

INVOICE

IMPORTANT

LIEN MACHINE INC
P.O. BOX 1375
CLOVIS, CA 93613

PLEASE READ CAREFULLY

VIN NUMBER
LICENSE NUMBER
MAKE

WBA8Z5C5XFGS36682
7LAN128
BMW 328i

Towing: 442.50
Repairs: 0.00

Storage as of Mailing: 1200.00

Storage from 03/15/2025 at a rate of: 100.00 per day.

NORTH1884 - 520760 - 102530

FADDEN BREHANA MARIE
11122 E STILLWATER WAY
REDDING, CA 96003

PLEASE CONTACT:

NORTH STATE TOW INC
7010 DANYEUR RD
REDDING, CA
96001
(530)242-1884

IMPORTANT PLEASE READ

Your vehicle was towed from:
Not Applicable

Your vehicle was towed from the following Reason:
Public Agency Tow

- 1). Please read all the LIEN SALE PAPERS CAREFULLY, as well as the EXCERPTS from the California Vehicle Code listed below. (Even if you no longer own the vehicle).
- 2). IMPORTANT! If you still own the vehicle contact the lienholder listed below:
NORTH STATE TOW INC
-> 7010 DANYEUR RD
REDDING, CA 96001
(530)242-1884
CALL THEM IMMEDIATELY and make arrangements regarding the vehicle.
- 3). Do not contact LIEN MACHINE INC, We cannot make any arrangements regarding this vehicle.
- 4). IF YOU HAVE NO INTEREST IN THIS VEHICLE and have complied with Vehicle Code Section 5900, and the person you sold the vehicle to is listed on the lien sale papers, then no further action is required by you.
- 5). IF THIS VEHICLE IS STILL IN YOUR NAME and you sold it prior to the date stored, provide the lienholder with the name and address of the new owner IN WRITING, so they can contact them for the charges owed.
- 6). IF YOU HAVE INSURANCE ON THE VEHICLE notify them immediately, as most insurance companies will take care of all costs, even if the vehicle is a total loss.

CALIFORNIA VEHICLE CODES

Vehicle Code Section 22524.5: Any insurer that is responsible for coverage for ordinary and reasonable towing and storage charges under an automobile insurance policy to an insured or on behalf of an insured to a valid claimant, is liable for those charges to the person performing those services when a vehicle is towed and stored as a result of an accident or stolen recovery.

Vehicle Code Section 22524: (a) The abandonment of any vehicle in a manner as provided in Section 22523 shall constitute a prime facie presumption that the last registered owner of record is responsible for the abandonment and thereby liable for the cost of removal and disposition of the vehicle. (b) An owner who has made a bona fide sale or transfer and have delivered possession of the vehicle to a purchaser, you may overcome the presumption by demonstrating that you have complied with Section 5900 or by providing other proof satisfactory to the court.

Vehicle Section 22523: (b) No person shall abandon a vehicle upon public or private property without the express or implied consent of the owner or person in lawful possession or control of the property.

(c) Any person convicted of abandoning a vehicle, in addition to a fine of not less than one hundred dollars (\$100), shall provide proof that the costs of removal and disposition of the vehicle have been paid.

Civil Code Section 3068.2: (d) A registered owner who has sold or transferred his or her vehicle prior to the vehicle's removal and who was not responsible for creating the circumstances leading to the removal of the vehicle is not liable for any deficiency under this section if that registered owner executes a notice pursuant to Section 5900 of the Vehicle Code and submits the notice to the Department of Motor Vehicles. The person identified as the transferee in the notice submitted to the Department of Motor Vehicles shall be liable for the amount of any deficiency only if that person received notice of the transfer and is responsible for the event leading to abandonment of the vehicle or requested the removal.

Vehicle Code Section 12809 The department may refuse to issue or renew a driver's license to any person: (h) If the applicant fails to appear regarding a citation issued for vehicle abandonment is subject to not having their

Vehicle Code Section 5900: Whenever the owner of a vehicle register under this Code sells or transfers his title or interest in, and delivers the possession of, the vehicle to another, the owner shall immediately notify the department of the sale or transfer giving the date thereof, the name and address of the owner and of the transferer, and such description of the vehicle as may be required in the appropriate form provided for such purpose by the department.

Law Enforcement Claim Packet

Claimant: Brehana Marie Fadden

Date of Incident: March 14, 2025

Submission Date: 8/14/2025

Contact Information: (530) 319-1055

Address: 3889 Rancho Road,
Redding, CA 96002

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Cover Letter / Opening Statement

To Whom It May Concern,

I am submitting this formal claim to request a full and independent investigation into a series of unlawful actions taken against me on 03/14/2025. I was operating my vehicle lawfully, was not under the influence of any substance, and committed no violation of law. Despite this, I was wrongfully detained, deprived of my property, and subjected to degrading treatment, resulting in physical, emotional, and financial harm.

Attached are all supporting documents, including a detailed chronological account, evidence index, medical records, and other attachments relevant to this claim. I request that each agency involved immediately preserve all evidence, including dash-cam, body-cam, dispatch recordings, and written reports.

I look forward to written acknowledgement from each agency confirming receipt of this claim and the opening of an independent investigation within 14 business days.

Sincerely,

Brehana Marie Fadden

Detailed Chronological Statement

Incident Overview:

- On 03/14/2025, I was lawfully operating my vehicle when I was involved in a collision caused by Officer Randal Levi Sweem performing an illegal U-turn.

Detention and Hospital Visit:

- After being detained, I requested to have my blood drawn before going to the jail.
- Officer Keys, who arrested me, did not provide me the option of which hospital to go to and transported me to Shasta Regional Hospital.
- At Shasta Regional, the on-duty doctor denied me the ability to have my blood labs kept on file at the hospital.
- My blood was taken and handed to Officer Keys, who placed the vial in a manila envelope in my hospital room and personally transported it to the jail.
- No further medical tests were performed upon my arrival at the jail.

Denied Medical Care:

- While in the holding cell, I was denied medical attention twice.
- I was finally provided with ibuprofen approximately 12 hours later.
- Medical records attached confirm:
 - Negative results for all drugs and alcohol.
 - Whiplash and pain radiating down my right arm, confirmed after receiving care at Mercy Medical Center post-release.
 - Documentation of pregnancy and miscarriage.
 - Referral for mental health services.

Involved Parties:

- Officer Randal Levi Sweem (caused collision due to illegal U-turn)
- Officer Keys (arresting officer, handled transport and evidence)
- Deputy Leonard (witness/passenger of police vehicle)
- Investigating CHP Officer Brayan Garciatorres
- Shasta County Jail Staff/Nurses (unknown)
- Responding Paramedics (unknown)
- Shasta Regional Staff/Nurses (unknown)

Impact:

- Property loss valued at over \$11,000.
 - Physical injuries including whiplash and arm pain.
 - Emotional trauma, mental health impact, and reputational harm.
-

Evidence Index

#	Evidence Type	Description	Location / Source
1	Dash-cam, Body-cam, Dispatch Recordings	Includes footage of arrest, transport, and hospital interactions	Shasta Regional / Law Enforcement Agencies
2	Written Reports / Arrest Records	Reports from involved officers	Law Enforcement Agencies
3	Medical Records	Blood work, whiplash treatment, pregnancy/miscarriage documentation, mental health referral	Shasta Regional & Mercy Medical Center
4	Property Loss Documentation	Receipts, appraisals, photographs	Personal Records
5	Witness Statements	Deputy Leonard and other available witnesses	Law Enforcement / Personal Records

Attachment A – Detailed Statement of Events

This detailed statement is submitted as Attachment A to accompany my Government Claim Form. It provides a full, chronological account of the incident(s) in question, along with specific details supporting my claim that the State of California and/or its agents are responsible for my damages and injuries.

Claimant Information

Full Name: Brehana Fadden

Address: 3889 Rancho Road

City, State, ZIP: Redding, CA 96002

Phone Number: (530) 319-1055

Email: brehanamarie79@gmail.com

Incident Information

Date of Incident: March 14, 2025

Time of Incident: 11:30 P.M.

Location of Incident: Intersection of SR-273 & Buenaventura Blvd, Redding, CA

Agency/Department(s) Involved:

- Redding Police Department (RPD)
- California Highway Patrol (CHP)
- Shasta County Jail
- Shasta Regional Hospital Staff/Nurses and Paramedics

Names & Badge Numbers of Officers Involved (if known):

- Deputy Leonard, (Shasta County Sheriff's Office – Witness to the collision)
- Randal Levi Sweem (RPD – caused collision to happen due to unsafe and illegal U-turn)
- Redding Police Officer Keys [first name unknown] (RPD – arresting officer)
- CHP Officer Brayan Garciatorres – Officer ID 024340 (CHP officer who responded and investigated)
- Shasta County Sargeant (name unknown)
- Responding Paramedics (names unknown)

Chronological Narrative of Events

Incident Date: March 14, 2025

Location: Intersection of SR-273 and Buenaventura Boulevard, Redding, California

1. The Collision

On March 14, 2025, I was operating my motor vehicle lawfully when a Redding Police Department officer, acting in the course and scope of his employment, executed an illegal U-turn at the intersection of SR-273 and Buenaventura Boulevard in violation of California traffic laws. This maneuver directly caused a collision with my vehicle. I did not cause the collision and was not in violation of any law at the time.

The California Highway Patrol (CHP) responded to the scene to prepare the official traffic collision report. The report falsely and inaccurately indicated that I was arrested for being under the influence of alcohol.

2. Failure to Investigate and Protecting the At-Fault Officer

The officer responsible for the collision was removed from the scene without medical evaluation or investigation. He declined medical attention, stating he was uninjured, and no enforcement action was taken against him. This represents a clear failure to hold a fellow officer accountable.

A sergeant who arrived to the scene inquired whether I had a dash camera. When I answered "no," he smiled in a dismissive manner, said "thank you," and walked away—behavior inconsistent with any legitimate accident investigation.

3. Denial of Adequate Medical Response

Paramedics on scene failed to conduct a proper medical evaluation despite my visible distress and my statement that I was pregnant at the time of the incident. Beyond checking my blood pressure and asking if I wished to be transported, no meaningful medical care was provided. I indicated I would have a friend take me to the hospital after getting my dog home. This delay in medical attention afforded Officer Keys the opportunity to unlawfully take me into custody.

4. Unlawful Arrest

Subsequently, Redding Police Officer Keys arrived at the scene, after the collision had already occurred, and placed me under arrest for driving under the influence with great bodily injury of a "stimulant" that he did not identify. This arrest occurred **without probable cause** and despite my breathalyzer results showing a 0.0 blood alcohol concentration.

At no point was I under the influence of alcohol, stimulants, or any other controlled substance. Officer Keys failed to read my Miranda rights following the unjust a wrongful arrest.

While transporting and booking me, Officer Keys made unfounded and prejudicial statements, including: *"If you drive under the influence again, next time you could kill somebody."* These remarks were baseless, malicious, and appeared intended to deflect liability away from the officer who caused the crash.

5. Mishandling and Loss of Personal Property

During the booking process at the jail, my personal property was not inventoried in my presence as required by standard procedure. Upon my release, I discovered that diamond rings valued at over **\$11,000** that had been in my purse prior to booking were missing. The loss of these items constitutes theft, mishandling of property, and a deprivation of property under color of law.

7. Basis for Claim Against the State

The collision, wrongful arrest, property loss, and deprivation of rights all occurred as a result of actions and omissions by employees of the State of California and/or its agents acting within the scope of their official duties. This includes negligent operation of a vehicle by a law enforcement officer, false reporting, unlawful arrest without probable cause, mishandling of personal property, and failure to provide adequate medical care.

Damages and Losses

As a direct and proximate result of the above-described misconduct, I have suffered:

- **Loss of personal property** valued at over \$11,000.
- **Emotional trauma** due to wrongful arrest, false accusations, and humiliation.
- **Reputational harm** arising from unfounded criminal allegations.
- **Violation of constitutional rights**, including unlawful seizure, arrest without probable cause, and deprivation of property without due process.
- **Physical and emotional distress** stemming from the collision, lack of medical evaluation, and abusive treatment by law enforcement personnel.

Conclusion and Requested Resolution

Let me be very clear:

I did not break any laws.

I was not under the influence of any substance.

I was wrongfully arrested.

I was subjected to degrading treatment inconsistent with professional policing standards and constitutional protections.

The officer who caused the accident was protected instead of held accountable.

I am demanding a full investigation to this incident. I want answers as to why the officer who hit me was allowed to leave, and why I was arrested without probable cause. I want to know if there is any dash cam or body cam footage from any of the officers involved, and I am requesting that this footage be preserved and reviewed. I want this case thoroughly reviewed by a neutral third party and not swept under the rug due to the involvement of RPD personnel.

I am also requesting that all reports and evidence related to my arrest and this accident be made available to me. This includes all video footage, officer statements, arrest documentation, and results of any drug or alcohol tests conducted. This includes an immediate order to preserve all relevant body-worn camera footage, dash camera recordings, dispatch audio, and any third-party recordings related to the incident. I will also be seeking legal counsel regarding this matter, as my rights were clearly violated.

These actions constituted a breach of justice, an abuse of power, a deliberate cover-up of another officer's misconduct, and an egregious violation of my civil rights. No citizen should be made to feel this powerless or wrongfully labeled based on nothing but personal bias and mishandled procedure.

I expect this claim to be taken seriously. I request a written response from each agency involved acknowledging receipt of this letter, and I would appreciate an update on the progress of the investigation within 14 business days.

Sincerely,

Brehana Marie Fadden

August 22, 2025

Brehana Fadden
3889 Rancho Rd
Redding, CA 96002-9328

RE: Our Client: City of Redding
 GHC Claim #: GHC0087360
 Master Claim #: 26-012-442
 Claimant: Brehana Fadden
 Date of Loss: March 14, 2025

George Hills is the claims administrator for the City of Redding and we are handling the above-referenced claim on their behalf.

This correspondence will serve as an acknowledgment of the Claim for Damages you filed with the City of Redding. This is not an acceptance or admission of liability.

Please be advised we are investigating the circumstances surrounding the claim. The claim review process can take 45 days or more. You will be advised in writing of the City of Redding's decision after our investigation.

In the interim if you have any questions regarding the status of the claim, please contact the undersigned.

Sincerely,
George Hills Company, Inc.

Christina Holt

Christina Holt, Claims Adjuster
(909) 340-9130
Christina.Holt@georgehills.com

cc: City of Redding

REV 02/21/23

Brehana Marie FADDEN
2940 ANITA ST
REDDING CA 96001

09/17/2025

Detention Certificate
RPD25-003238

Penal Code section 849 provides:

- (a) When an arrest is made without a warrant by a peace officer or private person, the person arrested, if not otherwise released, shall, with unnecessary delay, be taken before the nearest or most accessible magistrate in the county in the which the offense is triable, and a complaint stating the charge against the arrested person shall be laid before the magistrate.
- (b) A peace officer may release from custody, instead of taking the person before a magistrate, a person arrested without a warrant in the following circumstances:
 - (1) The officer is satisfied that there are insufficient grounds for making a criminal complaint against the person arrested.
 - (2) The person arrested was arrested for intoxication only and no further proceedings are desirable.
 - (3) The person was arrested only for being under the influence of a controlled substance or drug and the person is delivered to a facility or hospital for medical treatment and no further proceedings are desirable.
 - (4) The person arrested was arrested for driving under the influence of alcohol or drugs and the person is delivered to a hospital for medical treatment that prohibits immediate delivery before a magistrate.
- (c) The record of arrest of a person released pursuant to paragraphs (1) and (3) of subdivision (b) shall include a record of release. Thereafter, the arrest shall not be deemed an arrest, but a detention only.

Penal Code section 849.5 provides:

In any case in which a person is arrested and released and no accusatory pleading is filed charging him with an offense, any record of arrest of the person shall include a record of release. Thereafter, the arrest shall not be deemed an arrest, but a detention only.

Penal Code section 851.6 provides, in part:

- (a) In any case in which a person is arrested and released pursuant to paragraph (1) or (3) of subsection (b) of Section 849, the person shall be issued a certificate, signed by the releasing officer or his superior officer, describing the action as a detention.
- (b) In any case in which a person is arrested and released and no accusatory pleading is filed charging him with an offense, the person shall be issued a certificate by the law enforcement agency which arrested him describing the action as a detention.

As required by Penal Code section 851.6, I hereby certify that the taking into custody of

Brehana Marie FADDEN on **03/15/2025** by the **Redding Police Department** was a detention only, not an arrest.

Brehana Marie FADDEN was released on **03/16/2025** by the **Redding Police Department**.

Emily Egger

Signature, Police Services Manager

Emily Egger #348

Printed Name, ID #

RECEIPT and STATEMENT
BALANCE OF CHARGES

United States Fire Insurance Company
11490 Westheimer Rd., Suite 300, Houston, TX 77077
P.O. Box 2807 • Houston, Texas 77252-2807
(713) 954-8100 • FAX (713) 954-8389

Received from:

NAME Caden Gregory
ADDRESS 1989 Oakmason Ln
Rdgy CA 90003

Expenses (itemized in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses)

MEMORANDUM OF BAIL BOND FURNISHED (MUST BE COMPLETED)

DEFENDANT Brehana Marie Fadden
APPEARANCE DATE 4-25-25 TIME 8:30 AM COURT Shasta Superior City Bdy
CASE NO. fresh CHARGES 231533(F) VC
POSTED FOR Bail Bond Connection DATE EXECUTED 3-16-25 STATE EXECUTED CA

REWRITE BOND NO. _____ ORIGINAL AMOUNT \$ _____

EXECUTING AGENT SIGNATURE Belly INDEMNITOR SIGNATURE _____

S-0067US (05/15)

CONTROL NO.

DATE 3-16-25

POWER NUMBER	
<u>W00-2192-1996</u>	
Previous Balance \$	
Premium \$	
Misc. Charges \$	
Total Charges \$	
Received on Acct. \$	<u>2200</u>
Balance \$	

D.O.B. 5-6-96

BOND AMOUNT \$ 50,000.00

Received Copy of Above Receipt

Request #PD-2025-232

Details

Submitted

Tue, Oct 28, 2025

Status

Submitted

Do you know the Case/Incident Number?

Yes

Case/Incident No:

9135-2025-00176

Requestor Is:

Victim/Driver/Passenger/Pedestrian

Name

Brehana Fadden

Requestor Address

3889 Rancho Road

Requestor City

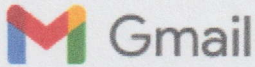
Redding

State

California

Zip

96002



Brehana Marie <brehanamarie79@gmail.com>

Formal Complaint – Misclassification of Arrest as “Certificate of Detention”

1 message

Brehana Marie <brehanamarie79@gmail.com>

Tue, Oct 28, 2025 at 8:48 AM

To: rpdemail@cityofredding.gov

Dear Internal Affairs Sergeant,

I am writing to formally submit a complaint regarding the misclassification of my arrest on March 15, 2025, by personnel of the Redding Police Department.

On the date in question, I was taken into custody, booked, fingerprinted, held in jail, and required to post bail to secure my release. These actions, as defined under California Penal Code §834 and §835, constitute a lawful arrest, not a detention. However, I have since received a “Certificate of Detention” implying that I was only detained for observation. This reclassification contradicts the physical and procedural reality of my experience and appears to be a post-hoc decision to avoid acknowledging an arrest.

Additionally, the officer involved failed to provide Miranda warnings, and I was falsely accused of being under the influence of controlled substances or alcohol. Toxicology results later disproved these allegations, showing negative results for all substances. This raises serious concerns about due process and accountability.

I respectfully request that Internal Affairs:

1. Review the full incident file and determine the rationale behind the reclassification of my arrest as a detention.
2. Identify the officer(s) responsible for or involved in this decision.
3. Clarify the policy that permits such reclassification after an individual is booked and bailed.
4. Provide a written response acknowledging receipt of this complaint and advising of the next steps in your internal review.

Please include this correspondence in your internal tracking system and provide me with a case or complaint reference number.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,
Brehana Marie Fadden
3889 Rancho Road
Redding, CA 96002
Phone: 530-227-5629
Email: brehanamarie79@gmail.com



Brehana Marie <brehanamarie79@gmail.com>

Redding Police Department - Police Department Records Requests PD-2025-232: Complete

1 message

JustFOIA Notification <CityOfRedding@request.justfoia.com>

Tue, Oct 28, 2025 at 4:11 PM

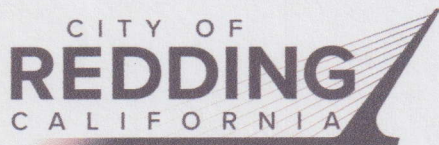
Reply-To: ced36fe2-f63f-4e32-8e32-6288af490cb8.CityOfRedding@request.justfoia.com

To: brehanamarie79@gmail.com

Dear Requestor,

The request **Request Number: PD-2025-232** has been completed. This incident is being handled by the California Highway Patrol. Please contact that agency for questions regarding her arrest.

Thank you,
Redding Police Department
777 Cypress Avenue
Redding, CA 96001
rpdpra@reddingpolice.gov





VEHICLE REGISTRATION RENEWAL NOTICE

VIN	MAKE	YR	BODY TYPE	LICENSE PLATE	AMOUNT DUE	DUE DATE
WBA8Z5C5XFGS36682	BMW	2015	SW	7LAN128	\$166	05/08/2025

To renew, just provide:



Renewal Fees



RENEW ONLINE, BY KIOSK, OR PHONE
Your Renewal Identification Number is **452168**
VISIT WWW.DMV.CA.GOV or CALL 1-800-777-0133

Return by Mail



Registration Suspended (see reverse side of notice)



Vehicle Safety Recall Information

There is an important recall on your vehicle. Visit the National Highway Traffic Safety Administration Website at www.nhtsa.gov/recalls for additional information.

FEES

REGISTRATION FEE	\$138
LICENSE FEE (May be an income tax deduction)	\$24
WEIGHT FEE	\$0
SPECIAL PLATE FEE	\$0
COUNTY/DISTRICT FEES	\$4
OWNER RESPONSIBILITY FEE	\$0

TOTAL DUE ON OR BEFORE 05/08/2025 \$166

OR \$27 TO FILE PLANNED NONOPERATION

LATE PAYMENT

POSTMARKED	RENEWAL	PNO
After 05/08/25 through 05/18/25	\$188	\$39
After 05/18/25 through 06/07/25	\$201	\$47
After 06/07/25 through 08/06/25	\$240	\$71
AFTER 08/06/2025	\$240	NO PNO

PLANNED NONOPERATION

If you plan not to operate (PNO) this vehicle, please check the box and return the bottom part with your PNO payment.

DETACH AND RETURN

Planned Nonoperation
Change of Address (see back)
For DMV Use Only

020101 07211023010208 0016600 12850306060000
00050802000 0000007400 16036989 48 A131111A C021225S07 24831 P10001

LICENSE NUMBER	MAKE	
7LAN128	BMW	
VIN		
WBA8Z5C5XFGS36682		
DMV USE	DUE DATE	AMOUNT DUE
	05/08/2025	\$166

StubA

MAKE PAYMENT TO:

FADDEN BREHANA MARIE
11122 E STILLWATER WAY
REDDING CA 96003-8750

DMV RENEWAL
P.O. BOX 942897
SACRAMENTO CA 94297-0897



020101072110230102080016600128503060600000005080200000000074001603698948

DECLARATION OF KIMBERLY ENDRES

Kimberly Endres
7545 Arbor Ln.
Shingletown, CA 96088
530-510-0417
kimendres33@gmail.com
Date: July 21, 2025

To the Shasta County Courts and To Whom It May Concern,

My name is Kimberly Endres, and I am the aunt of Brehana Marie Fadden. I am writing this letter to clarify the circumstances regarding her auto insurance coverage at the time of her accident on March 14, 2025.

Brehana was listed as a driver under my auto insurance policy for an extended period, during which she made regular monthly payments directly to me in order to remain covered. She relied on me to manage the policy on her behalf and trusted that she remained fully insured as long as she continued to make her payments.

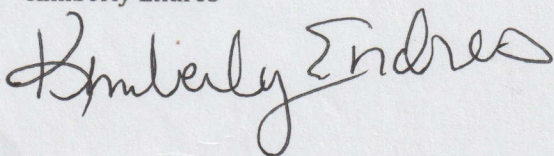
Unfortunately, I made a decision to cancel the original insurance policy and switch to a different provider. In doing so, I failed to include Brehana on the new policy. This was a mistake on my part, and I take full responsibility for not informing her of the change or the fact that she was no longer covered under my insurance.

Brehana had no knowledge that she was not insured at the time of the accident. In fact, she reached out to me after the incident in an attempt to obtain the updated insurance card—only then did I inform her that the insurance had been changed and that she had not been added to the new policy.

I deeply regret not communicating this change to her earlier. I want to make it clear that she believed she had active insurance coverage at the time and was acting in good faith. She had no intention of driving uninsured, and her efforts to obtain proof of insurance after the accident reflect that she was unaware of the lapse.

If you have any questions or require additional information, I am available to discuss this matter further.

Sincerely,
Kimberly Endres



SELAH WOMENS HEALTH PC • 2216 BUENAVENTURA BLVD., SUITE B, REDDING CA 96001-3838
 FADDEN, Brehana (id #14362, dob: 05/06/1995)

Plan of Care

Reminders

Reminders			Provider
Appointments	OB US - DATING (1St)	03/25/2025 2:00PM	Sonographer, RDMS
	Ob Exam	04/28/2025 2:00PM	Krystle A Armbruster, FNP-C
Lab	CBC with Diff	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	ABO/Rh	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	Bhcg, Quantitative	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	Progesterone	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	Tsh	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	Free T4	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
	Free T3	03/04/2025	Valley Clinical Laboratory - East St. Physicians' Building
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Prenatal		
Prenatal Vitamin 27 mg iron-800 mcg tablet Take 1 tablet by oral route.	03/04/2025	
progesterone micronized 200 mg capsule Take 1 capsule every day by oral route at bedtime.	03/04/2025	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI
5 ft 3 in Stated	127 lbs	22.5 kg/m2

Results

Lab Results

None recorded.

Allergies

SELAH WOMENS HEALTH PC • 2216 BUENAVENTURA BLVD., SUITE B, REDDING CA 96001-3838

ADDEN, Brehana (id #14362, dob: 05/06/1995)

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Pregnancy	Active	03/03/2025	

Procedures

Date	Name	Performed by
01/01/2018	Breast Implants	Information not available

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Notes: pt states no vaccines

Tobacco Smoking Status

Tobacco Smoking Status	Former Smoker
------------------------	---------------

Past Encounters

Encounter Date	Diagnosis	Provider
03/04/2025	Amenorrhea; Recurrent Miscarriage; Hypothyroidism	Heike Ahlen Wright, PA-C: 2216 Buena Ventura Blvd., Suite B, Redding, CA 96001-3838, Ph. (530) 338-0002

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	05/06/1995	Race:	Information not available
Preferred language:	English	Marital status:	Information not available

Contact:	2940 Anita St, Redding, CA 96001, Ph. tel: +1-530-3191055
----------	---

Note: Patients are solely responsible for maintaining the privacy and security of all information printed from the Patient Portal.

SELAH WOMENS HEALTH PC • 2216 BUENAVENTURA BLVD., SUITE B, REDDING CA 96001-3838
FADDEN, Brehana (id #14362, dob: 05/06/1995)

SELAH WOMENS HEALTH
2216 BUENAVENTURA BLVD., SUITE B
REDDING, CA 96001-3838
Phone: (530) 338-0002, Fax: (530) 768-1271

Date: 03/04/2025

Dear Brehana Fadden,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: HEIKE A. WRIGHT, PA-C, PASUP

Patient Care Summary for Brehana Fadden

Most Recent Encounter

03/04/2025 Heike Ahlen Wright: 2216 Buenaventura Blvd., Suite B, Redding, CA 96001-3838, Ph. tel: +1-530-3380002

Reason for Visit

amenorrhea - ob 1st

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Amenorrhea

- Prenatal Vitamin 27 mg iron-800 mcg tablet

2. Recurrent miscarriage

- CBC with diff
- ABO/Rh
- bhcg, quantitative
- progesterone
- progesterone micronized 200 mg capsule

3. Hypothyroidism

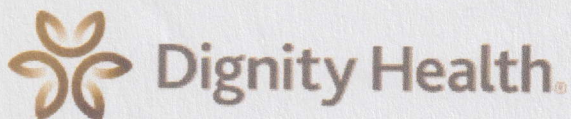
- TSH
- free T4
- free T3

Discussion Note

*25 minutes spent in patient encounter today, with > 50% spent in face-to-face counseling with her.

Patient educational handouts: No information available.

Proof of
Pregnancy
from Selah
Womens Health

[Skip to Content](#)[Home](#)[Messaging](#)[Appointments](#)[Results & Records](#)[Pay My Bill](#)[Find a Doctor](#)[Support](#)

More ▼

[Brehana Fadden](#) ▼

Lab Results / Vital Signs Selected

Results & Records

On Clicking the close button, Results & Records will be closed
On Clicking the maximize button, Results & Records will be maximized
On Clicking the minimize button, Results & Records will be minimized

- Health Summary
- Lab Results / Vital Signs Selected
- COVID Center
- Imaging
- Microbiology
- Pathology
- Medications
- Procedures
- Clinical Notes
- Education / Discharge
- Visit Summaries
- Health Library Search

mercy medical
emergency visit
following release
@ shasta county
jail

Lab Results / Vital Signs

The information provided below is in the electronic medical record for studies performed at a Dignity Health facility. Results will be made available 36 hours after they are resulted.

COVID-19 Results are also available immediately in the COVID-19 menu.

The most recent results are presented; please use the calendar filter options, or "Show most recent results" to review prior results.

If you believe any data is incorrect, do not see a result, or have any questions regarding the report, please contact your provider's office to obtain the result.

FADDEN, BREHANA MARIE

Most recent results

Date Range: 03/10/2025 - 03/17/2025

Misc Metrics

Drug Calc Weight (kg)

Learn more about this [🔗](#)

114.64 lb



Date:

Mar 16, 2025 02:58
p.m. PDT

Height (cm)

Learn more about this [🔗](#)

5 ft 3.0 in



Date:

Mar 16, 2025 02:58

p.m. PDT

BMI [Learn more about this](#)**20.313 kg/m2**

Date:

Mar 16, 2025 02:58

p.m. PDT

Heart Rate [Learn more about this](#)**60 bpm**

Date:

Mar 16, 2025 06:00

p.m. PDT

Reference

Range:

51 bpm - 119
bpm[View all for this result](#)**Respiratory Rate (Monitor)**[Learn more about this](#)**16 Breaths/Min**

Date:

Mar 16, 2025 06:00

p.m. PDT

Reference

Range:

13 Breaths/Min -
20 Breaths/Min[View all for this result](#)**Temperature PO**[Learn more about this](#)**98.1 DegF**

Date:

Mar 16, 2025 02:58

p.m. PDT

Reference

Range:

96.8 DegF - 99.5
DegF[View all for this result](#)**Blood Pressure
(Systolic/Diastolic)**

NIBP Systolic / NIBP Diastolic

Learn more about NIBP Systolic [↗](#)

Learn more about NIBP Diastolic [↗](#)

113 / 69 mm Hg



Date:	Reference
Mar 16, 2025 06:00 p.m. PDT	Range (NIBP Systolic): 91 mm Hg - 139 mm Hg
	Reference Range (NIBP Diastolic): 51 mm Hg - 89 mm Hg

[View all for this result](#)

CBC

WBC Learn more about this [↗](#)

5.5 K/uL



Date:	Reference
Mar 16, 2025 03:58 p.m. PDT	Range: 3.6 K/uL - 11.2 K/uL

RBC Learn more about this [↗](#)

3.94 M/uL



Date:	Reference
Mar 16, 2025 03:58 p.m. PDT	Range: 3.60 M/uL - 5.60 M/uL

Hgb Learn more about this [↗](#)

11.1 gm/dL



Date:	Reference
Mar 16, 2025 03:58 p.m. PDT	Range: 10.9 gm/dL - 14.3 gm/dL

Hct [Learn more about this](#)**33.0 %**

Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

31.0 % - 42.0 %

MCV [Learn more about this](#)**83.8 fL**

Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

74.0 fL - 96.0 fL

MCH [Learn more about this](#)**28.1 pg**

Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

24.0 pg - 33.0 pg

MCHC [Learn more about this](#)**33.5 gm/dL**

Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

32.0 gm/dL -
36.0 gm/dL**RDW** [Learn more about this](#)**15.2 %**

Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

12.3 % - 17.0 %

Platelets [Learn more about this](#)**319 K/uL**

Date:

Mar 16, 2025 03:58

Reference

Range:

159 K/uL - 386
K/uL

Neuts [Learn more about this](#)

48 %



Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	36 % - 66 %

Lymphs [Learn more about this](#)

37 %



Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	24 % - 44 %

Monos [Learn more about this](#)

12 %



Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	0 % - 12 %

Eos [Learn more about this](#)

3 %



Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	0 % - 5 %

Baso [Learn more about this](#)

1 %



Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	0 % - 2 %

ABS Neut [Learn more about this](#)

2.6 K/uL



Date:	Reference
-------	-----------

Mar 16, 2025 03:58
p.m. PDT

Range:
1.4 K/uL - 7.8
K/uL

ABS Lymph

Learn more about this [↗](#)

2.0 K/uL



Date: Mar 16, 2025 03:58
p.m. PDT

Reference Range:
0.6 K/uL - 4.1
K/uL

ABS Mono [Learn more about this ↗](#)

0.66 K/uL



Date: Mar 16, 2025 03:58
p.m. PDT

Reference Range:
0.00 K/uL - 0.90
K/uL

ABS Eos [Learn more about this ↗](#)

0.2 K/uL



Date: Mar 16, 2025 03:58
p.m. PDT

Reference Range:
0.0 K/uL - 0.2
K/uL

ABS Baso [Learn more about this ↗](#)

0.1 K/uL



Date: Mar 16, 2025 03:58
p.m. PDT

Reference Range:
0.0 K/uL - 0.2
K/uL

CBC Scan [Learn more about this ↗](#)

Auto Diff



Date: Mar 16, 2025 03:58
p.m. PDT

General Chemistry

Sodium [Learn more about this](#)

139 mmol/L

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	136 mmol/L - 145 mmol/L

Potassium [Learn more about this](#)

3.7 mmol/L

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	3.4 mmol/L - 4.5 mmol/L

Chloride [Learn more about this](#)

106 mmol/L

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	100 mmol/L - 110 mmol/L

CO2 [Learn more about this](#)

28 mmol/L

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	22 mmol/L - 29 mmol/L

Anion Gap [Learn more about this](#)

9 mmol/L

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	6 mmol/L - 17 mmol/L

Glucose [Learn more about this](#)**83 mg/dL**

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	70 mg/dL - 99 mg/dL

BUN [Learn more about this](#)**13.0 mg/dL**

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	7.0 mg/dL - 18.7 mg/dL

Creatinine [Learn more about this](#)**0.81 mg/dL**

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	0.57 mg/dL - 1.11 mg/dL

BUN/Crt Ratio[Learn more about this](#)**16.0**

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	8.0 - 24.0

eGFRcr [Learn more about this](#)**101 mL/min/1.73m2**

Date:	Reference
Mar 16, 2025 03:58	Range:
p.m. PDT	>= 90 mL/min/1.73m2

Calcium [Learn more about this](#)

8.6 mg/dL



Date:

Mar 16, 2025 03:58

p.m. PDT

Reference

Range:

8.4 mg/dL - 10.2

mg/dL

Protein, Total

Learn more about this 



2767 OLIVE HWY
OROVILLE, CA 95966
Phone: (530) 532-8322
Fax: (530) 532-8407

VALLEY CLINICAL LABORATORY

Fax

TO:	SENDER		
ATTN: <u>H. Wright</u>	NAME: <u>SONIA</u>		
RECIPIENT	SENDER		
FAX: <u>855-851-6199</u>	FAX: <u>(530) 532-8407</u>		
RECIPIENT	SENDER		
PHONE:	PHONE: <u>(530) 532-8322</u>		
RE:	DATE: <u>3-13</u>		
MR# or DOB:	PAGES: <u>(Including this coversheet)</u>		
☐ URGENT	☐ FOR REVIEW	☐ PLEASE COMMENT	☐ PLEASE REPLY

COMMENTS:

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THIS FAX LINE IS USED TO SEND AND RECEIVE PATIENT PRIVATE HEALTH INFORMATION; IT IS SECURE (THIS FAX MACHINE IS NOT USED BY PATIENTS).



Referral Letter

Date: 04/07/2025

Dear Brehana Fadden,

DOB: 05/06/1995

Your provider, Elisabeth Cooper PA-C has referred you to the provider listed below. It is your responsibility to call and schedule an appointment with this provider. You will need to have your insurance information available when you make the appointment.

Provider: Community Behavioral Health
Address: 415 Knollcrest, Redding CA 96002
Phone: 530-392-4399 Fax: 530-927-5353
Service: Eval & treat Anxiety Eraf: _____
Notes: _____

Please contact facility to check referral status.

Please have your insurance information available at the time of your appointment as **you are responsible** for payment to this provider.

Please call the referrals department if you have any questions or concerns regarding this referral.

RRTHC: 530-224-2700 x3303

Churn Creek Healthcare: 530-768-2464 x2903

Trinity Healthcare: 530-623-0021 x3503

Remember, your provider feels this is necessary in providing you with excellent care so please remember to call and make your appointment. Thank you.

Cerebral parenchyma: No acute intraparenchymal hemorrhage. No acute territorial infarct. Gray-white differentiation is maintained.

Extra-axial spaces: No extra-axial collection.

Ventricles: Unremarkable.

Mass effect: None.

Posterior Fossa: Normal position of the cerebellar tonsils.

Calvarium: Unremarkable

Visualized paranasal sinuses/mastoids: Clear

Additional comments: Approximately 8 mm hypodense oval structure along the right transverse sinus, likely represents a hypertrophic arachnoid granulation.

CERVICAL SPINE:

Alignment: Maintained

Vertebrae: No acute fracture. Small sclerotic lesion base of spinous process of T2, presumably a small bone island.

Pre-vertebral space: Unremarkable

Lung apices: Biapical pleural fibrosis.

Focused axial interbody analysis: No significant degenerative changes.

CT FACE:

Study is mildly compromised due to motion artifacts.

Facial bones: No acute facial fracture. Specifically the frontal sinuses, nasal bones, bony orbits, maxillary sinuses, hard palate, and mandible are intact

Paranasal sinuses: Clear.

Orbits: Normal

Base of the skull: Normal

Mandible and TMJs: unremarkable

Additional comments: Perforated nasal septum, coronal image #24.

IMPRESSION:

No acute intracranial injury. No acute osseous injury in the cervical spine.

No acute facial fracture.

Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT Head wo Con

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

CLINICAL HISTORY:

pain

COMPARISON:

None

Adrenals: within normal limits.

Kidneys: No solid renal mass, hydronephrosis or calculus is identified. No laceration.

Pancreas: No injury is seen.

Gallbladder: no calcified gallstones. Normal wall thickness.

Bile Ducts: normal caliber.

Stomach and Esophagus- Intact

Pelvis:

Reproductive Organs: No pelvic masses, fluid, or adenopathy.

Bladder: Within normal limits.

GI Tract: Intact. No trauma is identified.

Lymph Nodes: No lymphadenopathy

Peritoneum: No free gas, free fluid, or localized fluid collection. No hemoperitoneum.

Bones: Intact. No acute fracture is identified.

Other findings: None.

IMPRESSION:

No evidence for thoracic, abdominal or pelvic trauma. No solid or visceral organ injury. No acute fracture. No hemoperitoneum. 03/16/25 17:46

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT Maxillofacial wo Con

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

CLINICAL HISTORY:

pain

COMPARISON:

None

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous contrast, coronal and sagittal reconstructions.

DOSE:

Total Reported Dose Length Product (DLP) = 11.6:264 (accession 23-CT-25-151124), 31.4:547 (accession 23-CT-25-151125), 13.52:272 (accession 23-CT-25-151123)

FINDINGS:

BRAIN:

good/stable

Discharge Medications

New Prescriptions

1. ibuprofen(ibuprofen 600 mg oral tablet) 600 mg= 1 Tab By mouth Tab four times daily as needed for pain 7 Day

Follow-up

Follow-Up Details:

Provider/Org Name: Redding Rancheria, Primary Care

Comments

Thank you for coming to the ER. You are stable for discharge. If you experience worsening symptoms or have any other concerns, please return to the ER to be seen.

Radiology - Full Interpretation, Last 24 hrs

Name: FADDEN, BREHANA MARIE

Account: 32014614013

MRN: 12154573

DOB: 05/06/1995

Result Date: 03/16/25 17:14

Verified By: Bemrick II, Robert J MD at 03/16/25 17:46

Report : CT Chest+Abdomen+Pelvis w Con

EXAM: CT chest, abdomen, and pelvis with contrast.

EXAM DATE: 3/16/2025 5:12 PM PDT

INDICATION: MVA, pain lumbar spine, chest and back

TECHNIQUE: After IV administration of intravenous contrast material, helical axial images were obtained through the chest, abdomen and pelvis from the lung apices to the pubic symphysis. Coronal and sagittal reformations were performed on the CT scanner workstation.

Radiation dose: CTDI (mGy): DPL (mGy/cm)

COMPARISON: None

FINDINGS:

Chest:

Lung and Airways: Lungs are clear. No focal opacities.

Pleura: No pleural effusion or pneumothorax.

Vessels: Within normal limits. Intact aorta.

Heart: Normal in size.

Mediastinum and Hila: No mediastinal hemorrhage.

Chest Wall and Lower Neck: Within normal limits.

Abdomen:

Liver: No laceration or contusion.

Spleen: No laceration or perisplenic fluid.

Reviewed with medications, past medical, surgical and social history.

+++++

Vital signs reviewed and independently interpreted:

+++++

Laboratory studies reviewed and independently interpreted:

Labs unremarkable, drug screen unremarkable

+++++

Imaging reviewed and independently interpreted:

Imaging without acute findings.

+++++

ED Management (given or considered):

Reviewed above

+++++

Case discussed with the follow service(s):

Of

+++++

All findings discussed at bedside. All questions answered. Patient can be discharged.

+++++

+++++

Differential Diagnosis (including but not limited to):

Fracture, head bleed, contusion

PATIENT SUMMARY:

This patient is a 29 year-old woman who presents with bruising and black eye. Patient was fully scanned as the story is fairly confusing and patient was in an accident. Pan scan without traumatic findings. X-rays without traumatic findings. Imaging discussed with the patient, labs discussed with the patient. Patient requesting drug testing which was performed.

I discussed concerning signs and symptoms with the patient which would warrant returning to the ED for further medical evaluation. The patient communicates their understanding and agreeable to being discharged home. They will follow up with their primary care physician in the next 3-5 days.

ED Course

—

Final Diagnosis

Diagnosis this visit:

Neck muscle spasm (M62.838) 03/16/2025 18:13 Discharge

Musculoskeletal pain (M79.18) 03/16/2025 19:11 Discharge

Black eye of right side (S00.11XA) 03/16/2025 19:11 Discharge

Disposition

Discharge

Order Details: 03/16/25 19:11:00 PDT, Now, Home or self care

Condition

Diagnostic Results/Interpretation

Radiology

Result Date: 03/16/25 17:14

Verified By: Bemrick II, Robert J MD at 03/16/25 17:46

Report : CT Chest+Abdomen+Pelvis w Con

IMPRESSION:No evidence for thoracic, abdominal or pelvic trauma. No solid or visceralorgan injury.

No acute fracture. No hemoperitoneum. 03/16/25 17:46

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT Maxillofacial wo Con

IMPRESSION:No acute intracranial injury. No acute osseous injury in the cervical spine.No acute

facial fracture.Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT Head wo Con

IMPRESSION:No acute intracranial injury. No acute osseous injury in the cervical spine.No acute

facial fracture.Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT C Spine wo Con

IMPRESSION:No acute intracranial injury. No acute osseous injury in the cervical spine.No acute

facial fracture.Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Medical Decision Making

Independent Historians Utilized for History:

Patient

+++++

Social Determinants of Health:

Decreased access to healthcare, recent

+++++

Comorbid Conditions:

Breast reviewed above

+++++

Records reviewed:

Of none

+++++

WBC: 5.5 K/uL Sodium: 139 mmol/L HCG, Qual Serum (Serum Pregnancy): Negative

RBC: 3.94 M/uL Potassium: 3.7 mmol/L

Hgb: 11.1 gm/dL Chloride: 106 mmol/L

Hct: 33.0 % CO₂: 28 mmol/L

MCV: 83.8 fL Anion Gap: 9 mmol/L

MCH: 28.1 pg Glucose Level: 83 mg/dL

MCHC: 33.5 gm/dL BUN: 13.0 mg/dL

RDW: 15.2 % Creatinine: 0.81 mg/dL

Plt: 319 K/uL BUN/Crt Ratio: 16.0

Neuts: 48 % eGFRcr: 101 mL/min/1.73m²

Lymphs: 37 % Calcium: 8.6 mg/dL

Monos.: 12 % Protein, Total: 7.5 gm/dL

Eos.: 3 % Albumin: 4.1 gm/dL

Baso.: 1 % Bili Total: 0.48 mg/dL

ABS Neut: 2.6 K/uL ALT: 13 Units/L

ABS Lymph: 2.0 K/uL AST: 17 Units/L

ABS Mono: 0.66 K/uL Alkphos: 64 Int Unit/L

ABS Eos: 0.2 K/uL Lipase: 44 Units/L

ABS Baso: 0.1 K/uL

CBC Scan: Auto Diff

Toxicology/TDM

03/16/25

Amphetamine Lvl: Negative

U Alcohol: Negative mg/dL

U Oxycodone: Negative

U 6-Acetylmorphine: Negative

Methadone Lvl: Negative

Phencyclidine Lvl: Negative

THC Lvl: Negative

Benzodiazepines Lvl: Negative

Cocaine Lvl: Negative

Opiate Lvl: Negative

Barbiturates Lvl: Negative

U Fentanyl: Negative

03/16/25

Ethanol: <10 mg/dL

Additional

03/16/25

Heme Index: Negative

Icteric Index: 0

Lipemia Index: 0

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous contrast, coronal and sagittal reconstructions.

DOSE:

Total Reported Dose Length Product (DLP) = 11.6:264 (accession 23-CT-25-151124), 31.4:547 (accession 23-CT-25-151125), 13.52:272 (accession 23-CT-25-151123)

FINDINGS:

BRAIN:

Cerebral parenchyma: No acute intraparenchymal hemorrhage. No acute territorial infarct. Gray-white differentiation is maintained.

Extra-axial spaces: No extra-axial collection.

Ventricles: Unremarkable.

Mass effect: None.

Posterior Fossa: Normal position of the cerebellar tonsils.

Calvarium: Unremarkable

Visualized paranasal sinuses/mastoids: Clear

Additional comments: Approximately 8 mm hypodense oval structure along the right transverse sinus, likely represents a hypertrophic arachnoid granulation.

CERVICAL SPINE:

Alignment: Maintained

Vertebrae: No acute fracture. Small sclerotic lesion base of spinous process of T2, presumably a small bone island.

Pre-vertebral space: Unremarkable

Lung apices: Biapical pleural fibrosis.

Focused axial interbody analysis: No significant degenerative changes.

CT FACE:

Study is mildly compromised due to motion artifacts.

Facial bones: No acute facial fracture. Specifically the frontal sinuses, nasal bones, bony orbits, maxillary sinuses, hard palate, and mandible are intact

Paranasal sinuses: Clear.

Orbits: Normal

Base of the skull: Normal

Mandible and TMJs: unremarkable

Additional comments: Perforated nasal septum, coronal image #24.

IMPRESSION:

No acute intracranial injury. No acute osseous injury in the cervical spine.

No acute facial fracture.

Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Result Date: 03/16/25 17:14

Verified By: Kochar, Puneet S MD at 03/16/25 17:29

Report : CT C Spine wo Con

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

CLINICAL HISTORY:

pain

COMPARISON:

None

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous contrast, coronal and sagittal reconstructions.

DOSE:

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IMPRESSION:

No acute intracranial injury. No acute osseous injury in the cervical spine.

No acute facial fracture.

Perforated nasal septum, of indeterminate age. 03/16/25 17:29

+++++

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Allergies

No Known Medication Allergies

Home Medications

No active home medications

Electronically Signed By:

Graichen, Carla MD

On 03/21/25 14:44

Co Signature By:

Modify Signature By:

Graichen, Carla MD

On 03/20/25 08:49

Author: Graichen, Carla MD, Mercy Medical Center Redding

Last Modified: 03/21/2025 9:44 PM

Patient Care team information

Care Team Personnel

Name: Redding Rancheria, Primary Care

Member Role: Lifetime Physician(PCP)

Author: Laird, Hollee RN, CommonSpirit

Last Modified: 03/17/2025 2:15 AM

Care Team Related Persons

Name: GREGORY, CADEN M

Author: CommonSpirit

Last Modified: 03/16/2025 10:49 PM

Family History

No data available for this section

Insurance Providers

Guarantor name: NA

Health Plan Information #: 1

Payer: Dignity Health Ambulatory

Payer Identifier: NA

Member Number: 90391410D1

Group Number: NA

Subscriber Identifier: 25378279

Relationship to Subscriber: self

Coverage Type: PRIVATE HEALTH INSURANCE

Coverage Verification Date: NA

Telecom: NA

Address: P.O. BOX 1368

SUISUN CITY, CA 94585- US

A pertinent and appropriate review of systems was completed. Pertinent findings documented in HPI.

Physical Exam

First Vitals Signs

Blood Pressure: 105 / 63 (03/16/25 14:58)

Heart Rate: 93 (03/16/25 14:58)

Respiratory Rate: 16 (03/16/25 14:57)

SPO2: 100% (03/16/25 14:58)

Oxygen Method: Room air (03/16/25 14:58)

Temperature PO 36.7 (03/16/25 14:57)

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Well-developed, well-nourished and in no acute distress.

HEENT: Normocephalic and atraumatic.

NECK: Supple.

CHEST: Symmetric. Nontender to palpation.

LUNGS: Equal chest wall rise

HEART: Regular rate and rhythm.

EXTREMITIES: No cyanosis, clubbing, or edema.

NEUROLOGIC: No focal sensory or motor deficits are noted.

PSYCHIATRIC: The patient is awake, alert, and oriented x3. Appropriate mood and affect.

SKIN: Warm, dry, and well perfused.

Most Recent Vitals

T: 36.7 °C (Oral) HR: 93 RR: 16 BP: 105/63 SpO2: 100% Oxygen Method: Room air WT: 52 kg

Emergency Department Orders

Laboratory & Blood:

Beta hCG Qual (Beta hCG Qual)

CBC w/Diff* (man diff if indicated) (CBC w/Diff* (man diff if indicated))

Comprehensive Metabolic Panel (CMP)

Lipase Level (Lipase Level)

Ethanol Level (Alcohol Level)

Urine Drug of Abuse Screen w/ETOH (Urine Drug of Abuse Screen w/ETOH)

Medications & IV's:

acetaminophen (Tylenol oral TABLET) 1,000 mg, PO, x1

ondansetron (Zofran INJ) 4 mg, IV Push, x1

ketorolac (ketorolac) 15 mg, IV Push, x1

iopamidol (Isovue-370) 100 mL, IV Push, x1

Radiology:

CT Maxillofacial wo Con (CT Maxillofacial wo Con)

CT C Spine wo Con (CT C Spine wo Con)

CT Chest+Abdomen+Pelvis w Con (Chest/Abd/Pel CT w Contrast)

CT Head wo Con (CT Head wo Con)

Laboratory Results

Common Labs - All Encounters, All Results, Last 1 month

Last Month

Hematology-CBC

General Chemistry

Special Chemistry

03/16/25

03/16/25

03/16/25

With: Redding Rancheria, Primary Care

Address: Unknown

When:

Unknown

Reason for Referral

No data available for this section

Health Concerns

No data available for this section

Implantable Device List

No data available for this section

Physician Emergency department Note

Graichen, Carla MD: MODIFY, PERFORM, MODIFY

Event Display: ED Physician Notes

Authored Date: 20250316154416-0700

Patient: FADDEN, BREHANA MARIE MRN: 1000219814 FIN: 32014614013

Age: 29 years Sex: F DOB: 05/06/1995 Active Insurance: PARTNERSHIP HLTHPLAN

MCAL 2100-99901

Admitting MD: Graichen, Carla MD Location: MMR ED: : PCP: PCP, No

Author: Graichen, Carla MD

Date/Time

Admit Date: 03/16/25 14:50

Provider Contact Time:

03/16/2025 15:21

Mode of Arrival

Mode of Arrival: Ambulatory

Chief Complaint

Chief Complaint ED: MVA 3/14 tbones (front end of car) restrained driver, 10 mph, no airbag hit by police approx 15 mph. no locmedically cleared at SRMC fiday, went to jail and released today/o headache, rt wrist pain 03/16/25 14:58

No results found.

History of Present Illness

A 29-year-old woman was transported to the Emergency Department by her boyfriend. The history was provided by the patient herself. She presents with severe back pain, a severe migraine, right arm numbness extending to the elbow, wrist pain, hand tightness, and a black eye following a motor vehicle accident that occurred late Friday night/early Saturday morning. The patient reports being hit by the RPD and subsequently booked for a DUI, which she claims was false, and denies having any substances in her system. She states she was denied medical care twice while in jail, including a CT scan, labs, and urinalysis, and was released at 2:00 AM today. She denies loss of consciousness but felt dazed post-accident and was wearing a seatbelt during the incident.

Health Status

Pregnancy Status Patient denies

Review of Systems

after damage to the neck, usually because of sudden extension and flexion. It may include injury to intervertebral joints, discs, ligaments, cervical muscles, and nerve roots.

CAUSES

The disorder commonly occurs as the result of an automobile accident.

SYMPTOMS

Neck pain may be present directly after the injury or may be delayed for several days.

In addition to neck pain, other symptoms may include:

Neck stiffness.

Injuries to the muscles and ligaments.

Headache.

Dizziness.

Abnormal sensations such as burning or prickling (paresthesias).

Shoulder or back pain.

Some people experience conditions such as:

Memory loss.

Concentration impairment.

Nervousness.

Irritability.

Sleep disturbances.

Fatigue.

Depression.

TREATMENT

Treatment for individuals with whiplash may include:

Pain medications.

Nonsteroidal anti-inflammatory drugs.

Antidepressants.

Muscle relaxants.

Range of motion exercises.

Physical therapy.

Supplemental ice application for 2 days followed by heat application for 2 days may relieve muscle tension.

LENGTH OF ILLNESS

Generally, the prognosis for individuals with whiplash is good. The neck and head pain clears within a few days or weeks. Most patients recover within 3 months after the injury. However, some may continue to have lasting neck pain and headaches.

RESEARCH BEING DONE

The NINDS conducts and supports research on trauma-related disorders such as whiplash. Much of this research focuses on increasing scientific understanding of these disorders and finding ways to prevent and treat them.

Research is continually being done to learn more about this problem.

Provided by: The National Institute of Neurological Disorders and Stroke.

Document Released: 09/27/2006 Document Re-Released: 10/14/2008

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Follow Up Care

03/16/2025 14:50:24

Alignment: Maintained

Vertebrae: No acute fracture. Small sclerotic lesion base of spinous process of T2, presumably a small bone island.

Pre-vertebral space: Unremarkable

Lung apices: Biapical pleural fibrosis.

Focused axial interbody analysis: No significant degenerative changes.

CT FACE:

Study is mildly compromised due to motion artifacts.

Facial bones: No acute facial fracture. Specifically the frontal sinuses, nasal bones, bony orbits, maxillary sinuses, hard palate, and mandible are intact

Paranasal sinuses: Clear.

Orbits: Normal

Base of the skull: Normal

Mandible and TMJs: unremarkable

Additional comments: Perforated nasal septum, coronal image #24.

IMPRESSION:

No acute intracranial injury. No acute osseous injury in the cervical spine.

No acute facial fracture.

Perforated nasal septum, of indeterminate age.

*** FINAL ***

Dictated by: Kochar, Puneet S MD, MD

Electronically signed by: Kochar, Puneet S MD

Transcribed by:NP , D: 03/16/2025 17:29, T: 03/16/2025 17:29, S: 03/16/2025 17:29

*** FINAL ***

Author: Graichen, Carla MD, Mercy Medical Center Redding

Last Modified: 03/17/2025 1:33 AM

Vital Signs

No data available for this section

Social History

No data available for this section

Goals

No data available for this section

Hospital Discharge Instructions

Section Author: Graichen, Carla MD, Mercy Medical Center Redding, 03/17/2025 1:13 AM

Patient Education

03/16/2025 18:13:55

Whiplash(DBOLSTER001)

Whiplash

Whiplash is a soft tissue injury to the neck. It is also called neck sprain or neck strain. It is a collection of problems (symptoms) that occur

No acute intracranial injury. No acute osseous injury in the cervical spine.

No acute facial fracture.

Perforated nasal septum, of indeterminate age.

*** FINAL ***

Dictated by: Kochar, Puneet S MD, MD

Electronically signed by: Kochar, Puneet S MD

Transcribed by:NP , D: 03/16/2025 17:29, T: 03/16/2025 17:29, S: 03/16/2025 17:29

*** FINAL ***

Author: Graichen, Carla MD, Mercy Medical Center Redding

Last Modified: 03/17/2025 1:12 AM

Exam Date Time	Procedure	Performing Provider	Status
3/16/25 5:14 PM	CT Head wo Con	Engel, Collen;	Auth (Verified)

Notes:

(CT Head wo Con) Reason For Exam: pain

RADRPT

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

CLINICAL HISTORY:

pain

COMPARISON:

None

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous contrast, coronal and sagittal reconstructions.

DOSE:

Total Reported Dose Length Product (DLP) = 11.6:264 (accession 23-CT-25-151124), 31.4:547 (accession 23-CT-25-151125), 13.52:272 (accession 23-CT-25-151123)

FINDINGS:

BRAIN:

Cerebral parenchyma: No acute intraparenchymal hemorrhage. No acute territorial infarct. Gray-white differentiation is maintained.

Extra-axial spaces: No extra-axial collection.

Ventricles: Unremarkable.

Mass effect: None.

Posterior Fossa: Normal position of the cerebellar tonsils.

Calvarium: Unremarkable

Visualized paranasal sinuses/mastoids: Clear

Additional comments: Approximately 8 mm hypodense oval structure along the right transverse sinus, likely represents a hypertrophic arachnoid granulation.

CERVICAL SPINE:

CLINICAL HISTORY:

pain

COMPARISON:

None

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous contrast, coronal and sagittal reconstructions.

DOSE:

Total Reported Dose Length Product (DLP) = 11.6:264 (accession 23-CT-25-151124), 31.4:547 (accession 23-CT-25-151125), 13.52:272 (accession 23-CT-25-151123)

FINDINGS:

BRAIN:

Cerebral parenchyma: No acute intraparenchymal hemorrhage. No acute territorial infarct. Gray-white differentiation is maintained.

Extra-axial spaces: No extra-axial collection.

Ventricles: Unremarkable.

Mass effect: None.

Posterior Fossa: Normal position of the cerebellar tonsils.

Calvarium: Unremarkable

Visualized paranasal sinuses/mastoids: Clear

Additional comments: Approximately 8 mm hypodense oval structure along the right transverse sinus, likely represents a hypertrophic arachnoid granulation.

CERVICAL SPINE:

Alignment: Maintained

Vertebrae: No acute fracture. Small sclerotic lesion base of spinous process of T2, presumably a small bone island.

Pre-vertebral space: Unremarkable

Lung apices: Biapical pleural fibrosis.

Focused axial interbody analysis: No significant degenerative changes.

CT FACE:

Study is mildly compromised due to motion artifacts.

Facial bones: No acute facial fracture. Specifically the frontal sinuses, nasal bones, bony orbits, maxillary sinuses, hard palate, and mandible are intact

Paranasal sinuses: Clear.

Orbits: Normal

Base of the skull: Normal

Mandible and TMJs: unremarkable

Additional comments: Perforated nasal septum, coronal image #24.

IMPRESSION:

Extra-axial spaces: No extra-axial collection.
Ventricles: Unremarkable.
Mass effect: None.
Posterior Fossa: Normal position of the cerebellar tonsils.
Calvarium: Unremarkable
Visualized paranasal sinuses/mastoids: Clear
Additional comments: Approximately 8 mm hypodense oval structure along the right transverse sinus, likely represents a hypertrophic arachnoid granulation.

CERVICAL SPINE:

Alignment: Maintained
Vertebrae: No acute fracture. Small sclerotic lesion base of spinous process of T2, presumably a small bone island.
Pre-vertebral space: Unremarkable
Lung apices: Biapical pleural fibrosis.
Focused axial interbody analysis: No significant degenerative changes.

CT FACE:

Study is mildly compromised due to motion artifacts.
Facial bones: No acute facial fracture. Specifically the frontal sinuses, nasal bones, bony orbits, maxillary sinuses, hard palate, and mandible are intact
Paranasal sinuses: Clear.
Orbits: Normal
Base of the skull: Normal
Mandible and TMJs: unremarkable
Additional comments: Perforated nasal septum, coronal image #24.

IMPRESSION:

No acute intracranial injury. No acute osseous injury in the cervical spine.
No acute facial fracture.
Perforated nasal septum, of indeterminate age.

*** F I N A L ***

Dictated by: Kochar, Puneet S MD, MD

Electronically signed by: Kochar, Puneet S MD

Transcribed by:NP , D: 03/16/2025 17:29, T: 03/16/2025 17:29, S: 03/16/2025 17:29

*** F I N A L ***

Author: Graichen, Carla MD, Mercy Medical Center Redding

Last Modified: 03/17/2025 1:12 AM

Exam Date Time	Procedure	Performing Provider	Status
3/16/25 5:14 PM	CT Maxillofacial wo Con	Engel, Collen;	Auth (Verified)

Notes:

(CT Maxillofacial wo Con) Reason For Exam: pain

RADRPT

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

GI Tract: Intact. No trauma is identified.
Lymph Nodes: No lymphadenopathy
Peritoneum: No free gas, free fluid, or localized fluid collection. No
hemoperitoneum.
Bones: Intact. No acute fracture is indentified.

Other findings: None.

IMPRESSION:

No evidence for thoracic, abdominal or pelvic trauma. No solid or visceral
organ injury. No acute fracture. No hemoperitoneum.

*** FINAL ***

Dictated by: Bemrick II, Robert J MD, MD

Electronically signed by: Bemrick II, Robert J M

Transcribed by:NP , D: 03/16/2025 17:46, T: 03/16/2025 17:46, S: 03/16/2025 17:46

*** FINAL ***

Author: Graichen, Carla MD, Mercy Medical Center Redding

Last Modified: 03/17/2025 1:12 AM

Exam Date Time	Procedure	Performing Provider	Status
3/16/25 5:14 PM	CT C Spine wo Con	Engel, Collen;	Auth (Verified)

Notes:

(CT C Spine wo Con) Reason For Exam: pain

RADRPT

EXAMINATION:

CT C Spine wo Con, CT Head wo Con, CT Maxillofacial wo Con

CLINICAL HISTORY:

pain

COMPARISON:

None

TECHNIQUE:

CT of the head, face and cervical spine were performed without intravenous
contrast, coronal and sagittal reconstructions.

DOSE:

Total Reported Dose Length Product (DLP) = 11.6:264 (accession
23-CT-25-151124), 31.4:547 (accession 23-CT-25-151125), 13.52:272 (accession
23-CT-25-151123)

FINDINGS:

BRAIN:

Cerebral parenchyma: No acute intraparenchymal hemorrhage. No acute
territorial infarct. Gray-white differentiation is maintained.

Redding, CA

CLIA 05D0618108

Medical Director Sean Pitman MD

Radiology Reports

Exam Date Time	Procedure	Performing Provider	Status
3/16/25 5:14 PM	CT Chest+Abdomen+Pelvis w Con	Engel, Collen;	Auth (Verified)

Notes:

(CT Chest+Abdomen+Pelvis w Con) Reason For Exam: MVA, pain lumbar spine, chest and back
RADRPT

EXAM: CT chest, abdomen, and pelvis with contrast.

EXAM DATE: 3/16/2025 5:12 PM PDT

INDICATION: MVA, pain lumbar spine, chest and back

TECHNIQUE: After IV administration of intravenous contrast material, helical axial images were obtained through the chest, abdomen and pelvis from the lung apices to the pubic symphysis. Coronal and sagittal reformations were performed on the CT scanner workstation.

Radiation dose: CTDI (mGy): DPL (mGy/cm)

COMPARISON: None

FINDINGS:

Chest:

Lung and Airways: Lungs are clear. No focal opacities.

Pleura: No pleural effusion or pneumothorax.

Vessels: Within normal limits. Intact aorta.

Heart: Normal in size.

Mediastinum and Hila: No mediastinal hemorrhage.

Chest Wall and Lower Neck: Within normal limits.

Abdomen:

Liver: No laceration or contusion.

Spleen: No laceration or perisplenic fluid.

Adrenals: within normal limits.

Kidneys: No solid renal mass, hydronephrosis or calculus is identified. No laceration.

Pancreas: No injury is seen.

Gallbladder: no calcified gallstones. Normal wall thickness.

Bile Ducts: normal caliber.

Stomach and Esophagus- Intact

Pelvis:

Reproductive Organs: No pelvic masses, fluid, or adenopathy.

Bladder: Within normal limits.

Resp Rate (Monitor) Author: Edwards, Tommi D RN, Mercy Medical Center Redding Last Modified: 03/16/2025 10:01 PM	16 Breaths/Min (Normal is 13-20 Breaths/Min)	
Temperature PO Author: Edwards, Tommi D RN, Mercy Medical Center Redding Last Modified: 03/16/2025 10:01 PM	36.7 deg C (Normal is 36-37.5 deg C)	
Temperature PO Author: Edwards, Tommi D RN, Mercy Medical Center Redding Last Modified: 03/16/2025 9:58 PM	36.7 deg C (Normal is 36-37.5 deg C)	
Resp Rate (Monitor) Author: Edwards, Tommi D RN, Mercy Medical Center Redding Last Modified: 03/16/2025 9:58 PM	16 Breaths/Min (Normal is 13-20 Breaths/Min)	

¹ Interpretive Data: All drug screen results are preliminary until confirmed upon request or reflex policy. Chain of custody is not maintained and these results should not be used for legal purposes.

Drug	Cut-Off Values
Alcohol 50 mg/dL	
Phencyclidine	25 ng/mL
Benzodiazepine	200 ng/mL
Cocaine Metabolite	300 ng/mL
Amphetamine	1000 ng/mL
Cannabinoid	50 ng/mL
Opiate	300 ng/mL
Barbiturate	200 ng/mL
Methadone	300 ng/ml
U Fentanyl	1 ng/mL
U Oxycodone	100 ng/mL
U 6-Acetylmorphine	10 ng/ml

² Result Comment: Verified by Discern

³ Interpretive Data: As of 07-26-2022, reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

For eGFR of 45-59 mL/min/1.73m² NKF, KDOQI, and KDIGO guidelines recommend confirming current results with new values based on eGFR calculated using both creatinine and cystatin C.

Cystatin C is recommended in the outpatient patient setting for purposes of confirming chronic kidney disease, rather than in the acute setting for acute kidney injury or failure.

The eGFR_{cr} equation has not been validated on patients <18 years and will not be performed.

⁴ Result Comment: Added by GL_NSSA_BHCG_QUAL_INTERP

⁵ Interpretive Data: Indeterminate results should be followed up with a repeat BhCG in 48 hours.

Laboratory Information

Mercy Medical Center-Redding

CLIA Number: 05D0618108

2175 Rosaline Avenue

RBC	3.94 M/uL	(Normal is 3.60-5.60 M/uL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
RDW	15.2 %	(Normal is 12.3-17.0 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Sodium	139 mmol/L	(Normal is 136-145 mmol/L)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:31 PM				
WBC	5.5 K/uL	(Normal is 3.6-11.2 K/uL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Heart Rate	93 bpm	(Normal is 51-119 bpm)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 9:58 PM				
NIBP Diastolic	63 mm Hg	(Normal is 51-89 mm Hg)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 9:58 PM				
NIBP Systolic	105 mm Hg	(Normal is 91-139 mm Hg)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 9:58 PM				
BMI	20.313 kg/m2			
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				
Drug Calc Weight (kg)	52 kg			
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				
Heart Rate	93 bpm	(Normal is 51-119 bpm)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				
Height	160 cm			
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				
NIBP Diastolic	63 mm Hg	(Normal is 51-89 mm Hg)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				
NIBP Systolic	105 mm Hg	(Normal is 91-139 mm Hg)		
Author: Edwards, Tommi D RN, Mercy Medical Center Redding				
Last Modified: 03/16/2025 10:01 PM				

Eos.	3 %	(Normal is 0-5 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Ethanol	<10 mg/dL	(Normal is <=10 mg/dL)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/17/2025 2:16 AM				
Glucose Level	83 mg/dL	(Normal is 70-99 mg/dL)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:31 PM				
HCG, Qual Serum (Serum Pregnancy)	Negative 4, 5		Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:39 PM				
Hct	33.0 %	(Normal is 31.0-42.0 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Hgb	11.1 gm/dL	(Normal is 10.9-14.3 gm/dL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Lipase	44 Units/L	(Normal is 8-78 Units/L)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:31 PM				
Lymphs	37 %	(Normal is 24-44 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
MCH	28.1 pg	(Normal is 24.0-33.0 pg)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
MCHC	33.5 gm/dL	(Normal is 32.0-36.0 gm/dL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
MCV	83.8 fL	(Normal is 74.0-96.0 fL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Monos.	12 %	(Normal is 0-12 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Neuts	48 %	(Normal is 36-66 %)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Plt	319 K/uL	(Normal is 159-386 K/uL)	Blood	
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:06 PM				
Potassium	3.7 mmol/L	(Normal is 3.4-4.5 mmol/L)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:31 PM				
Protein, Total	7.5 gm/dL	(Normal is 6.4-8.3 gm/dL)	Blood	Mercy Medical Center-Redding
Author: Mercy Medical Center Redding				
Last Modified: 03/16/2025 11:31 PM				

ABS Neut Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	2.6 K/uL	(Normal is 1.4-7.8 K/uL)	Blood	
Albumin Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	4.1 gm/dL	(Normal is 3.5-5.2 gm/dL)	Blood	Mercy Medical Center- Redding
Alkphos Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	64 Int Unit/L	(Normal is 40-150 Int Unit/L)	Blood	Mercy Medical Center- Redding
ALT Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	13 Units/L	(Normal is 0-55 Units/L)	Blood	Mercy Medical Center- Redding
Anion Gap Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	9 mmol/L	(Normal is 6-17 mmol/L)	Blood	Mercy Medical Center- Redding
AST Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	17 Units/L	(Normal is 5-34 Units/L)	Blood	Mercy Medical Center- Redding
Baso. Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	1 %	(Normal is 0-2 %)	Blood	
Bili Total Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	0.48 mg/dL	(Normal is 0.20-1.20 mg/dL)	Blood	Mercy Medical Center- Redding
BUN Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	13.0 mg/dL	(Normal is 7.0-18.7 mg/dL)	Blood	Mercy Medical Center- Redding
BUN/Crt Ratio Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	16.0	(Normal is 8.0-24.0)	Blood	Mercy Medical Center- Redding
Calcium Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	8.6 mg/dL	(Normal is 8.4-10.2 mg/dL)	Blood	Mercy Medical Center- Redding
CBC Scan Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	Auto Diff 2		Blood	
Chloride Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	106 mmol/L	(Normal is 100-110 mmol/L)	Blood	Mercy Medical Center- Redding
CO2 Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	28 mmol/L	(Normal is 22-29 mmol/L)	Blood	Mercy Medical Center- Redding
Creatinine Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	0.81 mg/dL	(Normal is 0.57-1.11 mg/dL)	Blood	Mercy Medical Center- Redding
eGFRcr Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:31 PM	101 mL/min/1.73m2	(Normal is >=90 mL/min/1.73m2)	Blood	Mercy Medical Center- Redding

Phencyclidine Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center- Redding
THC Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center- Redding
U 6-Acetylmorphine Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center- Redding
U Alcohol Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative mg/dL		Urine	Mercy Medical Center- Redding
U Fentanyl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center- Redding
U Oxycodone Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center- Redding
Heart Rate Author: Laird, Hollee RN, Mercy Medical Center Redding Last Modified: 03/17/2025 2:01 AM	60 bpm	(Normal is 51-119 bpm)		
NIBP Diastolic Author: Laird, Hollee RN, Mercy Medical Center Redding Last Modified: 03/17/2025 2:01 AM	69 mm Hg	(Normal is 51-89 mm Hg)		
NIBP Systolic Author: Laird, Hollee RN, Mercy Medical Center Redding Last Modified: 03/17/2025 2:01 AM	113 mm Hg	(Normal is 91-139 mm Hg)		
Resp Rate (Monitor) Author: Laird, Hollee RN, Mercy Medical Center Redding Last Modified: 03/17/2025 2:01 AM	16 Breaths/Min	(Normal is 13-20 Breaths/Min)		
ABS Baso Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	0.1 K/uL	(Normal is 0.0-0.2 K/uL)	Blood	
ABS Eos Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	0.2 K/uL	(Normal is 0.0-0.2 K/uL)	Blood	
ABS Lymph Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	2.0 K/uL	(Normal is 0.6-4.1 K/uL)	Blood	
ABS Mono Author: Mercy Medical Center Redding Last Modified: 03/16/2025 11:06 PM	0.66 K/uL	(Normal is 0.00-0.90 K/uL)	Blood	

ketorolac

Status: Completed

Start Date: 3/16/25

Stop Date: 3/16/25

15 Milligram Intravenous Push once. Refills: 0.

Author: Angley, Alicia RN, Mercy Medical Center Redding

Last Modified: 03/16/2025 11:25 PM

Problem List

No data available for this section

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Urine Drug of Abuse Screen w/ETOH	3/16/25
Beta hCG Qual	3/16/25
CBC w/Diff* (man diff if indicated)	3/16/25
Comprehensive Metabolic Panel (CMP)	3/16/25
Ethanol Level (Alcohol Level)	3/16/25
Lipase Level	3/16/25

3/16/25:

Test	Result	Reference Range	Specimen Source	Laboratory
Amphetamine Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center-Redding
Barbiturates Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center-Redding
Benzodiazepines Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center-Redding
Cocaine Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center-Redding
Methadone Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative 1		Urine	Mercy Medical Center-Redding
Opiate Lvl Author: Mercy Medical Center Redding Last Modified: 03/17/2025 2:44 AM	Negative		Urine	Mercy Medical Center-Redding

Encounter

NSSA_FIN 32014614013 Date(s): 3/16/25 - 3/16/25

Mercy Medical Center Redding 2175 Rosaline Avenue Redding, CA 96001- US (530) 225-6000

Encounter Diagnosis

Musculoskeletal pain (Discharge Diagnosis) - 3/16/25

Unavailability and inaccessibility of health-care facilities (Discharge Diagnosis) -

Contusion of right eyelid and periocular area, initial encounter (Discharge Diagnosis) -

Other muscle spasm (Discharge Diagnosis) -

Driver injured in collision with other motor vehicles in traffic accident, initial encounter (Discharge Diagnosis) -

Unspecified street and highway as the place of occurrence of the external cause (Discharge Diagnosis) -

Black eye of right side (Discharge Diagnosis) - 3/16/25

Neck muscle spasm (Discharge Diagnosis) - 3/16/25

Discharge Disposition: Home or Self Care

Attending Physician: Graichen, Carla MD

Admitting Physician: Graichen, Carla MD

Encounter Type: Emergency

Reason for Visit

Motor vehicle crash

Head pain

Hand pain-swelling

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Author: McMahon, Michael RN, Mercy Medical Center Redding

Last Modified: 12/10/2023 10:14 AM

Assessment and Plan

No data available for this section

Immunizations

No data available for this section

Medications

acetaminophen (Tylenol oral TABLET)

Status: Completed

Start Date: 3/16/25

Stop Date: 3/16/25

1,000 Milligram By mouth once. Refills: 0.

Author: Angley, Alicia RN, Mercy Medical Center Redding

Last Modified: 03/16/2025 11:25 PM

Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Document Set ID: --

Document Version Number: --

Primary Encounter

Encounter Information

Registration Date: 03/16/2025

Discharge Date: 03/16/2025

Visit ID: --

Location Information

Mercy Medical Center Redding

(Work): 2175 Rosaline Avenue, Redding, CA 96001- , US

Providers

Type	Name	Address	Phone
Admitting	Graichen, Carla MD	(Work): Emergency Department, Mercy Medical Center Redding, 2175 Rosaline Ave, , CA 96001- , US	Tel: (530)225-7200 (Work)
Attending	Graichen, Carla MD	(Work): Emergency Department, Mercy Medical Center Redding, 2175 Rosaline Ave, , CA 96001- , US	Tel: (530)225-7200 (Work)

FADDEN, BREHANA M Admin Sex: Female DOB: 05/6/1995

Continuity of Care Document

Summarization of Episode Note | 03/16/2025 to 03/16/2025

Source: Mercy Medical Center Redding

Created: 08/11/2025

Demographics

Contact Information:

2535 STAR DRIVE, REDDING, CA 96001, US

Tel: (989) 572-8436 (Primary Home)

Email: BREHANAMARIE79@GMAIL.COM

Previous Address(es):

--

Marital Status: Single

Religion: None

Race: White

Previous Name(s):

FADDEN, BREHANA M

FADDEN, BREHANA MARIE

Date of Death: //

Ethnic Group: Not Hispanic or Latino

Language: English

ID: URN:CERNER:IDENTITY-FEDERATION:REALM:99FAC598-D72A-4299-90B8-DD712E6433B2:PRINCIPAL:EEFE9B79-B405-4D8F-A6C6-C9E5B83684EC, 1000219814, 12154573, 0E353996-4C7A-47A9-9A95-7EB3A4AFC4C5

Care Team

Type	Name	Represented Organization	Address	Phone
primary care physician	Redding Rancheria, Primary Care	--	--	--

Relationships

No Data to Display

Document Details

Source Contact Info

2175 Rosaline Avenue530-225-7015, Redding, CA 96001- , US

Tel: (530)225-6000

Author Contact Info

08/11/2025 4:27 PM

Mercy Medical Center Redding

Recipient Contact Info

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Healthcare Professionals

No Data to Display

IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01, 2.16.840.1.113883.10.20.22.1.2 : 2015-08-01

Document ID: 2.16.840.1.113883.3.3093.999362 : 1996836187

Legal Preparation Kit – Shasta Regional Medical Incident

Prepared for Case File: Incident March 14, 2025

Complaint Letter – Shasta Regional Patient Advocate / Risk Management

To: Patient Advocate / Risk Management

Shasta Regional Medical Center

Re: Formal Complaint – Denial of Medical Testing, Improper Transfer of Blood Specimen, Chain-of-Custody Violation

I was seen in the Emergency Department on March 14, 2025 following an accident. I requested medical lab testing be completed for my medical record. The ER physician refused and instead transferred my blood vial to a law enforcement officer in my treatment room. The officer placed the vial in a manila envelope and transported it personally, bypassing the hospital lab.

This is a breach of medical ethics, patient rights, and evidence handling protocol.

I request investigation and written response, including:

- Identity of the treating physician and clinical staff
- Chain-of-custody record for the blood draw
- Policy governing transfer of biological specimens to law enforcement

Complaint Letter – California Department of Public Health (CDPH)

To: California Department of Public Health – Licensing & Certification

Re: Patient Safety & Regulatory Complaint

I request a formal investigation into Shasta Regional Medical Center for failure to provide medical evaluation following a collision and improper handling of biological specimens by ER staff, who transferred a patient's blood sample directly to law enforcement without hospital processing or documentation.

Date of Incident: March 14, 2025

Facility: Shasta Regional Medical Center

Complaint Letter – California Medical Board

To: Medical Board of California

Re: Physician Complaint – Ethical Misconduct & Denial of Medical Care

The treating ER physician on March 14, 2025 refused to order medically indicated labs after a collision, instead facilitating police evidence collection and physically surrendering a blood vial to an officer inside the patient care area. This behavior violates standards of care and medical ethics.

I request investigation and identity disclosure of the treating physician.

Affidavit Template

AFFIDAVIT OF EVENTS – MARCH 14, 2025

I, _____, declare under penalty of perjury that the following is true:

- I was transported to Shasta Regional Medical Center on 3/14/25 after a collision.
- I requested medical labs; the physician refused to order them.
- Blood was drawn solely for police evidence.
- The physician handed my vial to a law enforcement officer in my room.
- The officer placed the vial in a manila envelope and transported it personally.
- No hospital lab record exists.

Signed: _____ Date: _____

Records Request – Shasta Regional

Please provide:

- ER physician and staff roster for 3/14/25
- Copy of all records, notes, and orders from my visit
- Documentation of any blood draw
- Chain-of-custody logs
- Policy on transferring biological samples to law enforcement

Records Request – Law Enforcement

To: Records Department

Re: Records Request

Requesting:

- Incident report
- Body camera footage
- Officer name(s) present at hospital
- Chain-of-custody logs for blood sample

Records Request – EMS Agency

Requesting:

- EMS run sheet
- Crew identification
- Medical assessment & notes
- Transport timelines

Evidence Binder Sections

Suggested Tabs:

1. Timeline
2. Medical Records
3. Police Reports
4. EMS Documentation
5. Affidavits & Statements
6. Chain-of-Custody Evidence
7. Correspondence & Complaints
8. Legal Notes

Case Packet: Incident on March 14, 2025 – Shasta Regional Medical Center & EMS

Summary of Incident

On March 14, 2025, following a vehicle accident, I was taken to the Emergency Room at Shasta Regional Medical Center. I requested laboratory testing to be added to my medical record. The ER physician refused to order any medical labs. Instead, my blood was drawn solely for law enforcement purposes and the physician handed the blood vial directly to a police officer inside my hospital room. The officer placed the vial in a manila envelope and transported it personally to the jail, bypassing all standard chain of custody and medical documentation procedures. No hospital lab record of the blood draw exists.

Concerns

- Denial of patient requested diagnostic testing after collision
- Physician refusal to document labs in medical record
- Improper handoff of medical specimen to law enforcement
- Potential HIPAA breach and unethical medical conduct
- Broken chain of custody protocol for blood evidence
- Possible destruction or prevention of medical evidence
- Patient safety and civil rights concern

Entities to Notify / File Complaints With

- Shasta Regional Medical Center – Emergency Department Administration
- Shasta Regional Patient Advocate / Risk Management
- California Department of Public Health (Hospital Licensing)
- California Medical Board (physician conduct)
- EMS agency responsible for initial scene response
- Internal Affairs of involved law enforcement agency

Request for Provider Identity

I request the full roster of on duty emergency physicians and attending staff present in the emergency room on March 14, 2025, along with records of any law enforcement officers present and chain of custody documentation associated with my blood draw.

Chain of Custody Statement

The blood specimen drawn in the ER was never processed by hospital laboratory staff, nor documented in the hospital medical record. Instead, it was handed directly to a police officer in my room. This constitutes a break in chain of custody and raises serious concerns regarding evidence integrity and constitutional rights.

Timeline

- March 14, 2025 – Accident
- Transport to Shasta Regional ER

- Requested labs denied
 - Physician handed blood vial to officer
 - Officer transported vial to jail
- (Further timeline details to be added as obtained)

Documents to Request

- ER staff roster
- Blood draw documentation
- Chain of custody records
- Officer incident report
- Hospital surveillance logs if applicable
- EMS run sheets and incident response report

Instruction	Admit Date
Threatened Miscarriage, Easy-to-Read	May 13th, 2017 4:58pm
Asymptomatic Bacteriuria	May 13th, 2017 4:58pm
Incomplete Miscarriage	June 5th, 2017 2:06am
Tinea Versicolor, Easy-to-Read	March 7th, 2019 8:55am
Dental Pain	December 27th, 2019 11:29am
Dental Caries, Adult	December 27th, 2019 11:29am
Dental Abscess	December 27th, 2019 11:29am
Nonspecific Chest Pain, Adult	February 17th, 2020 9:48pm
Generalized Anxiety Disorder, Adult	February 17th, 2020 9:48pm
Gastroesophageal Reflux Disease, Adult, Easy-to-Read	February 17th, 2020 9:48pm
Abdominal Pain (Nonspecific)	March 11th, 2021 10:36am
COVID-19: What to Do If You Are Sick - CDC (03/22/2022)	June 19th, 2021 1:08am
Contusion, Easy-to-Read	March 14th, 2025 11:47pm

Goals

Goals may be documented in an alternate section

Address2940 ANITA ST
REDDING CA 96001**Contact Info.**

Home Phone: +1(530)319-1055

Payer**Policy Id****Coverage Id****Subscriber's
Name****Subscriber Id****Effective
Date****Expiration
Date**Partnership Health Plan
Ca

90391410D1

90391410D1

Brehana M
Fadden

90391410D1

Encounters**Encounter****Location(s)****Arrival/Admit Date****Discharge/Depart
Date****Provider(s)**Registered Emergency
RoomShasta Regional Medical
CenterMarch 14th, 2025
11:47pmJESSE G LIVINGSTON
, MD**Functional Status**

No functional status information available

Mental Status

No mental status information available

Assessments

No assessment information available

Plan of Treatment

Patient is seen and evaluated for medical clearance to go to jail after motor vehicle collision. Physical exam is reassuring and I do not feel she requires CT scans or emergent labs. Vital signs reassuring. She is medically cleared to go to jail

Future Tests

Future scheduled test information is unavailable

Pending Tests

Pending diagnostic test information is unavailable

Future Visits

Future appointment information is unavailable

Referrals to Other Providers**Reason for
Referral****Referral Start
Date****Provider****Provider Contact
Information****Provider
Address**NO PRIMARY CARE
PROVIDERNO PRIMARY CARE
PROVIDERNO PRIMARY CARE
PROVIDERNO PRIMARY CARE
PROVIDERNO PRIMARY CARE
PROVIDERNO PRIMARY CARE
PROVIDER**Future Procedures****Procedure Name****Ordered Date****Scheduled Date**

Pelvic Set Up

May 13th, 2017 6:28pm

May 13th, 2017

Pelvic Set Up

June 5th, 2017 2:12am

June 5th, 2017

Future Medications

Future medication information is unavailable

Patient Instructions**Instruction****Admit Date**

Medical Problem	Onset Date	Status
Dental infection		Resolved
Infected dental caries		Resolved
Toothache		Resolved
Vaginal yeast infection		Resolved

Medications

Medication	Status	Dose	Units	Route	Directions	Qty	Days	Start Date	End Date	Instructions
Levothyroxine Sodium	Active	1	TAB	PO	Daily					
Cephalexin Hcl (Keflex*) 500 Mg CAPSULE	Discontinued	1	CAP	PO	Four Times Daily	28		June 5th, 2017 4:44am	June 6th, 2018 12:01am	
Cephalexin Hcl (Keflex*) 500 Mg CAPSULE	Discontinued	1	CAP	PO	Four Times Daily	28		May 13th, 2017 8:40pm	May 14th, 2018 12:01am	
Fluconazole (Diflucan) 150 Mg TABLET	Discontinued	1	TAB	PO	Once	3	3	March 7th, 2019 10:38am	March 11th, 2019 12:01am	
Ibuprofen (Motrin*) 400 Mg TABLET	Discontinued	800	MG	PO	Every 8 Hours for Pain	30	5	December 27th, 2019 1:23pm	January 2nd, 2020 12:01am	
Penicillin V Potassium (Penicillin V*) 500 Mg TABLET	Discontinued	500	MG	PO	Twice Daily	14	7	December 27th, 2019 1:23pm	January 4th, 2020 12:01am	

Immunizations

No immunization information available

Medical Equipment

No implantable device information available

Procedures

No procedure information available

Relevant Diagnostic Tests and/or Laboratory Data

No known relevant diagnostic tests and/or laboratory data.

Vital Signs

Vital Reading	Result	Reference Range	Collection Date/Time
Weight	128.31 [lb_av]		March 15th, 2025 12:52am
Weight	58.200 kg		March 15th, 2025 12:52am
BMI (Body Mass Index)	21.0 kg/m2		March 15th, 2025 12:52am
Height	65 [in_i]		March 14th, 2025 11:51pm
Height	165.100000 cm		March 14th, 2025 11:51pm

Insurance Providers

Guarantor	Brehana M Fadden
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Chest pain, unspecified	March 14th, 2025 11:47pm
Abdominal pain	March 14th, 2025 11:47pm
Encounter for screening laboratory testing for COVID-19 virus	March 14th, 2025 11:47pm
Viral illness	March 14th, 2025 11:47pm
Motor vehicle collision	March 14th, 2025 11:47pm

Health Concerns

Concerns

Allergies, Adverse Reactions, Alerts

No known allergies

Social History

Smoking Status

Status	Start Date	End Date	Date of Observation
Current some day smoker			March 15th, 2025 1:06am

Observation Status

Observation	Response	Date of Response
Smoking Status	Current some day smoker	March 15th, 2025 1:06am
Patient Sex	Female	March 15th, 2025 1:10am
Assigned Birth Sex	Female	May 6th, 1995
Pregnancy Status	Not pregnant	March 15th, 2025 1:06am

Problems

Active Problems

Medical Problem	Onset Date	Status
Abdominal pain		Active
Bacteriuria		Active
Encounter for screening laboratory testing for COVID-19 virus		Active
Incomplete abortion		Active
Motor vehicle collision		Active
Threatened abortion		Active
Viral illness		Active

Inactive/Resolved Problems

Medical Problem	Onset Date	Status
Chest pain, unspecified		Resolved

	REDDING, CA 96003 tel: +1(530)917-6077
Emergency contact	KADYN GREGORY
Contact Info	UNK REDDING, CA 96001 tel: +1(530)355-0658
Guardian	BREHANA M FADDEN
Contact Info	2940 ANITA ST REDDING, CA 96001 tel: +1(530)319-1055 mailto: BREHANAMARIE79@GMAIL.COM
Document maintained by	Shasta Regional Medical Center
Contact Info	Work Place: 1100 Butte St Redding, CA 96001, USA Work Place tel: +1(530)244-5400

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Chief Complaint and Reason for Visit

Chief Complaint	Admit Date
Medical Clearance	March 14th, 2025 11:47pm

Reason for Visit	Admit Date
Threatened abortion	March 14th, 2025 11:47pm
Bacteriuria	March 14th, 2025 11:47pm
Incomplete abortion	March 14th, 2025 11:47pm
Vaginal yeast infection	March 14th, 2025 11:47pm
Infected dental caries	March 14th, 2025 11:47pm
Toothache	March 14th, 2025 11:47pm
Dental infection	March 14th, 2025 11:47pm

Health Summary

Patient	BREHANA M FADDEN		
Previous name			
Date of Birth	May 6, 1995	Sex	Female
Preferred Language	English		
Race	White	Ethnicity	Not Hispanic or Latino
More Granular Race			
Contact Info	Home: 2940 ANITA ST5538 DIAMOND RIDGE DR REDDING, CA 96001, US Home tel: +1(530)319-1055 mailto: BREHANAMARIE79@GMAIL.COM	Patient IDs	M000327538 SRMC M155394 SRMC 5efbacfa-576b-4ee6-7f9e-9c685d8fa6d8 SRMC 611-82-2197 2.16.840.1.113883.4.1
Document Id	b377e49a-7ae2-49d5-ffad-634ead1c22f1		
Document Created:	March 15, 2025, 01:10 -0700		
Performer	JESSE G LIVINGSTON, MD		
Contact Info	1100 Butte Street Redding, CA 96001 Work Place tel: +1(530)244-5353 mailto: livjes@gmail.com		
Performer	HEALTHCARE CHURN CREEK		
Contact Info	3184 CHURN CREEK RD REDDING, CA 96002 Work Place tel: +1(530)768-2436		
Performer (primary care physician)	NO PRIMARY CARE NONE		
Contact Info			
Author	MEDITECH HCIS		
Privacy Markings	MEDITECH HCIS		
Office Contact Information	Work Place: 1100 Butte St Redding, CA 96001, USA Work Place tel: +1(530)244-5400		
Encounter Id	V00000943607 29a98f80-428e-4ecd-2eab-1082eb82ad4f	Encounter Type	emergency
Encounter Date	From March 14, 2025, 23:47 -0700		
Encounter Location	id: b26dd9b4-3da1-558e-9e1a-2ba61d252180		
Contact Info	address not available		
Next of kin	HEATHER FADDEN		
Contact Info	UNK		

MEDICAL EVIDENCE ANALYSIS SHEET

Subject: Brehana Fadden

Incident Date: March 14, 2025

Prepared For: Legal and Investigative Review

Purpose: To document and interpret physiological findings recorded by law enforcement and emergency personnel at the scene of the collision, and to clarify that these findings are consistent with traumatic stress response—not intoxication, impairment, or drug influence.

I. HEART RATE ASSESSMENT

Recorded Vital Signs:

- 100 bpm
- 96 bpm
- 102 bpm

Legal/Medical Interpretation:

1. Normal Resting Range for Adult Females: 60–100 bpm is medically recognized as normal sinus rhythm.
2. Heart Rate After a Motor Vehicle Collision: It is physiologically expected for heart rate to increase following sudden impact, pain response, emotional shock, adrenaline surge, fear or confusion, visible property damage, or concern for personal safety. Heart rates between 95–120 bpm are extremely common in post-accident patients who are alert, sober, and experiencing normal stress reactions.
3. Conclusion: A heart rate fluctuating around 96–102 bpm is well within normal parameters for someone who has just been struck by another vehicle. These readings do not support suspicion of intoxication and cannot be used as evidence of impairment.

II. PUPILLARY FINDINGS

Reported by Officer/EMT:

- 7.0 mm diameter in ambient street lighting
- 6.0 mm diameter in direct light
- Reaction to light: Slow

Legal/Medical Interpretation:

1. Normal Pupil Size Ranges: In low or moderate light, 4–8 mm; in bright/direct light, 2–4 mm. Size varies depending on lighting, emotional stress, pain, adrenaline.

2. Expected Post-Accident Physiology: Trauma and acute stress naturally increase sympathetic nervous system activity ("fight or flight"), causing temporary dilation and slowed constriction, even in sober individuals.

3. Critical Point: The change from 7 mm → 6 mm is constriction, demonstrating normal neurological function. Drug impairment produces specific, predictable patterns not matching these findings.

4. Conclusion: Mild dilation with slow reaction is fully consistent with stress response, adrenaline, and pain, including head impact, whiplash, shock, and anxiety. These findings do not constitute medical evidence of intoxication and are not supported by toxicology testing, which returned negative for all substances.

III. OVERALL MEDICAL CONCLUSION

Based solely on the physiological data recorded at the scene:

- Heart rate measurements are normal for a post-collision trauma response.
- Pupil size and reactivity fall within known physiological parameters for stress, fear, and lighting changes.
- None of the recorded findings support any claim of drug intoxication, impairment, or stimulant influence.
- All findings are consistent with a sober individual experiencing the direct effects of a sudden, unexpected motor vehicle accident.

This evidence supports that the initial arrest and suspicion of drug impairment were medically unfounded and contradicted by subsequent hospital toxicology, which was negative for all substances.

Prepared By:

B. Marie Fadden

Brehana Marie Fadden