointense on T1-weighted images. On diffusion-weighted images, the lesion is near isointense with brain, some slight midline shift to the left is seen. No evidence of hemorrhage is seen. Such findings are most consistent with a large neoplastic process such as a glioma, correlation with CT and correlation with MRI with gadolinium contrast IV is recommended.

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620 SHADOW LANE  
LAS VEGAS, NEVADA 89106

CHIEF COMPLAINT: This patient initially presented that he was at Summerlin Hospital. The patient was complaining of having a headache symptomatology. The patient was found to have intracranial mass. He has been having headaches for approximately 1 week. Patient has admitted to having nausea, vomiting. He has been treated with Cerebyx, and the patient has been transferred to Valley Hospital. The patient is pending evaluation by Dr. Nagy and evaluation by Dr. Veerappan.

PAST MEDICAL HISTORY: Negative.

ALLERGIES: None.

SOCIAL HISTORY: The patient does not smoke or drink.

PHYSICAL EXAMINATION: VITAL SIGNS: Currently stable at this point in time, the patient is afebrile.

MENT: Pupils are round, equal and reactive to light and accommodation.

Extraocular movements are intact without strabismus.

CK: Supple. Trachea midline.

CARDIOVASCULAR: Shows regular rate and rhythm. S1 and S2.

PULMONARY: Coarse breath sounds present bilaterally.

ABDOMEN: Soft, nontender, nondistended. No guarding or rebound.

EXTREMITIES: No cyanosis or clubbing.

NEUROLOGIC: Cranial II through XII grossly intact without lateralizing signs.

LABORATORY FINDINGS: CBC, electrolytes are within normal limits. Initial scan showed intracranial mass. An MRI, full final report is still pending at this point in time.

ASSESSMENT:

Intracranial mass.

Edema.

PLAN: Mannitol and dilantin IV, monitor neurologic status. Nausea and vomiting medications. Further recommendations are following.

Ordered by PATEL, VIREN B. on 18-Dec-2008 15:57:47 -0800

-----  
Viren B. Patel, DO

6183/MedQ

DATE: 11/30/2008 12:39:11

TIME: 11/30/2008 17:22:00

PATIENT: EVANS, KEVIN  
ATTENDING: Viren B. Patel, DO  
MISSION DATE: 11/30/2008

MR#: 63202668  
ACCT#: 109888891  
RM#: 456

HISTORY AND PHYSICAL

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000038

VALLEY HOSPITAL MEDICAL CENTER  
620 SHADOW LANE  
LAS VEGAS, NEVADA 89106

URGON:  
rangzeb N Nagy, MD

OPERATIVE DIAGNOSIS: Right frontoparietal brain tumor.

STOPERATIVE DIAGNOSIS: Right frontoparietal brain tumor.

OCEDURE PERFORMED: Right-sided craniotomy for tumor debulking with use of  
uronavigation, microscope, and a motor strip mapping with strip electrodes and  
emann electrode.

SISTANT: Stacy Fort, nurse practitioner.

ESTHESIOLOGIST: Martin H. Straznicky, M.D.

ESTHESIA: General endotracheal anesthesia.

TIMATED BLOOD LOSS: Maybe 120 mL.

AINS: Subgaleal Hemovac.

ECIMENS: Central portion of the tumor, which came back as grade 2 astrocytoma  
th findings of nuclear atypia and mitosis without endothelial proliferation or  
crosis.

NDINGS: The motor strip was identified as being entered to a large draining  
in. The sensory strip was felt to be immediately adjacent to that. Posterior  
this area, a large amount of quite gray tissue was able to be identified and  
ere was a substantial distention once the dura was opened deep to this. Once  
e opening in the brain tissue had been made, a much more gray portion of  
ssue was able to be found, which was easily able to be aspirated. The  
ssection was stopped when the abnormal tissue began to blend back into brain  
ssue and when the yellowish-appearing brain tissue was found on the margins,  
rther resection was altered. A small portion was likely left against the  
terior margin where his sensory strip was felt to incoordinated movements and  
blems with motor function in this young gentleman.

DICATIONS: A 37-year-old gentleman with incapacitating headaches, nausea, and  
urry vision who presented to the emergency room for whom imaging studies  
owed large right frontoparietal mass appearing mostly to be in the parietal  
be causing substantial midline shift with risk of herniation. The patient and  
e family understood the risks and benefits of the procedure including death,  
roke, heart attack, seizure, CSF leak, infection, bleeding, loss of function  
d sensation, failure to improve, worsening of symptoms, and failure to obtain  
agnosis from the sampling material, and they understood that it was most  
kely there would be residual tumor left and that a margin would not be taken  
ound the tumor; given its proximity to motor structures, and its potential  
ximity to visual structures via the mass effect at the deep and inferior  
pect. The family and the patient understood the risks of the surgery and the  
sks of not going forward with surgery and agreed to proceed.

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ERATIVE PROCEDURE: After informed consent was obtained, the patient was taken  
the operating theatre; appropriate antibiotics were administered, general  
otracheal anesthesia was induced, Foley catheter was inserted, sequential  
mpressions were also inserted and arterial line was inserted, a central venous  
hether was inserted, a shoulder roll was placed underneath the right shoulder,  
d the head was turned towards the left exposing the right hemicranium. The  
ient's head was placed in a Mayfield in a nearly lateral position. The head

000039

as shaved and the neuronavigation apparatus was registered. The head was prepped and draped in the usual sterile surgical fashion. A 0.25% Marcaine with 1:200,000 concentration epinephrine solution was injected into the planned incision site and a very large question mark incision was made in the patient's scalp, starting on the left and continuing over towards the right side. The skin flaps were retracted anteriorly. A Ray-Tec was placed beneath the marginal flap to prevent necrosis. The muscle flap was then elevated and retracted inferiorly and anteriorly. A large craniotomy was generated both to allow access to the entire tumor and to allow access to the more normal appearing portion of brain, more medial to the bulk of the tumor to allow for normal area to use the strip electrodes to identify the motor strip with a phase reversal. Several burr holes were placed and Penfield #3 was used to strip away the dura from the overlying bone and the burr holes were connected with a high-speed drill with B2 bit and foot plate. The bone flap was able to be elevated with the dura intact and this was set to the side. Dural tack-up sutures were placed particularly medially and some Gelfoam was sewn over an area of persistent bleeding near the midline. The dura was opened, base towards the middle meningeal artery and the area in the brain seemed to pouch out to push outwards under pressure. A patty was placed to protect the vein of Trolard, as it appeared to be somewhat compressed by the margin of the dura. Neuronavigation apparatus was brought in to identify the margins of tumor. This corresponded fairly well to an area of the grayish-appearing brain on the surface of the cortex. The strip electrodes were brought in and the motor strip was able to be identified. There was a large vein just posterior to this and then the posterior aspect of the sensory strip appeared to be involved with tumor. The Jemmann electrodes were applied to the area that suspected to be the motor strip; however, no stimulation was able to be achieved with this and it was determined that the Jemmann electrodes were in fact effective, as they would not stimulate muscle tissue either. This was discussed with the neurophysiologist and it should be corrected before the next case. The portion of cortex posterior to the sensory strip was chosen as an entry site and the gyrus was authorized, and then that cut with a #15 blade and the tissue was sent from this area as specimen and then debulking of the brain tissue began. Attempts were made to preserve vessels until it was cleared that those vessels were serving only the tumor and then they were sacrificed. These were all only small vessels. The debulking continued until much more abnormal gray tissue appeared deeper to the surface of the cortex. This was very easily able to be aspirated away and gradually a large hole was generated in the surface of the brain towards the posterior and inferior margins. The decompression was taken to a more normal appearing brain, was identified. This was more white in appearance than the tumor had been. This was also carried out superiorly towards the medial aspect and towards the anterior aspect. The obliterated tissue was removed anteriorly and medially as well. When more normal-appearing tissue was identified, the dissection was stopped medially and also when more normal tissue was identified anteriorly, the dissection was also stopped there, given the proximity of the motor strip and the fact that we were appeared to be underneath and somewhat anterior to the cortical margin, which was in border. The pathology had come back as grade 2 astrocytoma, so the decision was made not to create a orifice at this time and the brain now appeared quite slack and it was felt appropriate to give hemostasis and close. This, however, was performed. Meticulous hemostasis was achieved with bipolar electrocautery and Avitene. The wound was irrigated copiously with antibiotic impregnated solution and when it is completely dry, the dura was reapproximated with 4-0 Nurodon in running fashion and the dural tack-up sutures were further applied. Any bleeding areas of the dura were cauterized with bipolar electrocautery and 2 cental dural tack-  
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sutures were placed and then, the bone flap was placed and secured with plates and screws and the central tack-up sutures were tied and the temporalis fascia was reapproximated. A Hemovac drain rather a JP drain was lain underneath the large scalp flap and drawn out through a stab wound incision and secured with nylon. The galea was reapproximated with interrupted 2-0 Vicryl, staples were used on the skin margin, and a dry sterile head wrap was applied tightly. The patient was awakened and extubated without difficulty and transported to the postanesthesia care unit, moving all extremities and good strength. The patient had been given preoperative antibiotics and have been given Dilantin, mannitol, and Decadron at the beginning of the case.

red by NAGY, AURANGZEB N on  
Dec-2008 15:44:02 -0800

-----  
rangzeb N Nagy, MD

62675/MedQ

O: 12/11/2008 22:04:56

I: 12/12/2008 20:46:59

IENT: EVANS, KEVIN

RGERY DATE: 12/04/2008

RGON: AURANGZEB N NAGY, MD

MR#: 63202668

ACCT#: 109888891

OPERATIVE REPORT

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000041



\*\*\* PATIENT FACESHEET \*\*\*

VALLEY HOSPITAL MED CTR

PT NAME: EVANS ,KEVIN AGE: 37  
 NURS STA: SICU PT TYPE: D PT NO: 109888891  
 ROOM/BED: 610 03 HOSP SVC: MED MED REC NO: 63202668  
 PT STATUS: ID MARITAL STS: M RACE: 1 REL: MOR  
 SSN: SEX: M BIRTHDATE: 01/02/1971  
 PREV NAME: INFANT AGE:  
 ADDRESS: 413 CHERRY MEADOWS CT PHONE: 702 - 363-6882  
 CITY: LAS VEGAS DISTRICT CD: 1  
 ST: NV ZIP: 89145-

EMPLOYER: LAS VEGAS FIRE AND RESCUE  
 ADDRESS:

CITY: ST: ZIP:  
 OCCUPATION: FIREFIGHTER PHONE: - EXT  
 GUARANTOR: EVANS ,KEVIN  
 ADDRESS: 413 CHERRY MEADOWS CT

CITY: LAS VEGAS GUAR SSN  
 OCCU: FIREFIGHTER REL: S  
 GUAR EMPL: LAS VEGAS FIRE AND RESCUE ST: NV ZIP: 89145-  
 ADDRESS: PHONE: 702 - 363-6882 EXT

CITY: PHONE:  
 EMER CONTACT: EVANS ,CYNTHIA EXT  
 ADDRESS: 413 CHERRY MEADOWS CT ST: ZIP:  
 CITY: LAS VEGAS REL: U

HOME PHONE: 702 363-6882 WORK PHONE: 702 292-0596 EXT:  
 NEXT OF KIN: PHONE:

INSURANCE INFO: FC: H  
 INS PL 1: POLICY #:  
 COB: PAYOR ID: VERIFIED: GROUP #:  
 MAIL TO: GROUP NAME:  
 ADDRESS: PHONE:  
 CITY: ST: ZIP: UR PHONE: - -  
 AUTH #: SUBSCRIBER NAME:  
 INS PL 2: POLICY #:  
 COB: PAYOR ID: VERIFIED: GROUP #:  
 MAIL TO: GROUP NAME:  
 ADDRESS: PHONE:  
 CITY: ST: ZIP: UR PHONE: - -  
 AUTH #: SUBSCRIBER NAME:  
 INS PL 3: POLICY #:  
 COB: PAYOR ID: VERIFIED: GROUP #:  
 MAIL TO: GROUP NAME:  
 ADDRESS: PHONE:  
 CITY: ST: ZIP: UR PHONE: - -  
 AUTH # SUBSCRIBER NAME:

READM: REG/UPG: TAPIAS  
 .CC IND: H ACC DT/TM: 113008 00:01  
 .CC LOC:  
 .SCH DT/TM: 12/06/08 18:50 DISP: AHR  
 .EF DR: 999987 NO PCP NO FAMILY DR  
 .ROCEDURE:  
 .LIN COMM:  
 .REV STAY:  
 .AM DR:  
 .ODE ARRIVAL: LV FIRE  
 .RGAN DONOR: LIV WILL/ADV DIR: N

PREREG: ER REG: TAPIAS  
 ADM DT/TM: 11/30/08 05:20  
 ADM SOURCE: EO ADM PRI: X  
 ADM DR: 978833 PATEL VIREN B  
 ATN DR: 978833 PATEL VIREN B  
 DIAGNOSIS: INTRACRANIAL MASS  
 SURGERY DATE:  
 PREV ADM DTE:  
 PREV DSCH DTE:  
 REL OF INFO: N  
 LOCATION:

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GX4

000042

**VALLEY HOSPITAL MEDICAL CENTER  
VALLEY HOSPITAL MEDICAL CENTER**

**Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640**

**NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052**

**PATIENT: EVANS, KEVIN                      DOB: 01/02/1971                      Sex: M                      VT: IP**

**DATE: 12/03/08                                      MR#: 63202668                                      X-RAY#: 444684**

**Study: SP ANGIO CAROTID CEREBRAL RT                                      RM#: 460-01                      ACCT#:  
109888891**

**RIGHT CEREBRAL ANGIOGRAM**

**HISTORY:**                      Preoperative angiographic evaluation of a right brain mass.

**TECHNIQUE:**                      Written consent was obtained. The right groin was thoroughly prepped and draped. 1% lidocaine was used for local anesthesia. Access into the right common femoral artery was performed using a one-wall puncture and a micropuncture needle. A 5 French vascular sheath was positioned with the tip at the distal right external iliac artery. Coaxially, a 5 French H1 catheter was used to selectively catheterize the right common carotid artery, right internal carotid artery and then the right vertebral artery.

The patient tolerated the procedure well. No immediate complications were encountered. Hemostasis at the right groin was achieved using a closure device (Angio-Seal).

Comparison is made with CT scan of the brain and MRI of the brain dated 11-30-08.

**FINDINGS:**                      The right petrous, cavernous, and supraclinoid ICA are within normal limits. There is mass effect on the anterior and middle cerebral arteries secondary to the large right posterior parietal lobe mass. There is downward displacement of the sylvian triangle with splaying of the branch vessels of the middle cerebral artery. There is midline shift of the anterior cerebral artery by approximately 1 cm. The mass is hypervascular. No large arterial feeding vessels however, are recognized. No arteriovenous shunting or puddling is seen.

There is downward displacement of the internal cerebral vein. There is displacement but no amputation of the superior superficial cortical veins. The superior sagittal sinus and transverse sinuses are patent.

**IMPRESSION:**

1. Mass effect caused by a vascular neoplasm involving the right posterior parietal lobe being supplied mainly by branches of the right middle cerebral artery. A vascular blush is seen, but no A-V shunting or puddling is seen.

Dictated: 12/03/08 17:40                      Dictated By: JOHN OH, M.D.

Typed: DRG 12/03/08 17:40                      Released By: JOHN OH, M.D.

Radiology Associates of Nevada

Valley Hospital Medical Center

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Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052

PATIENT: EVANS, KEVIN

DOB: 01/02/1971

Sex: M VT: IP

DATE: 12/03/08

MR#: 63202668

X-RAY#: 444684

Study: SP ANGIO CAROTID CEREBRAL RT  
109888891

RM#: 460-01 ACCT#:

noted. There is splaying of the venous structures without thrombosis.

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620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN	DOB: 01/02/1971	Sex: M VT: IP
DATE: 12/04/08	MR#: 63202668	X-RAY#: 444684
Study: XR CHEST 1V	RM#: 610-03	ACCT#: 109888891

UPRIGHT AP PORTABLE CHEST AT 1:50 PM

HISTORY: Intracranial mass, postop.

FINDINGS: An appropriately placed endotracheal tube is noted along with a right internal jugular vein catheter with its distal tip in the superior vena cava. The heart is not enlarged. The lungs are clear.

Dictated: 12/04/08 18:59 Dictated By: DEAN EASTON, M.D.  
Typed: DRG 12/06/08 18:59 Released By: DEAN EASTON, M.D.  
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620 Shadow Lane  
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NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052

PATIENT: EVANS, KEVIN                      DOB: 01/02/1971              Sex: M      VT: IP  
DATE: 12/04/08                              MR#: 63202668              X-RAY#: 444684  
Study: MRI BRAIN W/CONT ONLY LTD      RM#: 610-03              ACCT#: 109888891

MRI OF THE BRAIN WITH CONTRAST

HISTORY:      Brain lab protocol. Large right temporal frontoparietal lobe mass.

TECHNIQUE:      100 T1 thin section axial images with 15 cc of Magnevist.

FINDINGS:      There is a 7.4 cm x 5.7 cm right temporal frontoparietal lobe mass with internal enhancement. There is mass effect and midline shift. The midbrain is compressed and distorted. The third ventricle is compressed. The right lateral ventricle is compressed. There is mild hydrocephalus of the left lateral ventricle.

IMPRESSION:

1. 7 cm right temporal frontal and parietal lobe mass.
2. Brain lab protocol mapping for surgery today.

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Dictated: 12/04/08 22:48      Dictated By: M. J. EISENBERG, M.D.  
Typed: DRG 12/05/08 22:48      Released By: M. J. EISENBERG, M.D.

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Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN	DOB: 01/02/1971	Sex: M	VT: IP
DATE: 12/05/08	MR#: 63202668	X-RAY#: 444684	
Study: XR CHEST 1V	RM#: 610-03	ACCT#: 109888891	

PORTABLE CHEST AT 3:44 A.M.:

HISTORY: Central line and postop.

FINDINGS: Extubated. CVP in the superior vena cava. Normal heart size and clear lungs. No change.

IMPRESSION:

1. Negative.

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Dictated: 12/05/08 10:38 Dictated By: M. J. EISENBERG, M.D.  
Typed: JAL 12/05/08 10:38 Released By: M. J. EISENBERG, M.D.

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620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

PATEL, M.D., VIREN  
2020 GOLDRING AVE #202  
LAS VEGAS, NV 89106

PATIENT: EVANS, KEVIN                      DOB: 01/02/1971                      Sex: M    VT: IP  
DATE: 12/05/08                              MR#: 63202668                      X-RAY#: 444684  
Study: CT BRAIN W/O CONTRAST                      RM#: 610-03                      ACCT#: 109888891

C.T. BRAIN WITHOUT CONTRAST AT 8:37 A.M.

HISTORY:                      Status post right craniotomy for brain tumor removal.

TECHNIQUE:                      Thin axial images of the brain.

FINDINGS:                      There has been a large right frontoparietal and temporal craniotomy. There is a drain in the scalp. There has been resection of a large right temporofrontal parietal tumor. There is a small amount of hemorrhage along the margins of the resection cavity. There mass effect with midline shift from right to left. The midline shift is about 8 mm. The third ventricle remains compressed. The right lateral ventricle is compressed. The 4th ventricle is normal. The left lateral ventricle is not dilated.

There is partial obliteration of the suprasellar cistern with distortion of the mid brain probably from some uncohemiation.

IMPRESSION:

1. Status post tumor resection with residual mass effect and shift.

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Typed: JL 12/07/08 09:21                      Released By: M. J. EISENBERG, M.D.

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Department of Radiology  
620 Shadow Lane  
Las Vegas, NV 89106 (702) 388-4640

NAGY, M.D., AURANGZEB  
10001 S.EASTERN #408  
LAS VEGAS, NV 89052

PATIENT: EVANS, KEVIN DOB: 01/02/1971 Sex: M VT: IP  
DATE: 12/06/08 MR#: 63202668 X-RAY#: 444684  
Study: MRI BRAIN WWO CONTRAST RM#: 610-03 ACCT#: 109888891

M.R.I. OF THE BRAIN:

TECHNIQUE: The patient was imaged on a 1.5 T magnet using axial T2, FLAIR, T1 pre and post contrast diffusion-weighted images, axial T1, and coronal T1 weighted images post contrast.

Comparison is made to prior examination of 11-30-08.

FINDINGS: The patient is status post right parietal craniotomy. There is some post-operative blood noted in the operative site. A small amount of subdural blood is also noted. There is still midline shift from right to left slightly improved from prior examination. The T2 and diffusion weighted images demonstrate some slight restriction and residual tumor still present in the operative bed. The post contrast images do not demonstrate any enhancement of the residual tumor, however, this did not enhance pre contrast as well.

IMPRESSION:

1. The patient has had recent surgery. A large portion of the tumor arising from the right parietal lobe has been removed. However, there is still a ring of tumor still present. This measures approximately 11 mm anteriorly, 7 mm inferiorly and 14 mm posteriorly. There is still some midline shift from right to left of approximately 8 mm but this is slightly improved from prior examination. A small amount of post-operative subdural fluid is noted. Right parietal craniotomy site also noted.

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Typed: JL 12/08/08 13:11 Released By: DANA MURAKAMI, M.D.

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**MEDICAL ONCOLOGISTS**

Heather J. Allen, M.D., FACP  
Mary Ann K. Allison, M.D., FACP  
Khoi Dao, M.D.  
Matthew D. Galsky, M.D.  
Regan Holdridge, M.D.  
Clark S. Jean, M.D.  
Ghalam Kashef, M.D.  
Edwin C. Kingsley, M.D.  
Rita Maity, M.D.  
Paul E. Michael, M.D.  
Anthony Nguyen, M.D.  
Gregory Obara, M.D.  
Rupesh J. Parikh, M.D.  
Joseph Quagliana, M.D.  
Noel Rowan, M.D., FACP  
Hamidreza Sanatinia, M.D.  
James D. Sanchez, M.D.  
Anu Thummala, M.D.  
Brian Vicuna, M.D.



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**RADIATION ONCOLOGISTS**

Andrew M. Cohen, M.D.  
Dan L. Curtis, M.D.  
Farzaneh Farzin, M.D.  
Raul T. Meoz, M.D., FACP  
Matthew Schwartz, M.D.

**PEDIATRIC ONCOLOGISTS**

Nik F. Abdul Rashid, M.D.  
Lisa Johnson, M.D.  
Ronald Kline, M.D.

**Patient: KEVIN EVANS**

**MRN: 59243.0**

**Location: Southern Hills**

**Date: 12/17/2008**

**DOB: 01/02/1971**

**Attending Physician: Paul Michael MD**

**Brain tumor**

**Date of Diagnosis: 12/02/2008**

**Tumor type: astrocytoma, grade IV (GBM).**

SCANNED

**DIAGNOSIS:** High-grade glioblastoma of the right temporoparietal area.

**HISTORY OF PRESENT ILLNESS:** Kevin is a young 37-year-old male who was referred back from the UCLA Brain Surgery/Neuro-oncology Division, where he saw Dr. Nghiemphu yesterday. He underwent a partial resection of a right parietal tumor on December 4, 2008, at Valley Hospital with Dr. Aury Nagy. The patient had presented with headaches for about two weeks leading up to that time. A CT scan followed by an MRI did show a fairly large tumor. The original MRI from November 30, 2008, showed a 6.7 x 6.5 x 5.3 cm lesion in the right parietal lobe, well-defined. There did not appear to be any hemorrhage. There was edema but not as much as would have been expected. There was extension to the temporal and frontal area on a repeat MRI with contrast on December 4, 2008. A BrainLAB protocol mapping for surgery was performed. He underwent the procedure the same day and had a fairly good resection, although there was a portion that apparently was not able to be removed totally due to its location. I do not have the full operative note. A postoperative MRI brain scan on December 6, 2008, showed a large portion was removed but there still appeared to be a ring of tumor present measuring 11 mm anterior and 14 mm posterior, and still some shift. He was apparently discharged a few days postoperatively. He was not on Decadron but is now back on 4 mg t.i.d. He was also placed on Keppra 500 mg b.i.d. as an antiseizure prophylactic. He has never had a seizure.

The patient did go to UCLA yesterday and saw Dr. Nghiemphu. Brain tumor specimen was sent down for molecular markers including P10, EGFR, and methylation mutation. No results are available. A brain tumor conference was going to be held there with the medical oncologists and radiation oncologists, as well as the

**LOCATIONS**

3730 So. Eastern Ave.  
Las Vegas, NV 89169  
Ph 702-952-3400  
Fax 702-952-3460

10001 So. Eastern Ave  
Ste.108  
Henderson, NV 89052  
Ph 702-952-3444  
Fax 702-952-3494

9280 W. Sunset Rd.  
Ste.100  
Las Vegas, NV 89148  
Ph 702-952-1251  
Fax 702-952-1241

7445 Peak Drive  
Las Vegas, NV 89128  
Ph 702-952-2140  
Fax 702-952-2180

655 Town Center Dr.  
Las Vegas, NV 89144  
Ph 702-233-2200  
Fax 702-233-2210

3059 S. Maryland Pkwy.  
Ste.202  
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Page 2 of 3  
12/17/2008  
Paul Michael MD  
RE:KEVIN EVANS

surgeons just in case they were recommending an additional surgical procedure. In general, it was recommended that he start postoperative radiation and Temodar within the next few weeks.

He is feeling fairly well. His vision has come back to normal. He has had a very negligible deficit after the surgical procedure. No left sided weakness. No unusual aura, sensations, smells, etc.

**PAST MEDICAL HISTORY:** History of basal cell cancer removed in the past. He had a vasectomy a few years ago.

**ALLERGIES:** No known allergies.

**MEDICATIONS:** He is still on dexamethasone 4 mg t.i.d. I suggested that with the tumor present, going down to 4 mg b.i.d., and waiting on the dose of 4 mg b.i.d. until the first week of radiation is done, then tapering to lower doses after that. We will get him to see Dr. Meoz, the local radiation therapist, for the IMRT postoperative radiation.

**SOCIAL HISTORY:** He does not smoke. He does not drink alcohol. He is a firefighter with the City of Las Vegas. He has not had any known exposure to occupational fires with plastics or radiation, but he really does not know what some of the products might be in the line of work that he does. He has never had outside work that involved radiation.

**FAMILY HISTORY:** The patient's mother and father are living. He has two brothers and five sisters. He has four children.

**REVIEW OF SYSTEMS:** He is having minimal headaches postoperatively but certainly not like what he had before. No nocturnal headaches that awaken him. No double vision. No syncope. No tinnitus or hearing loss. No trouble swallowing. No cough, shortness of breath, or wheezing. No cardiac symptoms. No GI problems. No nausea or vomiting. No incontinence of stool or urine. No trouble with walking or gait. He does not seem to be falling to one particular side. He did have quite a bit of swelling in the scalp immediately after the surgery. This swelling has decreased although he may still have some fluid.

**PHYSICAL EXAMINATION:** On exam, this is a 6'3", 204 pound muscular and well-developed white male. He has obvious postoperative swelling on the right side of the cranium. Blood pressure is 150/82, pulse 76 and regular, respirations 18, and temperature 97.6°. Pulse oximeter is 98% on room air. No particular facial droop. The pupils are reactive. I did a fundoscopic exam and bilaterally the disc margins are sharp. He has a fairly large craniotomy scar extending from the left side of the vertex around posteriorly and then anteriorly along the right temporal area towards the ear. There had been a little bit of drainage on the top, but there is fairly good healing. No sign of purulence. There is quite a bit of subcutaneous edema around the right side of the scalp. I do not know if that could be a spinal fluid leak or if it is serous fluid. Oral exam is negative. No neck or thyroid masses. Good strength in the upper extremities both distal and proximal. Lungs are clear. Abdomen is benign. I did not do a rectal exam or genital exam. Gait is normal. He has a negative Romberg. He can balance on either leg.

**LABORATORY:** Laboratory work was checked at Valley Hospital two weeks ago and was normal.

**ASSESSMENT:**

The patient is about two weeks out from a partial resection of a very large 6 x 7 cm tumor in the right temporoparietal area with possibly extension up to the frontal area. He still has a residual ring of tumor seen on the postoperative exam. Apparently a repeat MRI was not done yesterday, but he will have a pre-treatment scan here with Dr. Meoz. There is no immediate postoperative protocol that he is eligible for, but prognostic molecular markers are being done on his tumor at UCLA. The patient does need post chemotherapy and radiation. Temodar will be done at a 75 mg/m<sup>2</sup> dose daily, which works out to 165 mg per day. The dose has already been prescribed and prescription written by Dr. Nghiemphu. He will start the Temodar on the same day that he starts the radiation. I would like to keep his dexamethasone dose at 4 mg b.i.d. through the first week of radiation. I think he is at high risk to get more edema, especially with residual tumor. Hopefully, within the first week or two of radiation, we could taper him down. The Temodar is already prescribed with Zofran. He was given additional information about the chemotherapy drug by our nurses.

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Page 3 of 3  
12/17/2008  
Paul Michael MD  
RE:KEVIN EVANS

**PLAN:**

We will set up his appointment with Dr. Meoz as soon as possible because of the time in the treatment planning. It will be a few weeks until he can start. Hopefully, we can begin everything on Monday, January 5, 2009. I will continue him through the six weeks, monitoring his blood every two weeks. He will have a month's break at the end of the six-week cycle of radiation and chemotherapy, then begin the maintenance Temodar for 12 months.

Paul E. Michael MD

Send copy of note to:

Leia Nghiemphu, MD

UCLA, Department of Neuro-Oncology

Raul Meoz, MD

Aury Nagy, MD.

*Electronic Signature on File*

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000052

Documents for: EVANS, KEVIN

393-55-44 WW  
EVANS, KEVIN R  
Referral  
PATHOLOGY  
3 HE'S 6 IMMUN

Date of Service: Friday, December 19, 2008 0:00

Pathology Report 12/19/08 00:00

\*\* DEMOGRAPHICS DRAWN FROM PATHOLOGY REPORT \*\*

Patient: EVANS, KEVIN R  
Mrn: W3935544 (WW)  
Dob: Jan 2 1971  
Sex: M

Ordering Physician: TIMOTHY CLOUGHESY, M.D.  
Case: R08-43052 COLLECTED: Dec 19 2008 RECEIVED: Dec  
19 2008

Specimen(s): A 3 HE'S 6 IMMUNO

\* \* \* \* ADDENDUM/AMENDMENT \* \* \* \*

Amendment: This report was amended to add the referring  
facility to report header only. No other section of this  
report has been altered. The diagnosis remains unchanged.

Clinical Information:

Per PCIMS, the patient is a 37-year-old male who was in the  
normal state of health until around 11/23/2008 when he had  
severe headaches, nausea, and vomiting. November 30, he was  
hospitalized in a local hospital in Las Vegas. An MRI of the  
brain was done revealing a large right parietal lesion  
which was cystic in nature with very minimal enhancement. He  
had subtotal resection on 12/4/2008. Pathology report came  
out to be a glioblastoma multiforme. He was referred to  
UCLA for Neuro-oncology treatment.

Final Diagnosis:

BRAIN, DESIGNATED "RIGHT PARIETAL TUMOR" (BIOPSY) [OSR#  
T08-92367]:  
- Glioblastoma, WHO grade IV (see Comment)

Comment: This tumor has an unusually myxoid background,  
which raises the possibility of it being a pilomyxoid  
astrocytoma, considered a variant of pilocytic astrocytoma.  
On balance, however, the abundant mitoses and several foci  
of pseudopalisading necrosis are more consistent with the  
diagnosis of glioblastoma.

Microscopic Exam:

Histologic sections show a highly cellular glial neoplasm on  
an eosinophilic fibrillar to myxoid background. The tumor  
cells have round to oval, spindled to pleomorphic  
hyperchromatic nuclei. Scattered large atypical nuclei as  
well as entrapped neurons are noted in the neoplasm. In some  
areas of high cellularity, mitoses, as many as 5-6/ hpf,

with frequent atypical mitoses, are easily seen. Vascular endothelial hyperplasia and pseudopalisading necrosis are present. Review of immunohistochemistry performed at the originating institution reveal a diffusely positive p53 and focally, strongly positive GFAP in many (though not all) tumor cells. The Ki-67 is estimated at 40-50% positivity. Synaptophysin and chromogranin were essentially negative in tumor cells.

Gross Description:

Received, labeled with patient's name and number, and are outside slides with appropriate patient specimen documentation.

Number of slides: 3 HE'S 6 IMMUNO  
Outside case number: T08-92367

Originating site: Quest Diagnostics Las Vegas, NV.  
Slides returned: All to originating sites  
Slides kept: None

By his/her/their electronic signature(s), the senior pathologist(s) certifies that he/she/they personally conducted a gross and/or microscopic examination(s) of the described specimen(s) and made the diagnosis(es) juxtaposed with his/her/their electronic signature.  
Harry Vinters M.D.

Electronically signed Feb 3 2009 12:27PM

Harry Vinters, M.D. (P09799)

Dictated:

By: Harry Vinters, M.D. (P009799)  
Reference number: PR-0843052  
Received: 02/03/2009 12:35:47  
Document ID Number: 843052

\*\*\* END OF DISPLAY #00843052 \*\*\*

Documents for: EVANS, KEVIN

393-55-44 WW  
EVANS, KEVIN R  
Outpatient Consultation  
MEDICINE/Medical Oncology  
neuro-Oncology Follow-up

Date of Service: Tuesday, December 16, 2008

Chief Complaint: Newly diagnosed glioblastoma in the right parietal lobe referred by Dr. Maggi for recommendations for treatment.

History Of Present Illness: Kev Evins is a 37-year-old male who was in the normal state of health until approximately 11/23/2008 when he had severe headaches, nausea, and vomiting. He eventually was hospitalized on November 30 in a local hospital in Vegas. An MRI of the brain was done which found a large right parietal lesion which was cystic in nature with very minimal enhancement and had vasogenic edema and mass effect. The patient then eventually was taken for surgery on 12/4/2008 by Dr. Reaury Maggi. The patient had a subtotal resection. The pathology came out to be a glioblastoma multiforme. The patient was discharged on December 6, 2008. According to the patient, he was discharged without any Decadron. Upon return home, he had severe headache and swelling near the surgical site. He was brought back to the hospital on 12/7/2008, and he was started on Decadron 8 mg every 12 hours. His headache subsided once he was on Decadron. The patient now presents to the Neuro-Oncology Clinic referred by Dr. Maggie in terms of recommendations for treatment.

In terms of his neurological functioning, he has occasional headaches. He denies any nausea, vomiting, seizure activity, weakness, short-term memory deficit, speech deficit, gait imbalance, or other focal neurological symptoms. He does occasionally have difficulty with focusing. He denies any shortness of breath, fevers, chills, or pain. He denies any cough, shortness of breath, chest pain, lower extremity swelling, abdominal pain, or other symptoms.

Current Medications: Keppra 500 mg every 12 hours, Decadron 4 mg every 8 hours, Tylenol No.3 p.r.n., Zofran p.r.n., multivitamin, vitamin C, and vitamin E.

Allergies: None.

Past Medical History: He did have a history of head injury 12 years ago with skiing. He had a basal cell lesion removed about 2 years ago.

Family Medical History: He has a paternal aunt who had a history of breast cancer and died in her 30s, a paternal uncle with a history of some sort of testicular cancer at age 26, he is alive and well. He had a paternal grandfather with liver cancer, a paternal great grandfather with prostate cancer, and a maternal great grandfather with a history of cancer. His family history is also positive for stroke, allergies, and heart disease.

Social History: He was working as a fireman until November 28. He is married with 4 children. Negative alcohol use, negative smoking use, and negative recreational drug use.

Physical Examination: Vital Signs: Blood pressure 130/74, pulse 92, temperature 36.9, respiratory rate 16, weight 91.9 kg, and height 190 cm. General Appearance: He is a well-developed and well-nourished male, in no apparent distress. HEENT: The patient has craniotomy incision on the right side of his head which has distal staple there. It looks clean, dry, and intact. There is

some dried blood around the top portion of his incision, but no pustular drainage. There is some slight swelling in his right temporal area. Extremities: No lower extremity edema. Skin: Pink, warm, dry, and intact. Neurological: The patient is alert and oriented to person, place, time, and situation. Attention is intact. Recent and remote memory are intact. Naming, repetition, and comprehension are intact. Cranial nerve exam reveals full visual fields. Pupils equal, round, and reactive to light and accommodation. Extraocular movements intact. The patient verbalizes symmetric facial sensation. Symmetric facial movements noted. Normal hearing to finger rub bilaterally. Upgoing and symmetric palate. Sternocleidomastoid and trapezius elevate symmetrically with 5/5 strength. Tongue protrudes midline. Motor exam reveals normal bulk, tone, and strength in all muscle groups tested. 5/5 strength in all 4 extremities. The patient ambulates with a narrow based steady gait. Coordination exam is intact. Sensory exam is intact. Negative Romberg. Negative pronator drift. KPS score is 90%.

Diagnostic Data: MRI of the brain performed on 11/30/2008 shows cystic lesion in nature in the right parietal lobe. There is a minimal enhancement noted with the lesion. There is midline shift and mass effect noted and some vasogenic edema.

Postoperative MRI on 12/6/2008 shows there is a subtotal resection of the cystic lesion. There is noted some blood within the resection cavity that was not seen previously. MRI shows subtotal resection.

Pathology showed glioblastoma multiforme. There is a cellular glial neoplasm with high-grade nuclear atypia, numerous mitotic figures, vascular proliferation, and scattered foci of necrosis.

Assessment And Plan: Kevin Evans is a 37-year-old male with a diagnosis of newly diagnosed glioblastoma multiforme in the right parietal lobe. He is status post subtotal craniotomy. We discussed with the patient the nature and natural history of this disease.

We discussed with the patient that this is a tumor that starts in the brain and stays in the bone. We discussed with the patient that this type of tumor the site of the tumor demonstrates very aggressive features. Standard treatment includes radiation therapy for 6 weeks in combination with Temodar chemotherapy daily for 42 days during the radiation therapy. We discussed with the patient the side effects of Temodar chemotherapy include but not limited to nausea, vomiting, constipation, risk of pneumocystic pneumonia, and myelosuppression. We discussed that we premedicate the patient with anti-nausea medication, Zofran as well as antimicrobial with Bactrim, which would be used during this time as well. The patient may also need intervention with stool softeners or bowel stimulants as needed during his Temodar chemotherapy as it can cause constipation.

We explained to the patient that he would have a 2-week rest period after completion of his radiation therapy, at which point an MRI of the brain would be performed 2 weeks after completion of radiation therapy to evaluate for interval change. We explained to the patient approximately 25% of the patients may have progression after completion of radiation therapy. If his MRI shows improvement or stability after completing radiation therapy, he then would continue Temodar 5 days on, 23 days off and repeating 28-day cycles for a minimum of 12 months up to 24 months as long as his MRIs performed every 4 to 8 weeks continue to demonstrate stable disease. If the patient should have experienced recurrence of his tumor, we explained that there are other chemotherapies which may be available to him at this time as well as possible experimental therapies.

We discussed with the patient that we do not recommend he receive any additional radiation therapy such as gamma knife, CyberKnife, or stereotactic boost after a

standard radiation therapy and reminded that his radiation therapy should not exceed 6000 cGy after completion of 6 weeks.

We also discussed with the patient we would like to present his MRIs at Brain Tumor Board to see if the neurosurgeons would feel that he could benefit from more complete resection. If they felt like he could have a further resection without doing harm to his neurological functioning, we will give him that option of surgery prior to starting radiation and Temodar chemotherapy.

Because the patient does live in Vegas, we would recommend that he have a local oncologist in case anything emergent comes up. We have given him the name of Dr. Paul Michael with Comprehensive Cancer Center for him to contact and also to Dr. Michael about referral to a radiation oncologist in Vegas.

We did go ahead and have the patient perform a baseline CBC with platelets, differential, and comprehensive chem panel today. I did also write a prescription for Temodar at 75 mg per sq m to a total dose of 165 mg to initiate on day 1 of his radiation therapy. I have also given him a prescription for Zofran to take 1 hour prior to his Temodar. I discussed with the patient that he start the Temodar on the night of his radiation and he should avoid food an hour before and an hour after taking Temodar. Also, we have given the patient prescriptions for blood work to have CBCs performed weekly during his radiation therapy to evaluate his blood count. We have also given him a prescription for Bactrim double-strength which she will take Monday, Wednesday, and Friday for PCP prophylaxis.

I discussed with the patient that the tumor is potentially teratogenic and that he and his wife should avoid pregnancy during the time he is on chemotherapy. I offered information about sperm banking. The patient has explained that he has had a vasectomy and did state that he did not need any information about sperm banking.

We will have the patient return to the Neuro-Oncology Clinic 3 weeks from the time that he starts radiation for clinical examination and then 2 weeks after completion of his radiation therapy for an MRI of the brain without gadolinium and clinical examination. The patient and the family were given our contact information and instructed to contact us if they have any further questions, concerns, or changes in neurological status.

The patient was evaluated and the plan of care was formulated with Dr. Leia Nghiemphu.

Nannette Fong, N.P. (PNSNFO)  
Electronically signed (1/23/2009 15:29:31)  
MD5 checksum: b48c89d028afd5665b153a83e523f9f6

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Addendum:

I have seen and examined the patient. I developed the assessment and plan with Nurse Fong.

Addended by: TIMOTHY CLOUGHESY, M.D. (P11422)  
Electronically signed (1/26/2009 11:7:25)  
MD5 checksum: 3819aaaadf072b1309d2a967e08dbb0a

Dictated: 12/17/2008 7:09  
By: Nannette Fong, N.P. (PNSNFO)  
Reference number: M5-812170994089400  
Transcribed: 12/17/2008 10:18  
By: /EDIX  
Reference number: 12174089.400



Received: 12/17/2008 10:19

Priority: STAT

Document ID Number: 7992304

Patient UI Number: 104731922

Addendum 8036326 by TIMOTHY CLOUGHESY on 1/26/2009 11:7:25

Filing number: 003

Confirmation number: 2655230

\*\*\* END OF DISPLAY #07992304 \*\*\*

## Laboratory Results for: EVANS, KEVIN ID: 3935544

02/25/09 1046 (COLLECTION TIME)	02/25/09 1112 (IN LAB TIME)	
-S CBC & PLT & DIFF		
- WHITE BLOOD CELL COUNT	3.59 x10E3/uL	3.28-9.29
- RED BLOOD CELL COUNT	4.76 x10E6/uL	4.21-5.61
- HEMOGLOBIN	14.0 g/dL	12.3-16.3
- HEMATOCRIT	41.0 %	37.4-47.0
- MEAN CORPUSCULAR VOLUME	86.1 fL	79.0-95.0
- MEAN CORPUSCULAR HEMOGLOBIN	29.4 pg	26.0-32.6
- MCH CONCENTRATION	34.1 g/dL	31.7-35.5
- RED CELL DISTRIBUTION WIDTH-SD	42.2 fL	34.8-48.4
- RED CELL DISTRIBUTION WIDTH-CV	13.3 %	10.7-15.5
- PLATELET COUNT, AUTO	249 x10E3/uL	143-398
- MEAN PLATELET VOLUME	10.2 fL	9.0-13.0
- NUCLEATED RBC%, AUTOMATED	0.0 %	0.0-0.0
- ABSOLUTE NUCLEATED RBC COUNT	0.0 x10E3/uL	0.0-0.0
- NEUTROPHIL PERCENT, AUTO	59.9 %	40.1-75.9
- LYMPHOCYTE PERCENT, AUTO	23.1 %	19.1-51.6
- MONOCYTE PERCENT, AUTO	11.7 %	3.4-11.9
- EOSINOPHIL PERCENT, AUTO	4.2 %	0.0-6.4
- BASOPHIL PERCENT, AUTO	1.1 %	0.0-1.3
- ABSOLUTE NEUTROPHIL	2.2 x10E3/uL	1.3-7.0
- ABSOLUTE LYMPHOCYTE COUNT	0.8 x10E3/uL	0.5-4.2
- ABSOLUTE MONOCYTE COUNT	0.4 x10E3/uL	0.1-1.1
- ABSOLUTE EOSINOPHIL COUNT	0.2 x10E3/uL	0.0-0.6
- ABSOLUTE BASOPHIL COUNT	0.0 x10E3/uL	0.0-0.1
-S COMPREHENSIVE METABOLIC PANEL		
- SODIUM	141 mmol/L	135-145
- POTASSIUM	4.6 mmol/L	3.6-5.4
- CHLORIDE	106 mmol/L	98-108
- CO2 CONTENT	28 mmol/L	20-29
- GLUCOSE	91 mg/dL	65-100
- GLOMERULAR FILTRATION RATE	...	
- GFR ESTIMATE	>89	
- ADDITIONAL INFORMATION	Reference Intervals	
-	GFR >89	Normal
-	GFR 60 - 89	Normal to mildly reduced
-	GFR 30 - 59	Moderately reduced
-	GFR 15 - 29	Severely reduced
-	GFR <15	Kidney failure
-	Results are in mL/min/1.73 square meters. The estimate	
-	assumes a steady-state and is most accurate for GFRs <60	
-	mL/min/1.73 square meters. Patients who are >59 years old	
-	can have mildly reduced GFR due to aging.	
- CREATININE	0.9 mg/dL	0.5-1.3
- UREA NITROGEN	11 mg/dL	7-23
- TOTAL PROTEIN	6.8 g/dL	6.2-8.3
- ALBUMIN	4.2 g/dL	3.7-5.1
- BILIRUBIN, TOTAL	0.8 mg/dL	0.2-1.1
- ALKALINE PHOSPHATASE	67 U/L	31-103
- AST (SGOT)	20 U/L	7-36
- ALT (SGPT)	20 U/L	4-45
- CALCIUM	9.5 mg/dL	8.7-10.5
12/16/08 1225 (COLLECTION TIME)	12/16/08 1247 (IN LAB TIME)	
-S CBC & PLT & DIFF		
- WHITE BLOOD CELL COUNT	@ 15.07 x10E3/uL	3.28-9.29
- RED BLOOD CELL COUNT	4.96 x10E6/uL	4.21-5.61
- HEMOGLOBIN	14.4 g/dL	12.3-16.3
- HEMATOCRIT	43.0 %	37.4-47.0

- MEAN CORPUSCULAR VOLUME	86.7 fL	79.0-95.0
- MEAN CORPUSCULAR HEMOGLOBIN	29.0 pg	26.0-32.6
- MCH CONCENTRATION	33.5 g/dL	31.7-35.5
- RED CELL DISTRIBUTION WIDTH-SD	43.3 fL	34.8-48.4
- RED CELL DISTRIBUTION WIDTH-CV	13.9 %	10.7-15.5
- PLATELET COUNT, AUTO	328 x10E3/uL	143-398
- MEAN PLATELET VOLUME	10.2 fL	9.0-13.0
- NUCLEATED RBC%, AUTOMATED	0.0 %	0.0-0.0
- ABSOLUTE NUCLEATED RBC COUNT	0.0 x10E3/uL	0.0-0.0
- NEUTROPHIL PERCENT, AUTO	@ 87.0 %	40.1-75.9
- LYMPHOCYTE PERCENT, AUTO	@ 9.0 %	19.1-51.6
- MONOCYTE PERCENT, AUTO	3.8 %	3.4-11.9
- EOSINOPHIL PERCENT, AUTO	0.1 %	0.0-6.4
- BASOPHIL PERCENT, AUTO	0.1 %	0.0-1.3
- ABSOLUTE NEUTROPHIL	@ 13.1 x10E3/uL	1.3-7.0
- ABSOLUTE LYMPHOCYTE COUNT	1.4 x10E3/uL	0.5-4.2
- ABSOLUTE MONOCYTE COUNT	0.6 x10E3/uL	0.1-1.1
- ABSOLUTE EOSINOPHIL COUNT	0.0 x10E3/uL	0.0-0.6
- ABSOLUTE BASOPHIL COUNT	0.0 x10E3/uL	0.0-0.1

More Data...

## Laboratory Results for: EVANS, KEVIN ID: 3935544

12/16/08 1225 (COLLECTION TIME)	12/16/08 1247 (IN LAB TIME)
-S COMPREHENSIVE METABOLIC PANEL	
- SODIUM	137 mmol/L 135-145
- POTASSIUM	5.2 mmol/L 3.6-5.4
- CHLORIDE	99 mmol/L 98-108
- CO2 CONTENT	29 mmol/L 20-29
- GLUCOSE	@ 101 mg/dL 65-100
- GLOMERULAR FILTRATION RATE	...
- GFR ESTIMATE	>89
- ADDITIONAL INFORMATION	Reference Intervals
- GFR >89	Normal
- GFR 60 - 89	Normal to mildly reduced
- GFR 30 - 59	Moderately reduced
- GFR 15 - 29	Severely reduced
- GFR <15	Kidney failure
-	Results are in mL/min/1.73 square meters. The estimate
-	assumes a steady-state and is most accurate for GFRs <60
-	mL/min/1.73 square meters. Patients who are >59 years old
-	can have mildly reduced GFR due to aging.
- CREATININE	0.9 mg/dL 0.5-1.3
- UREA NITROGEN	23 mg/dL 7-23
- TOTAL PROTEIN	7.0 g/dL 6.2-8.3
- ALBUMIN	4.0 g/dL 3.7-5.1
- BILIRUBIN, TOTAL	0.6 mg/dL 0.2-1.1
- ALKALINE PHOSPHATASE	66 U/L 31-103
- AST (SGOT)	15 U/L 7-36
- ALT (SGPT)	35 U/L 4-45
- CALCIUM	9.2 mg/dL 8.7-10.5

\*\*\* END OF DISPLAY \*\*

034/w393-55-44 1      VN# 3003 EVANS, KEVIN R		<b>UCLA Hematology/Oncology Division</b> <b>Neurological Oncology</b>	
M 38   01/02/1971   ABE 02/25/09   BCMED   702-363-6882 w393-55-44 3003 2   PR 02/25/09		Chief Complaint/Treatment Regimen	
HPI:      Location, Quality, Severity, Duration, Timing, Context, Modifiers, Assoc. Signs/Sx <div style="font-size: 1.2em; margin-top: 10px;">           12-29 0-5/E 2/10 finished RT            constipation                      fatigue         </div>			
See pt's questionnaire of      Past Med Hx Fam. Hx, Soc. Hx, and ROS reviewed by me <input type="checkbox"/>			
PE:      VS:      BP: 141/68      Pulse: 79      Temp: 36.7°C      RR: 20      Wt: 103.5 kg      Ht: 228.2 cm			
<b>General Appearance:</b>			
Ophthalmoscopic Exam	<input type="checkbox"/> WNL	Higher Integrative Functions	<input type="checkbox"/> WNL
Cultitation of Heart	<input type="checkbox"/> WNL	Orientation X3	<input type="checkbox"/> WNL
Exam of Gait & Station	<input type="checkbox"/> WNL	Recent & Remote Memory	<input type="checkbox"/> WNL
Motor Function	<input type="checkbox"/> WNL	Attention Span & Concentration	<input type="checkbox"/> WNL
Muscle Strength:		Language	
Upper Extremities	<input type="checkbox"/> WNL	Fund of Knowledge	<input type="checkbox"/> WNL
Lower Extremities	<input type="checkbox"/> WNL	Cranial Nerves II - XII	<input type="checkbox"/> WNL
Muscle Tone:		Exam of Sensation	
Upper Extremities	<input type="checkbox"/> WNL	Deep Tendon Reflexes:	
Lower Extremities	<input type="checkbox"/> WNL	Upper Extremities	<input type="checkbox"/> WNL
		Lower Extremities	<input type="checkbox"/> WNL
Lab:		Test Coordination	<input type="checkbox"/> WNL
Ordered      Reviewed			
<b>Radiology:</b>			
erd      Reviewed      Interpreted			
<b>Impression/Diagnosis:</b>			
Primary diagnosis      -HA-      memory			
Co-morbidities      short			
Plan:      350 mg			
<b>Patient Counseling:</b>			
Diagnostic results and/or recommended diagnostic studies <input type="checkbox"/> Prognosis <input type="checkbox"/> Patient & Family education <input type="checkbox"/>			
Risk and benefits of management (Rx.) options <input type="checkbox"/> Instructions for management (Rx.) and/or F/U <input type="checkbox"/>			
Importance of compliance with chosen management (Rx.) options <input type="checkbox"/> Risk factor reduction <input type="checkbox"/>			
What was discussed:			
Total Encounter Time (TET): _____ (mins)      Counseling Time: _____ (mins) or _____ % of TET			
Attending Signature: _____      Print name: _____			

4/5/02

000062

034/w393-55-44 1 VN# 3001  
EVANS, KEVIN R  
M 37 01/02/1971 ABE  
12/16/08 BCMED 702-363-6882  
w393-55-44 3001 6 PR 12/16/08

UCLA Hematology/Oncology Division  
Neurological Oncology

12/16/08  
Partial  
GBM

Location, Quality, Severity, Duration, Timing, Context, Modifiers, Assoc. Signs/Sx

HA - 11/23-08  
N/V/nausea  
11/30/08 hosp.

General Appearance: 90% *fair* Level 2, Headache.  
BP: 130/74 Pulse: 92 Temp: 36.9°C RR: 16 Wt: 91.9kg Ht: 202cm

Neurologic Exam	<input type="checkbox"/> WNL	Higher Integrative Functions	<input type="checkbox"/> WNL
Inspection of Heart	<input type="checkbox"/> WNL	Orientation X3	<input type="checkbox"/> WNL
Exam of Gall & Spleen	<input type="checkbox"/> WNL	Recent & Remote Memory	<input type="checkbox"/> WNL
Motor Function	<input type="checkbox"/> WNL	Attention Span & Concentration	<input type="checkbox"/> WNL
Muscle Strength:		Language	<input type="checkbox"/> WNL
Upper Extremities	<input type="checkbox"/> WNL	Fund of Knowledge	<input type="checkbox"/> WNL
Lower Extremities	<input type="checkbox"/> WNL	Cranial Nerves II - XII	<input type="checkbox"/> WNL
Muscle Tone:		Exam of Sensation	<input type="checkbox"/> WNL
Upper Extremities	<input type="checkbox"/> WNL	Deep Tendon Reflexes:	
Lower Extremities	<input type="checkbox"/> WNL	Upper Extremities	<input type="checkbox"/> WNL
		Lower Extremities	<input type="checkbox"/> WNL
		Test Coordination	<input type="checkbox"/> WNL

12/14/08  
SOMG  
Subtotal  
12/7/08  
w/ve wesp  
swelling  
pain  
Decadron  
8mg Q12h

Radiology:

red Reviewed Interpreted

Primary diagnosis

Co-morbidities

- difficulty focusing  
- weakness  
- memory  
- speech  
- gait

11/30/08  
- cystic  
- in nature  
- very little  
- enhancement

Patient Counseling

Diagnostic results and/or recommended diagnostic studies ☐ Prognosis ☐ Patient & Family education ☐  
Risk and benefits of management (Rx.) options ☐ Instructions for management (Rx.) and/or F/U ☐  
Importance of compliance with chosen management (Rx.) options ☐ Risk factor reduction ☐  
What was discussed

12/16/08 - op  
post-hemorrhagic  
w/ln resect  
cavity

Total Encounter Time (TET): \_\_\_\_\_ (mins)

Counseling Time: \_\_\_\_\_ (mins) or \_\_\_\_\_ % of TET

Attending Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

45102

000063

UCLA MEDICAL CENTER  
OUTPATIENT ONCOLOGY CENTER  
MEDICAL HISTORY QUESTIONNAIRE

(If additional space is needed to fully answer any question, please use reverse of last page or attach an additional sheet to this questionnaire.)

034/w393-55-44 1 VN# 3001  
EVANS, KEVIN R  
M 37 01/02/1971 ABE  
12/16/08 BCMED 702-363-6882  
w393-55-44 3001 6 PR 12/16/08

Name Kevin R. Evans

UCLA ID Number (if known)  
3935544

Date 12-16-08

Sex MX F Birthdate 1-2-71

Marital Status M

How were you referred to the UCLA Oncology Center?

My physician referred me. ☒  
I asked my physician to refer me. ☐  
I referred myself. ☐

Name and address of the Physician who referred you.

Dr. Aury Nagy  
10001 S. Eastern Ave # 408  
Henderson NV 89052  
Telephone 702-737-7070

Name and address of your Primary Care Physician (if different from above).

\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Name and address of any other Physician currently treating you.

\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

To which of the above Physicians would you like a report sent?

Dr. Nagy

Please briefly describe your present illness: The date of onset, symptoms and any treatments, and tell us the purpose of your visit (eg: 2d opinion, treatment options). Please also give the names and addresses of other Physicians whom you have consulted for this illness, other than those listed above.

**General Physical Condition**

Height 6' 3" Current Weight 200 Usual Weight 220  
Recent weight gain \_\_\_\_\_ or loss yes? If yes, 20 pounds over  
2 weeks.

My current state of health allows me to:

(Please choose the one answer that best describes your activities.)

Be fully active and carry on all normal activity \_\_\_\_\_.

Perform activities such as light house work, office work, shopping, etc.; but not perform strenuous activities. X

Take care of myself, but not perform light work. Out of bed more than half the day, and able to leave the house \_\_\_\_\_.

Largely stay at home, in bed or in a chair more than half the day, but able to care for myself, at least to some degree \_\_\_\_\_.

Be confined to bed or to a chair all of the time \_\_\_\_\_.

Regarding pain, I am experiencing:

(Please choose the one answer that best describes any pain which you may feel.)

No pain \_\_\_\_\_.

Mild pain, requiring little or no medication X.

Moderate pain, requiring regular medication \_\_\_\_\_.

Severe pain, requiring regular medication with narcotics \_\_\_\_\_.

My pain is: Adequately controlled X. Inadequately controlled \_\_\_\_\_.



**Medications.** Please list all drugs, medicines, pills, vitamins, home remedies and sleeping aids that you are currently taking.

Name of Medication	Reason	Dosage	Frequency
Kepra	anti seizure	500mg	1 every 12 hours
dexamethasone	anti-inflammatory	4mg	1x every 8 hours
Tylenol 3	pain	2 tab	as prn pain
Zofran	Nausea	4mg	every 4th pm nausea
multivitamin, vitamins E			

Check here if you are taking no medications of any kind \_\_\_\_\_.

Please list below any food or medicines to which you have had an allergic reaction:

Foods	Medicines
None	

Check here if you have had no allergic reaction to either food or medicine \_\_\_\_\_.

**Exposures.** Please list any known exposures to toxic substances (asbestos, chemicals, radiation, radon, etc).

Substance	Date(s) of Exposure

Check here if you have no known toxic exposure X \_\_\_\_\_.

**Hospitalizations and Surgeries.**

Please list all surgeries in chronological order:

Date	Surgery	Reason	Hospital	Surgeon
12-4-08	Craniotomy	Brain tumor	Valley Las Vegas	Arny Nagji

Check here if you have never had surgery \_\_\_\_\_.

Please list any other hospital stays, in chronological order:

Date	Reason	Hospital	Physician
None			

Check here if you have never been hospitalized as an inpatient \_\_\_\_\_.

**Treatment History**

Please list any chemotherapy treatments you have received.

<u>Dates</u>	<u>Name of Drug or Regimen</u>	<u>Number of Cycles</u>

Check here if you have not received any chemotherapy ☒.

Please list any radiation therapy treatments you have received.

<u>Dates</u>	<u>Body Area Treated</u>	<u># Treatments</u>	<u>Physician</u>

Check here if you have not received any radiation therapy ☒.Have you had blood or platelet transfusion in the past? ☐ Yes ☒ No.

If yes, what was the date of the most recent transfusion? \_\_\_\_\_

If yes, have you ever had a reaction to a transfusion? ☐ Yes ☐ No.

**Illnesses and Health Problems.** Please indicate below if you now have, or if you have ever had any of the following:

Yes	No	Unknown	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scarlet fever
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Valley fever or Coccidioidomycosis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blindness in either eye
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cataracts
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other eye problems (Specify: _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deafness or hearing loss
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Earaches

Yes · No · Unknown:

[illegible]

Mouth diseases  
Nasal disease  
Frequent nose bleeds  
Throat disease  
Frequent or chronic sore throat  
  
Frequent or chronic infection or colds  
  
Asthma  
Chronic bronchitis  
Emphysema  
Pleurisy  
Pulmonary emboli (blood clots on lung)  
  
Angina (chest pains)  
Heart attack  
Heart failure  
Heart infection  
Heart murmur  
Fluid around the heart  
Hypertension  
  
Anemia  
Bleeding disorder  
  
Head injury  
Frequent headaches  
Migraine headaches  
Stroke  
  
Epilepsy  
Seizure(s)  
Other neurologic problems (specify \_\_\_\_\_)  
  
Spinal cord problems  
  
Arthritis  
Muscle disease  
  
Goiter  
Other thyroid disease(specify \_\_\_\_\_)

Yes	No	Unknown	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other endocrine disease (specify _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gallstone
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other liver disease (specify _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pancreatitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bowel disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gastric disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intestinal disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ulcers (type _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bladder disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney stones
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other kidney disease (specify _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prostate disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sexual function problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Venereal disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleep disorder or problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental or nervous disorders (specify _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychological problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors or moles

*Current symptoms. Please indicate below if you are now experiencing any of the following:*

<input type="checkbox"/> Dizziness	<input type="checkbox"/> Soreness in mouth or tongue
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Bleeding in mouth or gums
	<input type="checkbox"/> Unusual trouble with teeth
<input type="checkbox"/> Vision problems (Specify _____)	<input type="checkbox"/> Skin rash or tumor
<input type="checkbox"/> Pain or swelling in one or both eyes	<input type="checkbox"/> Other changes in skin condition
<input type="checkbox"/> Stiff neck	<input type="checkbox"/> Pain in either ear
<input type="checkbox"/> Swollen or enlarged lymph glands	<input type="checkbox"/> Discharge in either or both ears
	<input type="checkbox"/> Change in hearing

- |  |   |
|--|---|
| <input type="checkbox"/> Persistent cough                    | <input type="checkbox"/> Jaundice                             |
| <input type="checkbox"/> Shortness of breath                 | <input type="checkbox"/> Bladder or bowel incontinence        |
| <input type="checkbox"/> Pain on deep breathing              | <input type="checkbox"/> Difficulty in urinating              |
| <input type="checkbox"/> Chills                              | <input type="checkbox"/> Frequent or painful urination        |
| <input type="checkbox"/> Fevers                              | <input type="checkbox"/> Memory loss                          |
| <input type="checkbox"/> Night sweats                        | <input type="checkbox"/> Decreased coordination               |
| <input type="checkbox"/> Heart palpitations                  | <input checked="" type="checkbox"/> Loss of muscular strength |
| <input type="checkbox"/> Swelling of extremities             | <input type="checkbox"/> Speech difficulties                  |
| <input type="checkbox"/> Numbness or tingling in extremities | <input type="checkbox"/> Unusual fatigue                      |
| <input type="checkbox"/> Nausea                              | <input type="checkbox"/> Decreased appetite                   |
| <input type="checkbox"/> Vomiting                            | <input type="checkbox"/> Difficulty in swallowing             |
| <input type="checkbox"/> Blood in stool                      | <input type="checkbox"/> Excessive worry or depression        |
| <input type="checkbox"/> Abnormal stool                      |   |
| <input type="checkbox"/> Abdominal cramping                  |   |
| <input type="checkbox"/> Abdominal pain or swelling          |   |

**WOMEN PATIENTS ONLY**

- Age at onset of menstruation \_\_\_\_\_
- Interval between menstrual periods, in days \_\_\_\_\_
- Duration of menstrual periods, in days \_\_\_\_\_
- Date of last menstrual period \_\_\_\_\_
- Age at onset on menopause \_\_\_\_\_
- Have you taken hormone replacement therapy? ☐ Yes ☐ No.
- If yes, for how long? \_\_\_\_\_. Name of therapy \_\_\_\_\_.
- When did you discontinue use? \_\_\_\_\_.
- Have you ever taken birth control pills? ☐ Yes ☐ No.
- If yes, for how long? \_\_\_\_\_
- When did you discontinue use? \_\_\_\_\_
- Have you used an intrauterine contraceptive device? ☐ Yes ☐ No
- Number of pregnancies \_\_\_\_\_
- Number of live births \_\_\_\_\_
- Your age when your first child was born \_\_\_\_\_.
- Date of last mammogram \_\_\_\_\_
- Date of last pap smear \_\_\_\_\_

*Women Patients Only*

Please indicate below if you have experienced any of the following:

Yes	No		Yes	No	
___	___	Vaginal bleeding	___	___	Vaginal discharge
___	___	Spotting or bleeding	___	___	Painful menstruation
		between periods	___	___	Irregular or excessive
					menstruation

*FAMILY HISTORY*

<i>Relation</i>	<i>Living?</i>	<i>Age, or Age at Death</i>	<i>State of Health, or Cause of Death</i>
Father	Y N	_____	_____
Mother	Y N	_____	_____
Spouse	Y N	_____	_____
Brothers			
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
Sisters			
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
Children			
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____

Please indicate whether your spouse, children, or any blood relatives now have or in the past, have had any of the following:

Yes	No		If yes, relation to you
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	Paternal-uncle, Aunt, Grandparents
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorder	
<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heart disease	Maternal grandfather, father
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Chronic arthritis	
<input type="checkbox"/>	<input type="checkbox"/>	Goiter	
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	
<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous disorder	

#### SOCIAL HISTORY

##### Employment

What is your regular occupation? Firefighter  
 Are you currently working? NO  
 If you are not currently working, when did you stop? NOV 28th

##### Alcohol, Drug and Tobacco Exposure

Do you drink alcoholic beverages?  
☐ Never ☒ Occasionally ☐ Frequently ☐ Daily  
 Have you ever used "recreational drugs"? ☐ Yes ☒ No

Do you use tobacco? ☐ Yes ☒ No. If yes, for how long? \_\_\_\_\_ years.  
 If yes, do you smoke \_\_\_\_\_ cigars (how many per day \_\_\_\_\_) \_\_\_\_\_ cigarettes  
 (how many packs per day \_\_\_\_\_) \_\_\_\_\_ a pipe (how many times per day \_\_\_\_\_)  
 \_\_\_\_\_ "smokeless" tobacco (chewing tobacco or snuff).

If you do not presently use tobacco, did you smoke in the past?  
☐ Yes ☒ No. If yes, for how long? \_\_\_\_\_ years.  
 When did you stop? \_\_\_\_\_

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**MEDICAL ONCOLOGISTS**

Heather J. Allen, M.D., FACP  
 Mary Ann K. Allison, M.D., FACP  
 Khoi Dao, M.D.  
 Matthew D. Galsky, M.D.  
 Regan Holdridge, M.D.  
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 Joseph Quagliana, M.D.  
 Noel Rowan, M.D., FACP  
 Hamidreza Sanatinia, M.D.  
 James D. Sanchez, M.D.  
 Anu Thummala, M.D.  
 Brian Vicuna, M.D.



**Comprehensive Cancer Centers**  
 OF NEVADA

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**RADIATION ONCOLOGISTS**

Andrew M. Cohen, M.D.  
 Dan L. Curtis, M.D.  
 Farzaneh Farzin, M.D.  
 Raul T. Meoz, M.D., FACP  
 Matthew Schwartz, M.D.

**PEDIATRIC ONCOLOGISTS**

Nik F. Abdul Rashid, M.D.  
 Lisa Johnson, M.D.  
 Ronald Kline, M.D.

**Patient: KEVIN EVANS**

**MRN: 59243.0**

**Location: Southern Hills**

**Date: 12/17/2008**

**DOB: 01/02/1971**

**Attending Physician: Paul Michael MD**

**Brain tumor**

**Date of Diagnosis: 12/02/2008**

**Tumor type: astrocytoma, grade IV (GBM).**

SCANNED

**DIAGNOSIS:** High-grade glioblastoma of the right temporoparietal area.

**HISTORY OF PRESENT ILLNESS:** Kevin is a young 37-year-old male who was referred back from the UCLA Brain Surgery/Neuro-oncology Division, where he saw Dr. Nghiemphu yesterday. He underwent a partial resection of a right parietal tumor on December 4, 2008, at Valley Hospital with Dr. Aury Nagy. The patient had presented with headaches for about two weeks leading up to that time. A CT scan followed by an MRI did show a fairly large tumor. The original MRI from November 30, 2008, showed a 6.7 x 6.5 x 5.3 cm lesion in the right parietal lobe, well-defined. There did not appear to be any hemorrhage. There was edema but not as much as would have been expected. There was extension to the temporal and frontal area on a repeat MRI with contrast on December 4, 2008. A BrainLAB protocol mapping for surgery was performed. He underwent the procedure the same day and had a fairly good resection, although there was a portion that apparently was not able to be removed totally due to its location. I do not have the full operative note. A postoperative MRI brain scan on December 6, 2008, showed a large portion was removed but there still appeared to be a ring of tumor present measuring 11 mm anterior and 14 mm posterior, and still some shift. He was apparently discharged a few days postoperatively. He was not on Decadron but is now back on 4 mg t.i.d. He was also placed on Keppra 500 mg b.i.d. as an antiseizure prophylactic. He has never had a seizure.

The patient did go to UCLA yesterday and saw Dr. Nghiemphu. Brain tumor specimen was sent down for molecular markers including P10, EGFR, and methylation mutation. No results are available. A brain tumor conference was going to be held there with the medical oncologists and radiation oncologists, as well as the

**LOCATIONS**

3730 So. Eastern Ave.  
 Las Vegas, NV 89169  
 Ph 702-952-3400  
 Fax 702-952-3460

10001 So. Eastern Ave  
 Ste. 108  
 Henderson, NV 89052  
 Ph 702-952-3444  
 Fax 702-952-3484

9280 W. Sunset Rd.  
 Ste. 100  
 Las Vegas, NV 89148  
 Ph 702-952-1251  
 Fax 702-952-1241

7445 Peak Drive  
 Las Vegas, NV 89128  
 Ph 702-952-2140  
 Fax 702-952-2180

655 Town Center Dr.  
 Las Vegas, NV 89144  
 Ph 702-233-2200  
 Fax 702-233-2210

3059 S. Maryland Pkwy.  
 Ste. 202  
 Las Vegas, NV 89106  
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12/17/2008  
Paul Michael MD  
RE: KEVIN EVANS

surgeons just in case they were recommending an additional surgical procedure. In general, it was recommended that he start postoperative radiation and Temodar within the next few weeks.

He is feeling fairly well. His vision has come back to normal. He has had a very negligible deficit after the surgical procedure. No left sided weakness. No unusual aura, sensations, smells, etc.

**PAST MEDICAL HISTORY:** History of basal cell cancer removed in the past. He had a vasectomy a few years ago.

**ALLERGIES:** No known allergies.

**MEDICATIONS:** He is still on dexamethasone 4 mg t.i.d. I suggested that with the tumor present, going down to 4 mg b.i.d., and waiting on the dose of 4 mg b.i.d. until the first week of radiation is done, then tapering to lower doses after that. We will get him to see Dr. Meoz, the local radiation therapist, for the IMRT postoperative radiation.

**SOCIAL HISTORY:** He does not smoke. He does not drink alcohol. He is a firefighter with the City of Las Vegas. He has not had any known exposure to occupational fires with plastics or radiation, but he really does not know what some of the products might be in the line of work that he does. He has never had outside work that involved radiation.

**FAMILY HISTORY:** The patient's mother and father are living. He has two brothers and five sisters. He has four children.

**REVIEW OF SYSTEMS:** He is having minimal headaches postoperatively but certainly not like what he had before. No nocturnal headaches that awaken him. No double vision. No syncope. No tinnitus or hearing loss. No trouble swallowing. No cough, shortness of breath, or wheezing. No cardiac symptoms. No GI problems. No nausea or vomiting. No incontinence of stool or urine. No trouble with walking or gait. He does not seem to be falling to one particular side. He did have quite a bit of swelling in the scalp immediately after the surgery. This swelling has decreased although he may still have some fluid.

**PHYSICAL EXAMINATION:** On exam, this is a 6'3", 204 pound muscular and well-developed white male. He has obvious postoperative swelling on the right side of the cranium. Blood pressure is 150/82, pulse 76 and regular, respirations 18, and temperature 97.6°. Pulse oximeter is 98% on room air. No particular facial droop. The pupils are reactive. I did a fundoscopic exam and bilaterally the disc margins are sharp. He has a fairly large craniotomy scar extending from the left side of the vertex around posteriorly and then anteriorly along the right temporal area towards the ear. There had been a little bit of drainage on the top, but there is fairly good healing. No sign of purulence. There is quite a bit of subcutaneous edema around the right side of the scalp. I do not know if that could be a spinal fluid leak or if it is serous fluid. Oral exam is negative. No neck or thyroid masses. Good strength in the upper extremities both distal and proximal. Lungs are clear. Abdomen is benign. I did not do a rectal exam or genital exam. Gait is normal. He has a negative Romberg. He can balance on either leg.

**LABORATORY:** Laboratory work was checked at Valley Hospital two weeks ago and was normal.

**ASSESSMENT:**

The patient is about two weeks out from a partial resection of a very large 6 x 7 cm tumor in the right temporoparietal area with possibly extension up to the frontal area. He still has a residual ring of tumor seen on the postoperative exam. Apparently a repeat MRI was not done yesterday, but he will have a pre-treatment scan here with Dr. Meoz. There is no immediate postoperative protocol that he is eligible for, but prognostic molecular markers are being done on his tumor at UCLA. The patient does need post chemotherapy and radiation. Temodar will be done at a 75 mg/m<sup>2</sup> dose daily, which works out to 165 mg per day. The dose has already been prescribed and prescription written by Dr. Nghiemphu. He will start the Temodar on the same day that he starts the radiation. I would like to keep his dexamethasone dose at 4 mg b.i.d. through the first week of radiation. I think he is at high risk to get more edema, especially with residual tumor. Hopefully, within the first week or two of radiation, we could taper him down. The Temodar is already prescribed with Zofran. He was given additional information about the chemotherapy drug by our nurses.

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12/17/2008  
Paul Michael MD  
RE: KEVIN EVANS

**PLAN:**

We will set up his appointment with Dr. Meoz as soon as possible because of the time in the treatment planning. It will be a few weeks until he can start. Hopefully, we can begin everything on Monday, January 5, 2009. I will continue him through the six weeks, monitoring his blood every two weeks. He will have a month's break at the end of the six-week cycle of radiation and chemotherapy, then begin the maintenance Temodar for 12 months.

Paul E. Michael MD

Send copy of note to:  
Leia Nghiemphu, MD  
UCLA, Department of Neuro-Oncology  
Raul Meoz, MD  
Aury Nagy, MD.

*Electronic Signature on File*

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**COMPREHENSIVE CANCER CENTERS OF NEVADA – SOUTHERN HILLS**  
**RADIATION ONCOLOGY**

January 7, 2009

**RE: EVANS, KEVIN**

The patient is seen today for routine on-treatment visit. He is continuing his radiation therapy with IMRT. The plan is to treat him to 6000 cGy in 30 fractions over 6 weeks' time. He has had 1200 cGy. Last Friday, he was noted to have some drainage from the scalp incision. He was placed on Levaquin and a culture was taken. Dr. Nagy was also contacted and the patient is going to see him this Friday. Today, the incision is completely dry and the drainage, per the patient, stopped the next day after he started antibiotics. He otherwise appears to be doing well. No other monilia noted. He is neurologically stable.

**DISPOSITION:** Continue radiation therapy. He is on Temodar, which he will continue. He is still on Decadron 4 mg b.i.d.

  
\_\_\_\_\_  
Raul T. Meoz, MD, FACR  
Southern Hills Office

RTM/w

cc: Aurangzeb Nagy, MD  
Paul Michael, MD

D: 01/07/09  
T: 01/08/09  
#00995

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**PROGRESS NOTE**

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## Comprehensive Cancer Centers of Nevada

Final Copy

Southern Hills Campus

9280 W. Sunset Rd, #100

Las Vegas, NV 89048

Lab Director: Edwin C. Kingsley, M.D.

Patient:	EVANS, KEVIN	MRN:	SH8041208	Acc #:	277665
Patient #:	59243.0	Birth:	1/2/1971		
Doctor:	MEOZ, RAUL	Age:	38 years	Collection Date:	1/2/2009 4:27 PM
Home Phone:	(702)292-0596	Gender:	Male	Received in Lab:	

## Quest Results

Test Name	Result	Units	Flag	Reference Range	Site ID	Status
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\*\*\* Patient Comments at the Bottom \*\*\*

CULTURE, WOUND W/GRAM STAIN

Reported On: 1/3/2009 7:11 AM

GRAM STAIN (SCALP) SEE NOTE

SOURCE: SCALP

RARE GRAM POSITIVE BACILLI

## PATIENT COMMENTS:

Ordering Physician: MEOZ, RAUL  
SEE NOTE

SCALP

SOURCE: SCALP

Result for Organism 1:

RARE GROWTH ENTEROBACTER AEROGENES

## SENSITIVE :

AMIKACIN	<=2 ug/ml
AZTREONAM	<=1 ug/ml
CEFTPIME	<=1 ug/ml
CEFTAZIDIME	<=1 ug/ml
CEFTRIAXONE	<=1 ug/ml
CEFUROXIME - SODIUM	8 ug/ml
CIPROFLOXACIN	<=0.25 ug/ml
GENTAMICIN	<=1 ug/ml
IMIPENEM	2 ug/ml
MEROPENEM	<=0.25 ug/ml
PIPERACILLIN	<=4 ug/ml
PIPERACILLIN/TAZOBACTAM	<=4 ug/ml
TOBRAMYCIN	<=1 ug/ml
TRIMETHOPRIM/SULFAMETHOXAZOLE	<=20 ug/ml
LEVOFLOXACIN	<=0.25 ug/ml

## INTERMEDIATE :

CEFUROXIME - AXETIL 8 ug/ml

## RESISTANT :

CEFAZOLIN	>=64 ug/ml
CEFOTETAN	<=4 ug/ml

Source : scalp

01:	Quest Diagnostics 4230 Burnham Ave. Las Vegas, NV 89119
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Reviewed by: \_\_\_\_\_

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Accession: 277665 Patient ID: 59243.0  
Lab Results For: KEVIN EVANS

1/6/09 copy for Michael

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**MEDICAL ONCOLOGISTS**

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 Mary Ann K. Allison, M.D., FACP  
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**PEDIATRIC ONCOLOGISTS**

Nik F. Abdul Rashid, M.D.  
 Lisa Johnson, M.D.  
 Ronald Kline, M.D.

**Patient: KEVIN EVANS****MRN: 59243.0****Location: Southern Hills****Date: 01/12/2009** ✓**DOB: 01/02/1971****Attending Physician: Paul Michael MD****SCANNED****Brain tumor****Date of Diagnosis: 12/02/2008****Tumor type: astrocytoma, grade IV (GBM).**

**DIAGNOSIS:** High-grade glioblastoma multiforme on the right side, now finishing two weeks of radiation and concurrent Temodar.

**HISTORY OF PRESENT ILLNESS:** The patient has been doing well with his first two weeks. Today makes fraction nine of radiation. He still has a good four weeks to go after this, and he had a little bit of drainage from a probable seroma under the scalp incision on the right. That drainage did culture positive, but has effectively been treated with Levaquin, which he finished last night. He is not having further drainage. No fevers or chills. No temperature. He has a stuffy feeling or heavy feeling in his right ear but no hearing loss. He is tolerating the dose of Temodar well. It is essentially the 165 mg dose as prescribed by Dr. Nghiemphu, and he will have approximately 34 more treatments to complete.

**PHYSICAL EXAMINATION:** On physical exam, he has gained about 10-11 pounds. He is up to 216 pounds. He does not look cushingoid, but I have told him that some of this weight loss (68 - should be weight gain) is from the steroids. Blood pressure is 126/76, pulse 66 and regular, respirations 18, and temperature 98°. Pulse oximeter is 100% on room air. He has no significant or residual seroma or swelling around the right scalp; that has healed completely. Cranial nerves II-XII are intact. Fundoscopic exam looks clear. No wheezes or rales. Fundoscopic exam shows no papilledema. The right ear does not show wax or external otitis, but he does have fluid behind the right eardrum. I have suggested Claritin D to treat this. He is not having any significant neck swelling. No oral thrush. He does not have any lung findings. Peripheral extremities show equal strength and sensation in all extremities. No weakness. He has a normal gait. Normal grip strength.

**LOCATIONS**

3730 So. Eastern Ave.  
 Las Vegas, NV 89189  
 Ph 702-952-3400  
 Fax 702-952-3460

10001 So. Eastern Ave.  
 Ste.108  
 Henderson, NV 89052  
 Ph 702-952-3444  
 Fax 702-952-3494

9280 W. Sunset Rd.  
 Ste.100  
 Las Vegas, NV 89148  
 Ph 702-952-1251  
 Fax 702-952-1241

7445 Peak Drive  
 Las Vegas, NV 89128  
 Ph 702-952-2140  
 Fax 702-952-2180

655 Town Center Dr.  
 Las Vegas, NV 89144  
 Ph 702-233-2200  
 Fax 702-233-2210

3059 S. Maryland Pkwy.  
 Ste.202  
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01/12/2009  
Paul Michael MD  
RE: KEVIN EVANS

**LABORATORY:** His laboratory looks normal. I am waiting for the full CBC to come back.

**ASSESSMENT:**

1. Patient who completed the first two weeks of Temodar and radiation for glioblastoma multiforme on the right side.
2. Mild weight gain.
3. Resolving seroma under the incision.

**PLAN:**

The plan is to have him return every week for laboratory. While he is going through the chemotherapy, I will see him in six weeks. Tentatively, he has an appointment scheduled at the end of February to see Dr. Nghiemphu. Since his radiation probably will not be done for four more weeks, we might push that appointment to the second week in March.

Paul E. Michael MD

SCANNED

Send copy of note to:  
Leia Nghiemphu, MD  
UCLA, Department of Neuro-Oncology  
Raul Meoz, MD  
Aury Nagy, MD.

*Electronic Signature on File*

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## Regimen and Lab Summary

Report Range: 12/17/2008 to 01/20/2009

Patient: EVANS, KEVIN

Practice: Med Onc

DOB: 01/02/1971

Patient ID: 59243.0

Diagnosis: Brain tumor adult

	12/17/08	01/12/09	01/19/09				
<b>Laboratory</b>							
<b>CBC</b>							
WBC (x 10 <sup>3</sup> /uL)		6.7	5.8				
RBC (x 10 <sup>6</sup> /uL)		4.68	4.54				
HGB (g/dL)		14.2	13.9				
HCT (%)		40.2	38.5 (L)				
MCV (fl)		88.0	84.9				
MCH (pg)		30.3	30.6				
MCHC (g/dL)		35.2	36.0				
RDW (%)		13.4	13.6				
PLT (x 10 <sup>3</sup> /uL)		204	232				
MPV (fl)		7.4	7.4				
Neu % (%)		78.0 (H)	75.3 (H)				
LY % (%)		16.4 (L)	18.2 (L)				
MO % (%)		3.7	4.4				
EO % (%)		0.5	1.0				
BA % (%)		1.3	1.1				
Neu # (ANC) (x 10 <sup>3</sup> /uL)		5.2 (H)	4.2				
LY # (x 10 <sup>3</sup> /uL)		1.1 (L)	1.0 (L)				
MO # (x 10 <sup>3</sup> /uL)		0.3	0.2 (L)				
EO # (x 10 <sup>3</sup> /uL)		0.0	0.1				
BA # (x 10 <sup>3</sup> /uL)		0.1	0.1				
<b>Chemistries</b>							
Glucose, fasting (mg/dL)		112 (H)					
BUN (mg/dL)		20					
Creatinine (mg/dL)		1.1					
Sodium (mmol/L)		137					
Potassium, serum (mmol/L)		4.3					
Chloride (mmol/L)		101					
Calcium (mg/dL)		9.0					
Albumin, serum (g/dL)		4.0					
Total protein (g/dL)		6.4					
Globulin (g/dL)		2.4 (L)					
A/G ratio		1.7 (H)					
Alkaline phosphatase (U/L)		56					
SGOT/AST (U/L)		27					
SGPT/ALT (U/L)		44					
Total bilirubin (mg/dL)		0.8					
Serum CO2 (mmol/L)		28.9					
GFR estimate (mL/min/1.73m2)		79.6					
Height (in)	73						
Weight (lbs)	204	216					
Body surface area (m2)	2.17	2.23					
<b>Additional Prescriptions</b>							
Keppra, po solid: Outside Rx: 500mg Tablet(s) Take 1 PO BID; 12/17/08							
Keppra, po solid: Outside Rx: 500mg Tablet(s) Take 1 PO BID; 01/12/09							
Bactrim, po solid: Outside Rx: 01/12/09							
Dexamethasone, po solid: Outside Rx: 4mg Tablet(s) Take 1 PO as directed; 01/12/09							
Bokked lab results denote a critical value.							

SCANNED

RECEIVED  
JAN 22 2009

This report contains information from the iKnowMed Clinical Information System. The information may have originated from a variety of different sources. The report is intended for internal use and is not an official laboratory report.

Page 1 of 1

01/20/2009 16:29

000080

JAN-16-2009 FRI 02:59 PM

FAX NO.

P. 03

Comprehensive Cancer Center  
OF NEVADA

**EXCUSE SLIP**

9280 W. Sunset Rd. Ste. 100

Las Vegas, NV 89148

(702) 952-1251

Date 1/12/09

TO WHOM IT MAY CONCERN:

Kevin Evans is under my care. He/She

☒ was seen in my office today.

☒ is released to return to work on 1/21/09

☐ is unable to return to work at this time because \_\_\_\_\_

☐ is able to return to school on \_\_\_\_\_

☐ surgery is scheduled for \_\_\_\_\_ and patient may  
return to work after \_\_\_\_\_ weeks.

☐ Medications: \_\_\_\_\_

**SCANNED**

☐ Restrictions: \_\_\_\_\_

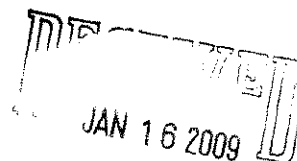
☒ Other: Full Duty

Michael, Paul, E., M.D.

Lic. No 5214

Phone No. 952-1251

Signature [Signature]



000081



# Comprehensive Cancer Centers

OF NEVADA

## EXCUSE SLIP

9280 W. Sunset Rd. Ste. 100

Las Vegas, NV 89148

(702) 952-1251

Date 1/29/09

TO WHOM IT MAY CONCERN:

Kevin Evans is under my care. He/She

☐ was seen in my office today.

☒ is released to return to work on Feb. 12<sup>th</sup>

☐ is unable to return to work at this time because Full

☐ is able to return to school on duty

☐ surgery is scheduled for \_\_\_\_\_ and patient may  
return to work after \_\_\_\_\_ weeks.

☐ Medications: \_\_\_\_\_

**SCANNED**

☒ Restrictions: 409c By \_\_\_\_\_

Feb. 12<sup>th</sup>, 2009

☒ Other: Treatments are finished

Feb. 10, 2009

P. M. M. M. M.  
Signature

RECEIVED

FEB 25 2009

J

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# CITY OF LAS VEGAS

## HUMAN RESOURCES DEPARTMENT

### Insurance Services Division

400 Stewart Avenue

January 22, 2009

Kevin Evans  
413 Cherry Meadows Ct  
Las Vegas, NV 89145

Re: Claim Number: 2008-0291  
Date of Injury: 11/23/2008  
Body Part(s): Brain Cancer

Dear Mr. Evans:

After careful review and consideration of your claim, be advised it is the determination of the city of Las Vegas to **deny** your claim.

We are unable to substantiate that you have met the requirements to be compensable under NRS 617.453, "Cancer as occupational disease of firefighters" and NRS 617.440, "Requirements for occupational disease to be deemed to arise out of and in course of employment". Copies enclosed.

If you disagree with this determination, you may request a hearing before a Hearing Officer. If that is your intent, complete the enclosed "Request for Hearing" form and send it to the address indicated on the form, along with a copy of this determination, within 70 days from the date of this letter.

Sincerely,

Jane C. Lucas  
Workers' Compensation Analyst  
Insurance Services

Enclosure, as stated

cc: FR – Suppression  
DIR – W/C Section  
Comprehensive Cancer Centers  
Dr. Nagy  
Valley Hospital  
File

K

000083

Documents for: EVANS, KEVIN

393-55-44      WW  
EVANS, KEVIN R  
Test Results  
RADIOL  
MRI BRAIN W&WO/CON\_CLOUGHSEY

Date of Procedure: Wednesday, February 25, 2009 7:45

MRI BRAIN W&WO/CON-CLOUGHSEY

MRI BRAIN WITHOUT AND WITH INTRAVENOUS CONTRAST

History: 38-year-old man, evaluate for brain tumor. Per clinical history, patient was recently diagnosed with glioblastoma multiforme and is status post surgical resection.

Comparison: none available

Technique: Sagittal T1W, axial T1W, T2W, diffusion weighted, and FLAIR images of the brain were acquired. Postcontrast axial and coronal T1W images of the brain were acquired. 20 cc Magnevist was injected intravenously without complication.

Findings: An approximately 2.7 cm (AP) by 4.3 cm (transverse) resection cavity is noted in the right parietal lobe with adjacent surgical changes from prior right frontoparietal craniotomy. There is significant associated surrounding vasogenic edema which extends towards the occipital horn of the right lateral ventricle and posteriorly towards the occipital lobe with mild mass-effect on the trigone of the right lateral ventricle. This focal area demonstrates diffusion-weighted restriction with T2 shine-through consistent with edema. There is significant heterogeneous contrast enhancement along the surgical margin, including areas of nodular marginal enhancement, particularly at the medial resection margin. Some enhancement of the leptomeninges underlying the craniotomy defect is present. The basal cisterns are patent. No new enhancing lesions, infarcts or midline shift are seen. There are no abnormal extra-axial fluid collections. The major intracranial blood vessels demonstrate normal flow voids consistent with their patency. There is mucosal thickening of the left maxillary sinus and the mastoid air cells are clear.

Impression:

There is contrast enhancement surrounding the right parietal resection cavity with significant associated vasogenic edema which is concerning for some residual recurrent tumor. There is no evidence of extension across the midline.

I, Pablo Villablanca MD, have reviewed this radiological study personally and I am in full agreement with the findings of the report presented here.

J Pablo Villablanca, M.D. (P11804)

Dictated:

By: J Pablo Villablanca, M.D. (P011804)  
Reference number: RA-5353883

Received: 02/25/2009 17:40:39  
Document ID Number: 5353883

\*\*\* END OF DISPLAY #05353883 \*\*\*