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UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

**JAMES P. CHASSE, JR.; JAMES P.  
CHASSE; LINDA GERBER; and MARK  
CHASSE, individually and in his capacity as  
Personal representative of the ESTATE OF  
JAMES P. CHASSE, JR.,**

Case No. CV-07-0189-HU

**DECLARATION OF TAMARA  
HERGERT**

Plaintiffs,

v.

**CHRISTOPHER HUMPHREYS; KYLE  
NICE; CITY OF PORTLAND; ROSEANNE  
SIZER; TOM POTTER; BRET BURTON;  
MULTNOMAH COUNTY; PATRICIA  
GAYMAN; SOKUNTHY EATH; TRI-  
COUNTY METROPOLITAN  
TRANSPORTATION DISTRICT OF  
OREGON; AMERICAN MEDICAL  
RESPONSE NORTHWEST, INC.; TAMARA  
HERGERT; and KEVIN STUCKER**

Defendants.

I, Tamara Hergert, state:

1. I am one of the named defendants in this case. I have reviewed the allegations in plaintiffs' amended complaint. I make this declaration based on personal knowledge and in support of the motion for partial summary judgment in favor of AMR, Kevin Stucker and myself.

2. I have been a paramedic for the last twenty-six years. I have been employed by AMR as a paramedic since September 25, 1982. I am certified as a paramedic by the State of Oregon and have been since 1982.

3. On September 17, 2006, I was working with my partner, Kevin Stucker. At 17:23, we received a dispatch call for a UN1 to NW 13<sup>th</sup> and Everett. A UN1 is unconscious/not breathing.

4. We arrived at the scene at approximately 17:25. We were the first emergency medical responder to arrive so we were in charge of the call. I was the paramedic in charge of this call. As the person in charge, it was my primary duty to evaluate the patient and make decisions regarding transport. Mr. Stucker was assisting in a support role.

5. The Portland Fire Department paramedic and medics arrived shortly after we did.

6. When we arrived, an officer approached me as I was getting out of the ambulance. I asked the officer if he wanted to transport the patient and he replied, "No - If the patient's vital signs are okay, he is going to jail." I asked what happened and was told that the patient had run from police and when they caught him he continued to struggle until he suddenly stopped fighting.

7. As I approached the patient, I could see that he was lying on his right side and was handcuffed and hobbled. He was awake. He was lying there quietly and not struggling. I knelt down beside the patient and started talking to him, attempting to obtain a medical history and to find out how he was doing. The patient did not respond to my questions. It appeared that he did not want to answer my questions at that time. In my experience, it is not unusual for a person who is in police custody to refuse to answer questions from paramedics or others at the scene. Since the patient did not answer my questions, I was unable to obtain his prior medical history or determine if he had any medical complaints.

8. I performed a visual assessment of the patient to determine if he had any immediate life-threatening injuries. Based on my visual assessment, there were no signs of any broken bones or any serious injury. The only signs of trauma were a minor cut on his lip which had minimal bleeding and abrasions on his elbows. His airway was open and there was no sign of respiratory distress. The patient was not exhibiting any signs or symptoms of pain such as facial grimacing, splinting or groaning.

9. I proceeded to assess the patient's vital signs. I used my LifePak 12 to obtain the patient's blood pressure and pulse. Initially, I had difficulty getting the blood pressure cuff on the patient's arm due to his position. I looked at one of the officers to communicate that I wanted the hobble removed. The officer said "Not a chance" and moved the patient's feet toward his arms to create more slack. I was then able to get the blood pressure cuff on and to obtain a reading. The patient's blood pressure was 119/73 and his pulse was 100. I believed I was able to get a good reading from the monitor and had no reason to think these readings were inaccurate.

10. A blood pressure of 119/73 is well within the normal range for a blood pressure. The patient's pulse of 100 was at the high end of normal but was still in the normal range. I believed the patient's pulse was consistent with the history of his having run a few blocks and being in a struggle with the police. I observed the patient's breathing and saw equal rise and fall of his chest. The patient was not exhibiting any difficulty in breathing and was not showing any signs of respiratory distress such as gasping for air, difficulty catching his breath, rapid or painful breathing. Consistent with my routine practice, I manually counted the patient's respirations and his respiratory rate was between 18 to 20 breaths per minute which is within the normal range.

11. One of the fire medics checked the patient's pupils and reported they were normal.

12. I also wanted to obtain an oxygen saturation rate. I do not recall actually trying to put the oxygen saturation monitor on the patient's finger. I recall looking at the patient's hands and observing that he was pulling against the cuffs and his hands were clenched. In my experience, it would not have been possible to obtain an accurate oxygen saturation rate due to the decreased

blood flow to his hands from pulling against the cuffs. Therefore, I exercised my judgment as a paramedic to assess his status by looking at skin color and capillary refill. Although the patient's face was a little pale, the rest of his skin color was good. There was no sign of decreased oxygen flow to blood such as blue lips or decreased capillary refill which are the places you would first notice such signs.

13. The paramedic from the fire department suggested that we check the patient's blood glucose. I agreed with his recommendation as the findings could be useful to determine if hypoglycemia was present.

14. At that point, I went to get the medical kit from the back of the ambulance. The patient lifted his head and rolled backward and asked about his backpack. I told him that it was not his backpack but was my LifePak and turned it around so he could see the front. I observed the patient's backpack lying a little farther off. It was black like my LifePak. The patient's response indicated he was aware of his situation and that he had a backpack. The patient showed no evidence of difficulty in rolling over or any signs of pain in doing so. If the patient had exhibited pain or difficulty in rolling over, this may have caused me to assess further to determine the cause or source of the pain or difficulty. I also recall the patient looking around and commenting that there were a lot of people standing around him. This statement also indicated to me that he was aware of his situation.

15. A blood sample was obtained from a needle stick to the patient's forearm and was tested. The results were 119 which is a normal blood glucose reading. The only time the patient was combative was during the time we were trying to obtain a blood sample.

16. Although the officer indicated he only wanted the patient's vital signs checked, I would have done a further assessment which may have included a secondary exam if there were signs and symptoms suggesting that a further examination was indicated. Based in the history I obtained, my visual assessment of the patient and the normal vital signs, in my opinion a secondary

physical examination was not necessary and there was no indication to administer supplemental oxygen. Since the patient appeared stable, I did not think another set of vital signs was indicated.

17. Based on the history I obtained from the officers, my interactions with the patient, my visual assessment which showed no signs of a life-threatening or serious medical condition requiring emergency medical treatment, and his normal vital signs, in my professional judgment as a paramedic, the patient did not require transport to an emergency room for further evaluation and treatment. I was aware the patient was in police custody and was advised he was going to jail. I was also aware that the jail had medical staff on site in the event his medical condition changed.

18. Although in my opinion emergency transport to a hospital was not medically indicated, I offered to transport the patient. The officer declined and said the patient would be going to jail.

19. Since the patient had been assessed and was not going to be transported, I requested the officers to sign a refusal form. The form is typically used where an individual is refusing transport to the hospital. However, in this case, the patient was in the custody of the police so I gave the form to the police officer to sign evidencing it was the officer's decision not to transport. I did not ask the patient if he wanted transport because he had not been answering my questions and because I did not think he was allowed to make that decision since it was my understanding that he was in police custody.

20. At no time did any of the other paramedics or medics on the scene indicate that further examination or testing, other than the blood glucose test which was performed and was normal, were indicated or advisable. None of the other paramedics or medics indicated they thought the patient required transport or otherwise should not be transported to jail.

21. I relied on the history given to me by the officers at the scene. Based on my assessment of the patient, I had no reason to question the history given to me by the officers or to think the information provided was not complete and accurate. If I thought the officers had not given me complete and accurate information or if my assessment of the patient had been

inconsistent with the history given, I would have asked further questions or tried to find another source of information.

22. I was unaware at the time I provided emergency care to the patient that he had been diagnosed with or suffered from a mental illness. The patient was alert during my interaction and observations of him but I was unable to completely assess his orientation because he was not answering my questions. I had also overheard police officers state they thought the patient had drugs and considered that some of the patient's behavior could have been drug related. Based on the history obtained from the officers and my observations of the patient's behavior, I thought the patient likely had some drugs in his system. In the field, we are not able to perform a toxicology screen to determine whether a person is under the influence of drugs or alcohol.

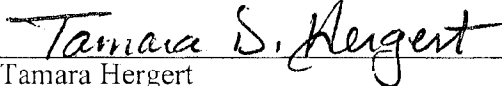
23. I acted in good faith in providing emergency medical services to the patient. I was shocked when I learned that he had died in custody later that evening. There was nothing I had seen or heard which made me believe that he was at any risk of suffering from a serious medical need or life-threatening injury.

24. It is not unusual for the code attached to a 911 call to be inaccurate. I base my assessment on what I see and the history I obtain on the scene rather than on how the call was coded when it comes in.

25. Attached as Exhibit 1 is a true and accurate copy of the Pre-Hospital Care Report I prepared relating to James Chasse who was unidentified at the time I wrote the report.

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty of perjury.**

Dated this 8<sup>th</sup> day of December, 2008.

  
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Tamara Hergert

## PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087261      County Run #: RP0609171244      Pt # 1 of 1      Unit ID: 306      Date: 9/17/2006

DISPATCH INFORMATION			
Time Received: 17:23:04	Time Dispatched: 17:23:18	Time To Hosp: 17:23:39	Incident Location: Street or Highway NW 13 AV&NW EVERETT ST, PORTLAND, OR
Time Enroute: 17:25:50	Time On Scene: 17:28:10	Time At Hosp: 17:41:59	Initial Mode: CODE 3 Final Mode: CODE 3

First in:  
Nature of Call: UN1 Uncons\_Not BR\_ Abnorm BR

PATIENT DEMOGRAPHICS			
Name: doe, john	D.O.B.: 01/01/1961	<input checked="" type="checkbox"/> Age Estimated	Age: 45 years    Months:    Days:
Address:	Ethnicity: White	Sex: Male	Weight:
City, State, Zip:	Physician:	Triage Tag:	
Phone: (000) 000-0000	Employer:	Responsible Party: doe, john      Phone: (000) 000-0000	
SSN: 000-00-0000			

### NARRATIVE

Special Study

45 year old Male in police custody. He saw police on the street and took off running several blocks until caught, he then fought with police, was cuffed and hobbled and then became extremely quiet. Police thought he may have passed out, he came to quickly. Police are requesting that we check for any life threatening vital signs before they take him to jail.

Pt is lying quietly on sidewalk, rr 15 -20, opens eye but isn't talking to us. VS within normal limits. Attempted blood glucose and pt began fighting and yelling, he was held for the test which was normal. Police refusing transport for pt in their custody. Advised VS were normal but pt was probably on some sort of drug. Police acknowledged this and signed refusal.

CC none

PRIMARY ASSESSMENT: Toxicological -- Illicit Drug(s).

### HISTORY OF PRESENT ILLNESS

Chief Complaint: none  
HPI:

Mechanism of Injury:  
Safety Equipment:  
Contributing Factors:  
Environmental Factors:  
Factors Affecting Delivery Of Care:

### PAST MEDICAL HISTORY

History: None Stated.  
Allergies: Unknown.

Medications: None Stated

**CLINICAL IMPRESSION**

Primary Assessment: Toxicological -- Illicit Drug(s)  
 Secondary Assessment:

**TRAUMA TRIAGE**

CRAMS Score:  
 Physiological Criteria:  
 Anatomic Criteria:  
 Mechanism:  
 Discretionary Criteria:  
 Paramedic Judgment:

**PATIENT FINDINGS**

<input type="checkbox"/> PTA		Time:	By:		
Pt. Position:	N/A	Pulse	Skin	Cardiac Rhythm	
Blood Pressure:	N/A / N/A	Rate: N/A	Color: N/A	Rate:	N/A
		Regularity: N/A	Temp: N/A	ECG:	N/A
		Strength: N/A	Moisture: N/A	Ectopy:	N/A
		Location: N/A	Cap Refill: N/A	12Lead Interpretation:	
				N/A	
GCS	Level of Consciousness		Respiratory	ETCO2	
Eyes: N/A	Respond To: N/A		Rate: N/A	CO2 Value: N/A	
Verbal: N/A			Effort: N/A	CO2 Color: N/A	
Motor: N/A			Depth: N/A	Lung Sounds	
Total:	Pupils: N/A		SAO2: N/A	Right:	N/A
				Left:	N/A
Acuity: N/A	Comments:				

**PHYSICAL FINDINGS**

Head Neg  
 Face neg. not pinpoint, lips bloody  
 Neck Not Assessed  
 Chest neg  
 Back Not Assessed  
 Arm (s) abrasions on elbows  
 Abdomen Not Assessed  
 Pelvis Not Assessed  
 Leg (s) Neg  
 Skin pale warm dry  
 Neuro Exam Not Assessed

**TREATMENT AND RESPONSE**

PTA	Time	Medic	Procedure
<input type="checkbox"/>	1728	Hergert, Tamara, AMR	Vital Sign/ECG - BP: 110 / 73 , Pulse 100 , Respirations: 18 .
<input type="checkbox"/>	1730	Hergert, Tamara, AMR	Blood Glucose - 119 mg/dL.

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PATIENT DISPOSITION		
Disposition: Treated - Refused Tra	Receiving Hospital:	MD Consult: <input type="checkbox"/>
Est Time Death: 0	Other Hospital:	Base Physician:
Mode of Transport:	Personal Items:	Transport Priority:
Air Request By:	First Respond Assist: <input type="checkbox"/>	Change In Priority:
Reason For Air:	Base Hospital: MRH	MileageScene:
Destination Decis:	Base Hosp Contact: <input type="checkbox"/>	Mileage Hospital:
Hosp Divert From:	Base Contact Time:	Total Mileage: 0.00
Physician Order:		

1st Attendant: Hergert, Tamara, A      2nd Attendant: Sucker, Kevin, AMR      3rd Attendant:      Hospital Signature:

*Tamara Hergert*

Number: 109859      Number: 127291  
 Certification:      Certification:

**AMR 000009**  
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