

# Public Health

Seattle & King County

King County Health Information Management Services Department

401 5th Avenue, Suite 1220

Seattle, WA 98104

Phone: 206-263-9700

FAX: 206-205-3945

April 4, 2023

Anu Zangri  
King County  
Dept of Executive Services  
401 5<sup>th</sup> Ave, Ste 135  
Seattle, WA 98104

RE: Medical Records of Jesus Hernandez-Murillo (B.D. Unknown)

Dear Anu Zangri:

Enclosed are copies of the health records King County Medic One possesses on the above-named individual. Medic One is levy funded therefore bills are paid for by tax dollars and the patient is not billed.

Sincerely,  
Public Health Seattle & King County  
Health Information Management Services Department

Enclosure(s)

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SUPERIOR COURT OF WASHINGTON  
COUNTY OF KING

IN RE: INQUEST INTO THE DEATH OF  
JESUS HERNANDEZ-MURILLO,  
  
Deceased.

Case No. 23-2-04989-6 SEA  
  
Inquest No. 18IQ033145  
  
SUBPOENA DUCES TECUM  
  
**(Clerk's Action Required)**

TO:  
Medic One  
20811 84th Ave S, Suite 102  
Kent, WA 98032

Email: Tishawna.Smith@kingcounty.gov

You are hereby commanded to release to Inquest Program Attorney Anu Zangri the following materials:

All documents related to the care provided to Jesus Hernandez-Murillo (DOB 7/18/2000) on or about July 26, 2018.

**WHERE:** Children & Family Justice Center, 1211 East Alder St., Sounders Conference Room, Seattle, WA 98122

**WHEN:** MAY 1, 2023, 9am PST

**ALTERNATIVE MEANS OF SATISFYING THIS SUBPOENA:** You may satisfy this subpoena by delivering requested items with a certificate of authenticity on or before April 20, 2023. Please email the documents to [azangri@kingcounty.gov](mailto:azangri@kingcounty.gov). US Postal Service is a

SUBPOENA DUCES TECUM - 1



Department of Executive Services  
401 Fifth Avenue, Suite 135  
Seattle, WA 98104  
206-477-6191  
TTY Relay 711  
[Inquests@kingcounty.gov](mailto:Inquests@kingcounty.gov)

1  
2 satisfactory method of delivery as well. Please mail to 401 Fifth Avenue, Suite 135, Seattle, WA 98104.

3 FAILURE TO OBEY IS CONTEMPT OF COURT and can result in sanctions against  
4 you. The time and date is subject to change. The requirement to appear continues. Call  
5 (206) 477-8804 to verify the time and date of appearance.

6 DATED THIS 31st day of March, 2023

7  
8  
9 Electronic Signature Attached  
10 Chief Civil Judge Tanya L. Thorp

11  
12  
13 Presented by

14 /s/ Anu Zangri

15 \_\_\_\_\_  
16 Anu Zangri  
17 WSBA #40481  
18 Inquest Program Attorney

19 CR 45, Sections (c) & (d):

20 (c) Protection of Persons Subject to Subpoenas.

21 (1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to  
22 avoid imposing undue burden or expense on a person subject to that subpoena. The court shall enforce  
23 this duty and impose upon that party or attorney in breach of his duty an appropriate sanction, which  
24 may include, but is not limited to, lost earnings and a reasonable attorney's fee.

25 (2)(A) A person commanded to produce and permit inspection and copying of designated books, papers,  
26 documents or tangible things, or inspection of premises need not appear in person at the place of production or  
27 inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying

SUBPOENA DUCES TECUM - 2

 **King County**  
**Inquest Program**

Department of Executive Services  
401 Fifth Avenue, Suite 135  
Seattle, WA 98104  
206-477-6191  
TTY Relay 711  
[Inquests@kingcounty.gov](mailto:Inquests@kingcounty.gov)

1  
2 may, within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14  
3 days; after service, serve upon the party or attorney designated in the subpoena written objection to inspection or  
4 copying of any or all of the designated materials or of the premises. If objection is made, the party serving the  
5 premises except pursuant to an order of the court by which the subpoena shall not be entitled to inspect and copy the  
6 materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If  
7 objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce and  
8 all other parties, move at any time for an order to compel the production. Such an order to compel production shall  
9 protect any person who is not a party or an officer of a party from significant expense resulting from the inspection  
10 and copying commanded.

11 (3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it;

12 (i) fails to allow reasonable time for compliance;

13 (ii) fails to comply with RCW 5.56.010 or subsection (e)(2) of this rule;

14 (iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

15 (iv) subjects a person to undue burden, provided that, the court may condition denial of the motion  
16 upon a requirement that the subpoenaing party advance the reasonable cost of producing the books,  
17 papers, documents, or tangible things.

18 (B) If a subpoena

19 (i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

20 (ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences  
21 in dispute and resulting from the expert's study made not at the request of any party, the court may, to protect a  
22 person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the  
23 subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue  
24 hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court  
25 may order appearance or production only upon specified conditions.

26 (d) Duties in Responding to Subpoena.

27 (1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual  
course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as  
trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the  
documents, communications, or things not produced that is sufficient to enable the demanding party to contest the  
claim.

King County Superior Court  
Judicial Electronic Signature Page

Case Number: 23-2-04989-6  
Case Title: IN RE INQUEST INTO THE DEATH OF JESUS HERNANDEZ-  
MURILLO  
Document Title: OTHER RE SUBPOENA DUCES TECUM MEDIC ONE  
  
Signed By: Tanya Thorp  
Date: March 31, 2023



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Judge: Tanya Thorp

This document is signed in accordance with the provisions in GR 30.

Certificate Hash: 4D07BB86DC71A3443DCA4BFF33DECF70A434C3DD  
Certificate effective date: 5/9/2019 9:31:50 AM  
Certificate expiry date: 5/9/2024 9:31:50 AM  
Certificate Issued by: C=US, E=kcscefiling@kingcounty.gov, OU=KCDJA,  
O=KCDJA, CN="Tanya Thorp:  
OHNcrwvS5hGeC2b3AFk6yQ=="

Patient Information				Clinical Impression			
Last	DOE	Address		Primary Impression	Injury of Thorax (Upper Chest)		
First	JOHN	Address 2		Secondary Impression			
Middle		City		Protocols Used			
Gender	Male	State		Local Protocol Provided Care Level			
DOB		Zip		Anatomic Position			
Age	25 Years (estimated)	Country		Onset Time			
Weight	130.0lbs - 59.0kg	Tel		Last Known Well			
Pedi Color		Physician		Chief Complaint	GSW to Chest		
SSN		Ethnicity		Duration		Units	
Race				Secondary Complaint			
Advance Directives				Duration		Units	
Resident Status				Patient's Level of Distress			
Patient Resides in Service Area				Signs & Symptoms	Injuries - Injury to chest		
Temporary Residence Type				Injury	Firearms - Discharge of handgun (Undetermined Intent) - Train station - 07/26/2018		
				Additional Injury			
				Mechanism of Injury			
				Medical/Trauma	Trauma		
				Barriers of Care	Unconscious		
				Alcohol/Drugs	Unknown		
				Pregnancy			
				Initial Patient Acuity			
				Final Patient Acuity			
				Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	Unable to Obtain - Other Reason
Allergies	Unable to Obtain - Other Reason
History	Unable to Obtain - Other Reason
Immunizations	
Last Oral Intake	

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
09:03	Unresponsive			0/0	100 R	8	81 Ox						4= 1+2+1	3	
09:04				/	100	37	78	72							
09:06				/	133	8	76	33							
09:07	Unresponsive	L	Lay	108/ P	128 R	33 V	90 Ox	39					3= 1+1+1	7	
09:11				/	131	14		39							
09:15				112/ P	130 R	12 V									
09:16				/	126	13	100	57							
09:20	Unresponsive			100/ P	130 R										
09:21				/	148	10		22							
09:25				0/0	130 R	12 R	96 Ox	11							
09:26				/	100	14		38							
09:31				/	97	12		37							
09:34				120/ D	100 R	12 V	97 Ox						3= 1+1+1	8	
09:36				/	77	6	98	36							
09:41				/	88	8		48							
09:42	Unresponsive	R	Lay	124/ D	100 R	12 R	97 Ox						3= 1+1+1	8	

ECG			
Time	Type	Rhythm	Notes
09:03	4-Lead	Sinus Tachycardia	

Flow Chart			
Time	Treatment	Description	Provider
08:57	Oxygen	Device: Non Re-breather Mask (NRB); Flow Rate: 15 lpm; Patient Response: Unchanged; Successful;	HARTMANN, ERICH
08:58	Pleural Decompression	Right Mid Clavicular; Patient Response: Improved; Successful;	CONNELL, JAMES
09:02	Anectine	120 Milligrams (mg); Intravenous (IV);	HARTMANN, ERICH
09:04	Orotracheal Intubation	7.5; Placed At 24cm; Placement Verification: Auscultation, Chest Rise, Visualization of Vocal Cords, Waveform ETCO2, Condensation in Tube, Airway Complications: None Comments: Minor amount of blood noticed in hypopharynx.; Patient Response: Improved; Successful;	CONNELL, JAMES
09:04	Rocuronium	50 Milligrams (mg); Intravenous (IV);	HARTMANN, ERICH
09:12	Consult	Comments: Trauma Dr HMC;	HARTMANN, ERICH
09:12	Trauma Alert		HARTMANN, ERICH
09:20	Bleeding Control	Comments: Trauma pad placed over bullet wound on his back on top of the chest seal.; Successful;	HARTMANN, ERICH
09:25	Pleural Decompression	Right Mid Clavicular; Patient Response: Improved; Successful;	HARTMANN, ERICH

Initial Assessment				
Category	Comments	Subcategory		
Mental Status	Pt found w/, mumbling he could not breath, not answering questions or following commands. Pt would not say anything else.	Mental Status	+	Confused, Other
Skin	Pt's extremities were cold and he was pale but skin was initially dry.	Skin	+	Cold, Pale
HEENT	Patent airway. No JVD. Initially not deviation of the trachea. Pupils were 5mm MER.	Head/Face		No Abnormalities
		Eyes	+	Left Pupil: 5-mm, Right Pupil: 5-mm
			-	Left: Blind, Left: Constricted, Left: Dilated, Left: Non-Reactive, Right: Blind, Right: Constricted, Right: Dilated, Right: Non-Reactive
Chest	Pt had bullet wound to the right side of his anterior chest midclavicular line approx 2 inches inferior his clavicle, which by the accounts of PD was an entrance wound. Pt had no breath sounds on R side of his chest w/ clear and full breath sounds on his L. No bleeding from the wound noted as FD had already placed a vented chest seal over the wound.	Neck/Airway		No Abnormalities
		Chest		No Abnormalities
		Heart Sounds		Not Assessed
Abdomen	No vomiting noted. Abdomen was soft, flat, w/o distention or masses, and not pain was illicited from palpating his abdomen.	Lung Sounds	+	LL: Clear, LU: Clear, RL: Absent, RU: Absent
		General	-	Vomiting
		Left Upper	-	Distension, Mass
		Right Upper	-	Distension, Mass
		Left Lower	-	Distension, Mass
Back	Pt had bullet wound just inferior to his right scapula w/ what appeared to be the bullet just below his skin, which by the accounts of PD was the exit wound. FD had placed a vented chest seal on the wound prior to my arrival/assessment. The wound was oozing blood through the vent on the chest seal.	Right Lower	-	Distension, Mass
		Cervical		Not Assessed
		Thoracic	+	Other
Pelvis/GU/GI		Lumbar/Sacral		Not Assessed
		Pelvis/GU/GI		Not Assessed
Extremities	Initially the pt did not have a radial pulse, but had a weak carotid and was mumbling he could not breath and was breathing on his own. Pt's extremities were cold.	Left Arm	+	Other
		Right Arm	+	Other
		Left Leg		Not Assessed
		Right Leg		Not Assessed
		Pulse	+	Carotid: 1+ Thready, Radial: Absent
		Capillary Refill		Not Assessed
Neurological	Pt was not alert, was only initially mumbling he could not breath and then shortly later stopped talking. Pt would not/was not able to follow commands or answer questions.	Neurological	+	Other

Assessment Time: 07/26/2018 08:56:00

**Ongoing Assessment**

Category	Comments	Subcategory		
<b>Mental Status</b>	Pt unconscious and unresponsive intubated.	Mental Status	+	Unresponsive
<b>Skin</b>	Pt now diaphoretic, cool extremities, and pale.	Skin	+	Cold, Diaphoresis, Pale
<b>HEENT</b>	Pt's trachea is deviated to the L. No JVD noted.	Head/Face		No Abnormalities
		Eyes		Not Assessed
		Neck/Airway	+	Tracheal Deviation
			-	JVD
<b>Chest</b>	Pt has clear and equal LS after the needle decompression. Pt's breath sounds on the R became diminished during the transport and we were not able to obtain a BP, but maintained a carotid pulse. Pt was needle decompressed for the second time which returned LS and BP.	Chest		Not Assessed
		Heart Sounds		Not Assessed
		Lung Sounds	+	LL: Clear, LU: Clear, RL: Clear, RU: Clear
			-	LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi
<b>Abdomen</b>	No abdominal distention or mass noted on second exam.	General		Not Assessed
		Left Upper	-	Distension, Mass
		Right Upper	-	Distension, Mass
		Left Lower	-	Distension, Mass
		Right Lower	-	Distension, Mass
<b>Back</b>	Bleeding was controlled by placing trauma pad over the bullet wound on his back over the chest seal.	Cervical		Not Assessed
		Thoracic		Not Assessed
		Lumbar/Sacral		Not Assessed
<b>Pelvis/GU/GI</b>		Pelvis/GU/GI		Not Assessed
<b>Extremities</b>		Left Arm		Not Assessed
		Right Arm		Not Assessed
		Left Leg		Not Assessed
		Right Leg		Not Assessed
		Pulse		Not Assessed
		Capillary Refill		Not Assessed
		Neurological		Neurological

Assessment Time: 07/26/2018 09:20:00

**Narrative**

In Summary:

S. Approx. 25 y/o m w/ GSW to anterior chest. Pt was shot by PD w/ handgun w/ either 9mm caliber or 40mm caliber.

O. Pt found supine on the ground on a backboard, mumbling he cannot breath but otherwise not alert, unable to answer questions or follow commands, and tachypneic. Pt initially had no radial pulse w/o an obtainable BP, but had a carotid pulse and was mumbling. BP was obtained after needle decompression and intubation. BP was again lost during txpt, but he maintained a carotid pulse. After a second needle decompression pt's BP returned for the remaining transport to the hospital. See above for exam.

A. GSW

P. Vented chest seals placed over anterior and posterior bullet wounds by FD prior to my arrival, exam, vitals, needle chest decompression w/ 14g, successfully, 16g IV L arm, 16g IV R arm, approx. 800cc LR given during txpt, Anectine 120mg IV, Intubation - 7.5 tube placed at 24cm w/ Grade I view w/ minor amount of blood pooled in the hypopharynx and confirmed by direct visualization, LS, waveform capnography. Rocuronium 50mg IV. Trauma pad placed over posterior vented chest seal to control small amount of bleeding. HMC Trauma Dr Consult - Second needle chest decompression preformed due loss of BP and decreased LS w/ 12g, successfully. M7 txpt to HMC ER.

Incident Details		Destination Details		Incident Times	
Location Type	Public Building	Disposition	Transported Lights/Siren	PSAP Call	
Location	METRO TRANSIT CENTER	Unit Disposition		Dispatch Notified	08:45:55
Address	301 RAILROAD AVE N	Patient Evaluation and/or Care Disposition		Call Received	08:45:55
Address 2		Crew Disposition		Dispatched	08:46:13
Mile Marker		Transport Disposition		En Route	08:48:15
City	Kent	Reason for Refusal or Release		Staged	
County	King	Transport Mode Descriptors		Resp on Scene	
State	WA	Transport Due To	Regional Specialty Center	On Scene	08:54:44
Zip	98032	Transported To	Harborview Medical Center	At Patient	
Country	US	Requested By	Law Enforcement	Care Transferred	
Medic Unit	M7	Destination	Hospital	Depart Scene	09:13:31





Incident Details		Destination Details		Incident Times	
Medic Vehicle	703	Department		At Destination	09:42:00
Run Type	911 Response	Address	325 9th Ave.	Pt. Transferred	
Response Mode	Emergent	Address 2		Call Closed	10:54:30
Response Mode Descriptors		City	Seattle	In District	
Shift	D Shift	County	King	At Landing Area	
Zone		State	WA		
Level of Service		Zip	98104		
EMD Complaint		Country	US		
EMD Card Number	21M3	Zone			
Dispatch Priority		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

Crew Members		
Personnel	Role	Certification Level
HARTMANN, ERICH	Lead	
CONNELL, JAMES	Driver	EMT-Paramedic - 1251

Mileage		Delays		Additional Agencies
Scene	Category	Delays		
Destination				
Loaded Miles				
Start				
End				
Total Miles				