

K: Kim Sabol, District Attorney

L: FF/Engineer Kimberly Lobsinger

M: Deputy Chief Mike Merritt

G: Division Chief Brian Gonzalez

K: Ok, so today is April 27, the time is 1:43 p.m. So I'm Kim Sabol. I'm the attorney for the fire district. Also present is Deputy Chief Mike Merritt and Division Chief Brian Gonzalez. And you are?

L: Kimberly Lobsinger.

K: Ok. And so we are here as part of a formal investigation that was initiated from a complaint received by Port St. Lucie Police Officer John Fazio. And this stems from an April 9th incident. And we have the patient care report here. It is run number 21016709. And so you are here as a witness. A complaint has not been filed against you and you are not under investigation in this matter. You are, however, required to truthfully and completely answer questions, which will be specifically, narrowly and directly related to this investigation. If you fail to do so or refuse to do so, your actions could be deemed as insubordination. And for that act alone, you could be disciplined up to and including termination. You're also required to fully and honestly assist in this investigation and your failure to answer questions honestly and completely may subject you to discipline for engaging in or giving false and/or misleading statements during an administrative investigation. Do you understand?

L: Yes.

K: Ok, so turning your attention to that date and time and that run number, that was in motor vehicle versus pedestrian in the area of Savona and Gatlin, do you recall that?

L: Yes.

K: Ok, so why don't you just tell us, in your own words, what you recall about that case or that response and then we will, there's no rhyme or reason, we all have different areas of expertise and areas of concern, so we will interject questions. The only thing that we ask is because it's being recorded, that we not talk over one another. If one of us ask a question that you don't understand and you need us to rephrase it or repeat it, we'll be happy to do so. If you need a

break, just let us know and we'll take a break for you. It's pretty painless. We just want to know what happened there. So we just want you to, like I said, honestly answer our questions to the best of your recollection so we can get a true and accurate picture of what happened on that day. Ok?

L: Absolutely.

K: All right. So why don't you go ahead and tell us what you recall.

L: The call came in for MVC versus pedestrian. PD was on scene when we got there. We were the first fire district EMS vehicle there. Patient was sitting on the sidewalk. You know, the bicycle is over there and a couple of PSLPD officers around him and my job, since it was the busy intersection, get some safety cones up, kind of established the area for safety. Lieutenant Taylor, I believe it was just him and I that day because our guy riding in back was up here taking the EKG class. So it was just him and I, he immediately went over. I did the cones within 30 seconds. I was over there. They were talking to the patient. Rescue 17 had not arrived on scene yet. They arrived within a couple of minutes. That was very quickly. They arrived and the patient was awake, alert, oriented, no obvious physical injuries, no bleeding, no bone sticking out, nothing. Minor swelling to the left foot, I believe, sitting on the curb. No head injuries, not altered in any way, shape or form. You know, we obviously recommended he be transported because you don't know, could be ankle, whatever. He stated he did not want to go. He didn't have medical insurance. He didn't want a big bill. He didn't want a big hospital bill and a rescue bill. And we reassured him, as we always do, don't worry about that. Of course, we're not there when the patients get the bills a month or two later. But it was completely logical. He wanted to call his friend to pick him up and his friend would take him to get treatment if needed. And repeatedly, you know, probably five plus times, you know, he was repeatedly asked, are you sure you don't want to go? We really recommend, you don't know. You know, we don't have x rays, you know, that kind of thing. At that point, he repeated, probably three to four times, he couldn't afford big medical bills. He didn't have health insurance. He would call his friend and the friend would take him, which we have. There was no, like I said, there was no head injury there. He was not altered. There was as you-

K: When you say, there's no head injury. How do you know?

L: He was completely appropriate. He answered all our questions. There was no complaint of any head injury. It was strictly the foot. That was it.

K: Did you see a helmet?

L: He did not have a helmet, as far as I know. I didn't see a helmet because they had already had by the time we got on scene, they had had everything moved. But he was answering all of our questions appropriately. I think when we've had enough experience, we know when we have patients that are questionable and we're like, no, you need to go. Like, if there's any question. There was zero question. He did not appear to be on any substance, speech was perfect, tone was perfect., rationale was perfect. Everything.

K: And what are you, a paramedic?

L: I'm an EMT.

K: You're an EMT?

L: Yea.

K: So what is your involvement in assessing the patient?

L: I'm there right there with the crew doing whatever needs to be done, whether it's taking patient info or doing vital signs. Pretty much, I mean, obviously they're the lead medics and they're doing direct patient care. But I'm usually right there assisting with the stretcher, you know, getting equipment, whatever they need. So, I mean, I'm right there with them doing pretty much everything except the actual patient treatment. So at that point, the PSLPD officer, which this is very out of character. I mean, we have great interactions with PSLPD officers. This particular officer we've worked with numerous, numerous times on motor vehicle accident, never any problem. And he at this point, you know, we're like, we really recommend you should go. And, you know, he doesn't want to go. So we're like, Ok, you can call your friend. And the officer stated, "if you don't go with them, I'm going to baker act you and you're going to be held against your will for 72 hours." And I think at that point, all of us went, whoa, like we've been in cases where it was appropriate and cases where it was not. And my judgment is 23 years doing this, it was not appropriate at all. And it was almost intimidation that he said that. So at that

point, I think all of us, it got very awkward for everybody because I think on the EMS side, which that is what we're here for, we're here for this patient medically and we take an oath to do what is right for our patients. We all felt like, whoa, that's not appropriate in this situation. And it kind of got quiet for a second or two. And Lieutenant Taylor said, to my recollection, because we go on these calls, I'm not remembering where every person was, what where they were standing, what they were doing. You know, we just, we do our jobs. So but I mean, at that point, it was so obviously awkward that, to my recollection, it was like, whoa, whoa, whoa, wait, wait, wait. Something like that. Basically, that's not appropriate or that doesn't apply or something along those lines.

K: Well, you can remember exactly what the officer, the police officer said, but then you can't remember what Lt. Taylor said?

L: Oh, absolutely. Absolutely. Because it was so, just did not apply to the situation. The patient was not combative with us. He wasn't arguing with us. He wasn't saying, you can't make me go get medical treatment. He was saying, I want my friend to come pick me up and he'll take me to go get medical evaluation. I can't afford a big bill.

K: Combative or arguing or being confrontational -

L: Nothing. Nothing.

K: - that may be disorderly conduct or, you know, that may be some other thing where law enforcement would intervene, but that doesn't necessarily have to do with the criteria for a Baker Act.

L: I'm sorry?

K: if the if the patient was being disruptive or combative for causing a disruption that might be disorderly conduct.

L: Right.

K: Ok. Or that might be interfering with the officer's investigation. Right?

L: Right.

K: Resisting an officer.

L: Right.

K: OK, but that doesn't have anything to do with baker act criteria.

L: No, no. Exactly. But I'm saying, the patient's interaction wasn't like that with us at all. He was very alert, very rational. Like I can't afford this bill, I will go get medical treatment. It was not an emergency situation. It didn't appear to be life or death. all his vital signs had checked out. Everything was normal.

K: So Lieutenant Taylor says, "whoa, whoa, whoa, he can't do that," or?

L: No, no, absolutely not.

K: All right.

L: He said, whoa, whoa, whoa. Basically, let's not do that. Let's not go there. And then he said, "Can I talk to you?" And they stepped aside.

K: Ok.

L: And then I mean, as they were walking away, the police officer said something to the things of, "oh, I can do that". And then Lieutenant Taylor-

K: Why would he say, "I can do that" if no one said, "you can't do that"?

L: As far as the baker act.

K: Yeah, but why would he say, "yes, I can do that" if no one said, "no, you can't do that"? That doesn't even flow in the normal course of conversation.

L: Because in our training as EMS personnel and dealing with, this isn't our first baker act, we've dealt with baker acts before. We have a basic understanding of a Baker Act.

K: What is your basic understanding?

L: My understanding is 15 years of medical transportation in the psychiatry field for a hospital.

K: Ok so that's not St Lucie County Fire District Training.

L: No, no, we don't have fire district training.

K: So you're taking some training that you have, that's not part of your job description here and bringing it into your job here. Is that what you're saying?

L: Our job is also to protect our patients.

K: Ok.

L: And if we feel-

K: But you said training. So what specifically, St. Lucie County fire district training...

L: Am I on interrogation here?

K: I'm asking you questions.

L: Well, I feel like it's getting hostile.

K: Ok, well, listen to my question. And my question to you is, you said our training, so and then I asked you "what training, St. Lucie County Fire District training. Have you had regarding baker acts?"

L: It's possible in the past we've had a target solutions, I'm not sure. We have target solutions training on psychiatric behaviors and mental health issues. Ok. So as far as a Baker Act, according to my understanding of 15 years of in the in the psychiatry field of hospitalization for

Savannah's hospital, which is now Port St. Lucie Hospital, it is if the patient is in a danger to themselves or others or if the patient is in a life threatening situation and is making improper judgment, it's not because a patient has a foot injury that they can be held on a Baker Act. I mean, our responsibility here, I mean, my, and my niece is in law enforcement, she works for PSLPD. I have numerous family members in law enforcement. There is nothing against that. Our fire district personnel, our responsibility is to our patient and protecting our patient. And we all know what's going on in the world. And there's also a "see something, say something". So if there's something, even if it's with my own crew or another fire district personnel, if you see something, we need to say, whoa, whoa, that's not right. That changes the course of history. And this was one of those situations where the patient had a minor injury, all vital signs were checking out, we recommended treatment and transport five plus times. His refusal to go, he was refusing to go with us. He was not refusing medical treatment. That was within - we don't kidnap our patients. We don't take patients against their will unless they're either mentally, mental health issues, they are altered or they have life threatening injuries that we need to make sure they, for their own safety. We don't, because somebody has a minor injury, baker acts. I mean, me personally, I just think that it doesn't apply here.

K: So that's your personal belief?

L: That's my personal belief.

M: Kim, you guys were the first fire district on scene?

L: Mhmm.

M: Law enforcement there before you?

L: Yes.

M: Would it surprise you to know that they had to physically remove this guy from underneath the van?

L: That we were never told. That was never relayed from law enforcement. I don't even know if the paramedics knew that.

M: So there's a possibility that this guy may not have been making sense prior to your arrival, maybe his-

L: Well, that would have been important information to share with us of, hey, we pulled this guy from underneath the van-

K: Ok, who's responsible, when you're talking about patient assessment and patient care, who is it incumbent upon to gather that information? If you're responsible for the patient and you're advocating for the patient and you're trained for the patient, you've got law enforcement who has a law enforcement role, and then you've got St. Lucie County Fire District paramedics who were responsible for the patient care role. So who is it an incumbent upon to find out what happened to the patient in order to render the appropriate patient care? Whose role and responsibility would that be?

L: Well, it's for the for all personnel because nobody is above getting patient information. But it's also something that law enforcement should say, "hey, this is what we found." As far as I know, when I walked up on scene, he was sitting on the sidewalk. That's what was going on. I did not hear if they relayed any of that information, it was not told to me. I don't know. As the paramedic that transported, I don't know if he obtained that information, if that was shared with him. When we get there, the patient sitting on the sidewalk, they didn't indicate, "hey, this is more serious."

K: Should the officer have to share with you?

L: Absolutely.

K: So he should have to run by his law enforcement decisions with you guys?

L: Oh, no.

K: So you would agree that a Baker Act is a law enforcement decision?

L: Sure.

K: It has nothing to do with any of our personnel on the scene?

L: Right.

K: He doesn't have to ask if you guys agree with it. He doesn't have to ask for your assessment of the situation.

L: Right.

K: that is one hundred percent a law enforcement role.

L: Absolutely.

K: So whether you agree with it or not, that is his job and whether or not he's making the right call or a wrong call, that's his liability if he makes the wrong decision.

L: It's also, we are there for our patient. And if at that point, no, I don't know whether that was, that information that the patient was pulled from under the vehicle. He did not have any other arm injuries. He did not have any other injuries anywhere. We checked him over. It was limited to the left foot is the only thing that that would be important for them to also share with us.

K: So if the officer would have persisted and said, I am baker acting this patient, obviously in today's world, you have a stance against that. How far would you be willing to go to make sure that didn't happen?

L: I think I think this is a little...

K: I need to know. You feel like you have all this training in baker acts.

L: I think that the police and law enforcement, police and fire, we need to work together as a team. I think it's a team thing.

K: So he does need your buy in for it?

L: We weren't questioning his judgment as far as that it was from what we were presented with. Now, if he had said, "look, we pulled this patient from underneath the vehicle", we would have all stopped and said, whoa, whoa, whoa, wait a minute.

K: He doesn't have to do that. He does not have to tell you his reasoning for the Baker Act. So just based on what you knew, if he decided, if he realized that that we were going to allow that patient to sign a release, a refusal, and he said, I am not allowing this man to walk or ride away from this scene. You can allow him to sign this refusal. But once he signs that I am baker acting this patient, what would have happened then?

L: That's fine. He could do that. I mean, he can do what he wanted. If he felt like that patient should have been Baker acted, then he should have, without question, whether the patient went with us or not. He should have followed through. If he felt that patient was a danger to himself or others or whatever the criteria is, then he should have followed through with that Baker Act and he should have done the paperwork and had the patient committed.

K: Not if that patient's voluntarily willing to go. You don't involuntarily commit someone.

L: They've done it before. We've had it where we're patients go with us-

K: So again, you're telling him what he should have done?

L: No, absolutely not. I'm telling you, in my experience, in 23 years of being on rescue trucks and in the EMS field, that we have had patients that that go with us voluntarily but they are also Baker acted. So I don't know what their criteria is. And that's up to them.

K: And because you don't know what their criteria is, don't you think the best thing for you to do is do your job and stay out of how he does his?

M: Kim, in your 23 years, is this the first time you've ever heard an officer say, "look, if you don't go with them, you're going to go with me. I'm going to baker act you"?

L: No, no. We've heard it numerous times.

M: Usually to help us get somebody to get on a stretcher?

L: Absolutely. But in those cases, also, that's a serious, if you're going to do that, then it needs to be carried out. If you're willing to say, "I feel you are a danger to yourself or others or you are going to do self harm or you could have irreparable harm by not going", then that Baker Act should be carried out. Whether we take them or not, they should follow through with the hospital and they should make sure the hospital follows through with the Baker Act or however the process goes. I don't know whether law enforcement is the final or if when the doctor, that they get to the hospital, the doctor does it. But I think as for advocating for our patients and that situation with the information that we had, it was absolutely appropriate to say, "whoa, well, let's talk about this". Now, they took their conversation over and I don't know what transpired there, but I think in that case, it was appropriate for the two of them to go over and have their discussion so we could go back to patient care and that's exactly what we did. I did not hear.

M: So you didn't hear the conversation?

K: But you didn't think it was appropriate what Lieutenant Taylor did?

L: I think it was appropriate for them to step aside and have their conversation, yes. How can I think, at that point, if the officer had further reason to do a Baker Act, then he should have said, "look, this patient was pulled out from underneath the vehicle, I highly recommend that either this patient goes or I'm going to Baker Act him", then that decision to be made later. But with the information we had, what we had on scene, talking to the patient, it was, we were doing it in the best interest of our patient.

M: Did you walk to the truck? is there any way you missed part of the conversation?

L: Not that initial interaction where he said, "wait, wait, wait, we're not going to do that", whatever. And then everything kind of came to a halt. Probably Maples will have more information because when everything was happening after Fazio and Taylor stepped aside, we talked with the patient and we said, Ok, let's have you stand up, continuing our patient care. We didn't just stop there. When he wanted to go, we said, all right, let's at least get you standing up and see how you feel. We stood him up. He was hobbling on his left foot. And we said, look, we really recommend, you could have an ankle injury. And at that point, he decided to go with us. But I mean, as far as what was said with Maples and him and I, he was like, I'm glad Lieutenant said something because he was going to say something and because it was just, like I said, we've

been with combative patients, we've been with altered patients, we've been with patients under the influence. We've been with threatening patients.

M: I don't mean to cut you off, we're kind of deviating from it-

L: Right.

M: From where I was going with that. So when he said what he said, then they said, "let's step over here and talk". Would it surprise you that everyone else that we've talked to could hear that continued conversation in front of the patient?

L: Well I was distracted. I was like, well, they stepped, I would say, five feet or so away. I mean, at that point, our primary object right then is to take care of our patient. We're not going to get sidetracked by what needs to be done. That's up for them. He's our lieutenant. The other officer, they can work out what they need to work out a point there. So we, like I said, we went right back to patient care as far as "can you stand up?" and had him stand up, he tried to walk, he couldn't wait bear. We repeatedly again asked, I mean, I think we went as far as fire district rules and regulations and patient care, we went above and beyond with this patient to make sure he was OK, to make sure he didn't have any other injuries, to assess him, to make sure. OK, let's stand up. Let's see if you can bear weight. Is it your ankle? Is it something more? He finally decided to go. So at that point, Taylor and Fazio were still over talking. We started, I went over to the stretcher, started getting the stretcher ready, started bringing it over. I wasn't paying attention to what was going on over there. I was dealing with the patient because that's our responsibility is to our patient.

G: So Kim When you pulled up on your engine and what was your engine?

L: Quint 10

G: Quint 10. When you pulled up in Quint 10, were you able to, you saw the gentleman, the patient sitting on the sidewalk?

L: He was sitting on the sidewalk.

G: Were you able to see the vehicle and his bike?

K: The van was next to him, it was on the road. It was facing north on Savona. We were at the south intersection of Savona and Gatlin on Savona. He was sitting on there and I did not see the bike.

G: Ok you didn't see any damage to the bike whatsoever?

L: No, no. Like I said, I was primarily involved with patient care and helping them, you know, getting the stretcher out, getting equipment off, getting the stretcher ready.

G: Did you see anybody? What kind of assessment did you see get done on the patient from when you walked, you said you went out to put some safety comes out?

L: Yeah. So as we got there, I did the safety cones and I immediately walked up to, because like I said, it was only Lieutenant Taylor and I.

G: Lt Taylor was already attending to the patient?

L: Yes.

G: So when you walked up after putting the safety comes up, from that moment forward, what type of assessment did you see Lt. Taylor do on the patient?

L: He was talking to the patient. Like I said, rescue 17 got there within a minute and a half, two minutes. So they brought their equipment over. So he was talking to the patient. You know, "what's going on? You know, what happened? Where are your injuries?" And he was physically kneeling down looking at him.

G: Did anybody do a head to toe that you know of?

L: When I got there? He was kneeling down at his feet and, you know, that's where he was pointing, where his injury was.

G: Prior to the officer making the comment to the patient, did you see anybody do an assessment?

L: No, no, no.

G: So what you're saying, the assessment wasn't completely done prior to the officer saying what he said?

L: No, but I mean, we've been on scene for probably three, four minutes. We've been talking with the patient. You know, he's sitting there, he's moving. You know, he was using his arms other than the left foot was the only physical complaint that he had. And we did note the minor swelling. That was it. We checked the knees. We checked that, you know, the thigh area. So it was basically limited to that. And then, you know, just trying to get him to go. I mean, obviously, you have a vehicle versus pedestrian. We always recommend that you go because we're not there. We don't see the impact. We don't know exactly what's going on.

G: There is a possibility, you agree that there is a possibility-

L: Right.

G: That there may be a more serious injury that might be going on that we cannot see due to the mechanism of injury?

L: Correct. And that's what we told the patient, that we don't x-ray. We always recommend that you go. For his reasons, for financial reasons, he wanted to seek medical treatment, but like I said, vital signs were normal, mental status was normal. And the and the only thing is when he stood up, he could not bear weight on that that left foot and that at that point he agreed to go. So we went ahead and readied the patient for transport, got him loaded up. They started doing their assessment. And by then I was back doing the cones and then we were heading out.

K: What did the second officer say when Lieutenant Taylor said, we're not doing that?

L: I did not hear what the second officer said. Basically, I heard what was said, what Lieutenant Taylor said, they stepped to the side and we went back to patient care.

K: And you're in the quint with Taylor? So you had to have been there when you went back across the street and talked to the officer the third time, right? What were you doing when that happened?

L: I'm at the truck. I mean, that wasn't a conversation I was going to be part of. I had no stake in it. It's not, he is the officer. I mean, you don't walk up upon your officer and you know what's going on.

K: Did he say why he was going back over there again? I mean, the patient had already been, the patient had left the scene.

L: No I didn't know that he even came back because I was with the rescue at that point and then went back to the quint. I don't know what transpired in their private conversation. I don't know if who left, who came back. I didn't even know what actually happened. As far as I know, they were discussing it. I was over with the rescue. I also blocked traffic so the rescue could leave and, you know, make sure the scene was safe there, went back, put my cones back up until it was time to go. So I did not see that they stepped to the side. That was the last I know of their conversations and what took place between the two.

K: You only saw the one conversation between them, not three different?

L: No, no.

K: You didn't hear Lieutenant Orton intervene?

L: No.

K: You didn't hear Lieutenant Orton apologize to the officer?

L: No.

K: So the only thing you -

L: I mean, at that point, I'm at patient care.

K: Well weren't you at patient care the entire time?

L: Yeah.

K: So you were at patient care the entire time, but you only sporadically heard bits and pieces of it?

L: Well, I'm taking care of the patient. We're talking to the patient. We're having a different conversation. Like I said, these are all officers, that stuff they deal with. You know, this is, we're patient care. I'm helping the paramedics because now we're down two personnel at the scene. So it was the rescue personnel and myself because we're only two people on the engine who -

M: What was Lt. Taylor's demeanor when he got back in the truck to get back to the station?

L: Normal. I mean-

M: So he confronted that officer three different times. He got in the truck and was like, no big deal.

L: I don't know if there was-

M: Was there any discussion of, "hey, we should call and report that guy, he was out of line"?

L: No, not at all. Not at all. And as far as I know, I don't know where confrontation came in. I don't know if that's what happened. I'm not going to put it in official records that he was confrontational because I did not see it. I don't know what transpired between them. I don't know who was confrontational. I imagine at that point they were probably both.

M: So when the officer initially said, look, either go with them or you go going with me, I'm going to baker act you. What did Chris Taylor do? Where was he standing?

L: The officer was on the sidewalk. The patient was here. The officer was here. I think there was another police officer here. Taylor and I were probably closest to the patient. Rescue had just come up. So they were there and talking to the patient and-what was the question?

M: Where was Lieutenant Taylor at?

L: So he was right next to me. We were both - and Maple's was - actually it was the three of us. It was me, Maples and Lieutenant Taylor.

K: And the officers are on this side?

L: And they're on the side. We're kind of in the street at this point because he's sitting on the curb. So we're basically in the street.

K: Are you all on the same side or you're on opposite sides of the patient?

L: The rescue personnel was in front of the patient in the street. He's sitting on the sidewalk and law enforcement was behind him on the side.

K: All right. So when the officer says that and Lieutenant Taylor doesn't agree with it, how does he get on the same side with the officer? He steps in between?

L: He steps over to the sidewalk and he said, "can we go over here?" Which to me, I thought was appropriate. They need to work that out. What's going to transpire on that side? They need to work out. We need to continue with our patient care. I don't think the whole scene should come to a halt because we're going to have this little, you know, decision making of what's going to happen here. We need to continue with our patient care, make sure everything is, you know, talk to them again. Like I said, we had him stand up, we had him do weight bearing because he'd just been sitting on the sidewalk. So, ok, let's see how you feel. Are you lightheaded? Are you dizzy? Is he unstable? He was none of the above. The only thing was he could not bear weight on the left foot.

M: So did Lieutenant Taylor tell the patient, "sir, he can't do that. He can't baker act you" or did Lieutenant Taylor address the officer by saying, "you can't do that, you can't baker act him"? Who was he talking to?

L: He did not tell the patient that. Absolutely. One hundred percent he did not tell the patient that. At that point, when the officer made the statement, the interaction was between Lieutenant Taylor and Officer Fazio, the interaction was between them. They were looking at each other and

they were having a brief conversation with that. And then Lieutenant Taylor said, let's step over to the side.

K: And what was that brief conversation before they stepped over to the side?

L: Just basically. "Whoa, whoa, whoa." Like I said, it was just one of those that whether let's not go there or let's not do that or let whatever he said, then maybe somebody else may recall exactly verbatim what was said after that. I do remember it was, "wait, wait, wait, whoa, whoa", because it was three of them. And then and I think Orton may have been there. Like I said, we're on these calls all the time. I can't, if you asked me what I had for lunch, I can't tell you. So, you know, try to remember where everybody was I thought may have been there at that time. I don't know. I, you know, if you've talked to Orton, him exactly, where he was at that time, he may have been there too.

K: Did you review the email that you wrote before coming in here today?

L: Yes. Well, I haven't reviewed it since I read it, since I wrote it.

K: But that would be the most fair and accurate representation of what happened?

L: Basically, because that was-

K: Closer in time to the event in question?

L: the next shift, I believe.

K: Do you want to review a copy of it?

L: Sure.

K: Ok, so, just the most pertinent part of it to me, you wrote, and this was on April 12th to three days after it, like you said, when this was most fresh in your memory because it was closer in time to the events in question. Port St. Lucie Police Department officer sternly told the patient that if he did not go for a medical evaluation via fire rescue, that he would baker act the patient and he would be held against his will for 72 hours. Lieutenant Taylor stated that a Baker Act was

not appropriate in this incident. At this point, there was a discussion between Lieutenant Taylor and the Port St. Lucie Police Department officer as to what constituted Baker act criteria. In my observation of the patient, he was awake, alert and oriented times three with no visible physical injury other than some mild swelling to his foot. Lieutenant Taylor and the Port St. Lucie Police Department officer stepped to the side and continued their interaction regarding Baker act criteria. At this point, Rescue 17 continued their evaluation of the patient. Ask him to stand and then it goes on to say further down, it says that he was loaded into rescue 17 for transport to Darwin Medical Center for evaluation. I finished assisting Rescue 17 with patient loading and care and I held traffic so rescue 17 could safely depart. At that point, I went back to the sidewalk and Lieutenant Taylor and the officer were approximately 10 feet away talking and they talked for approximately five to seven minutes. So it was quite a lengthy engagement, even beyond the point where the patient had agreed to be transported, was loaded in a rescue truck and the rescue truck had left the scene. And you remembered enough about it at that time to say that he did not agree that Baker act was appropriate and engaged in a discussion with the officer about what constituted Baker act criteria.

L: Right. So when they said, when the officer said, “you go or I'm going to Baker act you” and you're going to be held against your will, Taylor said, “Whoa, whoa, whoa, this isn't appropriate. This doesn't apply this. We're not going to do that”. Whatever the exact words were, that was the gist of it. And then that's when Taylor said, “let's step over here.” So they were, I mean, I didn't hear the conversation, but I'm assuming that's what they were talking about.

K: Ok. So now you're assuming. But when you wrote this email, you did not say you were assuming.

L: Well, I mean, that's what the discussion was on scene at that particular moment. So they stepped probably three to four feet away from where the patient was. They went onto the sidewalk since I was out in the street still. They stepped onto the sidewalk, probably about another three to four feet away and -

K: That's separate. That's separate and apart. So let's go through it again.

L: Well, no, that was that. They went there initially and they were talking about Baker act criteria. I didn't hear. I heard them, you know, Baker Act back and forth. I did not hear. It did not appear to be confrontational.

K: You didn't say it was confrontational.

L: No I didn't say it was confrontational.

K: You said at this point there was discussion.

L: Right. So they were discussing the Baker Act criteria.

K: You heard that?

L: Yes. We went back to patient care.

K: You heard that?

L: I didn't hear what was being said, but they were talking.

K: I'm asking you, is this true what you wrote?

L: Yes.

K: Because either today's true or this is true.

L: What do you, what are you questioning?

K: You wrote here that you heard them discussing what constituted Baker Act criteria.

L: That's what they went over to discuss. I didn't know what was discussed.

K: I'm not asking you what you heard I'm asking if you wrote here -

L: Yes.

K: Is true?

L: Yes.

K: Now, what you wrote here is that they were discussing what constituted that baker act criteria. Is that true? And is that what you heard?

L: I did not hear the words that were spoken, but that's what they went to discuss, is the Baker act criteria. And if this patient –

K: How do you know that?

L: Because that's what they said when they said, “let's go over here and talk about it.” So they went over to talk about it.

K: That's why we're talking about, as here to discuss a baker act criteria.

L: I think I would Like a union representative at this point, please.

K: You're not entitled to a union representative unless you're facing discipline. I'm simply asking you. This is important.

L: It's very important.

K: Investigations are important.

L: It's very important.

K: And so when you put pen to paper and you give a statement and then you come in and you give a statement, if they're not consistent, then you have to appreciate that causes concern from the people on this side of the table.

L: Ok. So the officer said, “we're going to Baker Act you.” Lieutenant Taylor stated that the Baker Act was not appropriate at this point. There was discussion between Lieutenant Taylor and the PSLPD officer to what constitute a baker act criteria. That's what they went to discuss. As far as my knowledge, I have not falsified anything here.

K: How do you know if you didn't hear it?

L: They went over to discuss that because they said, "let's go over here and talk about it." I didn't hear what the discussion was. They said, "let's go over here and talk about it", so they went over to talk about it. I went back to patient care. I went back to the quint after they were done because we were in the middle of the street. So I went back to the sidewalk to wait. He was there now. They had gone to another location. I hadn't even seen him at that point, I'm assuming, because they weren't where they were when they went for that initial discussion, they went a little farther away. And then he came back to the quint. I did not see exactly where they were or what they were doing.

K: Ok, initially you said there was only one conversation. Now you have said that there was more than one location and more than one conversation.

L: I only saw one conversation. I didn't say there was only one conversation.

K: You just said it. You said now they've relocated to another area and they're –

L: Because we're doing patient care. So they went over and they talked about it. I'm doing patient care. I go over to the rescue. I don't see where they're at at this point. I'm not even right there. I'm behind the quint. I'm behind the rescue. And when I came back, they weren't where they originally were. They were I don't even know because I didn't see them. So I don't know if you're - to me, that's one conversation. I don't know what transpired because I was doing my job. So I don't know whether there were six conversations or if they went back and forth. I don't know if it was one conversation. But when we were on - after they had that initial interaction, they said, "let's step aside and talk about it." They went over there. We went back to patient care. I went back to the patient. I went over to the rescue, and then I went back to the quint.

K: Alright, this is the baker act statute, ok?

L: Mhmm.

K: And I did a search in the baker act statute for the word law enforcement officer. And I highlighted every time a law enforcement officer has a legal duty regarding baker acts. And as you can see throughout the baker act statute, law enforcement officer has a legal duty and

obligation throughout, fifteen times, law enforcement officer is responsible in a baker act situation. See they're all up there. How many times do you think fire district personnel came up in the baker act statute?

L: Probably none.

K: Zero. Paramedic, zero, EMT, zero. Anything to do with anything remotely connected to any job you might have when a law enforcement officer decides to Baker Act somebody, zero. That's just the part that talks about involuntary examination. Here's the entire chapter on baker acts. There is no place in here where anybody, paramedic, lieutenant, FTO, EMT, engineer, has anything to do, or say, or interject, or insert themselves, or opine, or weigh in, or be consulted when a law enforcement officer decides to Baker Act somebody. Do you understand?

L: Absolutely.

K: So whether you like it or not, appreciate the optics of it or not, think it's appropriate or not, agree with it or not, it is absolutely, when you're wearing that uniform, working for this employer, none of your business. Do you understand?

L: Yes, ma'am.

M: Kim, do you recall hearing anybody say anything about the ACLU, NAACP?

L: Zero.

K: Did you hear either the one of the officers tell Lieutenant Taylor that he could go to jail for interfering with the police?

L: I did not.

K: Do you know that he could have? Do you know that he could have?

L: I do not know that, but, -

K: Well, I think it's important that anybody who thinks that that patient advocacy rises to the level of inserting yourself between a police officer and doing his good, exercising his good faith belief of his job could put you in handcuffs in the back of a patrol car on a trip to Rock Road. So resisting an officer without violence doesn't just mean resisting arrest. So resisting an officer without violence under Florida law, which is a first degree misdemeanor, misdemeanor, misdemeanor, punishable by one year in jail. Ok? Is anything that is resisting, obstructing or opposing any law enforcement officer in the exercise of his lawful duty. So if a police officer at any scene, at any time, whether somebody has a hurt foot or fell off their bicycle or for whatever reason, if the officer who's trained in baker acts, and that's his sworn duty, decides that he's going to Baker Act a patient, whether he talks about it and doesn't do it or not, that's his duty to do. And if one of our people insert themselves into that process and interferes with the officer exercising his lawful duty, then they could be arrested for obstructing or opposing or resisting a law enforcement officer. You understand?

L: Mhmm. Wouldn't it have been a more appropriate situation on both parts if, according to our assessment as medical trained personnel, unless I don't know if Officer Fazio was a paramedic or EMT or what training he has, that when that moment happened and Lieutenant Fazio or Officer Fazio and Lieutenant Taylor stepped aside, and instead of arguing whether we have the right to do something, if we say, "I just wanted to point out to you that your patient was pulled out from underneath the vehicle." And I don't even know if that's true because that was not at one point relayed to us by the patient, the driver of the vehicle or any of the police officers on scene. And we were the first arriving unit. So if that happened, that was before we arrived on scene. He's sitting on the sidewalk. Wouldn't it have been in best interest of our patient care if that information was relayed up? "I am going to baker act your patient because he may not be thinking properly because we pulled him from underneath the vehicle". Instead of worrying about who's right or wrong, we make our patient first and say, "this is why"?

K: He was putting the patient first. He doesn't have to convince – see, I think what everybody is missing in this is he doesn't need your buy in.

L: No, he doesn't.

K: He doesn't need your cooperation.

L: No, he doesn't.

K: He doesn't need your sign up. There's nowhere on the affidavit that the officer completes for a Baker Act that anybody from our agency has to sign off on. You're not going to have to go testify on his behalf that you condoned it or that you agreed with it. And there's nothing in the Baker Act statute about oriented times three, or alert, or standing, or sitting. None of that is what the officer has to swear to when he Baker acts a patient.

L: I'm not saying that. I'm saying, relaying the information to us of, "this is why". We work together all the time.

K: He doesn't have to tell you why.

L: No, he doesn't, but wouldn't that have been appropriate in that case? So we know what our patient has been through, because normally we walk up on a scene, we know if a patient's been ejected. We've been told by bystanders. Not once was that information relayed to us.

K: The officer, the officers, and there were three of them there, the officers said that the Officer Fazio, was saying to the patient, look, "I'm not letting you walk away from here. You just got hit, ran over by a van. I'm not going to let you stumble and pass out and fall in front of a car. If you don't go with them, you're going with me. You just got ran over."

L: I understand that.

K: Ok, but if he did not specifically say, "you weren't wearing a helmet and just got ran over", I mean, everybody there knew there was no helmet. Everybody there saw that he got hit by a van. Everybody there saw the bent up bicycle.

L: I did not see the bicycle. That I did not see.

K: Well, then I could turn that question on you and say, wouldn't it behoove you to look at your scene and look at the condition of the bicycle to try to determine how seriously injured your patient was?

L: Well, I'm assuming Lieutenant Taylor or the paramedics, I mean, the bike was over there. It isn't that we, I didn't see wheels damaged. I mean, we do it all the time. We go on to, we see scenes. I can tell whether the wheel has been damaged. We go on call that time -

K: Bike was damaged. Someone had to physically lift and load, the guy can take it to his house.

L: Yes, Lieutenant Orton took it to his house.

K: Everybody but you has said the bike was damaged.

L: Oh, I saw him with the bike. I did not physically touch the bike. I did not go over. Like I said, when I got there, we were right there into patient care. But I just think it would be, it's important information that we work together and we relay that information that I mean, as paramedics, we all know the more information we have.

M: But appropriateness goes both ways.

L: Right, exactly. Exactly.

M: I don't think Lieutenant Taylor should have ever confronted that officer in front of a patient. Do you agree?

L: I would not use the term confronted. It was basically, "whoa, whoa, whoa-

M: Would you, though?

L: -we're not going to do that. Let's go over here and talk about it was wrong."

K: The "whoa, whoa, whoa" was wrong, that we're not going to do that was wrong? Everything he did was wrong. So if you walk out of here with nothing else, if you're in that exact same spot tomorrow and you do what he did after everything that I have taught you in this room, then everybody in this room has failed. So if you leave this room thinking in any way, shape or form that he was even two percent right then there's a failure here. There is nothing right about what he did. There is no circumstance where anybody with this agency has the right to interject

themselves when a law enforcement officer is doing his job and there is nothing about your job that involves baker acts.

L: Correct.

K: So whether you like it or not, agree with it or not, think he's right or not, there is nothing about anything anybody does here to say, "whoa, whoa, whoa, we're not doing that. I need to talk to you. That's not the criteria. I'd like to debate the criteria. I want to educate you on the criteria. He doesn't meet the criteria". None of that. That is beyond the scope of the employment of anybody in this, other than probably me, anybody in this organization.

L: Ok.

M: Anything else?

L: No.

M: All right.

L: All done?

K: Thank you.