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Attorneys for Maricopa Ambulance, LLC

IN THE OFFICE OF ADMINISTRATIVE HEARINGS

In the Matter of:

Maricopa Ambulance, LLC,

Applicant.

Matter No. 2015A-EMS-0190-DHS

**MARICOPA AMBULANCE'S
REQUEST FOR SUBPOENA DUCES
TECUM TO THE CITY OF
PHOENIX**

(The Honorable Diane Mihalsky)

Applicant Maricopa Ambulance, LLC, respectfully submits this request for issuance of subpoena *duces tecum* to the City of Phoenix. This subpoena requests documents pertinent to the viability of and performance by existing ambulance CON holders in Maricopa County, which is relevant to Maricopa Ambulance's Application for a Certificate of Necessity to operate ground ambulances in Maricopa County.

RESPECTFULLY SUBMITTED this 24th day of July, 2015.

By /s/ Scott M. Bennett

Scott M. Bennett
Coppersmith Brockelman PLC
2800 North Central Avenue, Suite 1200
Phoenix, Arizona 85004

EXHIBIT 1

Proposed Subpoenas Duces Tecum

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**MARICOPA AMBULANCE'S
SUBPOENA DUCES TECUM TO
THE CITY OF PHOENIX**

(The Honorable Diane Mihalsky)

TO: City of Phoenix, City Clerk
200 W. Washington Street
Phoenix, Arizona 85003

YOU ARE HEREBY COMMANDED TO PRODUCE for inspection and copying the documents identified in the attached **Exhibit 1**. Said production shall take place at the earliest practicable time, but in any event no later than seven (7) calendar days after service, at the offices of the attorneys for the Applicant:

Scott M. Bennett
Coppersmith Brockelman PLC
2800 North Central Avenue, Suite 1200
Phoenix, Arizona 85004

DATED this _____ day of July, 2015.

By _____
Diane Mihalsky
Administrative Law Judge

**SUBPOENA ISSUED PURSUANT TO
THE REQUEST OF:**

James J. Belanger
Kathy A. Steadman
Scott M. Bennett
Coppersmith Brockelman PLC
2800 North Central Avenue, Suite 1200
Phoenix, Arizona 85004
Attorneys for Maricopa Ambulance, LLC

Documents to be Produced:

1. All 911 requests for emergency medical services from the City of Phoenix Fire Department’s 911 Computer Aided Dispatch (CAD) system during the period of July 1, 2014 up to and including June 30, 2015. Specifically, this request seeks data for all ambulance units (regardless of agency or company) assigned to 911 requests for medical assistance. This includes all 911 medical responses that are responded to with lights and sirens, and non-lights and sirens mode.

Format: Please provide data in an electronic format compatible with Microsoft Excel (e.g., CSV, ASCII or Excel itself); in a table format with each incident s’ data fields included in one row and one row only.

Data Fields: The table below provides a list and general description of the data fields being requested:

Data Field	Description
Incident Number/Incident ID	A unique identifier for each response
Ambulance unit ID	Ambulance radio ID or alpha/numeric ID associated with the ambulance sent on the response
Agency name or identifier	Agency name or identifier of ambulance dispatched
Date/time 911 medical request received	The date/time the 911 request is either received in the 911 center or entered into CAD
Date/time ambulance unit dispatched	Self explanatory
Date/time ambulance unit enroute to call	Ambulance unit acknowledges they received the call and are enroute to the scene
Date/time ambulance unit arrives at scene	Self explanatory
Date/time ambulance unit starts transport to hospital (if applicable)	Self explanatory
Date/time ambulance unit arrives at hospital (if applicable)	Self explanatory
Date/time ambulance unit is available	When the ambulance unit is clear from the incident and available to handle another response
Incident street address	Self explanatory
Incident City	Self explanatory
Incident location latitude	Self explanatory

Data Field	Description
Incident location longitude	Self explanatory
Priority code of response	The priority code for the response which determines the response mode (e.g., lights and sirens or not)
Destination hospital name or code	The hospital name or code associated with each hospital receiving emergency department
Medical complaint/nature of call	The complaint name or code associated with the reason for the request (e.g., chest pain, traffic accident, etc.)

Additional Information:

In addition to the data elements, please provide a table key for the following data fields:

Data Field	Table Key
Ambulance Unit ID	Please provide a table, which provides the agency (e.g., Southwest, Rural/Metro, etc.) name, Level of service (e.g., BLS, ALS, etc.) for each unit ID in CAD
Agency name or identifier	If agency name can't be provided in the data field, please provide a table which matches each agency ID with agency name in CAD
Priority code of response	Please provide a table listing all priority codes with their respective response mode (e.g., lights and siren, non-lights and siren, etc.) in CAD
Destination hospital name or code	If a code rather than the destination hospital name is provided, please provide a table, which matches each code to a hospital name in CAD
Medical complaint/nature of call	If a code rather than a medical complaint (e.g., chest pain, traffic accident, etc.) is provided, please provide a table, which matches each code with a medical complaint in CAD