

Van1s1WC8000733

CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

WASHOE COUNTY
SHERIFF



CASE NUMBER: 4622-99

TYPE OF REPORT: Informational		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000			
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Washoe County		LOCATION OF OCCURRENCE: WCDF--HU-4 (A-Wing)			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	VANISI, SLAOSI	14630198	309674		
2					

On 04-16-99 I was assigned to HU-4 (floor) during the night watch shift with Dep. Pilato #1576. At about 1910 hours, I/M VANISI started his tier time and about 20 minutes later requested to use the yard. I advised Sgt. Cambra that we would be having contact with I/M VANISI and then Dep. Pilato and I handcuffed VANISI through the A-Wing food slot and secured him with waist chains. I/M VANISI handed me a kite prior to entering the yard and told me it was about making a phone call. I advised I/M VANISI to use his yard time and I would discuss the kite with him when he returned.

I called Sgt. Cambra and advised him of the request and stated that I was going to deny it based on our current SOP's and Sgt. Cambra did not have a problem with this. The med nurse called me at about 1950 hours to see if she could pass out medications and I told her to wait for about 10 minutes. During this same time, I/M HARTE came out to the deputies area to get some supplies and was talking to Dep. Pilato and I. At 2000 hours, the med nurse arrived and prior to allowing her access to the housing unit we had I/M HARTE lock down and then brought I/M VANISI in from the yard. I advised I/M VANISI that we were busy with other duties and his call was denied. I/M VANISI appeared disturbed by this and asked who the inmate was that we were talking to. I explained to VANISI that this was none of his business, but he continued to ask for the inmates name. I/M VANISI then insinuated that it will come up again and that I should remember the inmates name. I/M VANISI was placed back into A-Wing without any further incident, but kept referring to me as playing games with him. I told him that I was not, and allowed him access to (4) kites that he requested from me. I/M VANISI kept threatening that he did not know who to write the grievances to. He was naming Sgt. Cambra or I & Forbus. I again explained to him that I did not care who he wrote his kite to and that his rights had not been violated.

Sgt. Cambra met Dep. Pilato and I in the SHU at about 2050 hours and I explained to him what the problems were with I/M VANISI. Sgt. Cambra took the initial request form to answer it.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY Dep. D. Gil <i>[Signature]</i> #1237	COMM # 1237	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>[Signature]</i>	COMM #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

APR 19 1999
14:04
RECEIVED
CRIMINAL JUSTICE

WCSO00733

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VANIS1WC8000734

CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

TYPE OF REPORT: Informational		CASE NUMBER: 4622-99	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Washoe County		WASHOE COUNTY SHERIFF'S OFFICE 911 PARK BLVD. RENO, NV 89512-1000 PAGE 2 OF 2	
LOCATION OF OCCURRENCE: WCDF--HU-4 (A-Wing)			
LIST SUBJECT(S) IF KNOWN			
#	SUBJECT NAME	BOOKING #	A #
1	VANISI, SIAOSI	14630198	309674
2			

This incident report is for informational purposes only as I/M VANISI appears to believe he is allowed to do whatever he wants in this facility. He continues to attempt to intimidate the staff by threatening to write grievances to the administration. I/M VANISI claims that the phone in A-Wing does not work, but we had information the Dep. McGuire had recently been working on these phones with the contract phone company. It is not plausible for the deputies working the SHU to allow all 50 inmates access to a special call in the multi-purpose room. Deputies are unable to conduct other required duties when this occurs as we must keep this person in sight at all times when they are in this room. I/M VANISI also never mentioned this call as being of any type of exigent circumstances which would have possibly factored into the situation.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY Dep. D. Gil <i>1237</i>	COMM # 1237	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>1499</i>	COMM #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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CSI REPORT

**** CONFIDENTIAL ****

CASE NO. 4826-99

Page 1 OF 7

44-4-B07A

CRIME SCENE INVESTIGATION

DATE OF INCIDENT/CRIME: 04-30-99 to 04-30-99	TIME OF INCIDENT/CRIME: 1950 to	LOCATION OF INCIDENT/CRIME: W2.D.F., 911 PARR BLVD, RENO, NV. HOUSING UNIT #4 / D-WING
DATE OF CRIME SCENE INV.: 04-30-99 to 05-01-99	TIME OF CRIME SCENE INV.: 2000 to 0130	EVIDENCE COLLECTED? <input checked="" type="checkbox"/> Yes -- See Supplement <input type="checkbox"/> S-100 <input type="checkbox"/> S-10G Page(s)

VICTIM'S NAME	OFFENDER'S NAME	OFFENSE
V-1 VANIST, SIAOST (AKA 14630PM)	A-1 JIMENEZ FERNANDO (AKA 9689068)	UCR CODE: 90-2
V-2	A-2	UCR CODE:
V-3	A-3	UCR CODE:
V-4	A-4	UCR CODE:

ELIMINATION PRINTS	
NAME 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME 3	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME 6	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROCESSED FOR LATENT PRINTS	
LOCATION: 1	NO. LATENT LIFT CARDS:
LOCATION: 2	NO. LATENT LIFT CARDS:
LOCATION: 3	NO. LATENT LIFT CARDS:
LOCATION: 4	NO. LATENT LIFT CARDS:
LOCATION: 5	NO. LATENT LIFT CARDS:
LOCATION: 6	NO. LATENT LIFT CARDS:
LOCATION: 7	NO. LATENT LIFT CARDS:
LOCATION: 8	NO. LATENT LIFT CARDS:
LOCATION: 9	NO. LATENT LIFT CARDS:
LOCATION: 10	NO. LATENT LIFT CARDS:
LOCATION: 11	NO. LATENT LIFT CARDS:
LOCATION: 12	NO. LATENT LIFT CARDS:
LOCATION: 13	NO. LATENT LIFT CARDS:

INVESTIGATING OFFICER(S): D. MOORE	LD. NO(S): 492	REPORT MADE BY: D. GILL	LD. NO. 1237	DATE: 04-30-
REVIEWING SUPERVISOR: [Signature]	LD. NO. 625	DATE: 5-1-99	<input checked="" type="checkbox"/> Continued on other side	

S-104 (3/99)

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**WASHOE COUNTY SHERIFF'S OFFICE
CSI REPORT**

CASE NUMBER: 4826-99
DATE: 04-30-1999
CASE TYPE: Battery in a Place of Confinement.

Page 3 of 7

ADDITIONAL DETAILS OF CRIME SCENE INVESTIGATION:

On the above date, at about 2000 hrs., Sgt. J. Cambra requested that I respond to Housing Unit #4 to conduct C.S.I. work in regards to a Battery in a Place of Confinement Incident.

When I arrived, I met with Dep. D. Gill #1237. He said that S-1 Inmate Fernando Jiminez (Bk #96880698) used a comb to unlock a food slot door to Cell D-5. He then enticed V-1 Inmate Siasosi Vanisi (Bk #14630198) to the food slot and slashed him in the face and hand with an unknown object. I/M Vanisi used a thermal undershirt to try and block his food slot, and for protection. Both inmates got into a "tugging match" with the undershirt. Inmate Jiminez was locked down.

I took photographs of the scene. The food slot lock was broken so that it could be turned and opened with the fingers, or any other object. There was a red stain (suspected blood) on the bottom of the food slot opening.

Sgt. Cambra notified Lt. Wi'se. Lt. Wi'se assembled a Detention Response Team, and had the team conduct a cell extraction to move Inmate Jiminez to another wing of housing Unit #4. During this time, the D.R.T. stood by while I took photographs of Inmate Jiminez's injuries. The team then stood by with Inmate Vanisi in the Multi-purpose room, while I took photographs of his injuries. They then moved Inmate Vanisi to a cell with a working food slot, in D-Wing. Both inmates complied with our instructions, the photos were taken, and both inmates were examined by a nurse, with out incident.

I observed the following injuries on Inmate Jiminez:

Redness/scratches on the inside of his right upper arm; two small abrasions on the top of his right hand over the knuckles of his ring and little fingers; redness/scratches on the left side of his abdomen (about 4 inches wide and 8 inches long); redness on the outside of his right upper arm; redness on the right side of his lower back; redness to the inside of his right wrist.

I observed the following injuries to Inmate Vanisi:

Redness and scratches on his stomach; a red stain, (suspected blood) on the inside of his left upper arm; redness/bruising to his left forearm and upper arm; a flap type cut about 1/2 inch long on the palm side of his left ring finger where it joins the palm; a cut on the outside of his left little finger near the

PERSON REPORTING: Dep. Daniel Moore, 492



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**WASHOE COUNTY SHERIFF'S OFFICE
CSI REPORT**

CASE NUMBER: 4826-99
DATE: 04-30-1999
CASE TYPE: Battery in a Place of Confinement.

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ADDITIONAL DETAILS OF CRIME SCENE INVESTIGATION:(Cont.)

nail; redness on the outside of his left upper arm; a shallow scratch on his left cheek, about 4 inches long; redness and bruising inside of his left fore arm.

I made a video recording of the incident. Dep. Weber #1537 completed the video recording while I took the C.S.I. photographs. This recording was placed into evidence in locker #39 of the evidence locker room at about 2330 hrs., with no control number assigned to it.
No weapon was recovered. The film was placed into evidence in the film drop locker (#16) in the evidence locker room at about 2330 hrs. The investigation was completed in about five and a half hours.

PHOTOGRAPHS:

- #1. Roll #1, Case Number.
- #2. Overall view towards scene (Cell D-5).
- #3. Close up view of broken lock.
- #4. Same as #3, with a scale.
- #5. Close up view of lock being manipulated with a comb.
- #6. Same as #5, with latch moved downward.
- #7. Close up view of red stain on bottom of food slot opening.
- #8. Same as #7, with a scale.
- #9. View of thermal underwear shirt on floor.
- #10. Overall view of S-1; Jiminez, Fernando (Bk #96880698).
- #11. View of S-1's face, right side.
- #12. View of S-1's face, left side.

PERSON REPORTING: Dep. Daniel Moore, 492

Daniel Moore 492

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**WASHOE COUNTY SHERIFF'S OFFICE
CSI REPORT**

CASE NUMBER: 4826-99
DATE: 04-30-1999
CASE TYPE: Battery in a Place of Confinement.


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PHOTOGRAPHS: (Cont.)

- #13. Roll #2, Case Number.
- #14. View of S-1's upper torso, front.
- #15. View of S-1's upper torso, rear.
- #16. View of S-1's lower torso, front.
- #17. View of S-1's lower torso, rear.
- #18. View of tops of S-1's hands.
- #19. View of palms of S-1's hands.
- #20. Close up view of inside of S-1's right upper arm showing redness.
- #21. Same as #20, with a scale.
- #22. Close up view of top of S-1's hand showing two abrasions near the knuckles of little and ring fingers.
- #23. Same as #22, with a scale.
- #24. Close up view of scratches (about 4X8 in.) On left side of S-1's abdomen.

- #25. Roll #3, Case Number.
- #26. Same as #24, with a scale.
- #27. Close up view of outside of S-1's right upper arm showing redness.
- #28. Same as #27, with a scale.
- #29. Close of of redness to S-1's right lower back.
- #30. Same as #29, with a scale.
- #31. Close up view showing redness to inside of S-1's right wrist.
- #32. Same as #31, with a scale.

PERSON REPORTING: Dep. Daniel Moore, 492

 492

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**WASHOE COUNTY SHERIFF'S OFFICE
CSI REPORT**

CASE NUMBER: 4826-99
DATE: 04-30-1999
CASE TYPE: Battery in a Place of Confinement.

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PHOTOGRAPHS: (Cont.)

- #33. Roll #4, Case Number.
- #34. Overall view of V-1; Vanisi, Siaoisi (Bk #14630198).
- #35. View of V-1's face, right side.
- #36. View of V-1's face, left side.
- #37. View of V-1's upper torso, front.
- #38. View of V-1's lower torso, front.
- #39. View of V-1's upper torso, rear.
- #40. View of V-1's lower torso, rear.
- #41. View of palms of V-1's hands.
- #42. View of tops of V-1's hands.
- #43. Close up view of redness and scratches on V-1's stomach.
- #44. Same as #43, with a scale.

- #45. Roll #5, Case Number.
- #46. Close up view of red stain (suspected blood) on inside of V-1's left upper arm.
- #47. Same as #46, with a scale.
- #48. Close up view of redness/ bruising on inside of V-1's left fore arm and upper arm.
- #49. Same as #48, with a scale.
- #50. Close up view of flap type cut on palm side of V-1's ring finger.
- #51. Same as #50, with a scale.
- #52. Close up view of cut on outside of V-1's little finger.
- #53. Same as #52, with a scale.
- #54. Close up view of redness to outside of V-1's left upper arm.
- #55. Same as #54, with a scale.
- #56. Close up view of shallow four inch scratch on V-1's left cheek.

- #57. Roll #6, Case Number.
- #58. Same as #56, with a scale.
- #59. Close up view of redness and bruising on inside of V-1's left fore arm.
- #60. Same as #59, with a scale.

PERSON REPORTING: Dep. Daniel Moore, 492

Daniel Moore 492

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EVIDENCE

***** CONFIDENTIAL *****

Computer Entered _____

(For Office Use Only)

[illegible]

.From: BWilliam @WASHOE (Williamson, Bryon)
To: CSANTOR, DCOX, DHOOD, HUNTON, JRULLA, JSHARMON, KKLUM, LARSEN, PKELLER, PSTREIT, RCARNEY, SKELLY, SMALONE
Subject: (fwd) FYI
Re-Sent-By: BWilliam @WASHOE (Williamson, Bryon) ; on 3-May-99 09:55
Date: 3-May-99 09:47
From: BWilliam @WASHOE (Williamson, Bryon)
To: AGLASS, BUPTAIN, BWilliam, BZIRKLE, CSCHINDL, CSTHOMAS, CSWAIM, CTONETTI, DALLEN, DARIAS, DBAILEY, DKAUMANS, DTITTENS, EFREDRIC, EJOHNSTO, FEUBANKS, GLARRAME, GWISE, JBOWEN, JCLARK, JCOSSIO, JELLIS, JGASTON, JHENDERS, JIVESON, JKIMBALL, JSMALL, MBELLO, MBROKAW, MGROSS, MIVERS, MJAECK, MMILLS, PKELLER, PLONGSHO, RBOWLIN, RDROSE, SKULL, THEBB, TLARIVIE
Subject: FYI

While working the SHU today on D/W, Vanisi had a private investigator come down for a visit. At first we were told it was his attorney, Steve Gregory. When we walked back to D-wing to inform Vanisi his attorney was here to see him, he replied, "I don't fucking want to see him!" "Tell him to go away!" Vanisi had white cream all over his face, along with his thermal shirt wrapped around his waist (Tonga style). He was pretending to play the mental game. Vanisi then changed his mind as we were walking away and stated that he wanted his attorney to come back to his wing and talk to him. I told Vanisi this wouldn't happen. He then changed his mind and wanted to come out for his visit. We walked out to inform his attorney about his behavior, but it wasn't Gregory. It was a female public defender private investigator. We went back and bellychained Vanisi. Once in the MP room, he requested that he wash his face and look presentable for his visit. The private investigator concurred with his request and said she would clean off his face because I wouldn't allow one hand free. The memo stated for Attorney's only, not private investigator's. Anyways, I told her that she will not wipe his face off, and that he can do it with the bellychains on, which he did with no problem. After wiping his face off, he stated, "oh boy"! "Now I look like a porn star!" He then began his visit.

Just to let everyone know, his demeanor is getting worse with the mental game, by trying to slow ball us and play games.

Bryon

WCPD07862

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CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

WASHOE COUNTY
SHERIFF



CASE NUMBER: 4883-99

TYPE OF REPORT: DISRUPTIVE BEHAVIOR		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>1</u> OF <u>3</u>	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> W.C.S.O.		LOCATION OF OCCURRENCE: H.U. 4 D-WING			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	VANISI, SLAOSI	14630198	309674		
2					

On 05/04/99 at 1530 hours we relieved Day watch and received pass down from them. Deputy Arias #1581 told Deputy Kimball #1640 and I that I/M Vanisi in cell D-7 had been noisy all day banging on his door, toilet and bunk. At approximately 1715 hours as we were going around picking up food trays Vanisi did not pass a food tray out the food slot. Vanisi stated that he didn't get fed. I talked to the H.U. 4 workers to see if they remembered giving Vanisi a food tray, they did not remember. I wanted Vanisis' cell searched for a food tray prior to us giving him another tray in case he had already ate a tray. I called Sergeant Hebb #0560, Deputies Larramendy #1543, Uptain #1548, Frederickson #1395 to respond to H.U. 4 to stand by while we retrieved the food tray. Deputy Kimball took a video of the entire incident. Sergeant Hebb talked to Vanisi through the door and eventually got him to put his hands through the food slot to be cuffed so we could search his cell for the food tray. We brought Vanisi to MP 2 so Sergeant Hebb could speak to him and see what the problem was and why he was banging on the door. Vanisi babbled and made no sense through most of the conversation jumping from topic to topic. We did not find a tray in Vanisis' cell. After our conversation with Vanisi and seeing how upset he was it was determined that he should go to an SW cell in the Infirmary in belly chains and leg irons. Most of the Inmates in D-Wing expressed how pissed off they were about Vanisis' banging and chanting. We placed Vanisi in belly chains and leg irons and escorted him to SW 1 in the Infirmary.

At approximately 2105 hours Sergeant Hebb, Deputies Larramendy, Frederickson, Cox #1365 and I made a plan to go into SW 1 and remove the belly chains and leg irons from Vanisi. Deputy Ramm #1646 took a video of the entire incident. Sergeant Hebb directed Vanisi to kneel down on the ground in front of the bunk and place his chest on the bunk. Vanisi mostly complied but because of bad knees he was unable to kneel down completely. I keyed the door and we entered the cell. I took control of Vanisis' upper body as Deputy Larramendy went to the legs to remove the leg irons. After the leg irons were taken off we removed the belly chains and exited the cell without incident.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY J. ELLIS	COMM # 1359	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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Vanisi WCSO00823

CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

CASE NUMBER: 4883-99

TYPE OF REPORT: DISRUPTIVE BEHAVIOR		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE 2 OF 3	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> W.C.S.O.		LOCATION OF OCCURRENCE: H.U. 4 D-WING			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	VANISI, SIAOSI	14630198	309674	5	5
2					

At approximately 2215 hours Sergeant Hebb directed me to report to the Infirmary. Vanisi had been kicking on the door and banging on the bunk. We were going in to place Vanisi back in belly chains and leg irons. Sergeant Hebb went to the door to speak with Vanisi. Vanisi was laying on his bunk and refused to even acknowledge the presence of Sergeant Hebb. Vanisi was told by Sergeant Hebb through the food slot that if he remained quiet we wouldn't have to come back tonight, but if he started kicking or banging again we would return and take action.

Attached is the evidence form for the video booked into evidence by Deputy Kimball.

Also attached are some letters written by Vanisi on Inmate Request Forms addressed to several Deputies that work here. I opened the letters to see what was written. Mostly babblings that make no sense. No further details.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY J. ELLIS	COMM # 1359	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM # Jed
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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EVIDENCE

[illegible]

Evidence Page 1 of 1

AA03658

☐ ACCIDENTAL INJURY

☒ COMPLIANCE TECHNIQUES USED

☐ CODE THREE PURSUIT OPERATION

**WASHOE COUNTY SHERIFF'S OFFICE
SUPERVISORS' S-261 INCIDENT REPORT**

INCIDENT

DATE: 5/5/99 TIME: 2150

FILE #:

CASE #: 4309-99 1903-99

LOCATION: HU 4 "D" WING CELL 7

REFER TO # (Specify):

METHOD USED OR INJURY CAUSED BY:

☐ Physical Force ☒ Guiding, Holding, Handcuffing, etc. ☐ Firearm
☐ Carotid ☐ Less than lethal munitions ☐ Other Weapon
☒ O/C ☐ Other means: ☐ Canine

INJURY:

☒ No Injury ☐ Critical Injury
☐ Not Serious ☐ Person Killed
☐ Serious ☐ Complaint of Injury

PROPERTY DAMAGE:

☒ None
☐ Under \$1,000
☐ \$1,000 or more

FIREARM:

☐ Not discharged
☐ Accidental Discharge
☐ Intentional Discharge

SUBJECT'S NAME: (Last, First, Middle)

VANISLS, #14630198

RESIDENTIAL ADDRESS: (Street, City, State, Zip)

RACE: ☒ White ☐ Indian ☐ Hispanic ☐ Asian ☐ Black ☐ Unknown

SEX: ☒ Male ☐ Female

DOB:

POB:

SSN:

AGE: 28 HT: 600

WT: 235

HAIR: BLK

EYES: RED

ARRESTED: ☐ YES ☐ NO

OCCUPATION:

BUS. ADDRESS:

HOME PHONE:

BUS. PHONE:

SUBJ ARMED? ☐ YES ☒ NO

SUBJ ARMED WITH:

SUBJ TREATED? ☐ YES ☐ NO

LOCATION OF TREATMENT:

911 PARK BLVD.

ADMITTED TO HOSP? ☐ YES ☐ NO

NATURE AND EXTENT OF INJURY: NONE

SUBJECT'S NAME: (Last, First, Middle)

RESIDENCE ADDRESS: (Street, City, State, Zip)

RACE: ☐ White ☐ Indian ☐ Hispanic ☐ Asian ☐ Black ☐ Unknown

SEX: ☐ Male ☐ Female

DOB:

POB:

SSN:

AGE: HT:

WT:

HAIR:

EYES:

ARRESTED: ☐ YES ☐ NO

OCCUPATION:

BUS. ADDRESS:

HOME PHONE:

BUS. PHONE:

SUBJ ARMED? ☐ YES ☐ NO

SUBJ ARMED WITH:

SUBJ TREATED? ☐ YES ☐ NO

LOCATION OF TREATMENT:

ADMITTED TO HOSP? ☐ YES ☐ NO

NATURE AND EXTENT OF INJURY:

OFFICERS INVOLVED

DEPUTY'S NAME: (Last, First, Middle)	RANK:	I.D. #:	DIVISION/UNIT ASSIGNMENT:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GASTON, JASON	DEPUTY	1487	DETENTION/DRT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DEPUTY'S NAME: (Last, First, Middle)	RANK:	I.D. #:	DIVISION/UNIT ASSIGNMENT:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ELLIS, JAMES	DEPUTY	1359	DETENTION/DRT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DEPUTY'S NAME: (Last, First, Middle)	RANK:	I.D. #:	DIVISION/UNIT ASSIGNMENT:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPTAIN, BRIAN	DEPUTY	1548	DETENTION/DRT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DEPUTY'S NAME: (Last, First, Middle)	RANK:	I.D. #:	DIVISION/UNIT ASSIGNMENT:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LARRAMENDY, GREG	DEPUTY	1543	DETENTION/DRT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

ACTION TAKEN BY REPORTING SUPERVISOR

<input type="checkbox"/> None of the following	<input type="checkbox"/> Locate witnesses	<input checked="" type="checkbox"/> Book evidence	<input type="checkbox"/> Remove unsafe equipment	<input type="checkbox"/> Identify all discharged weapons
<input checked="" type="checkbox"/> Notify Division Commander	<input type="checkbox"/> Obtain statements	<input type="checkbox"/> Account for expended bullets/pellets	<input type="checkbox"/> Establish perimeter	<input type="checkbox"/> Document weapons not fired
<input type="checkbox"/> Notify Alternate Commander	<input checked="" type="checkbox"/> Diagram/photo scene	<input type="checkbox"/> Record all weapons	<input type="checkbox"/> Take officers weapon	<input type="checkbox"/> Contact relatives
<input type="checkbox"/> Notify Risk Manager	<input checked="" type="checkbox"/> Color photos of injury	<input type="checkbox"/> Record sidearms/holsters	<input type="checkbox"/> Get officers training/qualification record	<input type="checkbox"/> Follow post-incident trauma
<input type="checkbox"/> Notify O.P.I.	<input type="checkbox"/> Photo damaged property	<input type="checkbox"/> Tape of radio traffic	<input type="checkbox"/> Diagram revolver cylinder	<input checked="" type="checkbox"/> Other (See attached)
<input type="checkbox"/> Notify On-Call D.A.	<input checked="" type="checkbox"/> Locate, preserve physical evidence	<input type="checkbox"/> Inspect agency equipment		
<input type="checkbox"/> Notify Detective Division				
<input type="checkbox"/> Notify FIS				

WITNESSES

WITNESS NAME: (Last, First, Middle)	RESIDENCE ADDRESS: (Street, City, State, Zip)	HOME PHONE:
		BUS. PHONE:
WITNESS NAME: (Last, First, Middle)	RESIDENCE ADDRESS: (Street, City, State, Zip)	HOME PHONE:
		BUS. PHONE:

DISTRIBUTION: ☐ Watch Commander ☐ Division Commander ☐ Undersheriff ☐ O.P.I. ☐ Records

R D.A. offices

Crystal - Vanisi
5-11-99

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1 On 5/5/99 at approx. 2020 hrs. I was contacted by Deputy Leshar 1678. He told me that Vanisi was creating a
2 disturbance in "D" wing of HU4. He told me that Vanisi was beating on the walls, toilet, and door of cell D-7. Vanisi
3 was yelling and screaming. Deputy Leshar stated that it was very loud and had been going on since approx. 1900
4 hrs.. He also indicated that it was disturbing the other inmates.

5
6 I responded to HU4. I spoke to Deputy Leshar and Deputy Kimball 1640 in the multi purpose room. I could hear
7 Vanisi beating on the walls form in the multi purpose room. I went into the tower and spoke to Deputy Weber 1537.
8 He told me that Vanisi was irritating the other inmates and that several had called the tower and complained. All
9 three deputies had told me that the other inmates had indicated that we had no control over Vanisi. In fact, when
10 Vanisi was kicking his cell door, some of the other inmates would kick theirs. The deputies also told me that at one
11 point Vanisi was kicking so hard that they thought the door was going to bend. I instructed Deputy Iacaboni 1683 to
12 obtain a video camera and to start taping Vanisi's behavior.

13
14 The deputies had tried to talk to Vanisi and gain his compliance, without success. I responded back to intake and
15 located four DRT deputies. Gaston, Larramendy, Ellis, and Uptain responded to HU4 and waited for me. In the
16 mean time they tried to speak to Vanisi. He would not listen. I went upstairs and obtained two T-16 OC Expulsion
17 Grenades, and then returned to Hu4.

18
19 Upon my arrival, I went to speak to Vanisi while Deputy Iacaboni recorded the incident. Vanisi would not comply
20 or even acknowledge my existence. It was approx. 2115. By 2130 another inmate in "B" wing started to kick his
21 cell door because he could hear Vanisi. While in "D" wing I could hear the some inmates complaining about Vanisi
22 and others coaxing him on. I decided that Vanisi had to be moved before he would incite the entire unit into copying
23 his behavior.

24
25 I told the DRT deputies to obtain their gear at approx. 2130. During the time that they were away I had the senior
26 sergeant respond. I told Sgt. Campbell 179 what was occurring. He tried to speak to Vanisi without success. I told
27 Sgt. Campbell that I intended to move Vanisi before things got worse. He agreed. I told him that I was going to use
28 DRT and try to gain Vanisi's cooperation but, that I would order the team to enter the cell if necessary.

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30 The DRT deputies were back in HU 4 at approx. 2150. We formulated a plan while I put on a vest and helmet.

31 Deputy Ellis was on the shield. Deputy Gaston was on the right and Uptain on the left. Deputy Larramendy was the
32 designated the "restraint" man. We then entered the wing and staged to the right of the cell door. Vanisi was laying
33 on the floor in front of the door. He was on his belly with his head right up to the door and his feet toward his bunk.
34 Vanisi appeared to have a shirt or towel wrapped around his face.

35

36 I told him who I was and that he needed to comply with my instructions. I told him that we were going to move him
37 to another location and asked him to comply. I asked him again and then told him that I would use pepper spray if
38 necessary. He would not respond. The food slot was opened and I deployed the T-16 expulsion OC grenade. We
39 waited outside the cell for approx. 4 minutes. I kept repeating my demands. He would not respond. Finally he said,
40 "...you guys are trying to kill me..." I repeated my demands and told him to comply and we would remove him from
41 the cell. He would not. He appeared to be getting air from under the cell door. I could feel the effects of the OC
42 and so could the team members. I decided that it was time to enter. As I repeated the commands, I opened the door
43 and the team entered.

44

45 As they did, Vanisi tried to roll out of the cell into the day room. We had to struggle with Vanisi to gain control of
46 him. At first he remained on his hands and knees with us on top of him. Deputy Ellis was trying to pin Vanisi to the
47 floor with the shield. Uptain had ended up near Vanisi's feet and was trying to gain control of them. Deputy
48 Larramendy was controlling the right arm. I assisted by pushing down between Vanisi's shoulder blades. We had to
49 make Vanisi fold his arms so that he would go to the floor. Deputy Gaston used his PR 24 and delivered two jabs to
50 Vanisi's left side under his arm. Vanisi went to the floor and we gained control. Once he proned out, it was a routine
51 matter of placing the hand cuffs and leg shackles on him. This was accomplished with standard compliance
52 techniques. The PR 24 was not used once Vanisi laid on the floor.

53

54 After he was secured Vanisi was taken to intake and placed into the max Restraint Chair at approx. 2219. He and
55 the chair were placed into cell #11. Nurse Charlotte Harris checked Vanisi and the restraints. Vanisi did not require
56 medical treatment nor were there any signs of injury.

57

58 At approx. 2315 I asked the nurse to see if she could obtain permission to medicate Vanisi. He was still upset and
59 would not calm down. At approx. 2330 she told me that she had gotten authorization to medicate Vanisi. She
60 injected Vanisi at approx. 2341hrs., after Lt. Wise (now on scene) had convinced Vanisi to comply. He was given
61 Haldol, cogenin, and Ativan. Lt. Wise had us remove Vanisi from the chair for a few minutes because Vanisi had
62 been in the chair since approx. 2219. We allowed Vanisi stand for approx. 5 minutes and then placed him back into

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53 the chair. The nurse checked Vanisi again to make sure the restraints were applied properly. Lt. Wise spoke to
54 Vanisi for a few minutes after we left the cell. Vanisi was told that he would have to remain in the chair until we
55 were certain that he had calmed down enough to be removed.

56
57 I had CSI Deputy McCrary process the cell and told him to photograph Vanisi when he was more cooperative. Dep
58 McCrary also collected the discharged expulsion OC grenade for evidence.

59 See his supplemental report.

70
71 The entire event was video taped including some of Vanisi's behavior prior to our entering the cell. The tape was
72 placed into evidence by Deputy Mair; who relieved Iacoboni at the end of the shift. See supplemental reports from
73 Ellis, Larramendy, Uptain, Gaston, Leshner, Weber, and Iacoboni, for further details.

74

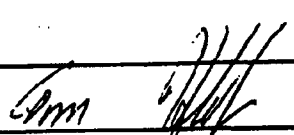

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SUPERVISOR NAME HEBB, T.	COMM # 560	SIGNATURE 	DATE 5/5/99
WATCH COMMANDER LT WISE	SIGNATURE 	<input checked="" type="checkbox"/> Agree with action(s) taken <input type="checkbox"/> Disagree with action(s) taken <input type="checkbox"/> See attached	DATE 050599

Watch Commander's Comments:

DIVISION COMMANDER LT WISE	SIGNATURE 	<input checked="" type="checkbox"/> Agree with action(s) taken <input type="checkbox"/> Disagree with action(s) taken <input type="checkbox"/> See attached	DATE 050699
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Division Commander's Comments:

UNDERSHERIFF	SIGNATURE	<input type="checkbox"/> Agree with action(s) taken <input type="checkbox"/> Disagree with action(s) taken <input type="checkbox"/> See attached	DATE
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Undersheriff's Comments:

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CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000 PAGE ____ OF ____	
CHARGE(S)/TYPE OF INCIDENT: DRT CELL EXTRACTION		CASE NUMBER: 4903-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/>	ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: VANISI, SIAOSI, #14630198 SSN: : DOB:		SUBJECT 2: SSN: DOB:	

On 05-06-99 at approximately 2100 hours I was working intake when Sergeant Hebb informed me that there was a noncompliant inmate in housing unit 4. Sergeant Hebb told me to respond to the D.R.T dressing room with the other members. Team leader Sgt. Hebb advised us that we were going to be conducting a cell extraction on Inmate Vanisi # 14630198 in cell D-7. Sgt. Hebb told us that he was not following verbal directions and was disrupting the unit.

Deputies Ellis, Gaston, Larramendy and myself dressed out in our D.R.T black uniform and obtained the necessary equipment and assembled in housing unit 4. Each member of the team was assigned a specific task. Sgt. Hebb was team leader and deputy Ellis was assigned to the shield. I was assigned to the left PR-24, Deputy Gaston was assigned to the right PR-24 and Deputy Larramendy was assigned to the restraints.

The team lined up in front of cell D-7 at approximately 2130 hours. Sgt. Hebb gave I/M Vanisi numerous commands to put his hands through the food slot. I/M Vanisi failed to comply with any verbal direction and continued banging the door and sink. Sgt. Hebb read the admonishment to I/M Vanisi. He again failed to follow any verbal directions.

Sgt. Hebb advised I/M Vanisi that if he did not stand up and put his hands through the food slot he would be sprayed with Oleoresin Capsicum. I/M Vanisi did not respond. Sgt. Hebb threw OC powder grenade inside the cell. Sgt. Hebb again gave I/M Vanisi numerous verbal commands to put his hands through the food slot. I/M Vanisi refused by staying on the floor. Approximately 3 minutes went by and Sgt. Hebb opened the door.

After the door was open I/M Vanisi attempted to kick Deputy Ellis. Deputy Ellis placed the pin shield on I/M Vanisi. I/M Vanisi attempted to crawl his way out of the cell. I went to the right side of Deputy Ellis and controlled his legs. Numerous verbal commands were given to I/M Vanisi instructing him to stop resisting. He failed to do so.

I helped Deputy Larramendy secure the leg restraints. Deputy Ellis applied handcuffs to I/M Vanisi with assistance of Deputy Gaston.

I/M Vanisi was then escorted to intake where he was placed into the pro-restraint chair. Nurse Charlotte Harris from the medical staff checked the restraints and conducted a medical assessment on I/M Vanisi. I/M was then placed into holding cell 11 where he could be watched and video taped. The team then exited the cell without incident. Deputy Bloom booked into evidence 9 video tapes taken from intake to infirmary back to housing unit 4

REPORTING DEPUTY ABRIAN UPTAIN	COMM # 1548	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>[Signature]</i>	COMM # 560
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CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000 PAGE ____ OF ____	
CHARGE(S)/TYPE OF INCIDENT: DRT CELL EXTRACTION		CASE NUMBER: 4903-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/>	ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: VANISI, SIAOSI, #14630198 SSN: DOB:		SUBJECT 2: SSN: DOB:	

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REPORTING DEPUTY 4BRIAN UPTAIN	COMM # 1548	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>[Signature]</i>	COMM # 560
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INCIDENT REPORT

WASHOE COUNTY
SHERIFF

CASE NUMBER: 4945-99

WASHOE COUNTY SHERIFF'S OFFICE
911 PARR BLVD.
RENO, NV 89512-1000

PAGE 1 OF 4

TYPE OF REPORT: Failure to Lock Down/DRT Extrication		LOCATION OF OCCURRENCE: WCDF-Housing Unit 4			
COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/> Washoe County					
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	Vanisi, Siaosi	14630198	309674		
2	Richardson, Michael / Servin, Robert	1007317 / 61080498	127764 / 314876		

On 5-8-99, I was assigned to intake. At approx. 1020 Hrs. DRT was called to Housing Unit 4 because I/M Vanisi, Siaosi would not lock down at the end of his tier time. I obtained a video camera, extra batteries and videotapes, and responded to the tower to videotape the incident. When I got to the tower Vanisi was on the top tier of D-wing. He was not wearing clothes. He was walking back and forth on the top tier talking to I/M Richardson, Michael in D-8 and I/M Servin, Robert in D-11. I noticed a puddle at the top of the stairs. Dep. Mc Elroy #1124, who was working the tower, told me the water, power and phones to the unit were turned off. Vanisi went to cell D-11 and used a potato chip bag through the food slot as a funnel and Servin poured water from his toilet bowl into Vanisi's cup. Vanisi then went to the shower and mixed soap into the water in his cup. Vanisi poured the soapy water all over his body to make it hard for anyone to get a hold on him. Vanisi got water from Servin and Richardson in D-8 several times. He poured soapy water on the floor just inside the D-wing door and at the bottom of the stairs, all the way up the stairs and at the top of the stairs. Vanisi tied one of his blankets across the top of the stairs to try to block anyone trying to get to the top tier. Vanisi brought his mattress and bedding to the top tier and sat down at the top of the stairs. Vanisi got toilet paper from Richardson and wrapped his wrists and hands like a boxer would. Vanisi also got toilet paper and food from Servin several times. Dep. Mc Elroy gave Vanisi orders at least 20-30 times to lock down.

At approx. 1200 Hrs. Lt Wise responded to Housing Unit 4 to talk to Vanisi. He talked to Vanisi for approx. ½ hour and Vanisi reluctantly locked down.

At approx. 1300 Hrs the DRT team arrived in Housing Unit 4. Vanisi was going to be removed from his cell and

EXTRA COPIES TO: ☒ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY C. Tonetti	COMM # 1574	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM # 366
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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SUanisi-WC5000367

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INCIDENT REPORT

TYPE OF REPORT: Failure to Lock Down/DRT Extrication		CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/> Washoe County		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000 PAGE <u>2</u> OF <u>4</u>	
LOCATION OF OCCURRENCE: WCDF-Housing Unit 4			
LIST SUBJECT(S) IF KNOWN			
#	SUBJECT NAME	BOOKING #	A #
1	Vanisi, Siaosi	14630198	309674
2	Richardson, Michael / Servin, Robert	1007317 / 61080498	127764 / 314876

transported to Nevada State Prison in Carson City for safekeeping. At approx. 1338 Hrs., the "go" order was given by Lt. Wise, and the team responded to D wing. I stood just inside and to the left of the D-wing door. Vanisi was told to lie down on his floor. Vanisi would not comply. Sgt. Lariviere threw an O.C. grenade in through the food slot and shut the food slot. Everyone then left the wing to put on gas masks. When the team went back into the wing Dep. Schindler took over the video camera because I did not have a gas mask. Vanisi was removed from the wing and I took over the videotaping again. Vanisi was proned out in front of the Multi purpose rooms and the rest of the restraints were put on him. Vanisi was put into a wheelchair and walked down the release corridor, out sliders 9 and 11, and into a waiting DRT car. Dep. Williamson took over the videotaping for the drive to Carson City.

I am recommending 15 days disciplinary segregation each for Inmates Richardson and Servin for passing contraband to Vanisi during this incident.

At approx. 1600 Hrs I talked to I/M Massella in cell D-14. He told me that he was pissed off because the inmates in 8,9, and 11 were inciting Vanisi and "egging him on." He filled out a witness statement with what he heard and saw.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY C. Tonetti	COMM # 1574	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM # 760
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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Washoe County Sheriff's Office

STATEMENT

FOR SHERIFF'S OFFICE USE ONLY

CASE NO. 4945-99

WITNESS NO. W.

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: Sciarrotta, Gregory

OTHER NAMES USED: LOOKED UNDER MASELLA, ZACHARY S.

RESIDENCE (Street) ADDRESS: (City, State, Zip)

RESIDENT OF WASHOE COUNTY? YES NO

HOME PHONE: WORK PHONE:

RACE:

White Black Other

Indian Asian

SEX:

Male Female

DATE OF BIRTH:

HEIGHT: 6'1"

WEIGHT: 185lbs

SOCIAL SEC. NO:

HAIR: Brown

EYES: Brown

OTHER NO. TO CALL:

OCCUPATION AND WHERE EMPLOYED:

WORK/SCHOOL ADDRESS:

WORK HOURS:

DAYS OFF:

INVOLVEMENT:

Driver Passenger

Complainant Victim Witness

MY LOCATION WHEN THE EVENT OCCURRED:

Cell #14 In Dwing of Unit 4

WRITTEN STATEMENT

1 On 05-08-99 at Between 9:45am and 10:00 am The Tower Deputy
2 asked Inmate Vinisi to lock down off the tier his time was over. Inm
3 Vinisi started spouting excuses as to why he would not lock down an
4 then refused to do so. Following his refusal Cell #8 Inmate
5 Richardson and Cell #9 Imate Cottle started to egg on Inmate Vini
6 to not bow down to the deputy's. The tower deputy continual
7 asked Inmate Vinisi to lock down back in his cell and he
8 would contemplate it but then refuse ^{to guess} due to Inmate Cottle and
9 Richardson telling him not to. The Deputy's then turned off the
10 unit's power and water and Inmate Vinisi ~~urinated~~ urinated on the
11 tier in response to this. There was no water except that left
12 in the toilet and when Inmate Vinisi used up all of his to
13 make a soapy mess all ~~of~~ over the wing Imate Cottle a
14 Richardson gave ~~inmate~~ inmate Vinisi the water out of their toi
15 In empty chip bags under the ~~doors~~ Doors. The yelling
16 between the three went on for about 2 to 2 1/2 hours.

DATE & TIME OF STATEMENT: Date 05-08-99 Time 4:05pm

NUMBER OF PAGES IN STATEMENT: 1

SIGNATURE OF PERSON MAKING THIS STATEMENT: X

USE OTHER SIDE IF ADDITIONAL SPACE IS NEEDED

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EVIDENCE

★ ★ ★ ★ **CONFIDENTIAL** ★ ★ ★ ★

SUanisi-MC5000369

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CONTINUATION REPORT

CONFIDENTIAL ☐ Y ☒ N

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>1</u> OF <u>5</u>
CHARGE(S)/TYPE OF INCIDENT: Cell Extrication/DRT Transport to NSP			CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input checked="" type="checkbox"/>		ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN				
SUBJECT 1: Vanisi, Siaosi SSN: _____ DOB: _____		SUBJECT 2: SSN: _____ DOB: _____		

- 1 On May 8, 1999 I was assigned to work in Housing Unit #8. At approximately 1020 hours I received a call from
- 2 Deputy J. Iveson #1491. I was told to report to the Detention Response Team Ready Room for an extrication of
- 3 Inmate Vanisi. Inmate Vanisi was in the day room of Housing Unit 4 D-Wing. I/M Vanisi was refusing to
- 4 lockdown, he was causing a disturbance in D-Wing. Detention Command staff was notified of the situation.
- 5
- 6 At approximately 1030 Hrs I reported to the DRT Ready Room to prepare for the extrication. At approximately
- 7 1130 Hrs the team reported to the briefing room to brief on the situation. During the time the team was in the
- 8 briefing room Lieutenant Wise managed to talk Inmate Vanisi back into his assigned cell (D-7).
- 9
- 10 Inmate Vanisi needed to be removed from his cell and transported to Nevada State Prison. Sergeant La Riviere
- 11 team leader assigned the entry team their positions. The following was the assignments of the extrication team
- 12 members, Deputy P. Longshore Shield first in line, Deputy R. Bowlin left PR second in line, I was right PR third in
- 13 line, Deputy B. Williamson restraints fourth in line, Deputy E. Fredrickson #1395 K-9 handler fifth in line and
- 14 Deputy J. Iveson #1491 assigned to the Sage. At approximately 1330 hrs the DRT Team responded to Housing
- 15 Unit #4 to set up for the extrication.
- 16
- 17 The team entered D-Wing and staged in front of Cell D-7 for the removal of inmate Vanisi. Sgt. La Riviere
- 18 admonished I/M Vanisi and gave verbal instructions to him in order to remove I/m Vanisi from his cell. I/m Vanisi
- 19 refused to comply with all directives. After several attempts to get inmate Vanisi to comply with Sgt. La Riviere's
- 20 directives failed, Sgt. La Riviere administered a canister of O/C through the food slot of the cell door. As the
- 21 canister was delivered, it appeared to have hit part of the food slot and bounced back out toward the entry team. A
- 22 second canister of O/C was administered into the subjects cell. The food slot was secured, the entry team staged
- 23 back in the main hall wall of Housing Unit #4. We donned our face masks and restaged in front of the subjects cell.
- 24
- 25
- 26 Inmate Vanisi now appeared to want to comply with Sgt. La Riviere's directives. I/M Vanisi was standing facing

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Vanisi WCSO00971

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CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000 PAGE <u>2</u> OF <u>5</u>	
CHARGE(S)/TYPE OF INCIDENT: Cell Extrication/ORT Transport to NSP		CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input checked="" type="checkbox"/>		ADDRESS, CITY, STATE, ZIP:	
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: Vanisi, Siaosi SSN: DOB:		SUBJECT 2: SSN: DOB:	

27 toward the cell door. Several times Sgt. La Riviere ordered Inmate Vanisi to turn and face away from the door with

28 his hands behind his back. I/M Vanisi finally complied. Sgt. La Riviere opened the food slot and ordered I/m

29 Vanisi to back up to the food slot and place his hands through the slot. Inmate Vanisi hesitated a few times. Again

30 Sgt. La Riviere issued these commands. Inmate Vanisi finally complied.

31

32 Deputy B. Williamson assigned to restraints proceeded to place handcuffs on inmate Vanisi. Inmate Vanisi

33 appeared to start pulling away from the food slot and from Deputy Williamson. Deputy Bowlin assigned to left PR

34 took hold of inmate Vanisi's left hand and I took hold of the subjects right hand with my left hand to prevent him

35 from pulling away. Inmate Vanisi's Hands were wet, soapy and slippery, he kept trying to pull away.

36

37 After we gained control of his hands, Deputy Williamson applied the handcuffs. Deputy Bowlin placed his PR

38 between the handcuffs and the cell door, to keep the subject from pulling away. Inmate Vanisi tried to pull his

39 hands back into the cell, pulling his right hand away from my hold. I applied my PR between the handcuffs and the

40 cell door to gain better control of the subjects hands. I switched my hand positions, I took hold of my PR with my

41 left hand, I took hold of his right hand with my right hand.

42

43 Sgt. La Riviere opened the cell door, we walked the subject backwards with the door as it opened. Inmate Vanisi

44 was wearing a pair of underwear and a piece of cloth tied around his head. Deputy Longshore Placed the pinshield

45 in front of inmate Vanisi for protection for the team. Deputy Bowlin removed his PR from between the cell door

46 and the handcuffs. Deputy Williamson and Deputy Bowlin proceeded to the inside of the cell door to apply the leg

47 and waist restraints on inmate Vanisi.

48

49 Inmate Vanisi continued to apply pressure with his hands and arms against the cell door and against my PR, trying

50 to pull away from my hold, he was also leaning forward trying to walk pulling himself and the door away from me.

51 I placed Inmate Vanisi's right hand in a light pressure wrist lock to gain better control of him. As the leg restraints

52 were being applied Inmate Vanisi started to lift his legs as if he was getting ready to kick the deputies. I applied

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Vanisi12WC8000972

CONFIDENTIAL ☐ Y ☒ N

CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000	PAGE <u>3</u> OF <u>5</u>
CHARGE(S)/TYPE OF INCIDENT: Cell Extrication/ORT Transport to NSP		CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input checked="" type="checkbox"/>	ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: Vanisi, Siasoi SSN: DOB:		SUBJECT 2: SSN: DOB:	

53 more pressure on inmate Vanisi hands by pulling back on the upper portion of my PR toward me to prevent him
54 from trying to kick at the other deputies and to keep him from trying to pull away from me.
55
56 Inmate Vanisi started complaining to Sgt. La Riviere saying something to the effect of, the deputy holding my hand
57 is hurting my left hand. At this time I was holding the subjects right hand in a light pressure wrist lock hold with
58 my right hand using my thumb, index finger and my middle finger. Sgt. La Riviere checked my wrist lock hold and
59 told inmate Vanisi something to the effect of, I was not applying to much pressure. Inmate Vanisi seemed to relax
60 his hands, I released the wrist lock hold of his right hand. Once the restrained were applied on inmate Vanisi,
61 Deputy Bowlin and I proceeded to escorted the subject into the main hallway of Housing Unit #4 between Multi
62 Purpose Rooms #1 and #2. We walked him backwards with Deputy Bowlin holding the subjects left hand and arm,
63 I was holding his right hand and arm, inmate Vanisi pulled his hand away from my right hand, I/M Vanisi clinched
64 his right hand into a fist. I regained control of his hand and applied a wristlock. Inmate Vanisi continued to resist
65 my hold to no avail. Deputy Longshore held the pinshield in front of the subject throughout the escort process.
66
67 We reached our destination between the MP Rooms, Sgt. La Riviere orders us to prone I/M Vanisi on the floor.
68 Deputy Bowlin ordered inmate Vanisi to kneel on the floor. I/M Vanisi would not comply and started to mumble
69 something about wanting a pillow or mattress to place on the floor. Again Deputy Bowlin ordered Inmate Vanisi to
70 kneel on the floor, inmate Vanisi refused to comply. Deputy Bowlin and I proceeded to pull inmate Vanisi to a
71 kneeling position. Inmate Vanisi resisted. We pulled inmate Vanisi to his knees and lowered him to the floor face
72 down while I supported the right side of his upper body.
73
74 Deputy Bowlin and I kept hold of inmate Vanisi on the floor. Deputy Williamson applied a more secure set of
75 restraints on inmate Vanisi, securing the leg restraints to the waist restraints. We proceeded to turn inmate Vanisi
76 onto his left side and commenced a search of his person and underwear for weapons and contraband. None were
77 found on his person. Deputy Bowlin and I assisted inmate Vanisi into a wheelchair. We proceeded to escort I/M
78 Vanisi to the intake parking area to stage for his transportation to Nevada State Prison located in Carson City.

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Vanisi WCSO00973

CONFIDENTIAL ☐ Y ☒ N

CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000	PAGE <u>4</u> OF <u>5</u>
CHARGE(S)/TYPE OF INCIDENT: Cell Extrication/DRT Transport to NSP		CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input checked="" type="checkbox"/>	ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: Vanisi, Siaosi SSN: DOB:		SUBJECT 2: SSN: DOB:	

79 Deputy Longshore continued to keep the pinshield in front of the subject throughout the escort to the intake parking
80 area. We staged a three car transport to NSP.

81

82 Deputy Longshore and I were in the lead vehicle with Deputy Longshore driving and I in the front passenger seat.
83 Deputy Bowlin was driving the second vehicle with Deputy Williamson in the front passenger seat. Inmate Vanisi
84 was placed in the rear passenger seat behind the driver. Deputy Williamson video taped inmate Vanisi throughout
85 the transport to NSP. Deputy Fredrickson drove the third vehicle with Sgt. La Riviere as his passenger and team
86 leader.

87

88 The transportation team arrived at NSP without any problems. We met with NSP personnel and escorted inmate
89 Vanisi to a receiving area. I assisted NSP personnel with the application of their restraints on inmate Vanisi. I
90 removed our restraints from the subject. We turned over custody of inmate Vanisi to NSP personnel. Deputy
91 Williamson stopped the video taping of the subject.

92

93 Inmate Vanisi was escorted to a medical screening area by three NSP Guards. Deputies Longshore, Williamson,
94 Bowlin and I followed the NSP escort Team. On the way to the medical screening area we had to proceed through
95 several locked gates. This caused the escort team to stop at every gate. Inmate Vanisi would squat down into a
96 low crouching position, moving from side to side as if he was getting ready to kick or see what the guards reaction
97 would be. Inmate Vanisi was warned several times about this behavior and was told to stop by one of the NSP
98 guards. During the medical screening process inmate Vanisi was asked a few questions, in which inmate Vanisi
99 stated he had no physical health problems and was in good condition. After the screening, inmate Vanisi was
100 escorted to Maximum Unit #12. Inmate Vanisi was placed in a secured area of this unit and unrestrained through a
101 steel bar door. I/m Vanisi had to be warned several times to comply with the directives he was given while being
102 unrestrained. The subject was placed in a cell without further incident. The transport team returned to WCSO.

103

104 Nothing further.

WCSO00973

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Van1s1WC8000974

CONFIDENTIAL ☐ Y ☒ N

CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>5</u> OF <u>5</u>
CHARGE(S)/TYPE OF INCIDENT: Cell Extrication/DRT Transport to NSP			CASE NUMBER: 4945-99	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input checked="" type="checkbox"/>		ADDRESS, CITY, STATE, ZIP:		
LIST SUSPECT(S) IF KNOWN				
SUBJECT 1: Vanisi, Siasoi SSN: DOB:			SUBJECT 2: SSN: DOB:	

105 Nothing further.

106

107

108

109

110

111

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

REPORTING DEPUTY J. Cossio	COMM # 1346	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM #
-------------------------------	----------------	---------------	--------	----------------------	--------

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: DATE: BY:

S-10B Revised 1/96

WCSO00974

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EVIDENCE

[illegible]

Evidence Page 1 of 1

AA03674

SVANISI-NDOCIFILE00388

WASHO COUNTY SHERIFF'S OFFICE REGIONAL DETENTION FACILITY
INMATE CUSTODY TRANSFER RELEASE REPORT

REPORT: TRANSFER

DATE: 05/08/1998

TIME: 13:15

BOOKING # ...14630198

INMATE...VANISI, SIAOSI

BOOKING DATE: 01/24/1998

TIME...10:58

TYPE.. O = ORIGINAL BOOKING

ARRESTING AGENCY...RENO POLICE DEPARTMENT

ARRESTING OFFICER...Officer Jim G. Duncan

ARREST LOCATION.....911 PARR BLVD, RENO, NV

ARREST DATE..... 01/24/1998

ARREST TIME ...10:55

OFFENSE DATE..... 01/24/1998

OFFENSE TIME...

OFFENSE LOCATION.....

WANTS CHECK Y/N? ..Y

DATE CHECKED..05/08/1998

WANTED Y/N? ..J

HOLDS/DETAINDER SENT

RELEASE DATE...05/08/1998

RELEASE TIME:13:15

RELEASE TYPE...

RELEASE COMMENTS..

TRANSFERRED TO WHERE: NSP

TRANSPORT PERSONS.....

INMATE CASH RELEASED **\$43.34**

INMATE'S SIGNATURE _____

TRANSPORT PERSON _____

RELEASING EMPLOYEE  _____

SUPERVISOR'S SIGNATURE  _____

NDOCIFILE00388

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NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM II "SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"																																																											
1. INMATE INFORMATION (PRINT) LAST NAME: <u>VANIS</u> FIRST NAME: <u>SILAS</u> ID: <u>58491</u> CURRENT LOCATION: <u>12D10A</u>																																																											
2. HEARING INFORMATION (PRINT) DATE OF HEARING: <u>5-14-99</u> TIME OF HEARING: <u>11:45AM</u> NAME OF HEARING OFFICER: <u>T. ROBERTS</u> TITLE: <u>SGT.</u> DATE OF SERVICE OF NOTICE OF CHARGES: <u>5-14-99</u> IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____																																																											
3. CHARGES AND PLEA <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">COUNT/CHARGE</th> </tr> <tr> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I <u>G-4</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>III</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										COUNT/CHARGE			COUNT/CHARGE			COUNT/CHARGE			COUNT/CHARGE				GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY	I <u>G-4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	III	<input type="checkbox"/>	<input type="checkbox"/>	V	<input type="checkbox"/>	<input type="checkbox"/>	VII	<input type="checkbox"/>	<input type="checkbox"/>	II	<input type="checkbox"/>	<input type="checkbox"/>	IV	<input type="checkbox"/>	<input type="checkbox"/>	VI	<input type="checkbox"/>	<input type="checkbox"/>	VIII	<input type="checkbox"/>	<input type="checkbox"/>		
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4. STATEMENT OF INMATE <u>I WOULD LIKE YOU TO REDUCE THE COST DUE TO DEPRECIATION. I DON'T BELIEVE THE JUMP SUIT WAS FOUND IN MY CELL</u>																																																											
5. HEARING OFFICER ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> </tr> </thead> <tbody> <tr> <td>I <u>G4</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>III</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>IV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										COUNT/CHARGE	REDUCE TO:	DISMISS	RESOLVE	REFER	COUNT/CHARGE	REDUCE TO:	DISMISS	RESOLVE	REFER	I <u>G4</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. RESULTS OF INFORMAL, SUMMARY HEARING <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT</th> <th>SANCTION</th> <th>COUNT</th> <th>SANCTION</th> </tr> </thead> <tbody> <tr> <td>I</td> <td><u>RESTITUTION (\$220) COST OF JUMP SUITE</u></td> <td>VI</td> <td></td> </tr> <tr> <td>II</td> <td></td> <td>VII</td> <td></td> </tr> <tr> <td>III</td> <td></td> <td>VIII</td> <td></td> </tr> <tr> <td>IV</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										COUNT	SANCTION	COUNT	SANCTION	I	<u>RESTITUTION (\$220) COST OF JUMP SUITE</u>	VI		II		VII		III		VIII		IV																																	
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7. EVIDENCE RELIED UPON; COMMENTS <u>96'S REPORT (N.P.C.)</u>																																																											
8. ADVISMENT TO DISCIPLINARY COMMITTEE COUNSEL SUBSTITUTE REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WITNESSES REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NCIS RECORD UPDATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE: _____ BY WHOM: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>NUMBER</th> <th>LOCATION</th> <th>NAME</th> <th>NUMBER</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>										NAME	NUMBER	LOCATION	NAME	NUMBER	LOCATION																																												
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9. SIGNATURES AND RECEIPT HEARING OFFICER: <u>SGT. T. ROBERTS</u> DATE: <u>5-14-99</u> TIME: <u>11:45AM</u> INMATE: <u>X. K. VANIS</u> (RECEIVED BY INMATE OR DESIGNATED REPRESENTATIVE)																																																											
10. DISTRIBUTION INSTRUCTIONS ORIGINAL - DISCIPLINARY COMMITTEE COPY - INMATE COPY - CHARGING EMPLOYEE																																																											

DOP 93018 (04/93)

ND0CIFIIE00245

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AA03676

NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM I "NOTICE OF CHARGES"		
1. INMATE INFORMATION (PRINT) LAST NAME: <u>Vanisi</u> FIRST NAME: <u>Siaosi</u> ID#: <u>58497</u> CURRENT LOCATION: <u>Unit 12 D-10A</u>		
2. VIOLATION INFORMATION (PRINT) CHARGING EMPLOYEE NAME: <u>Robert Gamble</u> TITLE: <u>Correctional Officer</u> DATE OF INCIDENT: <u>May 11, 1999</u> DATE CHARGES WRITTEN: <u>May 11, 1999</u> EVIDENCE COLLECTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE HELD BY: _____ CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.) I <u>6-4</u> II _____ III _____ IV _____ V _____ VI _____ VII _____ VIII _____		
3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DCP 9016) <u>On May 11, 1999 at 7:12 PM Inmate Vanisi was</u> <u>let out of his cell. S/o Council Stripped, This</u> <u>Inmate out. S/o Sharkey Gamble, Vanisi and S/o</u> <u>Council then entered rooming after Vanisi was</u> <u>placed in handcuffs and leg irons. Inmate Vanisi's</u> <u>cell was stripped per Lt. Calhoun and Inmate</u> <u>Vanisi was placed back in his cell. Inmate Vanisi's</u> <u>orange state jumpsuit was ripped up. This is</u> <u>destruction of state property. Evidence placed in</u> <u>locker number 8.</u> <div style="text-align: right; margin-top: 10px;"><u>End of Report.</u></div>		
4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR SIGNATURE OF CHARGING EMPLOYEE: <u>Robert A. Gamble</u> SIGNATURE OF SHIFT SUPERVISOR: <u>[Signature]</u> <small>(Denotes Review/Approval of Discipline Notice, Confirms Initiation of Record in NCIS)</small>		
5. SERVICE OF NOTICE (To Be Completed by Hearing Officer) DATE OF SERVICE: <u>5-14-99</u> TIME OF SERVICE: <u>11:45 AM</u> PRINTED NAME OF HEARING OFFICER: <u>T. ROBERTS</u> SIGNATURE OF HEARING OFFICER: <u>SGT. T. ROBERTS</u> INMATE SIGNATURE: <u>x Siaosi Vanisi</u> <small>(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)</small>		
6. DISTRIBUTION INSTRUCTIONS ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE COPY - INMATE COPY - CHARGING EMPLOYEE		

 NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM I "NOTICE OF CHARGES"	
1. INMATE INFORMATION (PRINT) LAST NAME: <u>VANISI</u> FIRST NAME: <u>SIAOSI</u> ID#: <u>58497</u> CURRENT LOCATION: <u>Unit 12 D10A</u>	
2. VIOLATION INFORMATION (PRINT) CHARGING EMPLOYEE NAME: <u>LYNN BAKER</u> TITLE: <u>Senior Correctional Officer</u> DATE OF INCIDENT: <u>5-16-99</u> DATE CHARGES WRITTEN: <u>5-14-99</u> EVIDENCE COLLECTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE HELD BY: <u>Locker # 10 at USP</u> CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.) I <u>M526</u> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/>	
3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DCP 0010) <p>On May 14, 1999 I, Senior Correctional Officer LYNN BAKER was assigned to Unit 12, Nevada State Prison. At approximately 8:00 am I, Officer Baker, escorted the Three Nurses into Dining to talk to Inmate VANISI. At this time I observed Inmate VANISI wearing a home made mask. The mask appeared to be made from white cloth with eye holes cut out and eye lashes colored in. After the Nurses were escorted out Officer Whittington and I entered Dining where upon I ordered Inmate VANISI to give me the mask. Inmate VANISI asked why I advised him it was contraband and was not allowed at Nevada State Prison. The mask was shown to MHA Sgt. J. Roberts and placed into Evidence Locker # 10.</p> <p style="text-align: center;">End of Report</p>	
4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR SIGNATURE OF CHARGING EMPLOYEE: <u>[Signature]</u> SIGNATURE OF CHIEF SUPERVISOR: <u>[Signature]</u> 5-15-99 <small>(Requires Review/Approval of Completed Notice; Confirms Initiation of Record in NCIS)</small>	
5. SERVICE OF NOTICE (To be Completed by Hearing Officer) DATE OF SERVICE: <u>5-25-99</u> TIME OF SERVICE: <u>11:30 am</u> PRINTED NAME OF HEARING OFFICER: <u>T. ROBERTS</u> SIGNATURE OF HEARING OFFICER: <u>[Signature]</u> INMATE SIGNATURE: <u>[Signature]</u> <small>(Signature indicates receipt of notice only; it is not a plea; refusal to sign should be noted.)</small>	
6. DISTRIBUTION INSTRUCTIONS ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE COPY - INMATE COPY - CHARGING EMPLOYEE	

DCP #3017 (04/93)

WCPD02957

00000111

AA03678

MEMORANDUM

TO: JAMES BENEDETTI, AWP

FROM: DEBRA MANN, CCS III
NEVADA STATE PRISON

SUBJECT: Vanisi, Siasosi #58497

DATE: May 20, 1999

~~~~~

Since arriving at NSP from Washoe County on 5/8/99, an update of inmate Vanisi's behavior by staff is reported as:

**2<sup>nd</sup> Shift:**

At first Vanisi was loud and demanding that he be allowed to do summersaults on the tier and crawl on his belly.

One time he came out to see NSP Psychologist with toothpaste all over his face.

Staff sternly warned him on his actions and thus far no problems. Vanisi goes to Walk Alone Yard on a regular basis with no unusual incidents. He does wear his underwear on his head.

**3<sup>rd</sup> Shift**

At first Vanisi was loud, obnoxious, pounding on walls and bunk with his cup. He was an irritant to other inmates. He took a mop handle off and utilized the handle to practice martial arts. The staff sternly warned him on his actions and thus far no problems. He is showering nightly with no incidents.

Other inmates do not like Vanisi.

Vanisi's needs/personally requires attention

Staff view his behavior as just that - "attention getting". Vanisi really doesn't want to "fully listen" and has to be sternly talked to, then he is okay.

  
Debra Mann, CCS III

DM:dr

cc: -File

NDOCIFILE00277

00000112

AA03679

Vanisi, Saosi 5/8/97

ENTERED  
IN  
FILE

## 6. PRISON PRESENTATION

Report reflects and Vanisi admits that he threw torn papers in the tier and soaked up other inmates' windows when he was given the opportunity to take a shower. Thus his actions were not only disruptive but his actions caused the other lockdown inmates in his tier.

His actions will not be tolerated.

EVIDENCE RELIED UPON:

## CONFIDENTIAL INFORMATION (CI) CHECKLIST (BOTH A &amp; B MUST BE "YES" TO RELY ON CI)

A. CI RELIABLE: ☐ YES ☐ NO ☒ N/A

CHECK AT LEAST ONE BOX BELOW

☐ INVESTIGATING OFFICER TESTIFIES PERSONALLY AS TO THE TRUTHFULNESS OF THE CONFIDENTIAL INFORMATION IN HIS REPORT☐ CORROBORATING TESTIMONY☐ DISCIPLINARY CHAIR HAS FIRST HAND KNOWLEDGE OF SOURCE AND SOURCE HAS BEEN RELIABLE IN PAST☐ IN-CAMERA REVIEW OF DOCUMENTS; FOUND RELIABLEB. STATEMENT BY PRISON OFFICIAL: SAFETY PREVENTS DISCLOSURE OF CI ☐ YES ☐ NO

## 7. FINDINGS

| COUNT/CHARGE   | REDUCE TO:               | GUILTY                              | NOT<br>GUILTY            | DISMISS                  | COUNT/CHARGE | REDUCE TO:               | GUILTY                   | NOT<br>GUILTY            | DISMISS                  |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I <u>C-14</u>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | V            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>N-12</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VII          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VIII         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER: SPECIFY:

## 8. SANCTIONS

SANCTION: 90 day Discip Ssg (C3) # OF DAYS: 90 BEGIN DATE: 11-30-99 END DATE: 2-21-2000

A. 90 day Discip Ssg (C3)

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

STAT FORFEITURE REFERRAL: ☐ YES ☒ NORECOMMENDED CATEGORY: ☐ A ☐ B ☐ C

ADMINISTRATIVE ASSESSMENT AMOUNT: \$

OTHER: SPECIFY: no disruptive/violent for Discip Detection

## 9. ANCILLARY INFORMATION/INSTRUCTIONS

- REFER TO PAROLE BOARD AS VIOLATION OF PAROLE: ☐ YES ☒ NO- POST DISCIPLINARY CLASSIFICATION: ☒ YES ☐ NO DATE: 08/21/99- DISC/SEC SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO

- NCIS RECORD COMPLETED; DATE: \_\_\_\_\_ BY MMON: \_\_\_\_\_

## 10. SIGNATURE OF COMMITTEE

CHAIRMAN: D. MARK

PRINTED NAME

SIGNATURE

MEMBER: \_\_\_\_\_

PRINTED NAME

SIGNATURE

MEMBER: \_\_\_\_\_

PRINTED NAME

SIGNATURE

## 11. DISTRIBUTION INSTRUCTIONS

ORIGINAL - I-FILE

COPY - INMATE

COPY - CHAIRMAN EMPLOYEE

DOP #3019 (04/93)

NDOCIFILE00229

00000113

AA03680

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM III  
"SUMMARY OF DISCIPLINARY HEARING"

1. INMATE INFORMATION (PRINT)  
 LAST NAME: Davis FIRST NAME: Siaosi  
 ID#: 58497 CURRENT LOCATION: U-15A8 LOCATION OF DISCIPLINARY VIOLATION IF DIFFERENT THAN CURRENT LOCATION: U-15A8

2. HEARING INFORMATION (PRINT)  
 DATE OF HEARING: 6-3-99 TIME OF HEARING: 1:30 PM  
 IF HEARING IS LATE, EXPLAIN CIRCUMSTANCES OF THE DELAY: \_\_\_\_\_

INMATE DEFENDANT PRESENT: ☒ YES ☐ REFUSED ☐ REMOVED FOR BEHAVIOR  
 COUNSEL SUBSTITUTE: REQUESTED ☐ YES ☐ APPROVED ☐ YES ☐ NO NAME: \_\_\_\_\_  
 CHARGING EMPLOYEE NAME: Arthur Curry TITLE: Senior Officer  
 STAT FORFEITURE POSSIBLE: ☐ YES ☒ NO SKD PUNENTIAL CATEGORY: ☐ A ☐ B ☐ C  
 PROCEEDINGS RECORDED: ☒ YES ☐ NO  
 INMATE CAUTIONED REGARDING POSSIBLE CRIMINAL CHARGES AND RIGHT TO REMAIN SILENT ☒ YES ☐ N/A

3. CHARGES AND PLEAS

| COUNT/CHARGE    | PLEA                     |                                     | NEGOTIATION REQUESTED    |  | COUNT/CHARGE | PLEA                     |                          | NEGOTIATION REQUESTED    |
|-----------------|--------------------------|-------------------------------------|--------------------------|--|--------------|--------------------------|--------------------------|--------------------------|
|                 | GUILTY                   | NOT GUILTY                          |                          |  |              | GUILTY                   | NOT GUILTY               |                          |
| I <u>6-14</u>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | V            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>11-28</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | VII          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | VIII         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. WITNESS INFORMATION

| NAME  | ID# OR TITLE | APPROVED YES/NO          | REASON FOR DENIAL        |                          |                          |
|-------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
|       |              |                          | RELEVANCY                | REDUNDANCY               | OTHER EXPLAIN BELOW      |
| _____ | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: \_\_\_\_\_

CHARGING EMPLOYEE TESTIMONY ☐ YES ☐ N/A ☐ WAIVED

5. INMATE STATEMENT

Report is incorrect -  
Did not put soap on anyone's window  
Did not prevent the officer on his duties  
I was having a party - the paper was made out of Sunday paper - unknown -  
I asked Officer Henderson if he would want me to clean the party up and was told no as my time up. I complied.  
Curry has a problem with me.

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM II  
"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"

2

1. INMATE INFORMATION (PRINT)  
LAST NAME: VANISI FIRST NAME: SIANSI ID: 58497 CURRENT LOCATION: W-12

2. HEARING INFORMATION (PRINT)  
DATE OF HEARING: 6.2.99 TIME OF HEARING: 10:20am  
NAME OF HEARING OFFICER: W. STANLEY TITLE: SGT  
DATE OF SERVICE OF NOTICE OF CHARGE: 6.2.99  
IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: TRAINING OF NEW STAFF (2 NEW SGTs)

3. CHARGES AND PLEAS

| COUNT/CHARGE   | PLEA                     | GUILTY                              | NOT GUILTY               | COUNT/CHARGE  | PLEA                     | GUILTY                   | NOT GUILTY               | COUNT/CHARGE | PLEA                     | GUILTY                   | NOT GUILTY               | COUNT/CHARGE   | PLEA                     | GUILTY                   | NOT GUILTY               |
|----------------|--------------------------|-------------------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|
| I <u>G-14</u>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | III <u>  </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | V <u>  </u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VII <u>  </u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>N-18</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | IV <u>  </u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VI <u>  </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VIII <u>  </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. STATEMENT OF INMATE  
SAVE FOR COMMITTEE

5. HEARING OFFICER ACTION

| COUNT/CHARGE   | REDUCE TO:               | DISMISS                  | RESOLVE                  | REFER                               | COUNT/CHARGE   | REDUCE TO:               | DISMISS                  | RESOLVE                  | REFER                    |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I <u>G-14</u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | V <u>  </u>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>G-18</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VI <u>  </u>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III <u>  </u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | VII <u>  </u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV <u>  </u>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | VIII <u>  </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. RESULTS OF INFORMAL, SUMMARY HEARING

| COUNT              | SANCTION | COUNT          | SANCTION |
|--------------------|----------|----------------|----------|
| I <u>Referral</u>  |          | V <u>  </u>    |          |
| II <u>Referral</u> |          | VI <u>  </u>   |          |
| III <u>  </u>      |          | VII <u>  </u>  |          |
| IV <u>  </u>       |          | VIII <u>  </u> |          |

7. EVIDENCE RELIED UPON; COMMENTS  
%i Report (NOC)

8. ADVISEMENT TO DISCIPLINARY COMMITTEE

COUNSEL SUBSTITUTE REQUESTED: ☐ YES ☒ NO WITNESSES REQUESTED: ☐ YES ☒ NO  
ALSO RECORD UPDATED: ☐ YES ☒ NO  
DATE: 6.2.99 BY WHOM:   

| NAME | NUMBER | LOCATION | NAME | NUMBER | LOCATION |
|------|--------|----------|------|--------|----------|
|      |        |          |      |        |          |

9. SIGNATURE AND RECEIPT  
HEARING OFFICER: Sgt W. Stanley DATE: 6.2.99 TIME: 1020a  
INMATE: Siansi Vanisi  
(INMATE TO SIGN BOTTOM OF PAGE)

10. DISTRIBUTION INSTRUCTIONS  
ORIGINAL - DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

DOP 43010 (04/93)

NDOCIFILE00231

00000115

AA03682



RECEIVED  
185/24

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

1. INMATE INFORMATION (PRINT)

LAST NAME: VANIST FIRST NAME: STAOSE  
ID#: 58497 CURRENT LOCATION: UNIT 12D10

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: ARTHUR CURRY TITLE: SEN. CORR. OFF  
DATE OF INCIDENT: 21 MAY 1999 DATE CHARGES WRITTEN: 21 MAY 1999  
EVIDENCE COLLECTED: ☐ YES ☒ NO EVIDENCE HELD BY: \_\_\_\_\_

CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)

I 614 II MS29 III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_  
VI \_\_\_\_\_ VII \_\_\_\_\_ VIII \_\_\_\_\_

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3010)

ON 21 MAY 1999, I SENIOR CORRECTIONAL OFFICER ARTHUR CURRY WAS ASSIGNED AS LEAD OFFICER IN UNIT 12 AT NEVADA STATE PRISON. AT APPROXIMATELY 7:44 PM INMATE VANIST #58497 WAS ALLOWED OUT OF HIS CELL TO SHOWER. I/M VANIST TO DISREGARD PREVIOUS WARNINGS ABOUT DELAYING OFFICERS IN THE COMPLETION OF THEIR DUTIES, PROCEEDED TO TAUNT OTHER INMATES IN "D" WING. I OBSERVED I/M VANIST WHILE I WAS IN THE MAIN CONTROL ROOM; HE PAINTED THE OTHER INMATES WINDOWS WITH SOAP AND THEN SCATTERED PIECES OF PAPER THROUGHOUT THE ENTIRE WING. HIS ACTIONS THUS DELAYED THE 12B OFFICER IN COMPLETING HIS DUTIES, AND PREVENTED US FROM LETTING THE OTHER INMATES IN UNIT 12 THE USE OF THE TELEPHONE.

END OF REPORT

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: Arthur Curry  
SIGNATURE OF SHIFT SUPERVISOR: R. M. Walker 5/21/99  
(Denotes Review/Approval of Completed Notice; Confirm Initiation of Record in NCIS)

5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: 6.2.99 TIME OF SERVICE: 10:30am  
PRINTED NAME OF HEARING OFFICER: William R. Stanley  
SIGNATURE OF HEARING OFFICER: W. Stanley  
INMATE SIGNATURE: Staose Vanist  
(Signature indicates receipt of notice only; it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

Danisi, Siasi 58497.

**6. PRISON PRESENTATION**  
*Good back-up reports and usual of the exercise walk along yard reveals that Danisi, while his bid to the water bucket to dig under the fence was - was able to dig approx 12-2 feet deep and approx 2-3 ft wide. He was able to get his legs under the fence line to effect an escape. If he had gotten through he only had a few feet to go in order to gain entrance to the units hood or over a gate to the Trade Area. Staff evidence relied upon: I saw (officers) responded and ordered Danisi (numerous times) to stop. The staff had to withdraw guns in the attempts to control Danisi in his escape attempt. The gun shots did go through the water bucket. Danisi was attempting to hide behind the water jug now unable to hold water upon gaining control and placing Danisi into his cell. Danisi, placed in his cell which required to be shut off.*

**CONFIDENTIAL INFORMATION (CI) CHECKLIST (BOTH A & B MUST BE "YES" TO RELY ON CI)**  
 A. CI RELIABLE: ☐ YES ☐ NO ☒ N/A  
 CHECK AT LEAST ONE BOX BELOW  
☐ INVESTIGATING OFFICER TESTIFIED PERSONALLY AS TO THE TRUTHFULNESS OF THE CONFIDENTIAL INFORMATION IN HIS REPORT  
☐ CORROBORATING TESTIMONY  
☐ DISCIPLINARY CHAIR HAS FIRST HAND KNOWLEDGE OF SOURCE AND SOURCE HAS BEEN RELIABLE IN PAST  
☐ IN-CAMERA REVIEW OF DOCUMENTS: FOUND RELIABLE  
 B. STATEMENT BY PRISON OFFICIAL: SAFETY PREVENTS DISCLOSURE OF CI ☐ YES ☐ NO

**7. FINDINGS**  

| COUNT/CHARGE           | REDUCE TO:               | GUILTY                              | NOT GUILTY               | DISMISS                  | COUNT/CHARGE | REDUCE TO:               | GUILTY                   | NOT GUILTY               | DISMISS                  |
|------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I <u>Col</u>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | V            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>MISLE (MISF)</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VII          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VIII         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 OTHER; SPECIFY: \_\_\_\_\_

**8. SANCTIONS**  
 A. 90 day yard loss 90 6-3-99 8-31-99  
 B. 180 day Disrupt Seg (OS) 180 2-28-2000 8-25-2000  
 C. Restraint - Water Jug - 780  
 D. Restraint - Shots Fired - 780  
 STAT PORTEFURE REFERRAL: ☐ YES ☒ NO  
 RECOMMENDED CATEGORY: ☐ A ☐ B ☐ C  
 ADMINISTRATIVE ASSESSMENT AMOUNT: \$  
 OTHER; SPECIFY: 100 disruptive / Viol. for Disrupting

**9. ANCILLARY INFORMATION/INSTRUCTIONS**  
 - REFER TO PAROLE BOARD AS VIOLATION OF PAROLE: ☐ YES ☒ NO  
 - POST DISCIPLINARY CLASSIFICATION: ☒ YES ☐ NO DATE: ASAP  
 - DISC/SEG SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO  
 - NCIS RECORD COMPLETED: DATE: \_\_\_\_\_ BY: \_\_\_\_\_

**10. SIGNATURE OF COMMITTEE**  
 CHAIRMAN: D. Maw Mark  
 MEMBER: \_\_\_\_\_  
 MEMBER: \_\_\_\_\_  
 MEMBER: \_\_\_\_\_

**11. DISTRIBUTION INSTRUCTIONS**  
 ORIGINAL - I-FILE COPY - INMATE COPY - CHARGING OFFICER



NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM III  
"SUMMARY OF DISCIPLINARY HEARING"

1. INMATE INFORMATION (PRINT)

LAST NAME: Vanisi FIRST NAME: Sias  
IDS: 58497 CURRENT LOCATION: U-1298 LOCATION OF DISCIPLINARY VIOLATION IF DIFFERENT THAN CURRENT LOCATION: U-1298

2. HEARING INFORMATION (PRINT)

DATE OF HEARING: 6-3-99 TIME OF HEARING: 1:30 PM  
IF HEARING IS LATE, EXPLAIN CIRCUMSTANCES OF THE DELAY:

INMATE DEFENDANT PRESENT: ☒ YES ☐ REFUSED ☐ REMOVED FOR BEHAVIOR  
COUNSEL SUBSTITUTE: REQUESTED ☐ YES ☒ NO APPROVED ☐ YES ☒ NO NAME: Cor Officer  
CHARGING EMPLOYEE NAME: Rudy McKee TITLE: Cor Officer  
STAT FORFEITURE POSSIBLE: ☐ YES ☒ NO SR POTENTIAL CATEGORY: ☐ A ☐ B ☐ C  
PROCEEDINGS RECORDED: ☒ YES ☐ NO  
INMATE CAUTIONED REGARDING POSSIBLE CRIMINAL CHARGES AND RIGHT TO REMAIN SILENT ☒ YES ☐ N/A

3. CHARGES AND PLEAS

| COUNT/CHARGE      | PLEA                     |                                     | NEGOTIATION REQUESTED    |  | COUNT/CHARGE | PLEA                     |                          | NEGOTIATION REQUESTED    |  |
|-------------------|--------------------------|-------------------------------------|--------------------------|--|--------------|--------------------------|--------------------------|--------------------------|--|
|                   | GUilty                   | NOT GUILTY                          |                          |  |              | GUilty                   | NOT GUILTY               |                          |  |
| I <u>C-1</u>      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | V            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| II <u>MT36</u>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| III <u>(MT37)</u> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | VII          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| IV                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | VIII         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

4. WITNESS INFORMATION

| NAME | IDS OR TITLE | APPROVED YES/NO          | REASON FOR DIGITAL       |                          | OTHER EXPLAIN BELOW      |
|------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |              |                          | RELEVANCY                | NECESSARY                |                          |
|      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

CHARGING EMPLOYEE TESTIMONY ☐ YES ☒ N/A ☐ WAIVED

5. INMATE STATEMENT

What good is a statement for --  
reports are incorrect - will discuss -  
anything else or my appeal -

| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM II<br>"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------|--------|--------------|--------------|---------|---------|--------------|---------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>Vanisi</u> FIRST NAME: <u>Siasi</u> ID#: <u>58497</u> CURRENT LOCATION: <u>NSP</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>2. HEARING INFORMATION (PRINT)</b><br>DATE OF HEARING: <u>6.2.99</u> TIME OF HEARING: <u>10:30 am</u><br>NAME OF HEARING OFFICER: <u>W. STANLEY</u> TITLE: <u>SGT</u><br>DATE OF SERVICE OF NOTICE OF CHARGE: <u>6.2.99</u><br>IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>3. CHARGES AND PLEAS</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th>COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th>COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th>COUNT/CHARGE</th> <th colspan="2">PLEA</th> </tr> <tr> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I <u>G.I.</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>III</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>W32 (cont)</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>IV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                          |                                     |                          |                          |                          |                          |                          | COUNT/CHARGE             | PLEA                     |          | COUNT/CHARGE | PLEA   |              | COUNT/CHARGE | PLEA    |         | COUNT/CHARGE | PLEA          |                          |                          | GUILTY                   | NOT GUILTY                          |   | GUILTY                   | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY           |                          | GUILTY                   | NOT GUILTY               | I <u>G.I.</u>                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | III                      | <input type="checkbox"/> | <input type="checkbox"/> | V   | <input type="checkbox"/> | <input type="checkbox"/> | VII                      | <input type="checkbox"/> | <input type="checkbox"/> | II <u>W32 (cont)</u>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | IV                       | <input type="checkbox"/> | <input type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | VIII | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLEA                     |                                     | COUNT/CHARGE             | PLEA                                |                          | COUNT/CHARGE             | PLEA                     |                          | COUNT/CHARGE             | PLEA                     |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GUILTY                   | NOT GUILTY                          |                          | GUILTY                              | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY               |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| I <u>G.I.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | III                      | <input type="checkbox"/>            | <input type="checkbox"/> | V                        | <input type="checkbox"/> | <input type="checkbox"/> | VII                      | <input type="checkbox"/> | <input type="checkbox"/> |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| II <u>W32 (cont)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | IV                       | <input type="checkbox"/>            | <input type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | VIII                     | <input type="checkbox"/> | <input type="checkbox"/> |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>4. STATEMENT OF INMATE</b><br><u>SAME FOR COMMITTEE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>5. HEARING OFFICER ACTION</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> </tr> </thead> <tbody> <tr> <td>I <u>G.I.</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>V</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>W32 (cont)</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>VI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>III</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>IV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                     |                          |                                     |                          |                          |                          |                          |                          | COUNT/CHARGE             | REDUCE TO:               | DISMISS  | RESOLVE      | REFER  | COUNT/CHARGE | REDUCE TO:   | DISMISS | RESOLVE | REFER        | I <u>G.I.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II <u>W32 (cont)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VI                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | III | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VII                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | IV                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VIII | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REDUCE TO:               | DISMISS                             | RESOLVE                  | REFER                               | COUNT/CHARGE             | REDUCE TO:               | DISMISS                  | RESOLVE                  | REFER                    |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| I <u>G.I.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | V                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| II <u>W32 (cont)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | VII                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | VIII                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>6. RESULTS OF INFORMAL, COMMUNITY HEARING</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>COUNT</th> <th>SANCTION</th> <th>COUNT</th> <th>SANCTION</th> </tr> </thead> <tbody> <tr> <td>I</td> <td><u>REFER</u></td> <td>V</td> <td></td> </tr> <tr> <td>II</td> <td><u>REFER</u></td> <td>VI</td> <td></td> </tr> <tr> <td>III</td> <td></td> <td>VII</td> <td></td> </tr> <tr> <td>IV</td> <td></td> <td>VIII</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                     |                          |                          |                          |                          |                          | COUNT                    | SANCTION                 | COUNT    | SANCTION     | I      | <u>REFER</u> | V            |         | II      | <u>REFER</u> | VI            |                          | III                      |                          | VII                                 |   | IV                       |                          | VIII                     |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SANCTION                 | COUNT                               | SANCTION                 |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>REFER</u>             | V                                   |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>REFER</u>             | VI                                  |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | VII                                 |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | VIII                                |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>7. EVIDENCE RELIED UPON; COMMENTS</b><br><u>C/O REPORT (NOC) SUPPLEMENTAL BACKUP REPORTS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>8. ASSIGNMENT TO DISCIPLINARY COMMITTEE</b><br>COUNSEL SUBSTITUTE REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WITNESSES REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>DATE: _____ BY WHOM: _____<br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>NAME</th> <th>NUMBER</th> <th>LOCATION</th> <th>NAME</th> <th>NUMBER</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     |                          |                          |                          |                          |                          | NAME                     | NUMBER                   | LOCATION | NAME         | NUMBER | LOCATION     |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
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| <b>9. SIGNATURES AND RECEIPT</b><br>HEARING OFFICER: <u>Sgt. W. Stanley</u> DATE: <u>6.2.99</u> TIME: <u>10:30 am</u><br>INMATE: <u>[Signature]</u><br><small>(INMATE TO SIGN SHOULD BE PRESENT)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>10. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |          |              |        |              |              |         |         |              |               |                          |                          |                          |                                     |   |                          |                          |                          |                          |                      |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |     |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |

DOP 93018 (06/93)

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AA03686

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

SUPPLEMENTAL REPORT

1. INMATE INFORMATION (PRINT)

LAST NAME: VAJISI FIRST NAME: SAISI  
ID#: 58497 CURRENT LOCATION: 12A10A

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: JAMES N. WILEY TITLE: CORRECTIONAL OFFICER

DATE OF INCIDENT: MAY 24, 1999 - MONDAY DATE CHARGES WRITTEN: SAME

EVIDENCE COLLECTED: ☐ YES ☐ NO EVIDENCE HELD BY: \_\_\_\_\_

CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)

I ☒ II ☒ III ☐ IV ☐ V ☐  
VI ☐ VII ☐ VIII ☐

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, SOP 2010)

AT APPROX. 12<sup>30</sup>PM MY PARTNER (COWLEY) AND I WERE ASSIGNED AS RAIL OFFICERS, UNIT 12 OFFICERS HICKS AND HUDSON CAME OUT TO PULL INMATE VAJISI FROM THE UNIT 12 WALK ALONG YARD AND THE INMATE WAS REFUSING TO LEAVE. OFFICER WILEY THEN BEGAN FIRING HIS SHOTGUN WITH NON-LETHAL AMMO AS NO AMMO THEN I FIRED ALL MY AMMO AND NOTED THAT VAJISI ACTUALLY HAD ONE LEG PROTRUDING FROM UNDERNEATH THE YARD FENCE. I RAN TO THE GUARD SHACK LOADED UP AGAIN AND WENT TO THE END OF THE RAIL FOR A BETTER SHOT AND COULD REALLY SEE WHERE HE WAS HIDE. UNDER THE FENCE BUT BY THEN THE EXTRACTION TEAM WAS READY TO GO IN ON HIM. HE WAS ORDERED NUMEROUS TIMES TO PUT HIS HEAD DOWN BUT INSTEAD HE KEPT SAYING LET ME GO OUT THIS WAY, REFERRING TO THE HOLE HE HAD MADE.

END OF REPORT

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: (Signature)

SIGNATURE OF SHIFT SUPERVISOR: (Signature)

(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in MUIS)

5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: \_\_\_\_\_ TIME OF SERVICE: \_\_\_\_\_

PRINTED NAME OF HEARING OFFICER: \_\_\_\_\_

SIGNATURE OF HEARING OFFICER: \_\_\_\_\_

INMATE SIGNATURE: \_\_\_\_\_

(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

SVajisi-NDOCIFILE00239

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AA03687

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

Supplemental  
Report

1. INMATE INFORMATION (PRINT)

LAST NAME: Vanisi FIRST NAME: Siaosi  
ID#: 58497 CURRENT LOCATION: Unit 12 D10A

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: Michael Wiley TITLE: Correctional Officer  
DATE OF INCIDENT: May 24, 1999 DATE CHARGES WRITTEN: May 24, 1999  
EVIDENCE COLLECTED: ☐ YES ☐ NO EVIDENCE HELD BY: \_\_\_\_\_

CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)

I ☐ II ☐ III ☐ IV ☐ V ☐  
VI ☐ VII ☐ VIII ☐

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3016)

On the above date at approx 12:30 PM while working the guard 2 position on top of Unit 10 at the Nevada State Prison I, Correctional Officer Michael Wiley noticed Correctional Officers A. Hudson and R. McKee attempting to remove Inmate Siaosi Vanisi #58497 from the unit 12 walk along yard. Inmate Vanisi #58497 would not comply with Officers verbal Request to exit the yard. I then gave inmate Vanisi #58497 the direct order to get on the ground. Inmate Vanisi #58497 then started Digging under the fence and attempting to escape through the hole he had been Digging under the east fence. I then gave Inmate Vanisi #58497 the order to get away from the hole. Inmate Vanisi #58497 So I fired 1 12 Gauge Rubber Round to his arm. Inmate Vanisi continued to crawl under the fence so I shot Inmate 23 HV Rubber Ball Rounds and five (5) 23 FS Rubber fins. Total Cost \$139.77. Officer Wiley then backed me up firing several rounds. Backup arrived at approx 12:42 PM and removed Inmate Vanisi #58497 from the yard to unit 4 for medical attention.

End

or

Report of

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: [Signature]  
SIGNATURE OF SHIFT SUPERVISOR: [Signature]  
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in NCIS)

5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: \_\_\_\_\_ TIME OF SERVICE: \_\_\_\_\_  
PRINTED NAME OF HEARING OFFICER: \_\_\_\_\_  
SIGNATURE OF HEARING OFFICER: \_\_\_\_\_  
INMATE SIGNATURE: \_\_\_\_\_  
(Signature indicates receipt of notice only; if it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

#60

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

1. INMATE INFORMATION (PRINT)

LAST NAME: VANISI FIRST NAME: SEACOR  
ID#: 58497 CURRENT LOCATION: UNIT 12 D 10A

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: Ruby R. Nelson TITLE: CORRECTIONAL OFFICER  
DATE OF INCIDENT: 24 MAY 1989 DATE CHARGES WRITTEN: 24 MAY 1989  
EVIDENCE COLLECTED: ☒ YES ☐ NO EVIDENCE HELD BY: Photos 20 and 21 and Daily  
CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)  
I 6-1 II 213-36(2)(4) III  IV  V   
VI  VII  VIII

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental page, DCP 3010)

On Monday, May 24, 1989, at approximately 12:27 PM, I, Correctional Officer Ruby R. Nelson, and Correctional Officer Hudson Gable, charged inmate Seacor, ID# 58497, with the following charges: TO COME TO THE WORKING EXERCISE YARD OF UNIT 12, INMATE VANISI, also was attempting to gain access to a small garden area next to the exercise yard by digging a hole in order to be shot by Rail Officer Wiley James Vanisi, regarding charges from myself and Officer Hudson to come to the yard, both and away from the hole which belonged to his escape. Fled on foot. Both Rail Officers (Officers Wiley and Vanisi) with they were out of ammunition, when the attempt to exit the yard fast fast while using a bag and white water cooler to hide behind which resulted in the cooler being damaged when hit by a fire. Ronald James Vanisi was ordered by Seacor to lay down and face the south fence. Inmate Vanisi was then escorted by Officers Hudson, Pross, Harky and Hudson and taken to the TANGUARY at approximately 1:00 PM. Inmate Vanisi was returned to Unit 12 and was slow to comply with orders given by Sgt Roberts after he and other prisoners were permitted to enter into the TANGUARY cell at approximately 1:50 PM. Inmate Vanisi did attempt to flood his cell. His water was ordered turned off by Lt. Colbert.

END OF REPORT

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: Ruby R. Nelson  
SIGNATURE OF SHIFT SUPERVISOR: LT. R. Echert  
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in ROLIS)

5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: 6-2-89 TIME OF SERVICE: 10:50 AM  
PRINTED NAME OF HEARING OFFICER: T. ROBERTS  
SIGNATURE OF HEARING OFFICER: Sgt. T. Roberts  
INMATE SIGNATURE: Seacor Vanisi  
(Signature indicates receipt of notice only. If it is not a plea, refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

STATE OF NEVADA  
DEPARTMENT OF PRISONS

I-File

CASE #

INCIDENT CLASSIFICATION: Vanisi Siaoosi  
#58497 - Flooding DATE May 26, 1999 PAGE # 1

On May 26, 1999 This reporting officer was operating the control Room of unit 12. At 5:30 P.M. S/O Curry finished showers in D-wing and let the D-wing porter out to clean the wing. Inmate Vanisi in D-10 of this wing started to push water out from under his door into the wing. 7-Post Lt. Colbert was notified and sent S/O Miller to unit 12. At 5:36 P.M. S/O Curry and S/O Miller entered D-wing after locking up the porter. To see what Inmate Vanisi was doing. S/O Curry with S/O Miller departed D-wing and called 7-Post and notified Lt. Colbert that this inmate was attempting to flood his house plus trying to push the water out into the wing. At this time Lt. Colbert placed Inmate Vanisi #58497 on water restrictions. Lt. Colbert told S/O Curry and myself S/O Gamble to give this Inmate 5 min. of water per hour until further notice. This restriction started at 5:40 P.M. on May 26, 1999.

End of Report.

|                    |             |                     |             |
|--------------------|-------------|---------------------|-------------|
|                    |             |                     | CASE NUMBER |
|                    |             |                     |             |
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|                    |             |                     |             |
|                    |             |                     |             |
| PRINT OFFICER NAME | APPROVED BY | OFFICER'S SIGNATURE | I.D. #      |
| Robert T. Gamble   | W/S         | Robert T. Gamble    |             |

DOP-028

NDOCIFILE00244

00000123

AA03690



STATE OF NEVADA  
DEPARTMENT OF PRISONS

## MEMORANDUM

TO: JOHN SLANSKY  
ASSISTANT DIRECTOR/OPERATIONS  
NEVADA DEPARTMENT OF PRISONS

FROM: JIM BENEDETTI, AWP  
NEVADA STATE PRISON

SUBJECT: CELL EXTRACTION OF SIAOSI VANISI #58497

DATE: 05/27/99

On 5/27/99, as officers in Unit 12 were attempting to complete the 11:30 a.m. count, they noticed that inmate Vanisi #58497 had his windows totally covered with paper.

Vanisi #58497 refused to come out of his cell and barricaded items in front of his cell.

An extraction team was formed and positioned themselves outside of Vanisi's cell and again ordered him to uncover the windows, show himself and come out of his cell and he refused.

His cell door was opened, and a canister of OC gas was placed in his cell in order to make him comply with orders to leave his cell. At this time, Vanisi #58497 came running out of his cell with his yellow tub as a shield and attacked staff.

He was immediately taken to the ground and placed in restraints.

It should be noted that all staff members were examined by medical and had only several minor scrapes. Inmate Vanisi #58497 was also examined by medical and he sustained no injuries.



JIM BENEDETTI, AWP  
NEVADA STATE PRISON

JB:v1

cc: File

NDOCIFILE00235

00000124

AA03691

**I. IDENTIFICATION DATA** (Current housing and custody status)

Circle One: Inpatient

Outpatient

Segregation (type)

ADMIN

**II. PRESENTING PROBLEM:**

MANIA & SERIOUS BEHAVIORAL  
MISCONDUCT

**III. MENTAL HEALTH HISTORY:**

(previous mental health treatment, suicide attempts, locations, dates)

NONE REPORTED

**IV. MEDICAL HISTORY:** (current conditions/significant past events)

**V. ALLERGIES:**

NEVADA DEPARTMENT OF PRISONS

**MENTAL HEALTH  
EVALUATION**

PAGE 1 OF 4

NAME

IVANIS, SIAOSI

LAST

FIRST

MI

DOP #

58497

D.O.B.

63376

DOP 2015 9/08

NDOC MED00296

00000125

AA03692

**VI. SOCIAL HISTORY:** (parents, siblings, education, work, martial status, children, sexual preferences)

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**VII. SUBSTANCE ABUSE HISTORY:** (cigarettes, coffee, illicit drugs, alcohol)

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**VIII. CRIMINAL HISTORY:**

PENDING TRIAL FOR MURDER OF  
UNR POLICE OFFICER

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VANISI, SIAOSI

11/22/99 New #63376  
#58497

X. ADDITIONAL COMMENTS:

MR. VANISI DOES NOT BELIEVE THAT HE IS MENTALLY ILL, BUT HE IS SMART & MOTIVATED. THEREFORE, HE IS ATTEMPTING TO MANIPULATE US INTO BELIEVING THAT HE IS PSYCHOTIC - WITH THE SHORT TERM GOAL OF AVOIDING RESPONSIBILITY FOR RECENT MISBEHAVIOR (DIGGING UNDER A FENCE, SETTING FIRES, REFUSING DIRECT ORDERS, ETC).

THIS WILL PRODUCE A FUTURE FORENSIC PROBLEM;

XI. DIAGNOSTIC IMPRESSION:

Axis I: 296.43 .x3 BI-POLAR/MANIC/SEVERE WITHOUT  
Axis II: 301.7 PSYCHOPATHIC DEVIATION. PSYCHOSIS  
Axis III:

XII. INITIAL TREATMENT RECOMMENDATIONS

MR. VANISI IS MOTIVATED TO AVOID A DEATH SENTENCE AND IS SMART & MANIPULATIVE. I AM REQUIRED BY ETHICS TO EDUCATE HIM REGARDING HIS MENTAL ILLNESS. THIS RESULTS IN HIS INCREASED ABILITY TO FAKE & EXAGGERATE SYMPTOMS. FOR EXAMPLE, HE TRIED TO TELL ME TODAY THAT HIS 'MANIC-DEPRESSION' MAKES HIM UNAWARE (= NOT RESPONSIBLE) OF WHAT HE IS DOING. I TOLD HIM HE WAS NOT TELLING ME THE TRUTH & EXPLAINED THAT BI-POLAR DISORDER COULD RESULT IN A DECREASED ABILITY TO MAKE RATIONAL/REASONABLE DECISIONS & TO CONTROL HIS IMPULSES. HE UNDERSTOOD THE DIFFERENCE IMMEDIATELY & APPLIED IT.

W. MacKray, Ph.D. Prin. Psychologist 6/6/99

CLINICIANS'S SIGNATURE/TITLE

DATE

| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM II<br>"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
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| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>Venisi</u> FIRST NAME: <u>Sirasi</u> ID#: <u>58497</u> CURRENT LOCATION: <u>12 C1A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>2. HEARING INFORMATION (PRINT)</b><br>DATE OF HEARING: <u>6.28.99</u> TIME OF HEARING: <u>11:20 AM</u><br>NAME OF HEARING OFFICER: <u>W. STANLEY</u> TITLE: <u>SGT</u><br>DATE OF SERVICE OF NOTICE OF CHARGES: <u>6.28.99</u><br>IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>3. CHARGES AND PLEAS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">PLEA</th> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">PLEA</th> <th colspan="3">COUNT/CHARGE</th> <th colspan="3">PLEA</th> </tr> <tr> <th>COUNT/CHARGE</th> <th>GUILTY</th> <th>NOT GUILTY</th> <th>COUNT/CHARGE</th> <th>GUILTY</th> <th>NOT GUILTY</th> <th>COUNT/CHARGE</th> <th>GUILTY</th> <th>NOT GUILTY</th> <th>COUNT/CHARGE</th> <th>GUILTY</th> <th>NOT GUILTY</th> <th>COUNT/CHARGE</th> <th>GUILTY</th> <th>NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I <u>M.1</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>III _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IX _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>G.14</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>IV _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                 |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          | COUNT/CHARGE             |                          |              | PLEA                     |                          |                           | COUNT/CHARGE |         |         | PLEA                       |              |                          | COUNT/CHARGE             |                                     |                          | PLEA    |                          |                          | COUNT/CHARGE             | GUILTY                   | NOT GUILTY     | COUNT/CHARGE                        | GUILTY                   | NOT GUILTY                          | COUNT/CHARGE             | GUILTY   | NOT GUILTY               | COUNT/CHARGE             | GUILTY                   | NOT GUILTY               | COUNT/CHARGE | GUILTY                   | NOT GUILTY               | I <u>M.1</u>             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | III _____                | <input type="checkbox"/> | <input type="checkbox"/> | V _____                  | <input type="checkbox"/> | <input type="checkbox"/> | VII _____                | <input type="checkbox"/> | <input type="checkbox"/> | IX _____   | <input type="checkbox"/> | <input type="checkbox"/> | II <u>G.14</u>           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | IV _____ | <input type="checkbox"/> | <input type="checkbox"/> | VI _____ | <input type="checkbox"/> | <input type="checkbox"/> | VIII _____ | <input type="checkbox"/> | <input type="checkbox"/> | X _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     | PLEA                                |                          |                          | COUNT/CHARGE             |                          |                          | PLEA                     |                          |                          | COUNT/CHARGE |                          |                          | PLEA                      |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GUILTY                              | NOT GUILTY                          | COUNT/CHARGE                        | GUILTY                   | NOT GUILTY               | COUNT/CHARGE             | GUILTY                   | NOT GUILTY               | COUNT/CHARGE             | GUILTY                   | NOT GUILTY               | COUNT/CHARGE | GUILTY                   | NOT GUILTY               |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| I <u>M.1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | III _____                           | <input type="checkbox"/> | <input type="checkbox"/> | V _____                  | <input type="checkbox"/> | <input type="checkbox"/> | VII _____                | <input type="checkbox"/> | <input type="checkbox"/> | IX _____     | <input type="checkbox"/> | <input type="checkbox"/> |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| II <u>G.14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | IV _____                            | <input type="checkbox"/> | <input type="checkbox"/> | VI _____                 | <input type="checkbox"/> | <input type="checkbox"/> | VIII _____               | <input type="checkbox"/> | <input type="checkbox"/> | X _____      | <input type="checkbox"/> | <input type="checkbox"/> |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>4. STATEMENT OF INMATE</b><br><u>BOTH ITEMS BELONGED TO ME NOT [REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>5. HEARING OFFICER ACTION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> <th>COUNT/CHARGE</th> <th>REDUCE TO:</th> <th>DISMISS</th> <th>RESOLVE</th> <th>REFER</th> </tr> </thead> <tbody> <tr> <td>I <u>M.1</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>G.14</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>III _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VII _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>IV _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          | COUNT/CHARGE             | REDUCE TO:               | DISMISS      | RESOLVE                  | REFER                    | COUNT/CHARGE              | REDUCE TO:   | DISMISS | RESOLVE | REFER                      | I <u>M.1</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | V _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II <u>G.14</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VI _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | III _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VII _____                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IV _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VIII _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REDUCE TO:                          | DISMISS                             | RESOLVE                             | REFER                    | COUNT/CHARGE             | REDUCE TO:               | DISMISS                  | RESOLVE                  | REFER                    |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| I <u>M.1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | V _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| II <u>G.14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VI _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| III _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | VII _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| IV _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | VIII _____               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>6. RESULTS OF INFORMAL, SUMMARY HEARING</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT</th> <th>SANCTION</th> <th>COUNT</th> <th>SANCTION</th> </tr> </thead> <tbody> <tr> <td>I</td> <td><u>10 DAYS LOSS OF TV</u></td> <td>V</td> <td>_____</td> </tr> <tr> <td>II</td> <td><u>6.28.99 THRU 7.6.99</u></td> <td>VI</td> <td>_____</td> </tr> <tr> <td>III</td> <td>_____</td> <td>VII</td> <td>_____</td> </tr> <tr> <td>IV</td> <td>_____</td> <td>VIII</td> <td>_____</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          | COUNT                    | SANCTION                 | COUNT        | SANCTION                 | I                        | <u>10 DAYS LOSS OF TV</u> | V            | _____   | II      | <u>6.28.99 THRU 7.6.99</u> | VI           | _____                    | III                      | _____                               | VII                      | _____   | IV                       | _____                    | VIII                     | _____                    |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SANCTION                            | COUNT                               | SANCTION                            |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>10 DAYS LOSS OF TV</u>           | V                                   | _____                               |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>6.28.99 THRU 7.6.99</u>          | VI                                  | _____                               |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                               | VII                                 | _____                               |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                               | VIII                                | _____                               |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>7. EVIDENCE RELIED UPON; COMMENTS</b><br><u>OFFICERS REPORT (NOC)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>8. ADVISEMENT TO DISCIPLINARY COMMITTEE</b><br>COUNSEL SUBSTITUTE REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO WITNESSES REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO NCIS RECORD UPDATED: _____ BY WHOM: _____<br>NAME: _____ NUMBER: _____ LOCATION: _____ NAME: _____ NUMBER: _____ LOCATION: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>9. SIGNATURES AND RECEIPT</b><br>HEARING OFFICER: <u>[Signature]</u> DATE: <u>6.28.99</u> TIME: <u>11:20 AM</u><br>INMATE: <u>REFUSED</u> (Refusal to sign should be noted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |
| <b>10. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |                           |              |         |         |                            |              |                          |                          |                                     |                          |         |                          |                          |                          |                          |                |                                     |                          |                                     |                          |          |                          |                          |                          |                          |              |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |            |                          |                          |                          |                          |                                     |          |                          |                          |          |                          |                          |            |                          |                          |         |                          |                          |

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

## 1. INMATE INFORMATION (PRINT)

LAST NAME: VANISI FIRST NAME: SIADOSI  
ID#: 58497 CURRENT LOCATION: 12C1A

## 2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: LAWRENCE WHITTINGTON TITLE: C/O  
DATE OF INCIDENT: 6-18-99 DATE CHARGES WRITTEN: 6-18-99  
EVIDENCE COLLECTED: ☒ YES ☐ NO EVIDENCE HELD BY: PROPERTY ROOM (30 day notice)  
CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)  
I M-1 II 6-14 III          IV          V           
VI          VII          VIII         

## 3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3016)

ON 6-18-99 I, CORRECTIONAL OFFICER LAWRENCE WHITTINGTON, WAS WORKING IN UNIT 12 AT NEVADA STATE PRISON.  
AT APPROXIMATELY 800AM WHILE SERVING BREAKFAST WITH SENIOR CORRECTIONAL OFFICER L. BADER WE NOTICED THAT INMATE VANISI, SIADOSI #58497 12C1A WAS WEARING A BLUE SWEATSHIRT. VANISI IS HOUSED IN DISCIPLINARY SEGREGATION AND IS NOT ALLOWED BLUE CLOTHING.  
AT APPROXIMATELY 945AM SLED BADER AND I WENT TO VANISI'S CELL DOOR AND ASKED FOR THE SWEATSHIRT. VANISI GAVE US THE SHIRT AND TOLD US IT BELONGED TO INMATE 12D2A.  
AT THAT TIME I SAW A COPY OF THE PRISONERS SELF HELP LITIGATION MANUAL IN VANISI'S CELL. SINCE THE LAW LIBRARY HAD CALLED FOR THE RETURN OF ALL LAW BOOKS FOR INVENTORY WE TOLD VANISI TO GIVE US THAT BOOK.  
UPON EXAMINATION I SAW THAT THE BOOK WAS MARKED WITH THE NAME          VANISI SAID THE BOOK BELONGED TO INMATE         .  
INMATE          TOLD OFFICER BADER THAT BOTH ITEMS DID BELONG TO HIM.  
AN INMATE BEING IN POSSESSION OF ANOTHER INMATE'S PROPERTY IS A VIOLATION OF INSTITUTIONAL PROCEDURES AND ADMINISTRATIVE REGULATIONS.  
BOTH ITEMS WERE SENT TO THE PROPERTY ROOM UNDER A 30 DAY NOTICE OF DISPOSITION.

## 4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: [Signature]  
SIGNATURE OF SHIFT SUPERVISOR: [Signature]  
(Denotes Review/Approval of Charged Notice; Confirms Initiation of Record in NCIS)

## 5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: 6-28-99 TIME OF SERVICE: 11:20 AM  
PRINTED NAME OF HEARING OFFICER: W. STANLEY  
SIGNATURE OF HEARING OFFICER: [Signature]  
INMATE SIGNATURE: [Signature]  
(Signature indicates receipt of notice only; if it is not a plea; refusal to sign should be noted.)

## 6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

NDOCIFILE00009

00000129

AA03696

Amended  
7-14-99  
DATE

## DATE \_\_\_\_\_

**DATE OF TRANSFER:**

DEPARTURE TIME:

TRANSFERRED BY:

VANISI, S. AOS: 58497

**BODY RECEIPT COMPLETED**

WARDEN'S SEC  
R. Moore  
CASEWORKERS

AA03697

CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

CASE NUMBER: 5976-99

|                                                                                                      |                |                                                                         |        |             |
|------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|--------|-------------|
| TYPE OF REPORT:<br>Continuation, Contraband found in cell D-7                                        |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        | PAGE 1 OF 1 |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff Office |                | LOCATION OF OCCURRENCE: 911 Parr Blvd. Housing Unit 4                   |        |             |
| LIST SUBJECT(S) IF KNOWN                                                                             |                |                                                                         |        |             |
| #                                                                                                    | SUBJECT NAME   | BOOKING #                                                               | A #    | SSN         |
| 1                                                                                                    | Vanisi, Siasoi | 14630198                                                                | 309674 | [REDACTED]  |
| 2                                                                                                    |                |                                                                         |        |             |

On July 17, 1999 I was assigned to work in Housing Unit 4. At approximately 2130 hours, Deputy Kimball (#1640) and I conducted a Safety and Security check of Vanisi's Cell (Cell 7 D-wing). While we conducted the check of Cell D-7, Vanisi was placed in the Right Yard. Deputy Ramm (#1646) operated the Video Camera from Multi Purpose room 2 while Vanisi was in the Yard.

During the check of Cell D-7 I observed Orange Peels in a plastic cup with water. There was a pencil sharpened on both ends. The pencil was wrapped with approximately 6 feet of toilet paper forming a ball. This "Pencil Ball" could of been used as a weapon. There were also approximately fifteen packages of salt and pepper.

The above mentioned contraband was disposed. There was no further contraband found in Cell D-7.

99 JUL 19 PM 3:11  
WASHOE COUNTY  
RENO, NEVADA

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☒ OTHER: CLASSIFICATION

|                             |                |               |        |                                     |        |
|-----------------------------|----------------|---------------|--------|-------------------------------------|--------|
| REPORTING DEPUTY<br>J.Hodge | COMM #<br>2026 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br>[Signature] | COMM # |
|-----------------------------|----------------|---------------|--------|-------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00925

00000131

AA03698

Van 151WC8000925





MEMORANDUM

July 27, 1999

TO: Captain Ganyon  
FROM: Deputy JSHarmon  
RE: INMATE VANISI, SIOSI BKG#14630198

This memo is in reference to Inmate Vanisi's behavior during the week of July 19, 1999 thru July 25, 1999. Inmate Vanisi has been quiet for the most part. He will sleep through the day and is active primarily at night. He continues to practice spinning moves while on tier time in the yard. He has only had one brief situation in which on July 23, 1999 he refused the first two requests from the Deputy to step inside his cell, but did comply on the third request.

I have attached the reports for the week of July 19 thru July 25, 1999.

WCSO00227

00000132

AA03699

50101-105000228

CONFIDENTIAL ☒ Y ☐ N

# CONTINUATION REPORT

SHERIFF



|                                                                                                                                                   |                                                           |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                   |                                                           | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: Video Taping of I/M Vanisi, Siasosi                                                                                   |                                                           | CASE NUMBER: 5976-99                                                    |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's Office | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd, Reno, NV, 89512 |                                                                         |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                                          |                                                           |                                                                         |  |
| SUBJECT 1: Vanisi, Siasosi / #14630198<br>SSN: DOB:                                                                                               |                                                           | SUBJECT 2:<br>SSN: DOB:                                                 |  |

1 On 07-22-99, the Housing Unit 4 Deputy called down to Intake and asked if a Intake Deputy could come down  
2 video tape Vanisi during his tier time. I video taped Vanisi from 2050 hours to 2150 hours. I video taped Vanisi  
3 the right side and observed him doing spin moves like he was trying to spin away from someone. I also observe  
4 him practicing kicking in all different directions at knee level.

5

6 On 07-23-99, Deputy Uptain and myself were working on the floor in Housing Unit 4 along with Deputy Wheel  
7 who was assigned to the Tower. From approximately 2051 hours to 2151 hours Deputy Menzel video taped  
8 Vanisi's tier time. At the beganing of Vanisi's tier time Deputy Uptain asked Vanisi if he would like to take a  
9 shower since he did not have one the day before. Vanisi said no and walked away from us over towards cell D-  
10 and started talking. At approximately 2135 hours as Uptain and I were conducting a routine unit check of the  
11 wings I asked Vanisi if he wanted to shower. Vanisi said, "No, not right now I want to talk for a while". Vanis  
12 went on to say that he wanted to take a shower in three minutes. I told Vanisi to let us know and he continued h  
13 tier time. At approximately 2151 hours Uptain and I went into D-wing and informed vanisi that his tier time wa  
14 now over. Vanisi said he wanted to take a shower and we again told Vanisi that his time was done for tier time.  
15 Vanisi told us that we were suppose to tell when he was suppose to take a shower and I explained to him that he  
16 should have let us know when he was ready. As Uptain was taking Vanisi's waist chains off in the door way of  
17 cell Uptain asked him to step forward. Vanisi ignored Uptain's verbal orders two different times and finally on  
18 third time of Uptain asking him to step in he did. The cell door was shut without incident.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                              |                 |               |        |                      |     |
|------------------------------|-----------------|---------------|--------|----------------------|-----|
| REPORTING DEPUTY<br>T. Bloom | COMM #<br>#1277 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COM |
|------------------------------|-----------------|---------------|--------|----------------------|-----|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: DATE: BY:

S-10B Revised 1/96

WCSO00228

00000133

AA03700

\*\*\* CONFIDENTIAL \*\*\*

SUNISI-WC5000229

WHITE: ICASE COPY: CANARY: IW EVIDENCE: PINK: ICASE FILE

Evidence Page \_\_\_\_ of \_\_\_\_

WCSO00229

00000134

AA03701

50101-1-100000230

CONFIDENTIAL ☒ Y ☐ N

# CONTINUATION REPORT

WASHOE COUNTY SHERIFF



|                                                                                                                                 |                                                          |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |                                                          | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: I/M VANISI on tier time                                                                             |                                                          | CASE NUMBER: 5976-99                                                    |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO         | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd. Reno, NV 89502 |                                                                         |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                        |                                                          |                                                                         |  |
| SUBJECT 1: VANISI, SIAOSI/14630198<br>SSN: 564538085 DOB: [REDACTED]                                                            |                                                          | SUBJECT 2:<br>SSN: DOB:                                                 |  |

1 On 7/24/99 I was assigned to work in Intake at the Washoe County Detention Facility. At about 2050 hours I  
 2 responded to Housing Unit Four to videotape I/M VANISI during his tier time per the Sheriff's Office policy.  
 3 began videotaping at 2055 hours.  
 4 The deputies on the floor during VANISI's tier time from 2055 hours to 2155 hours included: Deputies Kimba  
 5 (1640) and Uptain (1548). Deputy Fretz (1572) relieved Uptain at about 2130 hours. The deputy in the tower  
 6 Wilhoite (2029). Wilhoite was relieved by Deputy Mueller (1644) at about 2120 hours.  
 7  
 8 During his tier time, VANISI used the exercise yard. He walked in circles in the yard and appeared to talk to  
 9 himself. He spoke to various inmates in the D-Wing of Housing Unit Four through their cell doors. VANISI  
 10 took a shower. VANISI was waist chained during his tier time per Sheriff's Office policy. He was allowed to  
 11 his right hand free (the hand he chose) during his shower. The waist chains were removed at the end of his tier  
 12 by Fretz and Kimball.  
 13  
 14 There were no incidents during VANISI's tier time on 7/24/99.  
 15  
 16 The videotape I used was full at the end of VANISI's tier time. I booked the tape into evidence in locker #17  
 17 7/24/99 at 2300 hours.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                                     |                |               |        |                                            |                              |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|------------------------------|
| REPORTING DEPUTY<br>Benson Brown <i>[Signature]</i> | COMM #<br>1946 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COPIES<br><i>[Signature]</i> |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|------------------------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCSO00230

00000135

AA03702

\*\*\* **CONFIDENTIAL** \*\*\*

[illegible]

Evidence Page 1 of 1

WCSO00231

00000136

AA03703

SUanisi-WCS000232

CONFIDENTIAL ☒ Y ☐ N

# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                                                   |                                                           |                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                   |                                                           | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000<br>PAGE <u>1</u> OF <u>1</u> |  |
| CHARGE(S)/TYPE OF INCIDENT: Video Taping of I/M Vanisi, Siasosi                                                                                   |                                                           | CASE NUMBER: 5976-99                                                                                 |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's Office | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd, Reno, NV, 89512 |                                                                                                      |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                                          |                                                           |                                                                                                      |  |
| SUBJECT 1: Vanisi, Siasosi / #14630198<br>SSN: DOB:                                                                                               |                                                           | SUBJECT 2:<br>SSN: DOB:                                                                              |  |

1 On 07-22-99, the Housing Unit 4 Deputy called down to Intake and asked if a Intake Deputy could come down and  
2 video tape Vanisi during his tier time. I video taped Vanisi from 2050 hours to 2150 hours. I video taped Vanisi ir  
3 the right side and observed him doing spin moves like he was trying to spin away from someone. I also observed  
4 him practicing kicking in all different directions at knee level.  
5  
6 On 07-23-99, Deputy Uptain and myself were working on the floor in Housing Unit 4 along with Deputy Wheeler  
7 who was assigned to the Tower. From approximately 2051 hours to 2151 hours Deputy Menzel video taped  
8 Vanisi's tier time. At the beganing of Vanisi's tier time Deputy Uptain asked Vanisi if he would like to take a  
9 shower since he did not have one the day before. Vanisi said no and walked away from us over towards cell D-2  
10 and started talking. At approximately 2135 hours as Uptain and I were conducting a routine unit check of the  
11 wings I asked Vanisi if he wanted to shower. Vanisi said, "No, not right now I want to talk for a while". Vanisi  
12 went on to say that he wanted to take a shower in three minutes. I told Vanisi to let us know and he continued his  
13 tier time. At approximately 2151 hours Uptain and I went into D-wing and informed vanisi that his tier time was  
14 now over. Vanisi said he wanted to take a shower and we again told Vanisi that his time was done for tier time.  
15 Vanisi told us that we were suppose to tell when he was suppose to take a shower and I explained to him that he  
16 should have let us know when he was ready. As Uptain was taking Vanisi's waist chains off in the door way of his  
17 cell Uptain asked him to step forward. Vanisi ignored Uptain's verbal orders two different times and finally on the  
18 third time of Uptain asking him to step in he did. The cell door was shut without incident.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                             |                 |               |        |                                            |                              |
|-----------------------------|-----------------|---------------|--------|--------------------------------------------|------------------------------|
| REPORTING DEPUTY<br>T.Bloom | COMM #<br>#1277 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM #<br><i>[Signature]</i> |
|-----------------------------|-----------------|---------------|--------|--------------------------------------------|------------------------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCSO00232

00000137

AA03704

\*\*\* **CONFIDENTIAL** \*\*\*

SUanisi-WC5000233

S-10G (Rev. 6 94)

WHITE: (CASE COPY); CANARY: (W EVIDENCE); PINK: (CASE FILE)

Evidence Page \_\_\_\_ of \_\_\_\_

WCSO00233

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AA03705

SVANISI-WCS000234

CONFIDENTIAL ☒ Y ☐ N

# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                                 |                                                          |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |                                                          | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |
| CHARGE(S)/TYPE OF INCIDENT: I/M VANISI on tier time                                                                             |                                                          | PAGE 1 OF 2                                                             |
| CASE NUMBER: 5976-99                                                                                                            |                                                          |                                                                         |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO         | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd. Reno, NV 89502 |                                                                         |
| LIST SUSPECT(S) IF KNOWN                                                                                                        |                                                          |                                                                         |
| SUBJECT 1: VANISI, SIAOSI/14630198<br>SSN: [REDACTED] DOB: [REDACTED]                                                           |                                                          | SUBJECT 2:<br>SSN: DOB:                                                 |

1 On 7/24/99 I was assigned to work in Intake at the Washoe County Detention Facility. At about 2050 hours I  
2 responded to Housing Unit Four to videotape I/M VANISI during his tier time per the Sheriff's Office policy. I  
3 began videotaping at 2055 hours.  
4 The deputies on the floor during VANISI's tier time from 2055 hours to 2155 hours included: Deputies Kimball  
5 (1640) and Uptain (1548). Deputy Fretz (1572) relieved Uptain at about 2130 hours. The deputy in the tower wa  
6 Wilhoyte (2029). Wilhoyte was relieved by Deputy Mueller (1644) at about 2120 hours.  
7  
8 During his tier time, VANISI used the exercise yard. He walked in circles in the yard and appeared to talk to  
9 himself. He spoke to various inmates in the D-Wing of Housing Unit Four through their cell doors. VANISI also  
10 took a shower. VANISI was waist chained during his tier time per Sheriff's Office policy. He was allowed to ha  
11 his right hand free (the hand he chose) during his shower. The waist chains were removed at the end of his tier tir  
12 by Fretz and Kimball.  
13  
14 There were no incidents during VANISI's tier time on 7/24/99.  
15  
16 The videotape I used was full at the end of VANISI's tier time. I booked the tape into evidence in locker #17 on  
17 7/24/99 at 2300 hours.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                                     |                |               |        |                                            |                              |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|------------------------------|
| REPORTING DEPUTY<br>Benson Brown <i>[Signature]</i> | COMM #<br>1946 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM #<br><i>[Signature]</i> |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|------------------------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCSO00234

00000139

AA03706



## EVIDENCE

\*\*\* CONFIDENTIAL \*\*\*

[illegible]

WHITE: (CASE COPY): CANARY: (W EVIDENCE): PINK: (CASE FILE)

S-10G (Rev. 6 94)

Evidence Page 1 of 1

WCSO00235

00000140

AA03707



**MEMORANDUM**

August 3, 1999

TO: Captain Ganyon  
FROM: Deputy J. Harmon 1583  
RE: **INMATE VANISL SIOSI BKG.#14630128**

This memo is in reference to the behavior of Inmate Vanisi during the week of July 26, 1999 thru August 1, 1999. Inmate Vanisi continues to take his tier time during swing shift and is still primarily active only during the evening hours. Inmate Vanisi was given a crayon on July 28, 1999 in place of a pencil, due to the fact that he manufactured a weapon out of his pencil on July 17, 1999. I have attached the memo that was sent out which notified Detention Personal. Inmate Vanis has sent in two kites one requesting his book of Mormons and the other requesting an explanation of why he is to receive a crayon in place of a pencil.

I have attached all the above referenced documents.

Copy to DRT  
DA  
Chaplain

Send tapes to DA.

WCPD07835

00000141

AA03708



**MEMORANDUM**

August 9, 1999

**TO: Captain Ganyon**  
**FROM: Deputy J. Harmon**  
**RE: INMATE VANISI SIOSI BKG.#14630198**

This memo is in reference to Inmate Vanisi's behavior for the week of August 2, 1999 thru August 8, 1999. There has been no reports of any disruptive behavior. Inmate Vanisi continues to primarily sleep during the day and continues his activities at night. The only time Inmate Vanisi is active during the day is when he is receiving his attorney visits.

I have attached a report that is referencing Inmate Vanisi's complaint that he has knee problems and has been a little resistant when asked to kneel to have his chains removed. The one and only letter he sent out was to Deana Foilde and a copy has also been attached.

*Copies to DA.*  
                      
*OPI.*

WCPD07841

00000142

AA03709

CONFIDENTIAL ☐ ☐  
Y N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5676-99

|                                                                              |                |                                                                         |        |     |     |
|------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|--------|-----|-----|
| TYPE OF REPORT:<br>Refusal to obey an order                                  |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        |     |     |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO |                | LOCATION OF OCCURRENCE: 911 Parr Blvd Reno NV 89512 HU04 D07            |        |     |     |
| LIST SUBJECT(S) IF KNOWN                                                     |                |                                                                         |        |     |     |
| #                                                                            | SUBJECT NAME   | BOOKING #                                                               | A #    | SSN | DOB |
| 1                                                                            | Vanisi, Siaosi | 14630198                                                                | 309674 |     |     |
| 2                                                                            |                |                                                                         |        |     |     |

On 08-04-99 I was assigned to video tape I/M Vanisi while he was out of his cell. At approximately 1845 hrs Deputie Henderson #1469, Kimball #1640, Uptain #1548 and I escorted Vanisi back to his cell. We asked Vanisi to kneel on chair so that Henderson could remove his leg irons and Vanisi refused. We attempted to place a towel and a pillow on the chair for him but he still refused due to having knee problems. We placed him into the cell with the restraints on until we decided how we should remove them.

Approximately ten minutes later we returned to the cell and found that I/M Vanisi had placed his mattress on the ground and was already kneeling on it. We entered the cell and removed his restraints without incident.

Vanisi was very adamant about not kneeling on the chair due to his knee problem. This situation should be treated carefully because of his past history of aggressive behavior in these incidents.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                              |                |               |        |                      |        |
|------------------------------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>Iacoboni | COMM #<br>1683 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM # |
|------------------------------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCPD07842

00000143

AA03710

WASHOE COUNTY  
**SHERIFF**



**MEMORANDUM**

August 16, 1999

TO: Captain Ganyon  
FROM: Deputy J. Harmon 1583  
RE: **INMATE VANISL SIOSI BKG.#14630198**

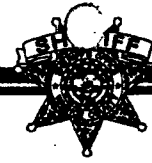
This memo is in reference to Inmate Vanisi's behavior for the week of August 9, 1999 thru August 15, 1999. There has been no reports of any disruptive behavior. Inmate Vanisi continues to primarily sleep during the day and continues his activities at night. The only time Inmate Vanisi is active during the day is when he is receiving his attorney visits.

I have attached a copy of a newspaper clipping from the Reno Gazette Journal dated August 11, 1999.

WCSO00208

00000144

AA03711



**MEMORANDUM**

August 9, 1999

TO: Captain Ganyon  
FROM: Deputy J. Harmon  
RE: **INMATE VANISI, SIOSI BKG.#14630198**

This memo is in reference to Inmate Vanisi's behavior for the week of August 2, 1999 thru August 8, 1999. There has been no reports of any disruptive behavior. Inmate Vanisi continues to primarily sleep during the day and continues his activities at night. The only time Inmate Vanisi is active during the day is when he is receiving his attorney visits.

I have attached a report that is referencing Inmate Vanisi's complaint that he has knee problems and has been a little resistant when asked to kneel to have his chains removed. The one and only letter he sent out was to Deana Foilde and a copy has also been attached.

WCSO00209

00000145

AA03712

012011-005000210

CONFIDENTIAL ☐ ☐  
Y N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5676-99

|                                                                              |               |                                                                         |        |            |            |
|------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|--------|------------|------------|
| TYPE OF REPORT:<br>Refusal to obey an order                                  |               | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        |            |            |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO |               | LOCATION OF OCCURRENCE: 911 Parr Blvd Reno NV 89512 HU04 D07            |        |            |            |
| LIST SUBJECT(S) IF KNOWN                                                     |               |                                                                         |        |            |            |
| #                                                                            | SUBJECT NAME  | BOOKING #                                                               | A #    | SSN        | DOB        |
| 1                                                                            | Vanisi, Siaso | 14630198                                                                | 309674 | [REDACTED] | [REDACTED] |
| 2                                                                            |               |                                                                         |        |            |            |

On 08-04-99 I was assigned to video tape I/M Vanisi while he was out of his cell. At approximately 1845 hrs Deputy Henderson #1469, Kimball #1640, Uptain #1548 and I escorted Vanisi back to his cell. We asked Vanisi to kneel on chair so that Henderson could remove his leg irons and Vanisi refused. We attempted to place a towel and a pillow on the chair for him but he still refused due to having knee problems. We placed him into the cell with the restraints on until we decided how we should remove them.

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Vanisi was very adamant about not kneeling on the chair due to his knee problem. This situation should be treated carefully because of his past history of aggressive behavior in these incidents.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER: \_\_\_\_\_

|                              |                |               |        |                      |        |
|------------------------------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>Iacoboni | COMM #<br>1683 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM # |
|------------------------------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00210

00000146

AA03713

11200501-WC5000211

CONFIDENTIAL ☐ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF

CASE NUMBER: 5676-99

|                                                                              |                                                              |                                                                        |  |
|------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------|--|
| TYPE OF REPORT:<br>Refusal to obey an order                                  |                                                              | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NEVADA 89502 |  |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO | LOCATION OF OCCURRENCE: 911 Parr Blvd Reno NV 89512 HU04 D07 |                                                                        |  |

LIST SUBJECT(S) IF KNOWN

| # | SUBJECT NAME   | BOOKING # | A #    | SEN | DOB |
|---|----------------|-----------|--------|-----|-----|
| 1 | Vanisi, Siaosi | 14630198  | 309674 |     |     |
| 2 |                |           |        |     |     |

On 08-04-99 I was assigned to video tape I/M Vanisi while he was out of his cell. At approximately 1245 hrs Deputy Henderson #1469, Kimball #1640, Uptain #1548 and I escorted Vanisi back to his cell. We asked Vanisi to kneel on chair so that Henderson could remove his leg irons and Vanisi refused. We attempted to place a towel over the chair for him but he still refused due to having knee problems. We placed him into the cell with the restraints on until we decided how we should remove them.

Approximately ten minutes later we returned to the cell and found that I/M Vanisi had placed his mattress on the ground and was already kneeling on it. We entered the cell and removed his restraints without incident.

Vanisi was very adamant about not kneeling on the chair due to his knee problem. This situation should be treated carefully because of his past history of aggressive behavior in these incidents.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                              |                |               |        |                      |      |
|------------------------------|----------------|---------------|--------|----------------------|------|
| REPORTING DEPUTY<br>Iacoboni | COMM #<br>1683 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM |
|------------------------------|----------------|---------------|--------|----------------------|------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00211

00000147

AA03714



Vanisi IWC8000903

CONFIDENTIAL ☒ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

| TYPE OF REPORT:<br>INFORMATIONAL                                                |                | 09 AUG 18 PM 1:33   |        | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |     | PAGE 1 OF 1 |  |
|---------------------------------------------------------------------------------|----------------|---------------------|--------|-------------------------------------------------------------------------|-----|-------------|--|
| COMPLAINANT <input type="checkbox"/> INMATE <input checked="" type="checkbox"/> |                | OCCURRENCE: HOUSE 4 |        |                                                                         |     |             |  |
| LIST SUBJECT(S) IF KNOWN                                                        |                |                     |        |                                                                         |     |             |  |
| #                                                                               | SUBJECT NAME   | BOOKING #           | A #    | SSN                                                                     | DOB |             |  |
| 1                                                                               | VANISI, SIAOSI | 14630198            | 309674 |                                                                         |     |             |  |
| 2                                                                               |                |                     |        |                                                                         |     |             |  |

On 8-16-99 I was working in Housing Unit 4. At approximately 2047 hours Deputy Henderson #1469, and I were assisting Nurse Patty Smith with med pass in D-Wing. We stopped at D-7 Inmate Vanisi's cell. Nurse Smith asked Vanisi if he wanted his medication. Vanisi stated, "yes". Once Nurse Smith handed Vanisi his medication, Vanisi picked out the Lithium pill and swallowed it. Vanisi then put his hand through the food slot and told nurse Smith he did not want the other pills. I asked Vanisi why he did not want all three pills, he told me he wanted to see how the Lithium would make him feel if he took it by itself.

NOTE: After talking with Vanisi, I asked Nurse Smith if she could look in the medical records and find out how many times Vanisi has skipped his medication. These are the times that were given to me by Nurse Smith.

Friday August 13. Refused all three medication Lithium, Restirdol, Elavil

Sunday August 15. Refused Restirdol

Monday August 16. Refused Restirdol, Elavil

EXTRA COPIES TO: ☐ DETECTIVES ☒ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER

|                                   |                |               |        |                      |               |
|-----------------------------------|----------------|---------------|--------|----------------------|---------------|
| REPORTING DEPUTY<br>G. LARRAMENDY | COMM #<br>1543 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM #<br>560 |
|-----------------------------------|----------------|---------------|--------|----------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00903

00000148

AA03715

VANIS1WC3000904

CONFIDENTIAL ☒ Y ☐ N

## INCIDENT REPORT

WASHOE COUNTY  
SHERIFF

CASE NUMBER: 5976-99

TYPE OF REPORT:  
INFORMATIONAL

09 AUG 18 PM 1:35

WASHOE COUNTY SHERIFF'S OFFICE  
911 PARR BLVD.  
RENO, NV 89512-1000

PAGE 1 OF 1

COMPLAINANT ☐ INMATE ☒WASHOE COUNTY  
RENO, NV 89512-1000  
HOUSING UNIT 4

LIST SUBJECT(S) IF KNOWN

| # | SUBJECT NAME   | BOOKING # | A #    | SSN | DOB |
|---|----------------|-----------|--------|-----|-----|
| 1 | VANISI, SIAOSI | 14630198  | 309674 |     |     |
| 2 |                |           |        |     |     |

On 08-17-99 I was working in Housing Unit 4. At approximately 1730 hours, Inmate Williams, Shawn #1016242 approached me at the Deputy Station. Williams handed me a note that Inmate Vanisi, Siaosi handed to him. I asked Williams what Vanisi wanted him to do with the note. Williams told me, Vanisi wanted the note delivered to cell D-2

I took the note and made a photo copy. The note was given back to Williams so he would be able to give it to Roberts, John in cell D-2. A photo copy of the note is attached to report.

No Further Details.

EXTRA COPIES TO: ☐ DETECTIVES ☒ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                                              |                |               |        |                                     |        |
|----------------------------------------------|----------------|---------------|--------|-------------------------------------|--------|
| REPORTING DEPUTY<br>G LARRAMENDY <i>1543</i> | COMM #<br>1543 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>1543</i> | COMM # |
|----------------------------------------------|----------------|---------------|--------|-------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00904

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CONFIDENTIAL ☒ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
**SHERIFF**



CASE NUMBER: 5976-99

|                                                                                 |                |                                        |                                                                         |     |             |
|---------------------------------------------------------------------------------|----------------|----------------------------------------|-------------------------------------------------------------------------|-----|-------------|
| TYPE OF REPORT:<br>INFORMATIONAL                                                |                | 39 AUG 18 PM 1:33                      | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |     | PAGE 1 OF 1 |
| COMPLAINANT <input type="checkbox"/> INMATE <input checked="" type="checkbox"/> |                | LOCATION OF OCCURRENCE: HOUSING UNIT 4 |                                                                         |     |             |
| LIST SUBJECT(S) IF KNOWN                                                        |                |                                        |                                                                         |     |             |
| #                                                                               | SUBJECT NAME   | BOOKING #                              | A #                                                                     | SSN | DOB         |
| 1                                                                               | VANISI, SIAOSI | 14630198                               | 309674                                                                  |     |             |
| 2                                                                               |                |                                        |                                                                         |     |             |

On 08-17-99 I was working in Housing Unit 4. At approximately 2030 hours Inmate Vanisi refused his Resirdol and Elavil medication. Vanisi took his Lithium pills.

No Further Details.

EXTRA COPIES TO: ☐ DETECTIVES ☒ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                                  |                |               |        |                                            |        |
|----------------------------------|----------------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>G LARRAMENDY | COMM #<br>1543 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|----------------------------------|----------------|---------------|--------|--------------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00908

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Vanisi WCSO00928

CONFIDENTIAL ☐ Y ☒ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

|                                                                                             |  |                                                                         |        |             |     |
|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--------|-------------|-----|
| TYPE OF REPORT:<br>INFORMATIONAL                                                            |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        | PAGE 1 OF 1 |     |
| COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>W.C.S.O. |  | LOCATION OF OCCURRENCE: HU04 911 PARR BLVD. RENO, NV.                   |        |             |     |
| LIST SUBJECT(S) IF KNOWN                                                                    |  | BOOKING #                                                               | A #    | SSN         | DOB |
| SUBJECT NAME                                                                                |  |                                                                         |        |             |     |
| 1 VANISI, SIAOSI                                                                            |  | 14630198                                                                | 309674 |             |     |
| 2                                                                                           |  |                                                                         |        |             |     |

On 8/18/99, I was working in housing unit four. At approximately 2000 hours, I/M Vanisi, Siaoasi #14630198 refused his resirdol and elavil medication, however he accepted his lithium pills. No further.

EXTRA COPIES TO: ☐ DETECTIVES ☒ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                                |                |               |        |                                            |        |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>J. KIMBALL | COMM #<br>1640 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00928

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Van1s1WC8000928

CONFIDENTIAL ☐ Y ☒ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF

CASE NUMBER: 5976-99

|                                                                                             |  |                                                                         |        |                           |
|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--------|---------------------------|
| TYPE OF REPORT:<br>INFORMATIONAL                                                            |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        | PAGE <u>1</u> OF <u>1</u> |
| COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>W.C.S.O. |  | LOCATION OF OCCURRENCE: HU04 911 PARR BLVD. RENO, NV.                   |        |                           |
| LIST SUBJECT(S) IF KNOWN                                                                    |  | BOOKING #                                                               | A #    | SSN                       |
| 1 SUBJECT NAME                                                                              |  | 14630198                                                                | 309674 |                           |
| 2                                                                                           |  |                                                                         |        |                           |

On 8/18/99, I was working in housing unit four. At approximately 2000 hours, I/M Vanisi, Siaosi #14630198 refused his resirdol and elavil medication, however he accepted his lithium pills. No further.

EXTRA COPIES TO: ☐ DETECTIVES ☒ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                                |                |               |        |                                            |        |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>J. KIMBALL | COMM #<br>1640 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00928

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Vanis IMC8000931

CONFIDENTIAL ☒ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

|                                                                                                  |                |                                                                         |        |             |            |
|--------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|--------|-------------|------------|
| TYPE OF REPORT:<br>Informational                                                                 |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        | PAGE 1 OF 1 |            |
| COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County |                | LOCATION OF OCCURRENCE: Housing Unit 4 D Wing                           |        |             |            |
| LIST SUBJECT(S) IF KNOWN                                                                         |                |                                                                         |        |             |            |
| #                                                                                                | SUBJECT NAME   | BOOKING #                                                               | A #    | SSN         | DOB        |
| 1                                                                                                | Vanisi, Siaosi | 14630198                                                                | 309674 | [REDACTED]  | [REDACTED] |
| 2                                                                                                |                |                                                                         |        |             |            |

On 9-22-99 I was holding over roving Area Control 2 for Midwatch. At approximately 2345 hours, when reading the passdown from Nightwatch, Deputy Marston (1467) noticed that Inmate VANISI, Siaosi had not received his tier time due to the amount of moves done on the previous shift. He notified Sgt. Beltron (508) that we would need to have an escort deputy free to record VANISI's tier time.

At approximately 0100 hours, Deputy Pilato (1576) arrived to record VANISI's tier time. When we informed Deputy Mair (629) to have him ready, he told us that VANISI informed him that he did not want his tier time. Deputies Marston, Pilato and myself immediately went to D Wing to make sure that VANISI understood that he was turning down his only opportunity to receive tier time.

We approached his cell. I asked VANISI to approach the door so we could talk. I asked him if he understood that he was turning down his tier time, and that he could come out only for a portion of it to use the shower or to complete any number of tasks, his only reply was, "I think I am going to sleep now Deputy Ramm." VANISI thanked us and went back to bed. Deputy Pilato recorded the exchange on video tape.

No further information at this time.

10/23/99 10:00 AM  
RECORDED  
INDEXED

EXTRA COPIES TO: ☐ DIRECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                             |      |               |        |                                            |        |
|-----------------------------|------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>R. Ramm | 1467 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|-----------------------------|------|---------------|--------|--------------------------------------------|--------|

DISSEMINATION: CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00931

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Vanisi1WC8000919

CONFIDENTIAL ☐ Y ☒ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

|                                                                                             |                |                                                                         |     |     |     |
|---------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|-----|-----|-----|
| TYPE OF REPORT:<br>INFORMATIONAL.                                                           |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |     |     |     |
| COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>W.C.S.O. |                | LOCATION OF OCCURRENCE: 911 PARR BLVD. HU 4, D-WING                     |     |     |     |
| LIST SUBJECT(S) IF KNOWN:                                                                   |                |                                                                         |     |     |     |
| #                                                                                           | SUBJECT NAME   | BOOKING #                                                               | A # | SSN | DOB |
| 1                                                                                           | VANISI, SIAOSI | 14630198                                                                |     |     |     |
| 2                                                                                           |                |                                                                         |     |     |     |

On 09/24/1999 at approximately 0630 hours the D.R.T. transport team for the Vanisi trial went to his cell in D-wing to get him for Court. While Vanisi walked around his cell getting his paper work and retrieving his underwear and socks he did several kicks in the air with both his right and left legs. It appeared to me that he was "loosening up" for whatever reason. Vanisi's kicks were about head level. Nothing further.

RECEIVED  
SEP 25 1999  
CLERK OF COURT  
JUDICIAL BRANCH  
CLERK OF COURT

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                              |                |               |        |                      |        |
|------------------------------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>J. ELLIS | COMM #<br>1359 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM # |
|------------------------------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00919

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Vanisi WC800920

CONFIDENTIAL ☒ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99./

|                                                                      |               |                                                                        |        |             |     |
|----------------------------------------------------------------------|---------------|------------------------------------------------------------------------|--------|-------------|-----|
| TYPE OF REPORT:<br>Informational                                     |               | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD<br>RENO, NV 89512-1000 |        | PAGE 1 OF 1 |     |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/> |               | LOCATION OF OCCURRENCE: WCDF Housing Unit Four                         |        |             |     |
| LIST SUBJECT(S) IF KNOWN                                             |               |                                                                        |        |             |     |
| #                                                                    | SUBJECT NAME  | BOOKING #                                                              | A #    | SSN         | DOB |
| 1                                                                    | Vanisi, Siosi | 14630198                                                               | 309674 |             |     |
| 2                                                                    |               |                                                                        |        |             |     |

On 09-24-99, I was assigned to Intake in the WCDF. At approximately 2215 hours, I was assigned to videotape Vanisi, Siosi # 14630198, while he was out on tier time. At approximately 2210 hours Vanisi was exercising in the left yard of housing unit four. While exercising, Vanisi was doing exercises that were consistent with martial arts moves. He was taking very wide, balanced stances and moving his hands as he was making strikes. He was making these moves slowly and very meticulously.

No Further

RECEIVED  
SEP 27 1999  
FBI - RENO

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER: Lt. FORBUS

|                                                     |                |               |        |                                            |               |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|
| REPORTING DEPUTY<br>Durbin, <u>[Signature]</u> 1951 | COMM #<br>1951 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><u>[Signature]</u> | COMM #<br>591 |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00920

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VanisiWC8000919

CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

|                                                                                             |                |                                                                         |     |             |     |
|---------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|-----|-------------|-----|
| TYPE OF REPORT:<br>INFORMATIONAL                                                            |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |     | PAGE 1 OF 1 |     |
| COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>W.C.S.O. |                | LOCATION OF OCCURRENCE: 911 PARR BLVD. HU 4, D-WING                     |     |             |     |
| LIST SUBJECT(S) IF KNOWN                                                                    |                |                                                                         |     |             |     |
| #                                                                                           | SUBJECT NAME   | BOOKING #                                                               | A # | SSN         | DOB |
| 1                                                                                           | VANISI, SIAOSI | 14630198                                                                |     |             |     |
| 2                                                                                           |                |                                                                         |     |             |     |

On 09/24/1999 at approximately 0630 hours the D.R.T. transport team for the Vanisi trial went to his cell in D-wing to get him for Court. While Vanisi walked around his cell getting his paper work and retrieving his underwear and socks he did several kicks in the air with both his right and left legs. It appeared to me that he was "loosening up" for whatever reason. Vanisi's kicks were about head level. Nothing further.

RECEIVED  
CRIMINAL JUSTICE  
DIVISION  
SEP 25 1999  
RENO, NEVADA

ENTRACOPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                              |                |               |        |                                            |        |
|------------------------------|----------------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>J. ELLIS | COMM #<br>1359 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|------------------------------|----------------|---------------|--------|--------------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL AGENCIES IS PROHIBITED

WCSO00919

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Vanis1WC3000920

CONFIDENTIAL ☒ Y ☐ N

## INCIDENT REPORT

WASHOE COUNTY  
SHERIFF

CASE NUMBER: 5976-99 ✓

TYPE OF REPORT:  
InformationalWASHOE COUNTY SHERIFF'S OFFICE  
911 PARR BLVD  
RENO, NV 89512-1000

PAGE 1 OF 1

COMPLAINANT ☐ INMATE ☐

LOCATION OF OCCURRENCE: WCDF Housing Unit Four

LIST SUBJECT(S) IF KNOWN

| # | SUBJECT NAME  | BOOKING # | A #    | SSN | DOB |
|---|---------------|-----------|--------|-----|-----|
| 1 | Vanisi, Siosi | 14630198  | 309674 |     |     |
| 2 |               |           |        |     |     |

On 09-24-99, I was assigned to Intake in the WCDF. At approximately 2215 hours, I was assigned to videotape Vanisi, Siosi # 14630198, while he was out on tier time. At approximately 2210 hours Vanisi was exercising in the left yard of housing unit four. While exercising, Vanisi was doing exercises that were consistent with martial arts moves. He was taking very wide, balanced stances and moving his hands as he was making strikes. He was making these moves slowly and very meticulously.

No Further

RENO, NEVADA  
SEP 27 1999

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER: Lt. FORBUS

|                                             |                |               |        |                                       |               |
|---------------------------------------------|----------------|---------------|--------|---------------------------------------|---------------|
| REPORTING DEPUTY<br>Durbin, <u>PRE</u> 1951 | COMM #<br>1951 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><u>C. Mac</u> | COMM #<br>591 |
|---------------------------------------------|----------------|---------------|--------|---------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00920

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CONTINUATION REPORT

CONFIDENTIAL ☒ Y ☐ N

|                                                                                                                                 |                                                                 |                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |                                                                 | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 PAGE 1 OF 1 |  |
| CHARGE(S)/TYPE OF INCIDENT: Supplemental                                                                                        |                                                                 | CASE NUMBER: 5976-99 ✓                                                              |  |
| COMPLAINANT <input checked="" type="checkbox"/> WCSO                                                                            | VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/> | ADDRESS, CITY, STATE, ZIP:                                                          |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                        |                                                                 |                                                                                     |  |
| SUBJECT 1: Vanisi, Siasosi 14630198<br>SSN: DOB:                                                                                |                                                                 | SUBJECT 2:<br>SSN: DOB:                                                             |  |

- 1 On 09/27/99 at approximately 1700 hrs, Dep. Ramm(1646) and I were notified by Sgt. Buchner(399) to respond to
- 2 Housing Unit 4, non-emergency. Sgt. Buchner informed us that Vanisi's property in his cell had to be inventoried
- 3 and searched and brought to the infirmary. Vanisi had been found guilty in court and was going to spend the night in
- 4 a Special Watch cell. His property was placed into garbage bags and brought to the infirmary at 1730 hrs.
- 5
- 6 At approximately 1815 hrs Vanisi arrived in the infirmary and placed in Special Watch cell. Vanisi was compliant
- 7 during the time the nurses were checking his vitals.
- 8
- 9 Approximately at 1855 hrs I received word from Lt. Welles to take Vanisi's property back to his cell in Housing
- 10 Unit 4, D-7, as he would probably be going back in the morning.
- 11
- 12 Attached is an itemized sheet of what was taken from and put back in his cell.
- 13
- 14 Dep. Gant (2019) made the itemized list.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                 |                |               |        |                                     |        |
|---------------------------------|----------------|---------------|--------|-------------------------------------|--------|
| REPORTING DEPUTY<br>E. Johnston | COMM #<br>1643 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br>Sgt. B. 399 | COMM # |
|---------------------------------|----------------|---------------|--------|-------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

REL TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCSO00915

00000158

AA03725



Vanisi WCSO00916

CONFIDENTIAL ☐  
Y N

SUPPLEMENTAL REPORT

CASE NUMBER: 05976-99

|                                                                      |                |                                                                         |        |            |            |
|----------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|--------|------------|------------|
| TYPE OF REPORT<br>INVENTORY OF PERSONAL ITEMS                        |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        |            |            |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/> |                | LOCATION OF OCCURRENCE: HOUSING UNIT 4 CELL D-7                         |        |            |            |
| LIST SUBJECT(S) IF KNOWN                                             |                |                                                                         |        |            |            |
| #                                                                    | SUBJECT NAME   | BOOKING #                                                               | A #    | SSN        | DOB        |
| 1                                                                    | VANISI, SLAOSI | 14630198                                                                | 309674 | [REDACTED] | [REDACTED] |
| 2                                                                    |                |                                                                         |        |            |            |

On 09/27/99 I was assigned to work Housing Unit 4 with Deputy Longshore #1350 during Night Watch. At approximately 1630 hours Sgt. Buchner #0399 notified me that Inmate Vanisi would be moving to the Infirmary when he returned from Court today. Sgt. Buchner instructed me to assist Deputies Ramm #1646, and Johnston #1643 in compiling an Inventory of all of Inmate Vanisi's personal belongings that are in cell D-7. The list is as follows:

1. 4-FILE FOLDERS OF LEGAL PAPERS
2. 10-ENVELOPES CONTAINING LEGAL PAPERS AND CORRESPONDENCE PAPERS
3. 1-MANILLA FOLDER CONTAINING LEGAL PAPERS
4. 1-BOOK OF MORMON RELIGIOUS BIBLE
5. 1-BIBLE
6. 1-LEGAL NOTEPAD CONTAINING LEGAL INFORMATION
7. 2-MANILLA ENVELOPES CONTAINING CORRESPONDENCE AND GENERAL PAPERS
8. 3-MANILLA ENVELOPES CONTAINING INMATE REQUEST FORMS
9. 3-SMALL MANILLA ENVELOPES CONTAINING CORRESPONDENCE
10. 1-MANILLA ENVELOPE CONTAINING MISCELLANEOUS CORRESPONDENCE
11. 1-WRITING TABLET
12. VARIOUS LOOSE SHEETS OF TABLET WRITING PAPER
13. 1-INTACT DICTIONARY
14. 1-DICTIONARY TORN INTO SECTIONS
15. 1-BLANK LEGAL PAD
16. 32-PERSONAL PHOTOGRAPHS
17. 1-USED NAIL FILE

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER \_\_\_\_\_

|                             |                |               |        |                      |                     |
|-----------------------------|----------------|---------------|--------|----------------------|---------------------|
| REPORTING DEPUTY<br>GANT, G | COMM #<br>2019 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM #<br>Sgt. B399 |
|-----------------------------|----------------|---------------|--------|----------------------|---------------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00916

00000159

AA03726

Vanisi WCSO00917

CONFIDENTIAL ☐ ☒  
Y N

SUPPLEMENTAL REPORT

CASE NUMBER: 05976-99

|                                                                      |                |                                                                         |        |             |            |
|----------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|--------|-------------|------------|
| TYPE OF REPORT:<br>INVENTORY OF PERSONAL ITEMS                       |                | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        | PAGE 2 OF 2 |            |
| COMPLAINANT <input type="checkbox"/> INMATE <input type="checkbox"/> |                | LOCATION OF OCCURRENCE: HOUSING UNIT 4 CELL D-7                         |        |             |            |
| LIST SUBJECT(S) IF KNOWN                                             |                |                                                                         |        |             |            |
| #                                                                    | SUBJECT NAME   | BOOKING #                                                               | A #    | SSN         | DOB        |
| 1                                                                    | VANISI, SIAOSI | 14630198                                                                | 309674 | [REDACTED]  | [REDACTED] |
| 2                                                                    |                |                                                                         |        |             |            |

18. 1-USED ERASER
19. 1-OPENED CONTAINER OF LIP BALM
20. 1-OPENED BOTTLE OF COCOA BUTTER LOTION
21. 1-OPENED BOTTLE OF SKIN CARE LOTION
22. 1-OPENED BOTTLE OF SHAMPOO
23. 1-OPENED CONTAINER OF SPEED STICK DEODORANT
24. 1-USED PAIR OF SHOWER SHOES
25. 1-OPENED BAG OC CANDY CONTAINING TOOTSIE ROLLS AND BEER BARREL CANDIES
26. 1-UNOPENED PEANUT BUTTER AND CHOCOLATE BAR
27. 3-UNOPENED SINGLE BAGGED OATMEAL COOKIES
28. 1-OPENED BAG OF OATMEAL COOKIES
29. 2-UNOPENED BAGS OF OATMEAL COOKIES
30. 1-UNOPENED BAG OF CORN NUTS
31. 7-UNOPENED HONEY BUNS
32. 6-UNOPENED BAGS OF POPCORN
33. 5-UNOPENED BAGS OF CORN CHIPS

These personal items are to be put in Inmate Vanisis' personal property storage until further notice.

Nothing Further at this time

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

|                             |          |                |               |        |                      |        |
|-----------------------------|----------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>GANT, G | 5/8/2019 | COMM #<br>2019 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMM # |
|-----------------------------|----------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00917

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VanisiWC8000918

CONFIDENTIAL ☒ ☐ N

# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF'S OFFICE



|                                                                                                                                 |  |                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 PAGE 1 OF 1 |  |
| CHARGE(S)                                                                                                                       |  | CASE NUMBER 5976-99                                                                 |  |
| COMPLAINANT'S NAME<br>WCSO                                                                                                      |  | COMPLAINANT'S ADDRESS CITY STATE                                                    |  |

LIST  
SUSPECT(S)  
IF  
KNOWN

| S-1 | SUSPECT(S)                                | S-2 | SUSPECT(S) | S-3 | SUSPECT(S) |
|-----|-------------------------------------------|-----|------------|-----|------------|
| 1   | VANISI, SIAOSI                            |     |            |     |            |
| 2   | BK# 14630198                              |     |            |     |            |
| 3   | DOB [REDACTED]                            |     |            |     |            |
| 4   | SSN [REDACTED]                            |     |            |     |            |
| 5   |                                           |     |            |     |            |
| 6   | ON 9-27-99 AT APPROX 1700 HRS SGT BUCKNER |     |            |     |            |
| 7   | CAME INTO THE INFIRMARY AND INFORMED      |     |            |     |            |
| 8   | ME THAT INMATE VANISI WAS COMING BACK     |     |            |     |            |
| 9   | FROM COURT AND WAS TO BE PLACED IN        |     |            |     |            |
| 10  | AN SW CELL (SPECIAL WATCH) THE            |     |            |     |            |
| 11  | INMATE IN SW1 WAS MOVED TO SW3            |     |            |     |            |
| 12  | AND THE MATTRESS WAS REMOVED.             |     |            |     |            |
| 13  | A HOT MEAL WAS DELIVERED TO THE           |     |            |     |            |
| 14  | INFIRMARY AT 1715 HRS                     |     |            |     |            |
| 15  | VANISI WAS RETURNED FROM COURT AND        |     |            |     |            |
| 16  | PLACED IN SW1 AT 1816 HRS                 |     |            |     |            |
| 17  |                                           |     |            |     |            |
| 18  |                                           |     |            |     |            |
| 19  |                                           |     |            |     |            |
| 20  |                                           |     |            |     |            |
| 21  |                                           |     |            |     |            |
| 22  |                                           |     |            |     |            |
| 23  |                                           |     |            |     |            |
| 24  |                                           |     |            |     |            |
| 25  |                                           |     |            |     |            |

|                          |                |                      |                                       |
|--------------------------|----------------|----------------------|---------------------------------------|
| REPORTING OFFICER<br>Dex | I.D. #<br>1020 | SECOND OFF<br>I.D. # | APPROVING<br>SUPERVISOR<br>S. LEB 399 |
|--------------------------|----------------|----------------------|---------------------------------------|

Extra Copies

☐ Detectives

☐ DA

☐ CNU

☐ P&P

☐ FBI

Social  
Services

☐ Other

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REL TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-108 Revised 1/96

WCSO00918

00000161

AA03728

SVanisi-NDOCIFILE00081

WASHOE COUNTY SHERIFF'S OFFICE REGIONAL DETENTION FACILITY  
INMATE CUSTODY TRANSFER RELEASE REPORT

REPORT: TRANSFER  
DATE: 10/06/1999  
TIME: 10:11

BOOKING # ...14630198 INMATE...VANISI, SIAOSI  
BOOKING DATE: 01/24/1998 TIME...10:56 TYPE.. O = ORIGINAL BOOKING.

ARRESTING AGENCY...RENO POLICE DEPARTMENT  
ARRESTING OFFICER...Officer Jim G. Duncan  
ARREST LOCATION.....911 PARR BLVD, RENO, NV  
ARREST DATE..... 01/24/1998 ARREST TIME ...10:56  
OFFENSE DATE..... 01/24/1998 OFFENSE TIME...  
OFFENSE LOCATION.....

WANTS CHECK Y/N? ..Y DATE CHECKED...10/06/1999 WANTED Y/N? ..J

HOLDSSAFE KEEPING

RELEASE DATE...10/06/1999 RELEASE TIME:10:11 RELEASE TYPE...  
RELEASE COMMENTS..

TRANSFERRED TO WHERE: NSP

TRANSPORT PERSONS..... WCSO DEPUTIES

INMATE CASH RELEASED \$50.24

INMATE'S SIGNATURE \_\_\_\_\_  
TRANSPORT PERSON \_\_\_\_\_  
RELEASING EMPLOYEE \_\_\_\_\_  
SUPERVISOR'S SIGNATURE \_\_\_\_\_

NDOCIFILE00081

00000162

AA03729

SEGREGATION PSYCHOLOGICAL EVALUATION

I. NAME: VANIS, SIAOSI NDOP #: 58497  
 AGE: new #63376

BRIEF DESCRIPTION OF REASON FOR PLACEMENT IN SEGREGATION:

ADMIN - AWAITING FORMAL  
DEATH SENTENCE

LENGTH OF SEG CLASSIFICATION: TO ESP

II. HISTORY OF ANY MENTAL ILLNESS:

MAJOR BI-POLAR MOOD DISORDER; NO  
PSYCHOTIC FEATURES.

CONSCIOUSLY EXAGGERATES HIS MENTAL  
 ILLNESS SYMPTOMS (FOR FUN &  
 FOR HIS DEFENSE RE DEATH SENTENCE.

III. ALCOHOL AND DRUG USE HISTORY:

polydrug abuse

IV. MENTAL STATUS EXAMINATION

a. Appearance: HE'S IN HIS MANIC PERIOD,  
 b. Mood and Affect: BUT IT IS VERY MODERATED  
 c. Sensorium: BY THE LITHIUM HE  
 d. Cognitive test: IS TAKING  
 e. Intelligence: WEARING  
 f. Thought process: UNDERWEAR ON HIS HEAD  
 g. Thought content: NOT TOTAL RATIONALITY -  
 h. Assessment of suicidal/homicidal Ideation: PLAYING WITH HIS MENTAL  
ILLNESS.

W/ Marc Knapp, Ph.D.  
 PSYCHOLOGIST/PSYCHIATRIST

DATE: 10/12/99



| DATE & TIME | PROB | DISCIP | PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------|------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/15/00     |      | MOY    | Admission Psychiatric Evaluation: Vanisi, April 15, 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|             |      |        | <b>Chief complaint:</b> this is a 29-year-old native of time to who denies any current problems.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|             |      |        | <b>History of present illness:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             |      |        | On April 14th 2000, a behavioral observation form was received from Vanisi's housing unit documenting bizarre behavior, threatening behavior, apparently talking to self, and smearing feces on his face while wearing his underwear on his head.                                                                                                                                                                                                                                                                                        |
|             |      |        | The mental health professional evaluated the patient and described a malodorous cell, feces on the patient's face and public masturbation. For this reason the patient was brought to the mental health unit. He was treated as a gravely disabled bipolar patient and given a single intramuscular cocktail of Haldol, Ativan, and Cogentin. Following the shot he was provided with hygiene materials, he showered, and went to sleep for about 12 hours with infrequent interruptions.                                                |
|             |      |        | <b>Past Psychiatric History:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|             |      |        | The patient is a death row inmate who has been incarcerated for the past two to three years in state and county systems. He arrived annually state prison in December 1999. At the time of his arrival he was carrying a diagnosis of bipolar disorder with exaggerated symptoms. He had previously been on risperidone, lithium, and Elavil. Risperidone was discontinued in November and he arrived at Ely State Prison taking lithium and Elavil. Upon arrival he claimed to have ADHD and requested prison bupropion for depression. |
|             |      |        | Bupropion is not a formulary medication. There was no corroboration of ADHD and nortriptyline was selected as an antidepressant agent which is also indicated for ADHD. Subsequent lithium levels indicated he was compliant with lithium but the nortriptyline level was not detectable. Consequently nortriptyline was canceled. The patient protested but refused to see the psychiatrist about this problem.                                                                                                                         |
|             |      |        | Today the patient denied that he smeared feces on his face. He claimed that he had used a mixture of coffee and toothpaste has a kind of makeup. He also claimed that the use of underwear on his head was a simple substitution for a hat. "If I had had a hat, I would have worn that instead."                                                                                                                                                                                                                                        |

NEVADA DEPARTMENT OF PRISONS

NAME VANISI

SIAMSI

LAST

FIRST

MI

PROGRESS NOTES

Admission Psychiatric Evaluation April 15, 2000

DOP# 63376

163A

DOP 2510 11/10/00

AA03731

| DATE & TIME | PROB | DISCIP | PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------|------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |      |        | (cont) <span style="float: right;">2/4</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4/15/00     |      | MD4    | <p>The patient denied any auditory or visual hallucinations. He claimed that he was never talking to himself and that all conversations were directed at correctional officers or other inmates. He denied thought insertion, thought broadcasting, or paranoid ideation. He denied recent sadness, sleeping difficulties, anhedonia, eating problems, lack of energy, suicidal ideation, or difficulty thinking or concentrating.</p> <p>Although exhibiting grandiosity, he denied flight of ideas, irritability, difficulty being interrupted, or increased energy. Although he claims that he felt better when taking both lithium and nortriptyline, the patient is unable to describe target symptoms for these medications. The patient denied symptoms of anxiety, intrusive thoughts, or compulsions.</p> <p><b>Past psychiatric history</b></p> <p>The patient denies any psychiatric or psychological intervention prior to his incarceration. His first encounter with the psychiatrist occurred in the county jail in Reno Nevada. He denies having requested such intervention.</p> <p>He denies psychiatric hospitalization or suicide attempts to the past.</p> <p>He received a diagnosis of bipolar disorder of while incarcerated. Other evaluators have noted an exaggeration of symptoms consistent with malingering.</p> <p><b>Past medical history</b></p> <p>The patient denies any significant medical or surgical illnesses.</p> <p>He denies a history of venereal disease.</p> <p>He denies history of head injury and he denies any episode of seizures or loss of consciousness.</p> <p><b>Family history</b></p> <p>The patient denies any history of suicide or psychiatric illness or treatment of any family member. He describes a sibling with alcohol abuse or dependence.</p> |

NEVADA DEPARTMENT OF PRISONS

NAME VANISI

S1A031

LAST

FIRST

MI

PROGRESS NOTES

DOP#

63376

**163B**

AA03732

| DATE & TIME | PROB | DISCIP | PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/15/00     | 494  |        | (Cont)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             |      |        | <b>Social history</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|             |      |        | The patient was born to an intact family, the middle of seven children. He denies any history of physical or sexual abuse. He was born in Tonga, and moved to the United States at the age of 6. His native language is Tongan. He had some difficulty learning to read and write but he was able to converse fluently. Both parents spoke some English.                                                                                                                                                                                     |
|             |      |        | He denies any history of alcohol abuse, says that he used amphetamines on 5 occasions and smoked marijuana regularly for one year.                                                                                                                                                                                                                                                                                                                                                                                                           |
|             |      |        | He was unable to state the age of his first sexual encounter. He says that he is heterosexual and has had approximately 30 sexual partners.                                                                                                                                                                                                                                                                                                                                                                                                  |
|             |      |        | He has worked as a laborer and has done professional acting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|             |      |        | <b>Mental status examination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|             |      |        | The patient was alert, clean and without noticeable odor. There were no abnormal movements. He is a very large man with a thick body.                                                                                                                                                                                                                                                                                                                                                                                                        |
|             |      |        | His speech was fluent, somewhat pressured but interruptible, tended to be circumstantial but ultimately goal directed when pushed. His vocabulary is good although he sometimes uses multiple syllable words inappropriately where simpler language might be preferred. He frequently attempted to engage in legalisms, such as a 0 nortriptyline level being inaccurate, the inappropriateness of his admission to the mental health unit, the assumption on my part that he had actually smeared feces on his face without formal testing. |
|             |      |        | There was no evidence of a thought disorder and he denied paranoia, auditory hallucinations, suicidal ideation or homicidal ideation. His affect was serious but euthymic. There was good range of affect. He described his mood as "fine".                                                                                                                                                                                                                                                                                                  |
|             |      |        | The patient was oriented to year, month, date, day of the week, and location and season. His memory was three out of three immediately had five minutes.                                                                                                                                                                                                                                                                                                                                                                                     |
|             |      |        | He was able to calculate two times 48, but this two times '96. He spelled world both forward and backward. He was able to explain proverbs without difficulty.                                                                                                                                                                                                                                                                                                                                                                               |

NEVADA DEPARTMENT OF PRISONS

NAME VANISI

SILOSI

LAST

FIRST

MI

PROGRESS NOTES

DOP#

63376

163C

AA03733



State of Nevada  
Department of Corrections  
DISCIPLINARY FORM I  
NOTICE OF CHARGES

INMATE INFORMATION VIOLATION INFORMATION

INMATE NAME: VANISI, SIAOSI 63376

CHARGING EMPLOYEE: Sgt Ronald Bryant

CURRENT LOCATION: ESP-UB-A-18-A; : NC

DATE OF INCIDENT: 02/28/2008

DOC#: 154675

DATE CHARGES WRITTEN: 02/28/2008

G1: Disobedience

On February 28, 2008 at approximately 1:58 pm I Correctional Sergeant Ronald Bryant responded to cell 6A18 in the ESP infirmary. Inmate Vanisi SIAOSI # 63376 was refusing to be restrained for forced medication. I gave inmate Vanisi numerous orders to come to the cell door and be restrained so medication could be administered. Inmate Vanisi refused all orders resulting in a planned use of force to secure him for forced medication application.

*[Signatures]*

DATE OF SERVICE: 3-4-08 TIME OF SERVICE: 11:36am Primary Hearing Officer (Original)

PRINTED NAME OF HEARING OFFICER Jerry B. B. Charging employee (Copy)

SIGNATURE OF HEARING OFFICER *[Signature]* Inmate (Copy)

SIGNATURE OF INMATE *[Signature]*

G1 - Guilty 10 days loss of credits

Reference Name: NOTIS-RPT-OR-0061

Report Name: NVRNOC

Run Date: FEB-28-08 04:13 PM



**State of Nevada**  
**Department of Corrections**  
**DISCIPLINARY FORM I**  
**NOTICE OF CHARGES**

(Signature indicates receipt of notice only. It is not a plea; refusal to sign should be noted)

---

Reference Name: NOTIS-RPT-OR-0081  
Report Name: NVRNOC  
Run Date: FEB-28-08 04:13 PM

Page 2 of 2

NDOCIFILE00482

00000165

AA03735



**State of Nevada**  
**Department of Corrections**  
**DISCIPLINARY FORM I**  
**NOTICE OF CHARGES**

**INMATE NAME:** VANIS, SIAOSI 63376 **CHARGING EMPLOYEE:** Judy Westphal  
**CURRENT LOCATION:** ESP-JB-A-18-A-11NC **DATE OF INCIDENT:** 02/22/2008  
**ONCH:** 152655 **DATE CHARGES WRITTEN:** 02/22/2008

**MUZB:** Org. Work Stoppage /  
 Demonstration

**G1:** Disobedience

**G14:** Failure to Follow Rules and  
 Regs

At approximately 8:00AM on February 22, 2008, Judy Westphal was working the control of Unit 3 when officers C/O Alice Jacoby, C/O Michael Alar, and C/O Robert Coble went to the cell door of inmate Vanis, SIAOSI 63376 and asked if he wanted to shower. He yelled in a very loud voice, am I dreaming, am I dreaming, am I really going to get a shower. C/O Coble placed the cuffs on Vanis along with the leash as he kept telling them they may not get the cuffs back. Vanis started yelling about the leash from the time they left the cell door till about half way to the shower where he stopped dropped his shower towel and kicked it and told the officers to pick it up and to do it now. He then walked to the shower and didn't want to kneel to get his leg restrained off. C/O Coble ordered him to kneel and he then did. As soon as Coble removed the restraints Vanis sat down on the leash and sat with this back to the shower door. He said the cuffs and leash were his. I then called Sergeant Thomas Phorce of the situation and Sergeant Ronald Bryant and Dr. Miller from mental health arrived to talk to Vanis. He refused to give up the cuffs and leash and refused to move to the infirmary as they requested. They then left the unit and at approximately 8:45AM Sergeant Bryant and four C/Os returned to the unit and Vanis then cooperated with the officers and Vanis was then moved to the infirmary at approximately 9:59AM.

DISMISS MISB G14 Guilty G1 10 days loss of credit

Reference Name: NOTIS-APT-OR-0061

Report Name: MYRNOG

Run Date: FEB-22-08 04:38 PM

Page 1 of 2



**State of Nevada**  
**Department of Corrections**  
**DISCIPLINARY FORM I**  
**NOTICE OF CHARGES**

*[Signature]* \_\_\_\_\_ *[Signature]* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF SERVICE: 2-25-09 TIME OF SERVICE: 9:00 am Primary Hearing Officer (Original)

PRINTED NAME OF HEARING OFFICER Jerry Benjamin Charging employee (Copy)

SIGNATURE OF HEARING OFFICER Set Benjamin

SIGNATURE OF INMATE XUANHUA IN CELL 4419 Inmate (Copy)

(Signature indicates receipt of notice only. It is not a plea; refusal to sign should be noted)



**State of Nevada**  
**Department of Corrections**  
**DISCIPLINARY FORM I**  
**NOTICE OF CHARGES**

**INMATE INFORMATION**      **VIOLATION INFORMATION**

INMATE NAME: VANISI, SIAOSI 63376

CHARGING EMPLOYEE: c/o M. Stolk

CURRENT LOCATION: ESP-U3-B-12-A; : NC

DATE OF INCIDENT: 07/11/2008

OIC#: 200722

DATE CHARGES WRITTEN: 07/11/2008

**CHARGES AND EVIDENCE**

| Chrg  | Description                           | Evidence | Evidence Disposition |
|-------|---------------------------------------|----------|----------------------|
| MJ2:  | Assault                               |          |                      |
| MJ3:  | Battery                               |          |                      |
| MJ28: | Org. Work Stoppage /<br>Demonstration |          |                      |
| G1:   | Disobedience                          |          |                      |

**REPORT OF VIOLATION**

On July 11, 2008 I Officer Stolk was assigned to do escorts to medical for the eye doctor. At approximately 8:40am myself and Sc/o Stephey arrived at unit 3 B 12 to get inmate Vanisi S. 63372, for the eye doctor. After conducting an unclothed body search Vanisi was instructed to put shoes on which he refused several orders to do so, until told he would not be taken to see the eye doctor if he didn't. Once Vanisi had his shoes on he was placed in wrist restraints and knelt down for leg restraints. Once the door was fully open and Sc/o Stephey began to kneel down to place Vanisi in leg restraints Vanisi jumped up stating "I have to tell you something," and turned and charged out of his cell toward myself and Stephey. I attempted to get to Vanisi's side to utilize a wrist lock/come along technique to gain compliance but was unable to get to his side due to him continuing to turn toward me. At this time I wrapped my hands around the back of Vanisi's head and applied downward pressure bringing Vanisi to the floor where myself, Sc/o Stephey, c/o Moscoff, and c/o Coble held him until backup arrived.

Refer

Reference Name: NOTIS-RPT-OR-0061

Page 1 of 2

Report Name: NVRNOC

Run Date: JUL-11-08 02:40 PM

NDOCIFILE00340

00000168

AA03738





State of Nevada  
Department of Corrections  
DISCIPLINARY FORM I  
NOTICE OF CHARGES

CHARGING EMPLOYEE SIGNATURE [Signature] SUPERVISOR SIGNATURE [Signature]  
 SERVICE OF NOTICE OF CHARGES [Signature] DISTRIBUTION [Signature]  
 DATE OF SERVICE: 7-14-08 TIME OF SERVICE: 11:00 AM Primary Hearing Officer (Original)  
 PRINTED NAME OF HEARING OFFICER Lee B. Binkley Charging employee (Copy)  
 SIGNATURE OF HEARING OFFICER [Signature]  
 SIGNATURE OF INMATE [Signature] Inmate (Copy)  
 (Signature indicates receipt of notice only. It is not a plea; refusal to sign should be noted)

Reference Name: NOTIS-RPT-OR-0061  
Report Name: NVRNOC  
Run Date: JUL-11-08 02:40 PM

Page 2 of 2

NDOCIFILE00341

00000169

AA03739

NEVADA DEPARTMENT OF CORRECTIONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

## 1. INMATE INFORMATION (PRINT)

LAST NAME: VANISI FIRST NAME: SIAOSI  
ID#: 63376 CURRENT LOCATION: ESP Unit Three B39A

## 2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: Jon Deakas TITLE: Senior Officer  
DATE OF INCIDENT: April 8, 2004 DATE CHARGES WRITTEN: April 8, 2004

EVIDENCE COLLECTED: YES ☐ NO ☒ EVIDENCE HELD BY \_\_\_\_\_

CHARGES: (Listed by Number Only. Definitions are listed on reverse side of this form.)

I ☒ 6-1 II ☒ 6-9 III ☒ 6-18 IV ☒ 11-25 V ☒ 11-28  
VI ☐ VII ☐ VIII ☐

## 3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOC 3016)

On April 8, 2004, At approximately 10:13 A.M., After proper staffing returned to Unit Three, officers were garcower and off duty. Roberts ordered inmate Vanisi, SIAOSI; BACKGROUND 63376 TO STRIP OUT FULLY CLOTHED, search to Return the inmate back to Cell 3B39A from YARD. He has been out there since 7:47 A.M. Inmate Vanisi Refused to Remove Garments. At 10:26 approximately Sergeant Paul Hunt and Officer Darin Greyson Enter Building Sally Port, Sgt Hunt ordered him to Take off outerwear and has search to Come off yard. He began to Resist and Chase and Return. Officer Greyson ordered off the yard. He Refused. I wrote corrections officer Tom O'Donnell a letter off the yard. He Refused. After Hunt and Facing, we completed Officer Patricia Murphy a letter (hand) to Come out yard. He Refused. Officer Gmover performed the Red Yard Duty to see if he would get him off yard as well as Officer Roberts. He began Screaming and yelling "I'll Kill you I'll Kill you. Approximate Time was 12:10 P.M. At approximately 1:37 AM Officer Patricia Peterson Halted at me from the Gun Port that Inmate Vanisi had just walked right where he was sitting and was now laying down facing the Back wall of the Red Yard, with absolutely no clothes ON. I filled out a Behavioral Observation Form and sent it forward to Sgt's area. At 3:00 P.M., I told Inmate Vanisi through the Intercom to Come to the door, strip out so we could restrain him and He would get his cell because dinner was about there. He then verbally threatened me and told me "I'll Kill You Senior, Senior" and used a finger gesture. Mental Health Representative came in at 3:50 P.M. and He stayed there with his back turned and Shouted Derogatory words at her "Fuck you" leave me alone. I'll kill you. She tried for 8 minutes and left. We finished Feeding At approximately 4:50 P.M. Sgt Hunt returned with Officer Greyson to help

## 4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: \_\_\_\_\_

SIGNATURE OF SHIFT SUPERVISOR: \_\_\_\_\_

(Denotes Review/Approval of Completed Notice; Confirms Inmate's Understanding)

## 5. SERVICE OF NOTICE (To be completed by Hearing Officer)

DATE OF SERVICE: 4-7-04

TIME OF SERVICE: 6:33 A.M.

PRINTED NAME OF HEARING OFFICER: Patterson

SIGNATURE OF HEARING OFFICER: \_\_\_\_\_

INMATE SIGNATURE: Senior Vanisi

(Signature indicates receipt of notice only; if it is not a plea; refusal to sign should be noted.)

## 6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE, COPY - INMATE, COPY - CHARGING EMPLOYEE

DOC - 3017 (REV. 7/01)

NDOCIFILE00138

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AA03740

NEVADA DEPARTMENT OF CORRECTIONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

1. INMATE INFORMATION (PRINT)  
LAST NAME: SEE Page #1 FIRST NAME: #1  
ID#: \_\_\_\_\_ CURRENT LOCATION: \_\_\_\_\_

2. VIOLATION INFORMATION (PRINT)  
CHARGING EMPLOYEE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_ DATE CHARGES WRITTEN: \_\_\_\_\_  
EVIDENCE COLLECTED: YES NO EVIDENCE HELD BY: \_\_\_\_\_  
CHARGES: (Listed by Number Only, Definitions are listed on reverse side of this form.)  
I ☐ II ☐ III ☐ IV ☐ V ☐  
VI ☐ VII ☐ VIII ☐

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOC 3016)  
Him if Inmate Vanisi decided to do a proper STRIP OUT AND RESTRAIN HIM  
AND THE OFFICER'S WOULD FREE HIM. Inmate Vanisi proceeded to tell Sgt Hunt  
that "Sgt Hunt would allow him to eat on the yard." IT IS HIS CULTURAL  
RIGHT TO DO THIS. All of this is my Culture AND I will discuss in  
my Culture AND You will do your J. O. B. (Spelling it)  
This went on until approximately 5:13 p.m. He still is Refusing  
to come off yard. Has not ate lunch or Dinner. AND AS OF 5:55 PM  
Inmate Vanisi is still out on the B wing Rec Yard.

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR  
SIGNATURE OF CHARGING EMPLOYEE: Sgt Drake 4541 B1244 ESP.  
SIGNATURE OF SHIFT SUPERVISOR: \_\_\_\_\_  
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in NCIS)

5. SERVICE OF NOTICE (To be completed by Hearing Officer)  
DATE OF SERVICE: 4-17-04 TIME OF SERVICE: 6:27 A  
PRINTED NAME OF HEARING OFFICER: P. Hunt  
SIGNATURE OF HEARING OFFICER: P. Hunt  
INMATE SIGNATURE: Arash Vanisi  
(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS  
ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE, COPY - INMATE, COPY - CHARGING EMPLOYEE

| NEVADA DEPARTMENT OF CORRECTIONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM II<br>"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
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| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>Vanisi</u> FIRST NAME: <u>Siadi</u> ID # <u>63376</u> CURRENT LOCATION: <u>9A14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>2. HEARING INFORMATION (PRINT)</b><br>DATE OF HEARING: <u>4-17-04</u> TIME OF HEARING: <u>6:18 AM</u><br>NAME OF HEARING OFFICER: <u>P. Hunt</u> TITLE: <u>SLA</u><br>DATE OF SERVICE OF NOTICE OF CHARGES: <u>4-17-04</u><br>IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: <u>—</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>3. CHARGES AND PLEAS</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">PLEA<br/>GUILTY NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I <u>61</u></td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td>II <u>613</u></td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td>V <u>—</u></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>VII <u>—</u></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>II <u>614</u></td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td>IV <u>—</u></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>VI <u>—</u></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>VIII <u>—</u></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          | COUNT/CHARGE | PLEA<br>GUILTY NOT GUILTY | COUNT/CHARGE | PLEA<br>GUILTY NOT GUILTY | COUNT/CHARGE | PLEA<br>GUILTY NOT GUILTY | COUNT/CHARGE | PLEA<br>GUILTY NOT GUILTY | I <u>61</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> | II <u>613</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> | V <u>—</u>               | <input type="checkbox"/> <input type="checkbox"/> | VII <u>—</u>                        | <input type="checkbox"/> <input type="checkbox"/> | II <u>614</u>            | <input type="checkbox"/> <input checked="" type="checkbox"/> | IV <u>—</u>              | <input type="checkbox"/> <input type="checkbox"/> | VI <u>—</u>   | <input type="checkbox"/> <input type="checkbox"/> | VIII <u>—</u>            | <input type="checkbox"/> <input type="checkbox"/> |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLEA<br>GUILTY NOT GUILTY                                    | COUNT/CHARGE             | PLEA<br>GUILTY NOT GUILTY                                    | COUNT/CHARGE                        | PLEA<br>GUILTY NOT GUILTY                         | COUNT/CHARGE             | PLEA<br>GUILTY NOT GUILTY                         |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| I <u>61</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <input checked="" type="checkbox"/> | II <u>613</u>            | <input type="checkbox"/> <input checked="" type="checkbox"/> | V <u>—</u>                          | <input type="checkbox"/> <input type="checkbox"/> | VII <u>—</u>             | <input type="checkbox"/> <input type="checkbox"/> |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| II <u>614</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <input checked="" type="checkbox"/> | IV <u>—</u>              | <input type="checkbox"/> <input type="checkbox"/>            | VI <u>—</u>                         | <input type="checkbox"/> <input type="checkbox"/> | VIII <u>—</u>            | <input type="checkbox"/> <input type="checkbox"/> |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>4. STATEMENT OF INMATE</b><br><u>I'll wait till the committee to plea.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>5. HEARING OFFICER ACTION</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">REDUCE TO:</th> <th style="width: 10%;">DISMISS</th> <th style="width: 10%;">RESOLVE</th> <th style="width: 10%;">REFER</th> <th style="width: 10%;">COUNT/CHARGE</th> <th style="width: 10%;">REDUCE TO:</th> <th style="width: 10%;">DISMISS</th> <th style="width: 10%;">RESOLVE</th> <th style="width: 10%;">REFER</th> </tr> </thead> <tbody> <tr> <td>I <u>61</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>V <u>—</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>614</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>VI <u>—</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>III <u>613</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>VII <u>—</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>IV <u>—</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VIII <u>—</u></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          | COUNT/CHARGE | REDUCE TO:                | DISMISS      | RESOLVE                   | REFER        | COUNT/CHARGE              | REDUCE TO:   | DISMISS                   | RESOLVE     | REFER                                                        | I <u>61</u>   | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                          | <input checked="" type="checkbox"/> | V <u>—</u>                                        | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                          | II <u>614</u> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/>                          | <input checked="" type="checkbox"/> | VI <u>—</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | III <u>613</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VII <u>—</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IV <u>—</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VIII <u>—</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | REDUCE TO:                                                   | DISMISS                  | RESOLVE                                                      | REFER                               | COUNT/CHARGE                                      | REDUCE TO:               | DISMISS                                           | RESOLVE                  | REFER                    |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| I <u>61</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> | V <u>—</u>                                        | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| II <u>614</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> | VI <u>—</u>                                       | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| III <u>613</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> | VII <u>—</u>                                      | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| IV <u>—</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/>            | VIII <u>—</u>                                     | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>6. RESULTS OF INFORMAL, SUMMARY HEARING</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">COUNT</th> <th style="width: 40%;">SANCTION</th> <th style="width: 10%;">COUNT</th> <th style="width: 40%;">SANCTION</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>_____</td> <td>V</td> <td>_____</td> </tr> <tr> <td>II</td> <td>_____</td> <td>VI</td> <td>_____</td> </tr> <tr> <td>III</td> <td>_____</td> <td>VII</td> <td>_____</td> </tr> <tr> <td>IV</td> <td>_____</td> <td>VIII</td> <td>_____</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          | COUNT        | SANCTION                  | COUNT        | SANCTION                  | I            | _____                     | V            | _____                     | II          | _____                                                        | VI            | _____                                                        | III                      | _____                                             | VII                                 | _____                                             | IV                       | _____                                                        | VIII                     | _____                                             |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
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| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                        | VIII                     | _____                                                        |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>7. EVIDENCE RELIED UPON; COMMENTS</b><br><u>Written Report Not Guilty Plea entered for s/m</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>8. ADVISEMENT TO DISCIPLINARY COMMITTEE</b><br>COUNSEL SUBSTITUTE REQUESTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WITNESSES REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NCIF RECORD UPDATED: _____ DATE: _____ BY WHOM: _____<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">NUMBER</th> <th style="width: 25%;">LOCATION</th> <th style="width: 25%;">NAME</th> <th style="width: 25%;">NUMBER</th> <th style="width: 25%;">LOCATION</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          | NAME         | NUMBER                    | LOCATION     | NAME                      | NUMBER       | LOCATION                  | _____        | _____                     | _____       | _____                                                        | _____         | _____                                                        |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
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| <b>9. SIGNATURES AND RECEIPT</b><br>HEARING OFFICER: <u>P. Hunt</u> DATE: <u>4-17-04</u> TIME: <u>6:18 AM</u><br>INMATE: <u>Siadi Vanisi</u> (PRINT NAME OF INMATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |
| <b>10. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE<br>YOU WILL BE ASSESSED RESTITUTION FOR ANY COSTS ARISING FROM THIS INCIDENT. UNTIL THE AMOUNT OF RESTITUTION IS DETERMINED, YOUR ACCOUNT WILL BE FROZEN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                          |              |                           |              |                           |              |                           |              |                           |             |                                                              |               |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |             |                          |                          |                          |                          |                |                          |                          |                          |                                     |              |                          |                          |                          |                          |             |                          |                          |                          |                          |               |                          |                          |                          |                          |

NEVADA DEPARTMENT OF CORRECTIONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

## 1. INMATE INFORMATION (PRINT)

LAST NAME: VanisiFIRST NAME: SiasiID#: 63376CURRENT LOCATION: Unit 9 (Infirmary) Cell #14

## 2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: Ronald BryantTITLE: Correctional OfficerDATE OF INCIDENT: April 11, 2004DATE CHARGES WRITTEN: April 11, 2004EVIDENCE COLLECTED: YES ☐ NO ☒ EVIDENCE HELD BY: \_\_\_\_\_

CHARGES: (Listed by Number Only, Definitions are listed on reverse side of this form.)

I ☐ 6-1II ☐ 6-14III ☐ 6-18IV ☐V ☐VI ☐VII ☐VIII ☐

## 3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOC 3016)

On April 11, 2004 at approximately 5:20am I Correctional Officer Ronald Bryant while assigned as the Unit 9 (Infirmary) Custody Officer went to cell # 9A14 where Inmate Vanisi, Siassi is currently housed to deliver his breakfast food tray. Inmate Vanisi accepted his food tray, and then promptly placed his right arm on the food slot door, capturing the food slot. He then stated "Nothing is happening here till I say so". I immediately called the shift sergeant and informed him that I had a captured food slot, what Inmate was involved and which cell number. At approximately 5:25am Lieutenant Richard Falge arrived and spoke with Inmate Vanisi. Inmate Vanisi still refused to allow his food slot to be closed. Lieutenant Falge departed the Unit at approximately 5:35am. At approximately 5:45am Inmate Vanisi threw a cup of liquid that smelled of urine and fecal matter onto the floor in front of his cell door. At approximately 6:00am I was relieved from my post by Correctional Officer Michael Stolk.

## 4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: [Signature]SIGNATURE OF SHIFT SUPERVISOR: [Signature]

(Denotes Review/Approval of Completed Notice; Configuration of Record in NCIS)

## 5. SERVICE OF NOTICE (To be completed by Hearing Officer)

DATE OF SERVICE: 4-17-04TIME OF SERVICE: 6:18AMPRINTED NAME OF HEARING OFFICER: P. HuntSIGNATURE OF HEARING OFFICER: [Signature]INMATE SIGNATURE: [Signature]

(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)

## 6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE, COPY - INMATE, COPY - CHARGING EMPLOYEE

DOC - 3017 (REV. 7/01)

NDOCIFILE00146

00000173

AA03743

Vanisi Siassi #3376

## 6. PRISON PRESENTATION

Trank Vanisi #63376 captured his food slot and refused to allow his food slot to be closed. Then he threw a liquid smelly of urine and feces in front of his cell door.

EVIDENCE RELIED UPON: CW Bryant's report indicates Vanisi delayed staff by refusing to allow his food slot to be closed. He also delayed staff by throwing liquid onto the floor.

## CONFIDENTIAL INFORMATION (CI) CHECKLIST (BOTH A &amp; B MUST BE BY "YES TO RELY ON CI")

A. CI RELIABLE: ☐ YES ☐ NO ☐ N/A  
CHECK AT LEAST ONE BOX BELOW

- ☐ INVESTIGATING OFFICER TESTIFIES PERSONALLY AS TO THE TRUTHFULNESS OF THE CONFIDENTIAL INFORMATION IN HIS REPORT
- ☐ CORROBORATING TESTIMONY
- ☐ DISCIPLINARY CHAIR HAS FIRST HAND KNOWLEDGE OF SOURCE AND SOURCE HAS BEEN RELIABLE IN PAST
- ☐ IN-CAMERA REVIEW OF DOCUMENTS: FOUND RELIABLE

B. STATEMENT BY CORRECTIONAL OFFICIAL: SAFETY PREVENTS DISCLOSURE OF CI ☐ YES ☐ NO

## 7. FINDINGS

| COUNT/CHARGE   | REDUCE TO:               | GUILTY                              | NOT GUILTY               | DISMISS                             | COUNT/CHARGE | REDUCE TO:               | GUILTY                   | NOT GUILTY               | DISMISS                  |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I <u>61</u>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | V _____      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>614</u>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VI _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III <u>618</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | VII _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV _____       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | VIII _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER: SPECIFY: You will be assessed restitution for any cost arising from this incident. Until the amount of restitution is determined your account will be frozen.

## 8. SANCTIONS

| SANCTION     | # OF DAYS     | BEGIN DATE                            | END DATE |
|--------------|---------------|---------------------------------------|----------|
| A. <u>PS</u> | <u>30 DYS</u> | <u>(5-12-20 30 DYS CLEAN CONDUCT)</u> |          |
| B. _____     | _____         | _____                                 | _____    |
| C. _____     | _____         | _____                                 | _____    |
| D. _____     | _____         | _____                                 | _____    |
| E. _____     | _____         | _____                                 | _____    |

STAT FORFEITURE REFERRAL: ☐ YES ☒ NO RECOMMENDED CATEGORY: ☐ A ☐ B ☐ C

ADMINISTRATIVE ASSESSMENT AMOUNT: \$ \_\_\_\_\_

OTHER: SPECIFY: \_\_\_\_\_

## 9. ANCILLARY INFORMATION/INSTRUCTIONS

- REFER TO PAROLE BOARD AS VIOLATION OF PAROLE: ☐ YES ☒ NO

- POST DISCIPLINARY CLASSIFICATION: ☐ YES ☐ NO DATE: \_\_\_\_\_

- DISCISO SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO

- NCIS RECORD COMPLETED: DATE 15 JUL 2011 BY WHOM: C. Baker

## 10. SIGNATURE OF COMMITTEE

CHAIRMAN: Dahn Shaulis

PRINTED NAME

SIGNATURE

MEMBER: \_\_\_\_\_

PRINTED NAME

SIGNATURE

MEMBER: \_\_\_\_\_

PRINTED NAME

SIGNATURE

## 11. DISTRIBUTION INSTRUCTIONS

ORIGINAL - I FILE COPY - INMATE COPY - CHARGING EMPLOYEE SKM

Exhibit 110

Exhibit 110

### Declaration Of Olisi Lui

I, Olisi Lui, declare as follows:

1. My name is Olisi Lui, I am 42 years old and I currently reside in Salt Lake county, Utah. Siaosi Vanisi is my second cousin and I have known and interacted with Siaosi since the time of our childhood in the Kingdom of Tonga.
2. My maternal grandfather, Sonatane Tafuna, was brothers with Siaosi's maternal grandfather, Tevita Tafuna. Sonatane and Tevita had a third sibling, brother Sione Panuve, who was the eldest. Tevita was the second born and Sonatane was the youngest. At birth, all three brothers were Methodists but Tevita and Sonatane converted to Mormonism and took on the last name, Tafuna. The name Tafuna was given to our great-grandfather, Metuisela, as a noble title at some point. The use of constant last names amongst families was not common practice in Tonga before they came into contact with western society. The eldest brother, Sione Panuve, and his family remained Methodist.
3. My mother, Puloatu Tafuna-Filimochala, and her siblings were born and raised together with Siaosi's mother and her siblings on the island of Ha'api, Tonga and later in the capital, Nukualofa, on Tongatapu. My siblings and I were born in Tonga and raised with Siaosi and his siblings. I have known and interacted with Siaosi from the time of his birth in Tonga. I was born in 1968, the same year that Siaosi's older brother, Tevita Siu Vanisi, was born. I spent a lot of time around Tevita Siu and Siaosi when they were children in Tonga.
4. My immediate family and I came to the United States in 1978, just two years after Siaosi left Tonga for California with his immediate family. When my family and I moved to the U.S. we settled in Reno, Nevada, but we remained in constant contact with Siaosi and his family in San Bruno, California. We alternated coming to each other's home for summers, holidays and family events throughout the years, so we were raised together even though we lived in different states.
5. Siaosi's brother, Tevita Siu, and I were very close to one another ever since we were babies. Tevita Siu and I were always together whenever Tevita Siu visited Reno or when I visited San Bruno.
6. Tevita Siu frequently exhibited erratic, bizarre and reckless behaviors throughout his short life. Tevita Siu also had no sense of danger. Tevita Siu was always quick to get into a fist fight with people out in the streets even when his opponent was much larger or when he was out numbered. I remember one instance when Tevita Siu stared down known gang members and challenged them to fight even though there were several of them and it was very likely that they had weapons and he did not. Tevita Siu also trash talked and challenged older Mexican gang-bangers and Hell's Angels bikers to fight, but luckily they usually just looked



at Tevita Siu like he was crazy and left him alone. Tevita Siu was also very loyal to his friends and he always got into fights to defend them.

7. Tevita Siu also had no sense of shame, embarrassment or inhibitions. Tevita Siu sometimes took off all of his clothes and went skinny-dipping in the Truckee river in the downtown section of Reno during broad daylight. Tevita Siu used to take breaks when he was swimming to stand up and walk around naked along the river bank, and he did not care that passers by could clearly see him.
8. Tevita Siu sometimes went into a local Safeway supermarket and filled a cart with various meats, drinks, candy, and anything that he wanted. Tevita Siu then walked outside with the cart and began running towards my home. I constantly had to talk Tevita Siu out of fighting or doing something crazy, but I usually was not able to stop him.
9. Siaosi and his brother, Tevita Siu, did not share a close relationship. Siaosi distanced himself from Tevita Siu because he thought that Tevita Siu was a bad person. Siaosi was the complete opposite of Tevita Siu because Siaosi never got into trouble, he was very involved in the LDS church and he obeyed his elders.
10. Tevita Siu was usually not high or intoxicated on any substances when he exhibited his strange and reckless behaviors. However, Tevita Siu did abuse drugs and alcohol at times. In fact, he used just about anything that he could get his hands on if it could get him high. Tevita Siu huffed glue and inhaled aerosol cans, amongst other things. Tevita Siu ultimately died from sniffing whiteout. The family never wanted to admit it and no one liked discussing the true cause of Tevita Siu's death.
11. I'm convinced that Tevita Siu suffered from an undiagnosed mental illness and probably needed treatment. Mental illness is not recognized within traditional Tongan culture, and it was easy for Tevita Siu's issues to go unnoticed.
12. I believe that there are a few people in our family who suffered from undiagnosed mental health issues. They include Siaosi's biological mom, Luisa Tafuna, Siaosi's uncle Maile, and Siaosi's sister Sela. They all suffered from severe and unexplained mood swings, especially Luisa and Maile. I did my best to avoid Luisa and Maile at family functions when I was growing up because I never knew when they might be withdrawn or fly off in a rage. There were others in the family with this same condition, but none as pronounced as aunt Luisa and uncle Maile.
13. Maile Tafuna was the Olamatua which mean boss of the family in Tongan. I had to call Maile uncle because he and my mother were the first cousins, and in Tongan culture your first cousin is equivalent to being a sibling.
14. Maile was always there for the family and took care of everyone. Maile was also a pillar in

the Tongan community and he spearheaded various efforts to help Tongans living in California, Utah and Nevada. Maile's home was like a gateway for many Tongan families who entered the U.S. Maile allowed many families to stay in his home when they first arrived in the country and he always helped them get jobs, and gave them money for food and clothes, and he helped many people to establish their own living arrangements. Maile was a Bishop and later a church Patriarch within the LDS church. Maile was like a saint in the Tongan community and he was widely respected and recognized for everything that he did.

15. Maile also had an unpleasant side to his personality. Maile was an intense person and he frequently yelled at and put people down within the family using harsh words. Maile was capable of making a person feel very small and like they were nothing. If you did not know Maile's whole character you might be deeply offended and take his words to heart. However, most people in the family knew that it was just Maile being himself, and that he was just blowing off steam most of the time. I didn't take Maile's put downs personal, but I could see how Maile's personality could have deeply affected Siaosi.
16. My wife, Laura Lui, and I were living outside of Reno when Siaosi was arrested in January 1998. This was a bad time for the local Tongan community. Following Siaosi's arrest, the community went from being relatively unrecognized to being demonized and cast in a negative light. In the weeks and months following Officer Sullivan's death, many young Tongans in Reno made complaints about being profiled and harassed by the local authorities. Many complained about being stopped and searched for no reason, and disrespected by several officers across town. Many felt like they were being held responsible for Siaosi's actions even though they were just as appalled by Siaosi's crime as everyone else in the community.
17. When my wife, Laura, and I heard what was taking place, we returned to Reno to speak with members of the Tongan community and the police. Laura and I held community meetings to explain individuals' rights not to be profiled and harassed, but we also told the community to act with patience and tolerance. We encouraged the community to try to see things from the perspective of the police officers. All the police knew was that a Tongan killed an officer and they were acting emotionally. As time went on, the tensions between the police and the Tongan community subsided and things went back to normal. Like Blacks, Hispanics and other minorities, Tongans were sometimes subjected to racial profiling and mistreatment by the police, but it was never as bad as the time following Siaosi's arrest.
18. In 1999, I was a corrections officer at Ely State Prison and my wife, Laura Lui, was the local public defender there. However, I left my position in Ely just before Siaosi was sent to death row following his conviction. I didn't feel comfortable working at Ely State Prison with my cousin on death row there, so I returned to Reno.
19. Herbert Duzant of the Federal Public Defender office was the first person to ever discuss

Siaosi's case and background with me. I was never contacted by Siaosi's trial attorneys nor the attorneys who worked on his behalf during his state post-conviction proceedings. I would have given Siaosi's previous attorneys all of the information that I have stated in this declaration had I been asked.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 7 2011 in Salt Lake county, Utah.

A handwritten signature in black ink, appearing to read "Olisi Lui", is written over a horizontal line.

Olisi Lui

Exhibit 111

Exhibit 111

[17] Ko Makaafa ko e foha o e Ivisipekita p<sup>o</sup> p<sup>o</sup> Ko  
Kuti Vanisi. Ko e tolo tahalelei pē ā Makaafa ka ko e  
inu oloaholo lahi heina tuofuafetaulaki mo Luisa.  
Naē kalaāta pē ha kitekite ke tokoni faka tamai pē  
faka matoatoa ke tauhi ā e famili. Naē ika ke  
loto ā e famili ke mali ā Luisa mo Makaafa he  
kuo ōsi i ai ē he fanani ē tokona pea ika ke mali.  
Naē hotoatu pē ā Luisa ēna teohi mo Makaafa oha  
mali o fanani ā e tolo tolu ko Sela, Terita Sin, mo  
Siasosi.

[18] Ko eka ihoi naē mali ā Luisa mo Makaafa teēki  
faēlei ā Sela. Oku ika ten manatu ki he aho mali  
ko ra koevhi naē ku pēhe ko e tōaga ā Luisa oku  
ika ke tuha mo ha katoanga mali. Kuo ōsi  
toko na pea oku ika ko ha faahine tau pōu. Ko  
e faahine tau pōu pē oku katoanga lahi ē he mali.  
Oku ou tui pē ko e voti i kolomofua naē i ai ā e  
lekooti o e mali. Naē faēlei Metotisi ā Makaafa ka  
naē papi he Mamonga pea tafola ki he Siasosi pea  
tolaki mali mo Luisa.

[19] Ko e lolotonga ēna mali naē tafuhū mai pē ē  
Luisa ā Makaafa. Faā kē mofelaaki ā e ongo meā ōu  
fanogokwai. Kae katabuta pē ā Makaafa o alu pea  
kuefelaaki he ika ke tui faka matoatoa ā Makaafa  
i he tauhi hono lakanga tamai mo tokoni he famili.

[20] Talaange ē Makaāfa kia Luisa nōfōā koe  
pea ne māāia Luisa lolotonga ēne feitamaia Siasosi.  
Pea nāe foaki ā Siasosi kia Toeima koeēhi  
nāe ikai hāne fanau. Nāe ikai ten'ilo pē  
nāe lava ē Luisa ke tukunage ā Siasosikapan  
nāa na kei nōfō mo Makaāfa.

[21] Hili pē- ā e maveahe ā e tamai ā Siasosi ā  
Makaāfa nāe kamata ke toe hoko atu āe fēhu ā  
Luisa mo Sitani Havili. ko hono tūo na pea ne feitama  
ia Moale. Nāe ngwahi ā Moale ēhe famili'ofa i Sitani  
Havili. pea ko ia toko faha pē ihe fanau ā Luisa  
nāe nōfō pē i Tonga o ai māi ki he taimi ni o  
ikai ke hōm ki USA.

[22] Ōku ikai ten'ilo ā e felongoaki ā Luisa mo Peni  
koeēhi nāe hoko i Tonga ka Ōku on'osi hiki māi  
an ki USA. Pea hili ā e hiki māi ā Peni ki USA nāe  
ikai ken faka-fokonga; ka fēhu ā Siasosi mo Peni i  
USA. Tēfā talamoni ē Siasosi kōāna fēhu mo Peni. Nāe  
Vetei ē Luisa ā Peni kēne'ilo nāe nōfō mōha  
fēfē kehe pea nāe ikai ke he tati ia ē ia.

[23] Ko homau famili nae tupa Mebotisi <sup>(piti)</sup> pea  
papa a Tevita ia he Mamonga. Nae hoko ia teeku  
ke fanaui kimautolu fanaui pea hoko leva a  
e siasi ko emau mohi kimua hono fanaui  
kimautolu o au ki he aho ni

[24] Ko eku Tamai ko Tevita ko e ikuaki Pule  
falcarake mamonga i he motu ko Hapeai. Pea ko  
Maile nae fuofua pisoqe i Nukunahafa, Tonga. He  
hiki mai a Maile ki USA nae fakamifo ko e  
Pefelika a ia oku maolunga aqe he pisoqe ka  
oku ilai ka lakanga kehe. Nae ilai he siasi he  
fielokoni ki he kakai Tonga naa kam hiki ki  
Tokelau o Kalesonia, Salt Lake City pea mo e  
feitua kehe foki i USA. I lai yaai pe ia Tevita  
mo Maile ka oleniai pe mo e kakai kehe  
he famili oku nan maai lakanga he siasi.

[25] Ko e siasi a e famili naa man i Fasi  
i Tongatapu i he fale lisi o e puleaia. Pea o si a  
e lisi nae kamata e Maile a e uoti i Kolomofu,  
ke hape ko e siasi i Salt Lake heere mamata ai i he  
fuofua saumai la USA he 1960s, he komitenisi a e siasi.

[26] Ko e fakafolaki o Siaosi mei he Misoa hono tahi ko e nahi ko e faitama a e tahi pea ko hono tufeghe ko e mea faingatera aipito ki he fāmilī. Ko e keri taha ko e ne fakahutu pē mo hono tufeghe he tafaalo e ne tamai. Ko ia na e nannani e Siaosi a tūtūmī a e Otua, fakanaki pea toe tae tahi a e Whungaanga faka Tonga o Sai a e fua Whungaanga faka Eulia mo hono tufeghe.

[27] Ko e Whungaanga faka Tonga ko e tokona haka whaka oku tahi pē mo e tufeghe + tufeghe. Ko e manahi faka Tonga ko e malai ko e ni e totolo ia he toto o e fāmilī pea e toe hoko i ha toe tūtūngata. Ko e hoko a e mea ni pea fuku ai a e fāmilī kilalo o kape ko e fāmilī faka manu. I he hoko a e mea ni ko e Tonga kotoa pē o ena katoa fakanaki mo e mea ni pea o ku ne fateramaai hōmea fāmilī mo tula le lalo.



(P.12) 4/18

[28] Ko e mea ne fai e Siasi ki hono tufefine  
oku fakalilifu mo fakamā, fakamalaia ihe  
Uhuganga faka Toga. Oku ne faka maai a  
e famili Vanisi mo Tafuna. Ko e toaga a  
Siasi ko e maaga o e famili o tatou  
pe mo ha fakamoleki a e moai.

[29] Ihe foki mai a Siasi mei he misona  
ko e laoton o e famili naa nan fakafaituitui  
a e tala kia Siasi a e fakailifia o e toaga  
naa ne fai. Neoga naa ne fakamolemole ki  
he famili nae lea a e taha koton pe kio ke  
fakamaai kitantolu mo tuku kitantolu ki lalo.  
Ko e fuu kavenga lahi ke fuu e Siasi. Pea  
mahalo pe ko ene mavave ki LA ke hola  
mei ma moe faingataa ne ne fetaulaki  
mo ia. Na e loto ita a Siasi mo tuku lotoi  
a e mea naa ne fai ma e famili. Pea ko  
ene alu ki LA ke hola mei he ongo  
a e mea laa naa ne fai

[30] Koe Janasiv loto luhitaha he fana'u ā <sup>110</sup> (P13) <sup>110</sup>  
ā Tevita Sin. Na'e ikai tokanga ia ki he lau mān  
ā hātaha. Ka fai ha fuhu ha feitu'u ōku  
ikai kam ai na'a ne lele ke kam ai. Na'e  
fieta'a ke lele ōtokoni ki ha taha pē ōlan  
kole tokoni ke fuhu mo hātahalehe.  
Na'e ku'ilo pē ōku i'ki e mea ōku fehalelei  
i he fakakamau ā Tevita Sin.

[31] Ko Tevita Sin na'e kehe ia mea Siaso.  
Na'a ne fai mān pē mea ke tukuai ā e  
fāmili ki lalo ka ōku i'ki ha'ane o'gōi ia  
ē ia. ko ia na'e fakalotohahi pē ā Maite  
mo tufuhu leia Siaso ke ne hede koe  
toko taha tā sipinga lelei ō ōua ē hangē  
ko Tevita Sin. Na'e falala ā e fāmili ki  
Siaso i tukunape noa pē ā Tevita Sin  
mo e mau mau ta'imi kae āmaraki ko  
Siaso te ne fai ā e mea ke lankam ai  
ā e fāmili.

32] I he taime kotoa pē ōku pulia i ā e tamau  
ā e fanaun ā Luisa pea ko Maile ōku hopo  
hake ke faka loto lahi mo tā sipinga fakatamau  
maā e fanaui. Naē i kai ha fakalaōhaga o Tōeimu  
pea naē fakala ane ki Maile ia Luisa.  
Ōku outui koeāhinga ia o e faā tafulu ā  
Maile ki Siraosi ka ko ēne feiga ka lelei  
maāha ke kahaui.

33] Neōho naē mau tokoni kotoa ke tauhi  
ā e fanaun ā Luisa ōku i kai ha taha ke  
tokoni lahi taha ke tauhi ā e fanaun ā Luisa  
o laka hake ia Maile. Naē fafanga ē  
Maile, tokoni ki he ē mau pepa mo e tokoni  
ki he faā mili mo e keninga kotoa pē.

34] Ko ēku vakari naē fakalaēmu ā Siraosi ke  
faka oloolo ā Maile mo fakamehino ēhe  
ōta o ona e faā tafulu. ane ki te ia.

JH (P13)

[35] Ko au ōku ou māu ā e faʻmali ā e  
faʻmili ke sio ki he visone. Naʻa ku tokoni  
kua Sifivemi iha mīsi o tuku ai ēhe iuu  
ōlo kaholo. Naʻa ku faʻa talanoa ki he konga o e  
faʻmili kuo nou mamas. Pea nau faʻmali  
mai ki he ngaahi mea mooni kuo faʻamoohi

[36] Naʻe faʻmali ā lusa mo laumalie mate  
o Sipaosi Pohalan o talange ke faʻu ki hono foha  
he faʻmili o ona e ōge ki hono mali ko Vika.

[37] Naʻe sio ā Toeʻnuu ki he kan mate ēhan  
omi ke mau o ke tukuange kenau o. Pea  
ilo e Toeʻnuu ōku ou puke pea ōku  
ou i fale mahalei Peninsulu. Pea talange  
kua Toeʻnuu naʻa ku sio ki he orgo fuogae  
kua mate ēha omi ke mau o kan talange  
kua te kinanu tēlei hoko hoku taimi.

§ I he fetu faki mai kia Siāosi ā e <sup>(pilo)</sup> kan  
faka fofonga kibe la nāe ikai te nan ēke  
fakaikiiki ā e famili mo homa hositolia  
ā ia ōkun on fakaaliāline. Nāku mei  
foaki pē kate kiamtoly kapam ē tokoni kē  
Siāosi ka nāe ikai te nan ēke mai  
kate au. Kapam nāa nan ēke mai ten  
tali fiefa ke tokoni kibe faka maani ō  
Siāosi.

Ōkun faka papam koe faka matalani i he moōni  
mo e totonu. Pea nāe hoko eni ke āho  
6 Epeleli 2011 i Washoe Kouni i Nevada.

Toa Vimali  
Toa Vimali

Manu Tuihobelo  
Tongan Interpreter

Exhibit 109

Exhibit 109

WASHOE COUNTY SHERIFF'S OFFICE  
DETENTION FACILITY  
BOOKING RECAP SHEET

001BOK

REPORT DATE: 03/24/1998

PAGE NO: 1

BOOK NUMBER: 14630198 BOOK DATE: 01/24/1998 BOOK TIME: 10:56

MOST SERIOUS CHARGE TYPE: F

| A#     | LAST NAME | FIRST NAME | MIDDLE NAME | NAME TYPE |
|--------|-----------|------------|-------------|-----------|
| 309674 | WANISI    | ISIAOSI    | (1)S5       | G         |

ADDRESS: NONE FIXED RENO, NEVADA 89501

BIRTHDATE: PLACE OF BIRTH: TONGA

RACE: ASIAN

SEX: M HGT: 511 WGT: 250 HAIR: BLK EYES: BRN

SCARS-MARKS: SCAR NEAR LEFT EYE

AND TATOOS: NONE ADMITTED

OCCUPATION: UNEMPLOYED

EMPLOYER: NONE

ARRESTED BY: RENO POLICE DEPARTMENT

ON: 01/24/1998 AT: 10:55

VEHICAL AT: N/A

HOLDS: NONE

----- CHARGE INFORMATION -----

CHARGE: 00091 MURDER CHG TYPE: F CHG NO: 1

COURT: SECOND DISTRICT COURT 4 WARR/COMM#: 89820

AGENCY: RENO POLICE DEPARTMENT CASE#: 1911498

PCN#: 88877081 ADMIN FEE: \$0.00 CASH: \$0.00 BONDS: \$0.00

COURT FEE: \$0.00 BATTERY FEE: \$0.00

COMMENTS: NO BAIL

CHARGE: 00118 ROBBERY WITH A DEADLY WEAPON CHG TYPE: F CHG NO: 2

COURT: SECOND DISTRICT COURT 4 WARR/COMM#: 89820

AGENCY: RENO POLICE DEPARTMENT CASE#: 1911498

PCN#: 88877081 ADMIN FEE: \$0.00 CASH: \$0.00 BONDS: \$0.00

COURT FEE: \$0.00 BATTERY FEE: \$0.00

COMMENTS: NO BAIL

CHARGE: 00118 ROBBERY WITH A DEADLY WEAPON CHG TYPE: F CHG NO: 3

COURT: SECOND DISTRICT COURT 4 WARR/COMM#: 89820

AGENCY: RENO POLICE DEPARTMENT CASE#: 1911498

PCN#: 88877081 ADMIN FEE: \$0.00 CASH: \$0.00 BONDS: \$0.00

COURT FEE: \$0.00 BATTERY FEE: \$0.00

COMMENTS: NO BAIL

CHARGE: 00118 ROBBERY WITH A DEADLY WEAPON CHG TYPE: F CHG NO: 4

COURT: SECOND DISTRICT COURT 4 WARR/COMM#: 89820

AGENCY: RENO POLICE DEPARTMENT CASE#: 1911498

PCN#: 88877081 ADMIN FEE: \$0.00 CASH: \$0.00 BONDS: \$0.00

COURT FEE: \$0.00 BATTERY FEE: \$0.00

COMMENTS: NO BAIL

WCSO00056

00000001

AA03568

SUanisi-WC5000057

co Exit

W. C. D. F. BOOKING CHARGES FORM

BCA.....14630198 ~~VANISI, SIAOSI~~ (1)S5 CHRGDT:01/24/1998  
NOC.....00091 F TYPE: NV NCIC: 0999 WARRANT BY WCDF Y OR N? N  
~~MURDER~~ WARRANT #....89820  
WARRANT DATE...01/14/1998  
~~CHRGDT:01/24/1998~~ ISSUING COURT..RJC  
CHRG STATUS.....OPEN RENO JUSTICE COURT  
PCN#.....88877081 CASE# 1911498  
AGENCY....RPD RENO POLICE DEPARTMENT CURRENT DOCKET#: CR980516  
MUST BE ARRAIGNED BY---> -0- COURT SET IN...2JDC4 SECOND DISTRICT COURT 4 ON.07/23/1998 AT..16:00  
COURT DISPOSITION DATE..03/18/1998 DISPOSITION...HRG/~~PRETRIAL~~  
NUMBER DAYS SENTENCED...-0- ~~11-23-98 10:00 AM~~  
CHARGE RELEASE TYPE.....-0- CHARGE RELEASE DATE....-0-  
CASHBAIL... -0- CHARGE NOTESNO BAIL  
BAILBOND... -0-  
ADMIN FEE.. -0-  
COURT FEE.. -0-  
BATTERY FEE. -0-  
EMPLOYEE ID. ~~1000000000~~ Karen D. Webster

No editable data in this table  
Form: VCHARGE Table: CHARGES

Field: VBCA

Page: 1

WCSO00057

00000002

AA03569



to Exit

W. C. D. F. BOOKING CHARGES FORM

BCA.....14630198 VANIST, ~~STROSI~~ (1) S5  
NOC.....00118 F TYPE: NV NCIC: 1299  
~~ROBBERY WITH A DEADLY WEAPON~~

CHRGDT:01/24/1998

WARRANT BY WCDF Y OR N? N  
WARRANT #....89820  
WARRANT DATE...01/14/1998  
ISSUING COURT..RJC  
RENO JUSTICE COURT

VCHRGNT: ~~112~~ CHRG STATUS.....OPEN

PCN#.....88877081

CASE# 1911498

AGENCY....RPD RENO POLICE DEPARTMENT

MUST BE ARRAIGNED BY---> -0-

CURRENT DOCKET#: CR980516

COURT SET IN...2JDC4

SECOND DISTRICT COURT 4

ON 01/23/1998 AT 15:00

COURT DISPOSITION DATE..03/19/1998 DISPOSITION...HRG

NUMBER DAYS SENTENCED...-0-

CHARGE RELEASE TYPE.....-0-

CHARGE RELEASE DATE....-0-

CASHBAIL... -0-

CHARGE NOTESNO BAIL

BAILBOND... -0-

ADMIN FEE.. -0-

COURT FEE.. -0-

BATTERY FEE. -0-

EMPLOYEE ID. ~~111111~~

Karen D. Webster

No editable data in this table

Form: VCHARGE Table: CHARGES

Field: VBCA

Page: 1

WCSO00058

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co Exit

W. C. D. F. BOOKING CHARGES FORM

65000059  
VANISI-05000059

|                                    |                                  |                           |
|------------------------------------|----------------------------------|---------------------------|
| BCA.....14630198                   | WANISI, <del>GLAOSI</del> (1) S5 | CHRGDT:01/24/1998         |
| NOC.....00118                      | F TYPE: NV NCIC: 1299            | WARRANT BY WCDF Y OR N? N |
|                                    | ROBBERY WITH A DEADLY WEAPON     | WARRANT #....89820        |
| VCHRGNT: <del>003</del>            | CHRG STATUS.....OPEN             | WARRANT DATE...01/14/1998 |
| PCN#.....88877081                  |                                  | ISSUING COURT..RJC        |
| AGENCY....RPD                      | RENO POLICE DEPARTMENT           | RENO JUSTICE COURT        |
| MUST BE ARRAIGNED BY---> -0-       |                                  | CASE# 1911498             |
| COURT SET IN...2JDC4               | SECOND DISTRICT COURT 4          | CURRENT DOCKET#: CR980516 |
| COURT DISPOSITION DATE..03/19/1998 | DISPOSITION..VHRG                | ON 07/23/1998 AT 15:00    |
| NUMBER DAYS SENTENCED...-0-        |                                  |                           |
| CHARGE RELEASE TYPE.....-0-        | CHARGE RELEASE DATE....-0-       |                           |
| CASHBAIL... -0-                    | CHARGE NOTESNO BAIL              |                           |
| BAILBOND... -0-                    |                                  |                           |
| ADMIN FEE.. -0-                    |                                  |                           |
| COURT FEE.. -0-                    |                                  |                           |
| BATTERY FEE. -0-                   |                                  |                           |
| EMPLOYEE ID.. <del>000000</del>    | Karen D. Webster                 |                           |

No editable data in this table  
Form: VCHARGE Table: CHARGES

Field: VBCA

Page: 1

WCSO00059

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~~SUNISI-WC5000060~~

BCA.....14630198 VANISI, SIAOSI (1)S5  
NOC.....00118 F TYPE: NV NCIC: 1299  
ROBBERY WITH A DEADLY WEAPON:

WARRANT BY WCDF Y OR N? N  
WARRANT #...89820  
WARRANT DATE...01/14/1998  
ISSUING COURT..RJC  
RENO JUSTICE COURT

PCN#.....88877081

**CASE# 1911498**

CURRENT DOCKET#: CR980516

COURT DISPOSITION DATE..03/19/1998 DISPOSITION..HRC

CHARGE RELEASE TYPE.....-0-

CHARGE RELEASE DATE . . . -0-

CASHBAIL... -0-

CHARGE NOTES NO BAIL

BAILBOND . . . -0-

ADMIN FEE.. -0-

COURT FEE.. -0-

BATTERY FEE. -0-

EMPLOYEE ID. [REDACTED] Karen D. Webster

Form: VCHARGE Table: CHARGES

Field: VBCA

Page : 1

WCSO00060

00000005

AA03572



50vanisi-WC5000136

**WASHOE COUNTY SHERIFF'S OFFICE**  
**CONFIDENTIAL**  
**BULLETIN**

**\*\*OFFICER SAFETY\*\***

|                             |                   |                                 |               |                        |
|-----------------------------|-------------------|---------------------------------|---------------|------------------------|
| <b>Name:</b> VANISI, SIAOSI |                   | <b>Booking Number:</b> 14630198 |               |                        |
| <b>D.O.B.:</b> 10-70        | <b>HGT:</b> 5'11" | <b>WGT:</b> 250                 | <b>SEX:</b> M | <b>RACE:</b><br>TONGAN |

**CRIMINAL HISTORY:** No criminal arrest record found.

**CURRENT CHARGES:** MURDER, THREE COUNTS ARMED ROBBERY.

**CAUSE FOR HIGH PROFILE STATUS:** On 01-24-98 at approximately 1100 Hrs., Vanisi was booked into our facility. He was compliant with staff during the intake process and his demeanor appeared calm and confident. He was escorted to the Infirmary and assigned to SW1.

The following directives will be in effect until further notice:

Vanisi will have a classification status of **Administrative Segregation and No Tier Time With Others**. Only standard issue hygiene items and writing materials will be available to him.

All of Vanisi's Inmate Request Forms will be directed to either myself or Sgt. Syfers.

Tier time will be conducted during the **Midwatch** shift only. His tier time and showers will be in **HU5 - B Wing**.

Attorney/Contact Visits will take place in the **M.P. Room HU5**.

**Standard Non-Contact Visitation** will be conducted in the **Non-Contact Visiting Room** off of the **Release Corridor**.

All of Vanisi's movement inside and outside of our facility including tier time, visiting, transport, ect. will be monitored by our **Detention Response Team Members Only**. Vanisi's cell door should only be opened with a minimum of two **D.R.T.** staff present. The only exception to this is that a **dire emergency** exists where **immediate action must be taken**.

**CAUTIONS:** It cannot be emphasized enough that Vanisi should be considered an **EXTREME OFFICER SAFETY** and all safety precautions exercised for the duration of his incarceration. Please document any unusual incidents involving Vanisi. Feel free to contact **I.M.U.** with any questions, concerns, or clarifications.

**DATE:** 01-24-98    **REPORTING DEPUTY:** LM. HARRIS    **COMM#** 1364

WCSO00136

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AA03573

# WASHOE COUNTY SHERIFF'S OFFICE

## CLASSIFICATION/I.M.U. UNIT

### CASE MEMORANDUM

Housing assignment: 5 Date: 1-25-98

Inmate: Vanisi, Siao Booking #: 14630198

Due to Safety and Security of the Facility  
you will remain in **ADMINISTRATIVE SEGREGATION**, with a weekly review status. On this segregation you will receive:

- One hour of tier time daily
- Only hygiene items from commissary
- One 30 minute visit per month from friends or family
- One book (other than bible and dictionary) on a 1 for 1 exchange

Unless you violate any rules or regulations.

If you have any further questions please fill out an inmate request form to speak to someone in the classification section. Please make your requests specific as to what you want to speak with us about.

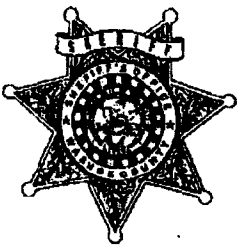
DK1364  
Classification/ I.M.U. Deputy

COPY-ORIGINAL SENT TO BOOKING

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# WASHOE COUNTY SHERIFF'S OFFICE

## CONFIDENTIAL

## BULLETIN

### \*\*OFFICER SAFETY\*\*

|                                                                     |                  |                                |               |                        |
|---------------------------------------------------------------------|------------------|--------------------------------|---------------|------------------------|
| <b>Name:</b> VANISI, SIAOSI<br><b>A.K.A.</b> VANISI, PERRIN GIACOMO |                  | <b>Booking Number:</b> UNKNOWN |               |                        |
| <b>D.O.B:</b>                                                       | <b>HGT:</b> 6'0" | <b>WGT:</b> 240                | <b>SEX:</b> M | <b>RACE:</b><br>TONGAN |

**CRIMINAL HISTORY:** No criminal arrest record found.

**CURRENT CHARGES:** MURDER, TWO COUNTS ARMED ROBBERY.

**CAUSE FOR HIGH PROFILE STATUS:** On 01-14-98, Vanisi was arrested by Salt Lake City Police for the murder of U.N.R. Police Sgt. George Sullivan following a two-hour standoff which involved Vanisi barricading himself in a building and exchanging gunfire with SWAT members. Vanisi will be arriving at our facility 01-24-98..

On 01-23-98, I spoke with Detective Dave Jenkins from the Major Crimes Division of the Reno Police Department (334-2188). He is currently assigned to this case. Jenkins told me that Vanisi is currently housed in the Infirmary at the Salt Lake City Metro Jail on suicide watch. Vanisi has not attempted suicide nor made any suicidal threats. During his initial medical screening, it was decided that due to the nature of his charges, there existed a potential for suicide. Jenkins further stated that Vanisi has not been physically uncooperative, however, has displayed an unwillingness to follow verbal orders.

**CAUTIONS:** Upon Vanisi's arrival to our facility, he will be housed in the Infirmary cell SW1 with a classification status of **Administrative Segregation** and **No Tier Time With Others**.

Based on the charges and the maliciousness of the crime, Vanisi should be considered an **EXTREME OFFICER SAFETY**.

Until further notice, **ALL** physical contact between Vanisi and staff will be accomplished by our **Detention Response Team Members ONLY**. D.R.T. will be assigned to wherever Vanisi is housed.

Please document any unusual incidents involving Vanisi. Please feel free to contact I.M.U. with any questions, concerns, or clarifications.

**DATE:** 01-23-98     **REPORTING DEPUTY:** LM. HARRIS     **COMM#** 1364

Information contained in this confidential bulletin may change at any time. All information that comes to the attention

WCSO00138

00000008

AA03575

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL JUSTICE AGENCIES IS PROHIBITED. RETURN REL TO 1180053M-151017

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                          |                          |                                      |                              |                                   |                              |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|-----------------------------------|------------------------------|
| <b>V<br/>I<br/>C<br/>T<br/>I<br/>M</b> | LAST NAME, FIRST, MIDDLE<br><b>WASHOE COUNTY</b>                                                                                                                                                                                                                                                                                                                                                                         |                               |                          |                          | FIRST NAME IF CRIME AGAINST BUSINESS |                              |                                   |                              |
|                                        | RESIDENCE/ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                          |                          |                                      |                              | RESIDENCE PHONE<br>( )            |                              |
|                                        | BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL)                                                                                                                                                                                                                                                                                                                                                                            |                               |                          |                          |                                      |                              | BUSINESS PHONE<br>( )             |                              |
|                                        | SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRAC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER (SPECIFY) |                               |                          |                          |                                      |                              | SSN                               |                              |
| <b>M</b>                               | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                            |                               | SPECIFY EXTENT OF INJURY |                          | OCCUPATION                           |                              | HOURS OF EMPLOYMENT               |                              |
|                                        | LAST NAME, FIRST, MIDDLE<br><b>BALTES, P.</b>                                                                                                                                                                                                                                                                                                                                                                            |                               |                          |                          | SEX                                  | RACE                         | AGE                               | DATE OF BIRTH                |
|                                        | RESIDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                          |                          | BUSINESS ADDRESS                     |                              |                                   |                              |
|                                        | LOCATION OF OCCURRENCE<br><b>HOUSE 05 A-WING</b>                                                                                                                                                                                                                                                                                                                                                                         |                               |                          |                          | DATE OCCURRED<br><b>07 FEB 98</b>    | TIME OCCURRED<br><b>2225</b> | DATE REPORTED<br><b>07 FEB 98</b> | TIME REPORTED<br><b>2300</b> |
| OFFENSE CODE<br><b>INCIDENT</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br><b>PASSING ITEMS</b> |                          | OFFENSE CODE NRS/CO CODE |                                      | TITLE                        |                                   |                              |
| OFFENSE CODE                           |                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE                         |                          | OFFENSE CODE NRS/CO CODE |                                      | TITLE                        |                                   |                              |

CHECK ☒ WHERE APPLICABLE

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>C<br/>R<br/>I<br/>M<br/>E<br/><br/>A<br/>N<br/>A<br/>L<br/>Y<br/>S<br/>I<br/>S</b> | <b>RESIDENCE</b><br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> APARTMENT/CONDOMINIUM<br><input type="checkbox"/> MOTEL/HOTEL ROOM<br><input type="checkbox"/> DUPLEX/FOURPLEX<br><input type="checkbox"/> MOBILE HOME<br><input type="checkbox"/> GARAGE<br><input type="checkbox"/> DRIVEWAY<br><input type="checkbox"/> OTHER _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> BANK<br><input type="checkbox"/> OFFICE BUILDING<br><input type="checkbox"/> MEDICAL OFFICE<br><input type="checkbox"/> DRUG STORE<br><input type="checkbox"/> BAR<br><input type="checkbox"/> LIQUOR STORE<br><input type="checkbox"/> RESTAURANT/FAST FOODS<br><input type="checkbox"/> SUPERMARKET<br><input type="checkbox"/> RETAIL STORE |  |                                                                                                                                                                                                                                                                            |  | <b>BUSINESS</b><br><input type="checkbox"/> SPORTING GOODS/GUNS<br><input type="checkbox"/> BICYCLE SALES/VEHICLE<br><input type="checkbox"/> PAWN SHOP/SECOND HAND<br><input type="checkbox"/> LAUNDROMAT/CLEANERS<br><input type="checkbox"/> COIN OPERATED MACHINES<br><input type="checkbox"/> PHONE BOOTH<br><input type="checkbox"/> THEATER/DRIVE-IN<br><input type="checkbox"/> GAS STATION/GARAGE<br><input type="checkbox"/> MOTEL/HOTEL                                                                 |  |                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> WAREHOUSES/STORAGE UNIT<br><input type="checkbox"/> MANUFACTURING FIRM<br><input type="checkbox"/> CONSTRUCTION SITE<br><input type="checkbox"/> FENCED STORAGE<br><input type="checkbox"/> BOX CAR<br><input type="checkbox"/> LONGHAUL TRAILER<br><input type="checkbox"/> CASINO<br><input type="checkbox"/> CONVENIENCE STORE<br><input type="checkbox"/> OTHER _____ |  |  |  | <b>PUBLIC PREMISES</b><br><input type="checkbox"/> STREET/HIGHWAY/ALLEY<br><input type="checkbox"/> SCHOOL<br><input type="checkbox"/> PARK/PLAYGROUND<br><input type="checkbox"/> PARKING LOT<br><input type="checkbox"/> PUBLIC BUILDING<br><input type="checkbox"/> CHURCH<br><input type="checkbox"/> HOSPITAL<br><input type="checkbox"/> PARKING GARAGE<br><input type="checkbox"/> OTHER _____ |  |  |  |
|                                                                                       | <b>POINT OF ENTRY</b><br>WINDOW<br><input type="checkbox"/> NON MOVABLE<br><input type="checkbox"/> SLIDING<br><input type="checkbox"/> CRANK TYPE<br><input type="checkbox"/> DOUBLE HUNG<br><input type="checkbox"/> LIDDERED OR<br><input type="checkbox"/> WIND-WING<br>DOOR<br><input type="checkbox"/> SINGLE SWING<br><input type="checkbox"/> DOUBLE SWING<br><input type="checkbox"/> SLIDING<br><input type="checkbox"/> OVERHEAD<br><input type="checkbox"/> GARAGE<br><input type="checkbox"/> OTHER _____<br>OTHER<br><input type="checkbox"/> FLOOR<br><input type="checkbox"/> ROOF<br><input type="checkbox"/> WALL<br><input type="checkbox"/> ALREADY ON<br><input type="checkbox"/> PREMISES<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> BASEMENT |  |  |  | <b>MEANS OF ATTACK</b><br><input type="checkbox"/> FIREARM<br><input type="checkbox"/> KNIFE<br><input type="checkbox"/> PHYSICAL/NO<br><input type="checkbox"/> WEAPON<br><input type="checkbox"/> OTHER _____<br><input type="checkbox"/> PRY TOOL<br><input type="checkbox"/> SCREWDRIVER                                                                            |  | <b>LOCATION OF ENTRY</b><br><input type="checkbox"/> FRONT<br><input type="checkbox"/> REAR<br><input type="checkbox"/> SIDE<br><input type="checkbox"/> ROOF<br><input type="checkbox"/> FORCE<br><input type="checkbox"/> NO FORCE<br><input type="checkbox"/> ATP FORCE |  | <b>METHOD OF ENTRY</b><br><input type="checkbox"/> UNLOCKED/OPEN<br><input type="checkbox"/> PRIED<br><input type="checkbox"/> BROKE GLASS<br><input type="checkbox"/> CHANNEL LOCKS<br><input type="checkbox"/> PASS KEY SLIP LOCK<br><input type="checkbox"/> BODY FORCE<br><input type="checkbox"/> CUT PADLOCK<br><input type="checkbox"/> REMOVED<br><input type="checkbox"/> EXPLOSIVE<br><input type="checkbox"/> VEHICLE FORCE<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER _____ |  | <b>ALARMS</b><br><input type="checkbox"/> NONE<br><input type="checkbox"/> RINGER<br><input type="checkbox"/> SILENT<br><input type="checkbox"/> SILENT/RINGER<br><input type="checkbox"/> NOT SET<br><input type="checkbox"/> BYPASSED<br><input type="checkbox"/> DISABLED |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                 |      |       |      |                         |       |      |                  |
|-------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|------------------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | VEHICLE COLOR(S) |
| <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER                                   |      |       |      |                         |       |      |                  |

STOLEN VEHICLE: LIST ACCESSORIES

ODOMETER READING

VEHICLE IDENTIFICATION NO.

RELEASE AND WAIVER / HULL NO.

Know all persons by these presents: That I \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada, from any claim action, demand dues, sums of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officers, for, upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made.

NARRATIVE: SEE CONTINUATION REPORT

CASE DISPOSITION: ☐ OPEN: Pending further investigation ☐ OPEN: Warrant Requested  
☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason: INFORMATIONAL

|                                                                                          |                                                                                |                                                                                 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | SUSPECT(S)<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | WITNESS(ES)<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

IF YES / UTILIZE ADDITIONAL PERSONS SUPPLEMENT/LIST

LOSS RECOVERED OR CLAIMED

APPROVED BY

REPORT PREPARED BY

S-10

WCSO00117

00000009

AA03576

CONFIDENTIAL

☒ Y ☒ N

## CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF'S OFFICE

WASHOE COUNTY SHERIFF'S OFFICE

911 PARR BLVD.

RENO, NV 89512-1000

PAGE

OF

1

TYPE OF REPORT  
OFFENSE ☐ ARREST ☐ INCIDENT ☒CHARGE(S) PASSING ITEMS TO ANOTHER CELLCASE NUMBER 3222-98COMPLAINANT'S NAME  
WASHOE COUNTYCOMPLAINANT'S ADDRESS  
911 PARR BLVDCITY  
RENOSTATE  
NV. 89502

| S-1 | SUSPECT(S)           | S-2 | SUSPECT(S) | S-3 | SUSPECT(S) |
|-----|----------------------|-----|------------|-----|------------|
| 1   | <u>VANISI SIAOSI</u> |     |            |     |            |
| 2   |                      |     |            |     |            |
| 3   |                      |     |            |     |            |
| 4   |                      |     |            |     |            |
| 5   |                      |     |            |     |            |
| 6   |                      |     |            |     |            |
| 7   |                      |     |            |     |            |
| 8   |                      |     |            |     |            |
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| 10  |                      |     |            |     |            |
| 11  |                      |     |            |     |            |
| 12  |                      |     |            |     |            |
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| 14  |                      |     |            |     |            |
| 15  |                      |     |            |     |            |
| 16  |                      |     |            |     |            |
| 17  |                      |     |            |     |            |
| 18  |                      |     |            |     |            |
| 19  |                      |     |            |     |            |
| 20  |                      |     |            |     |            |
| 21  |                      |     |            |     |            |
| 22  |                      |     |            |     |            |
| 23  |                      |     |            |     |            |
| 24  |                      |     |            |     |            |
| 25  |                      |     |            |     |            |

REPORTING OFFICER

BALTES, P.

I.D. #

1641

SECOND OFF.

I.D. #

APPROVING  
SUPERVISORC. Younk 1246

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL JUSTICE AGENCIES IS PROHIBITED.

REL TO:

DATE:

BY:

S-10B Revised 1/96

WCSO00118

00000010

AA03577



☐ Crime ☐ Stolen Vehicle ☐ Deceased Person ☒ Incident  
CR # NV016000

SHERIFF

Case Number: 3646-98

OFFENSE FACE SHEET

1054

|                                                            |                      |     |                                                                                                                                                                                                                                                                                        |                                       |                           |                             |                                   |
|------------------------------------------------------------|----------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-----------------------------|-----------------------------------|
| VICTIM NAME: WASHOE COUNTY                                 |                      |     |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                           |                             |                                   |
| VICTIM'S RESIDENCE/ADDRESS:                                |                      |     |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                           |                             |                                   |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):    |                      |     |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                           |                             |                                   |
| SEX                                                        | RACE                 | AGE | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                           | SSN                         | DOB                               |
| SPECIFY EXTENT OF INJURY:                                  |                      |     | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                           | WORK HOURS:                 |                                   |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>B. WILLIAMSON |                      |     | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                       | DATE OF BIRTH               | RESIDENCE PHONE<br>BUSINESS PHONE |
| RP. RESIDENCE ADDRESS:                                     |                      |     | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                           |                             |                                   |
| LOCATION OF OCCURRENCE:<br>HOUSING UNIT FIVE (CELL A-3)    |                      |     | DATE OCCURRED<br>02-19-98/02-20-98                                                                                                                                                                                                                                                     | TIME OCCURRED<br>2127/1700 HOURS      | DATE REPORTED<br>02-20-98 | TIME REPORTED<br>1731 HOURS |                                   |
| OFFENSE CODE:                                              | TITLE: INFORMATIONAL |     |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         | TITLE:                    |                             |                                   |
| OFFENSE CODE:                                              | TITLE:               |     |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         | TITLE:                    |                             |                                   |

CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

| Residence                                                                                                                                                                                                                                                                                                             | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Public Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other | <input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-In<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |

| Point of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Means of Attack                                                                                                                                                                                                                                              | Loc of Entry                                                                                                                                                                                                                                    | Method of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alarms                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Attp Force | <input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled |

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                                                  |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

STOLEN VEHICLE

|                   |                   |                             |
|-------------------|-------------------|-----------------------------|
| LIST ACCESSORIES: | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
|-------------------|-------------------|-----------------------------|

RELEASE AND WAIVER/NULL NO.

Know all persons by these presents: That, I, \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ do by these presents, for myself, my heirs, executors, administrators or assigns, release each and every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand dues, sum of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officers, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made.

NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_  
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☐ CLOSED: For Any Other Reason:

|                                                                                             |                                                                                              |                                                                                               |                                                            |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST         |
| REPORT PREPARED BY:<br>B. WILLIAMSON                                                        | COMM #<br>1454                                                                               | APPROVED BY:<br><i>[Signature]</i>                                                            | LOSS RECOVERED OR CLAIMED:<br>COMM #<br><i>[Signature]</i> |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED  
RETURN REL. TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

WCSO00119

00000011

AA03578

# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



CONFIDENTIAL ☐ Y ☒ N

|                                                                                                                                  |  |                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>  |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                                        |  | PAGE <u>2</u> OF <u>4</u><br>CASE NUMBER: 3646-98                       |  |
| COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY |  | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD., RENO, NV., 89512             |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                         |  |                                                                         |  |
| SUBJECT 1: VANISI, SIAOSI (BOOKING#14630198)<br>SSN: [REDACTED]                                                                  |  | SUBJECT 2:<br>SSN: DOB:                                                 |  |

1 On 02-19-98, at approximately 1700 hours I was assigned to housing unit five with Deputy Eubanks #1550. We  
 2 were opening food slots in A-wing when inmate Borchfield, Clifford (booking [REDACTED]) informed me that he  
 3 over heard inmate Vanisi talking to himself and that Vanisi also made statements directly to Borchfield. I asked  
 4 him what Vanisi was saying. Borchfield stated, "he's talking about killing another cop or himself"! Borchfield also  
 5 stated, "man this guy is guilty"! Borchfield also informed me that Vanisi was upset about money being given to  
 6 "the dead cops family!"  
 7  
 8 On 02-20-98, at approximately 1745 hours I called Borchfield out to the Deputy's Station and asked him if he  
 9 would be willing to fill out a statement form on everything Vanisi has told him. He said, "not a problem, you cops  
 10 have always been cool with me"! The statement read as follows: "On 02-17-98 inmate S. Vanisi was in front of my  
 11 cell door complaining about not being free. He told me he was a warrior and us Indians have to stick together to  
 12 fight the cops. He said he had wanted to kill a cop for a few days waiting just for a good time to do it. He said it  
 13 felt like real power when he hit that cop and he wished he could kill another one or one of these guards in here even  
 14 with his bare hands. On 02-18 or 02-19 he was out again talking about a news article that was in the Reno paper  
 15 about some guy at a mall putting a box out to collect money for the dead cops family and how he wished he could  
 16 get out to beat him like he did the cop. He talked about how he was going to plead crazy and when he got out he  
 17 would go to the South Pacific to live".  
 18  
 19 On 02-13-98 I was assigned to operate the tower in housing unit five. I was watching from the window in the tower  
 20 down into A-wing where Vanisi was. He was out on tier time at approximately 2305 hours. I observed him  
 21 dancing in the middle of the day room floor as if he was doing a certain religious style dance. Approximately ten  
 22 minutes later while Vanisi was still on tier time he asked if he could use the broom to sweep out his cell. As soon  
 23 as Vanisi got the broom he started spinning it around as if it were a staff used for fighting. It was very apparent that  
 24 Vanisi knew how to use it because he was passing the broom through each leg and around his back. All of A-wing  
 25 seemed to be entertained by Vanisi's show because they were all watching him through their cell door windows.

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CONFIDENTIAL ☐ ☒  
Y N

# CONTINUATION REPORT

|                                                                                                                                  |  |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>  |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000<br>PAGE <u>3</u> OF <u>4</u> |  |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                                        |  | CASE NUMBER: 3646-98                                                                                 |  |
| COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY |  | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD., RENO, NV., 89512                                          |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                         |  |                                                                                                      |  |
| SUBJECT 1: VANISI, SIAOSI (BOOKING#14630198)<br>SSN: <u>551 52 8885</u> DOB: <u>06-06-50</u>                                     |  | SUBJECT 2:<br>SSN: DOB:                                                                              |  |

26 After watching Vanisi display his knowledge for being able to use a staff I denied him the broom handle from then  
27 on to ensure he would not have weapon on him when a Deputy entered the Wing. Vanisi would ask on numerous  
28 occasions if he could have the broom. Not once before 02-13-98 did I see him use it to clean his cell.

29

30 Today Vanisi appeared in Reno Justice Court. His family was there to testify against him. He was bound over to  
31 District Court. Because of his family testifying against him and the comment he made to Borchfield about killing  
32 himself he was sent to the infirmary where he was placed into a suicidal watch cell (#1). There was also a poem  
33 found in his cell that was about dying along with elastic band ripped off a pair of underwear that could be used for  
34 choking himself or a Deputy. We found this item hidden in his pillow. Refer to crime report #3633-98 by Deputy  
35 Eubanks.

36

37 Vanisi also had in his possession numerous photo copied newspaper clippings of everything concerning Vanisi's  
38 involvement with Sullivan's death. He also has a newspaper copy of the Timothy McVeigh trial. Vanisi also seems  
39 interested in the articles about Sullivans family. One certain article read, "My daddy is gone now"!

40

41 It is obvious that Vanisi is thinking about ways to hurt a Deputy or even himself. He shows no remorse as evidenced  
42 by his statement to Borchfield about being mad that, "the cops family is getting money"! Extreme officer safety  
43 needs to be practiced when dealing with Vanisi due to his statement about wanting to kill another cop. No further  
44 details.

WCSO00121

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AA03580

Crime ☒ Stolen Vehicle ☐ Deceased Person ☐

OP. No. NV016000

SHEET

Case Number: 3633-98

# OFFENSE FACE SHEET

|                                                              |      |                                  |                                                                                                                                                                                                                                                                                        |                                       |                       |                           |                                   |
|--------------------------------------------------------------|------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|---------------------------|-----------------------------------|
| VICTIM NAME: Washoe County Sheriffs Office                   |      |                                  |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                       |                           |                                   |
| VICTIM'S RESIDENCE/ADDRESS:                                  |      |                                  |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                       |                           |                                   |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):      |      |                                  |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                       |                           |                                   |
| SEX                                                          | RACE | AGE                              | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                       | SSN                       | DOB                               |
| SPECIFY EXTENT OF INJURY:                                    |      |                                  | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                       | WORK HOURS:               |                                   |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>F. Eubanks 1550 |      |                                  | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                   | DATE OF BIRTH             | RESIDENCE PHONE<br>BUSINESS PHONE |
| RP. RESIDENCE ADDRESS:                                       |      |                                  | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                       |                           |                                   |
| LOCATION OF OCCURRENCE:<br>Housing Unit Five                 |      |                                  | DATE OCCURRED<br>02-19-98                                                                                                                                                                                                                                                              |                                       | TIME OCCURRED<br>2127 | DATE REPORTED<br>02-19-98 | TIME REPORTED<br>2230             |
| OFFENSE CODE:                                                |      | TITLE: Damage to County Property |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                       | TITLE:                    |                                   |
| OFFENSE CODE:                                                |      | TITLE:                           |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                       | TITLE:                    |                                   |

## CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

| Residence                                                                                                                                                                                                                                                                                                                                                             | Business                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | Public Premises                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other                                                 | <input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store | <input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-In<br><input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |

| Point of Entry                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                         | Means of Attack                                                                                                                                                                                                                                              | Loc of Entry                                                                                                                                                                                                                                    | Method of Entry                                                                                                                                                                                                                                  | Alarms                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Window<br><input type="checkbox"/> Non Moveable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing | <input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other | <input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Attp Force | <input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force | <input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other |
| <input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled               |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |

## VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                                                  |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

## STOLEN VEHICLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| LIST ACCESSORIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
| RELEASE AND WAIVER/NULL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                             |
| Know all persons by these presents: That, I, _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand due, cost of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officer, for upon or by reason of my mother, cases, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made. |                   |                             |

## NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☒ DA ☐ CA ☐ P&P ☐ Social Services ☒ IMU ☒ Sgt. Syfers

CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason:

|                                                                                             |                                                                                              |                                                                                               |                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>F. Eubanks                                                           | COMM #<br>1550                                                                               | APPROVED BY:<br>T. Boney                                                                      | COMM #<br>363                                      |
| LOSS RECOVERED OR CLAIMED:                                                                  |                                                                                              |                                                                                               |                                                    |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED

RETURN REL. TO

DATE

BY

WCSO00122

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CONFIDENTIAL ☒ Y ☐ N

# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                                                  |                      |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                  |                      | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |
| CHARGE(S)/TYPE OF INCIDENT: Damage To County Property                                                                                            |                      | PAGE <u>2</u> OF <u>3</u>                                               |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriffs Office | CASE NUMBER: 3633-98 |                                                                         |
| ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd Reno, NV                                                                                                |                      |                                                                         |
| LIST SUSPECT(S) IF KNOWN                                                                                                                         |                      |                                                                         |
| SUBJECT 1: Vanisi, Siasosi bk#14630198<br>SSN: [REDACTED]                                                                                        |                      | SUBJECT 2:<br>SSN: DOB:                                                 |

1 On February 19, 1998 at approximately 2127 hours Deputy Williamson #1454 and I were assigned to  
2 Housing Unit Five. Deputy Bowen #1007, Deputy Fredrickson #1395 with K-9 Rico #1564 responded to Housing  
3 Unit Five as Inmate Vanisi was going to have his tier time. Deputy Williamson and I decided to search Inmate  
4 Vanisi's cell before letting him out on tier time. Deputy Williamson, Bowen, Fredrickson with K-9 Rico and I  
5 responded to A-wing to remove Inmate Vanisi from his cell.

6 Deputy Williamson instructed Inmate Vanisi to back up to his cell door. Inmate Vanisi asked where he was  
7 going. Deputy Williamson told him that he was being taken out of his cell. Inmate Vanisi asked Deputy  
8 Williamson if he had to leave his cell. Deputy Williamson told him that he had no choice. Inmate Vanisi told  
9 Deputy Williamson, "I'm not going anywhere". Deputy Williamson told Inmate Vanisi that he had no choice.  
10 Inmate Vanisi complied and Deputy Williamson told him to back up to the door and when the food slot was opened  
11 he was to put his hands through the food slot. Inmate Vanisi complied and was handcuffed through the food slot  
12 and removed from his cell. Inmate Vanisi was proned out on the day room floor. Deputy Fredrickson and Bowen  
13 watched Inmate Vanisi.

14 Deputy Williamson and I searched cell A-3. In searching Inmate Vanisi's bunk several rips were found.  
15 Deputy Williamson showed me a rip in Inmate Vanisi's pillow. The pillow was torn open and a pair of underwear  
16 was found that had the elastic ripped off. Attached to the elastic band was what appeared to be an edge of one  
17 Inmate Vanisi's sheets. I looked at his sheets and found that one of them had an edge missing from it. The piece  
18 of sheet was tied onto the elastic as if he was making a noose. Nothing else was found. The mattress, pillow and  
19 ripped up sheet and underwear was removed from his cell and Inmate Vanisi was placed back into his cell.

EXTRA COPIES TO: DETECTIVES ☐ DA ☒ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER I-m-u ☒

|                                |                |               |        |                      |        |
|--------------------------------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>F. Eubanks | COME #<br>1550 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR | COME # |
|--------------------------------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-108 Revised 1/96

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# CONTINUATION REPORT

|                                                                                                                                                  |                      |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                  |                      | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |
| CHARGE(S)/TYPE OF INCIDENT: Damage To County Property                                                                                            |                      | PAGE <u>3</u> OF <u>3</u>                                               |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Vashoe County Sheriffs Office | CASE NUMBER: 3633-98 |                                                                         |
| ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd Reno, NV                                                                                                |                      |                                                                         |
| LIST SUSPECT(S) IF KNOWN                                                                                                                         |                      |                                                                         |
| SUBJECT 1: Vanisi, Siasoi bk#14630198<br>SSN: [REDACTED] DOB: [REDACTED]                                                                         |                      | SUBJECT 2:<br>SSN: DOB:                                                 |

20 Inmate Forsyth, David bk# [REDACTED]

Inmate Newport, Michael bk# [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 Inmate Rhyne, Kelly bk# [REDACTED]

24 ss# [REDACTED]

25 dob [REDACTED]

26 While conducting the search in A-3 Inmate, the inmate's in cell A-11 were making howling sounds and  
27 laughing out loud. Inmate Forsyth and Inmate Newport continued to yell loud from their cell, A-11, and hit their  
28 emergency button, while Inmate Vanisi was out of his cell. Inmate Forsyth and Newport were told to sit on their  
29 bunk, but both inmates continued to stand at their door yelling and disrupting us while we did our search. Inmate  
30 Forsyth and Inmate Newport were taken out of their cell and their cell was searched (see deputy Williamson's report  
31 #3634-98). We also searched Inmate Rhyne's cell B-5. Minor contraband was found and he was returned without  
32 any problems.

33 In reference to Inmate Vanisi, it should be noted that Inmate Vanisi has made references to killing himself to  
34 other Inmate's while on tier time. I recommend that Inmate Vanisi receive 20 days Disciplinary Segregation for  
35 ripping a pair of underwear, a sheet, the pillow and making what looked like a noose with the ripped pieces.

EXTRA COPIES TO: DETECTIVES ☐ DA ☒ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER IMU ☒

|                                |                |               |        |                                            |               |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|
| REPORTING DEPUTY<br>F. Eubanks | COME #<br>1550 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR<br><u>[Signature]</u> | COME #<br>363 |
|--------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

WCSO00124

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AA03583

Stolen Vehicle ☐ Deceased Person ☐ **SHRIFT**  
OK No. NV016000

Case Number: 3179

# OFFENSE FACE SHEET

10F3

|                                                            |                                                                  |     |                                                                                                                                                                                                                                                                                        |                                       |                            |                           |                       |
|------------------------------------------------------------|------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|---------------------------|-----------------------|
| VICTIM NAME: WASHOE COUNTY                                 |                                                                  |     |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                            |                           |                       |
| VICTIM'S RESIDENCE/ADDRESS:                                |                                                                  |     |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                            |                           |                       |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):    |                                                                  |     |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                            |                           |                       |
| SEX                                                        | RACE                                                             | AGE | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                            | SSN                       | DOB                   |
| SPECIFY EXTENT OF INJURY:                                  |                                                                  |     | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                            | WORK HOURS:               |                       |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>B. WILLIAMSON |                                                                  |     | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                        | DATE OF BIRTH             | BUSINESS PHONE        |
| RP. RESIDENCE ADDRESS:                                     |                                                                  |     | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                            |                           |                       |
| LOCATION OF OCCURRENCE:<br>HOUSING UNIT FIVE (B-WING)      |                                                                  |     | DATE OCCURRED<br>02-03-98/02-04-98                                                                                                                                                                                                                                                     |                                       | TIME OCCURRED<br>2245/1555 | DATE REPORTED<br>02-04-98 | TIME REPORTED<br>1756 |
| OFFENSE CODE                                               | TITLE: FAILURE TO OBEY A VERBAL ORDER/ALTERING CLEANING SUPPLIES |     |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         | TITLE:                     |                           |                       |
| OFFENSE CODE:                                              | TITLE:                                                           |     |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         | TITLE:                     |                           |                       |

## CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Residence</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Business</b><br><input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <b>Public Premises</b><br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>Point of Entry</b><br><input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <b>Means of Attack</b><br><input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Loc of Entry</b><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Attp Force                                                                                                                          | <b>Method of Entry</b><br><input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <b>Alarms</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled |

## VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                                                  |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

## STOLEN VEHICLE

|                   |                   |                             |
|-------------------|-------------------|-----------------------------|
| LIST ACCESSORIES: | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
|-------------------|-------------------|-----------------------------|

## RELEASE AND WAIVER/NULL NO.

Know all persons by these presents: That, I \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ do by these presents, for myself, my heirs, executors, administrators or assigns, release each and every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand does, sum of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officers, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made.

## NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☒ DRT FILE

CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason:

|                                                                                             |                                                                                              |                                                                                               |                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>B. WILLIAMSON                                                        | COMM #<br>1454                                                                               | APPROVED BY:<br><i>TE</i>                                                                     | COMM #<br>1266                                     |
| LOSS RECOVERED OR CLAIMED:                                                                  |                                                                                              |                                                                                               |                                                    |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED

RETURN REL. TO

DATE

BY

WCSO00125

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AA03584

1  
SUBS 11  
n: TLARIVIE @WASHOE (Lariviere, Ty )  
ADAUSE,CSANTOR,CVINGER,DCOX,DHOOD,KKLUM,LMHARRIS,PKELLER,PSTRETT,RCALDWEL,  
RCARNEY,RMEHRMOF  
Subject: (fwd) FYI  
Sent-by: TLARIVIE @WASHOE (Lariviere, Ty ) ; on 17-Feb-98 03:39  
Date: 14-Feb-98 15:57  
From: CSCHINDL @WASHOE (Schindler, Clay )  
BUPTAIN,BWILLIAM,BZIRKLE,CBANKS,CSCHINDL,CSTHOMAS,DBAILEY,DKAUMANS,DPATCH,  
DSYFERS,EDOSH,EFREDRIC,GLARRAME,JBOWEN,JCOSSIO,JELLIS,JGASTON,JIVESON,  
JSMALL,JWORMING,KBASSETT,KKRUSH,LLCOOPER,MBELLO,MBROKAW,MHALEY,MMILLS,  
PJONES,PKELLER,PLONGSHO,RBOWLIN,RDAVIS,RDROSE,SKELLER,SKULL,TLARIVIE  
Subject: FYI

Greetings all  
Here's some FYI to chew on

While working the SHU today (02/14/98), Borchfield A-1 approach me saying  
that guy (Vanisi) in A-3, the one who killed the cop is in a bad way.  
Borchfield went on to say, Vanisi told him there is no way that he is  
going to prison alive, he will do whatever it takes not to go. although  
it's coming from Borchfield it still holds some validity.

This should be a reminder that we should not lower the security on Vinisi  
and, our officer safety must stay high.

Stay safe  
The U-Man

BORCHFIELD, CLIFFORD # [REDACTED]

[REDACTED]

COPY-ORIGINAL SENT TO BOOKING

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# OFFENSE FACE SHEET

|                                                              |      |                                  |                                                                                                                                                                                                                                                                                        |                                       |                           |                       |                |
|--------------------------------------------------------------|------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-----------------------|----------------|
| VICTIM NAME: Washoe County Sheriffs Office                   |      |                                  |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                           |                       |                |
| VICTIM'S RESIDENCE/ADDRESS:                                  |      |                                  |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                           |                       |                |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):      |      |                                  |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                           |                       |                |
| SEX                                                          | RACE | AGE                              | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                           | SSN                   | DOB            |
| SPECIFY EXTENT OF INJURY:                                    |      |                                  | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                           | WORK HOURS:           |                |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>F. Eubanks 1550 |      |                                  | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                       | DATE OF BIRTH         | BUSINESS PHONE |
| RP. RESIDENCE ADDRESS:                                       |      |                                  | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                           |                       |                |
| LOCATION OF OCCURRENCE:<br>Housing Unit Five                 |      |                                  | DATE OCCURRED<br>02-19-98                                                                                                                                                                                                                                                              | TIME OCCURRED<br>2127                 | DATE REPORTED<br>02-19-98 | TIME REPORTED<br>2230 |                |
| OFFENSE CODE:                                                |      | TITLE: Damage to County Property |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:                |                |
| OFFENSE CODE:                                                |      | TITLE:                           |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:                |                |

## CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Residence</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other | <b>Business</b><br><input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <b>Public Premises</b><br><input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-In<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Point of Entry</b><br>Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br>Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br>Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <b>Means of Attack</b><br><input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver | <b>Loc of Entry</b><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Atp Force | <b>Method of Entry</b><br><input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Fried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <b>Alarms</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled |
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## VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                |      |       |      |                         |       |      |          |
|--------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
| <input type="checkbox"/> OTHER                                                                                                 |      |       |      |                         |       |      |          |

## STOLEN VEHICLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| LIST ACCESSORIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
| RELEASE AND WAIVER/NULL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                             |
| Know all persons by these presents that I, _____ of the City of _____ County of _____ State of _____<br>do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe<br>County Sheriff's Office of the State of Nevada from any claim action, demand dues, sum of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I ever had or now have or which<br>I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officer, for upon or by reason of my matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering,<br>holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made. |                   |                             |

## NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☒ DA ☐ CA ☐ P&P ☐ Social Services ☒ I.M.U. ☒ Sgt. Syfers  
 CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason:

|                                                                                             |                                                                                              |                                                                                               |                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY<br>F. Eubanks                                                            | COMM #<br>1550                                                                               | APPROVED BY:<br>T. Rouen                                                                      | COMM #<br>363<br>LOSS RECOVERED OR CLAIMED:        |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED  
 RETURN REL. TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

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CONTINUATION REPORT

|                                                                                                                                                  |  |                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                  |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000<br>PAGE <u>2</u> OF <u>3</u> |  |
| CHARGE(S)/TYPE OF INCIDENT: Damage To County Property                                                                                            |  | CASE NUMBER: 3633-98                                                                                 |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriffs Office |  | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd Reno, NV                                                    |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                                         |  |                                                                                                      |  |
| SUBJECT 1: Vanisi, Siasoi bk#14630198<br>SSN: [REDACTED]                                                                                         |  | SUBJECT 2:<br>SSN: DOB:                                                                              |  |

1 On February 19, 1998 at approximately 2127 hours Deputy Williamson #1454 and I were assigned to  
2 Housing Unit Five. Deputy Bowen #1007, Deputy Fredrickson #1395 with K-9 Rico #1564 responded to Housing  
3 Unit Five as Inmate Vanisi was going to have his tier time. Deputy Williamson and I decided to search Inmate  
4 Vanisi's cell before letting him out on tier time. Deputy Williamson, Bowen, Fredrickson with K-9 Rico and I  
5 responded to A-wing to remove Inmate Vanisi from his cell.

6 Deputy Williamson instructed Inmate Vanisi to back up to his cell door. Inmate Vanisi asked where he was  
7 going. Deputy Williamson told him that he was being taken out of his cell. Inmate Vanisi asked Deputy  
8 Williamson if he had to leave his cell. Deputy Williamson told him that he had no choice. Inmate Vanisi told  
9 Deputy Williamson, "I'm not going anywhere". Deputy Williamson told Inmate Vanisi that he had no choice.  
10 Inmate Vanisi complied and Deputy Williamson told him to back up to the door and when the food slot was opened  
11 he was to put his hands through the food slot. Inmate Vanisi complied and was handcuffed through the food slot  
12 and removed from his cell. Inmate Vanisi was proned out on the day room floor. Deputy Fredrickson and Bowen  
13 watched Inmate Vanisi.

14 Deputy Williamson and I searched cell A-3. In searching Inmate Vanisi's bunk several rips were found.  
15 Deputy Williamson showed me a rip in Inmate Vanisi's pillow. The pillow was torn open and a pair of underwear  
16 was found that had the elastic ripped off. Attached to the elastic band was what appeared to be an edge of one  
17 Inmate Vanisi's sheets. I looked at his sheets and found that one of them had an edge missing from it. The piece  
18 of sheet was tied onto the elastic as if he was making a noose. Nothing else was found. The mattress, pillow and  
19 ripped up sheet and underwear was removed from his cell and Inmate Vanisi was placed back into his cell.

EXTRA COPIES TO: DETECTIVES ☐ DA ☒ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER I-m-u ☒

|                                                  |                |               |        |                      |        |
|--------------------------------------------------|----------------|---------------|--------|----------------------|--------|
| REPORTING DEPUTY<br>F. Eubanks <i>F. Eubanks</i> | COME #<br>1550 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR | COME # |
|--------------------------------------------------|----------------|---------------|--------|----------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

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# CONTINUATION REPORT

|                                                                                                                                                   |  |                                                                         |                      |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|----------------------|---------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                   |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |                      | PAGE <u>3</u> OF <u>3</u> |
| CHARGE(S)/TYPE OF INCIDENT: Damage To County Property                                                                                             |  |                                                                         | CASE NUMBER: 3633-98 |                           |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's Office |  | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd Reno, NV                       |                      |                           |
| LIST SUSPECT(S) IF KNOWN                                                                                                                          |  |                                                                         |                      |                           |
| SUBJECT 1: Vanisi, Slaosi bk#14630198<br>SSN: 564 50 2215 DOB: 08/11/56                                                                           |  | SUBJECT 2:<br>SSN: DOB:                                                 |                      |                           |

20 Inmate Forsyth, David bk# [REDACTED] Inmate Newport, Michael bk# [REDACTED]

21 [REDACTED] [REDACTED]

22 [REDACTED] [REDACTED]

23 Inmate Rhyne, Kelly bk# [REDACTED]

24 [REDACTED]

25 [REDACTED]

26 While conducting the search in A-3 Inmate, the inmate's in cell A-11 were making howling sounds and  
 27 laughing out loud. Inmate Forsyth and Inmate Newport continued to yell loud from their cell, A-11, and hit their  
 28 emergency button, while Inmate Vanisi was out of his cell. Inmate Forsyth and Newport were told to sit on their  
 29 bunk, but both inmates continued to stand at their door yelling and disrupting us while we did our search. Inmate  
 30 Forsyth and Inmate Newport were taken out of their cell and their cell was searched (see deputy Williamson's report  
 31 #3634-98). We also searched Inmate Rhyne's cell B-5. Minor contraband was found and he was returned without  
 32 any problems.

33 In reference to Inmate Vanisi, it should be noted that Inmate Vanisi has made references to killing himself to  
 34 other Inmate's while on tier time. I recommend that Inmate Vanisi receive 20 days Disciplinary Segregation for  
 35 ripping a pair of underwear, a sheet, the pillow and making what looked like a noose with the ripped pieces.

EXTRA COPIES TO: DETECTIVES ☐ DA ☒ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER IMU ☒

|                                                   |                |               |        |                                            |               |
|---------------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|
| REPORTING DEPUTY<br>F. Eubanks <u>[Signature]</u> | COME #<br>1550 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR<br><u>[Signature]</u> | COME #<br>363 |
|---------------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

8-10B Revised 1/96

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Case Number: 3646-98

## OFFENSE FACE SHEET

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|                                                            |      |                      |                                                                                                                                                                                                                                                                                              |                                    |                                       |                                  |               |                           |                             |
|------------------------------------------------------------|------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------|---------------|---------------------------|-----------------------------|
| VICTIM NAME: WASHOE COUNTY                                 |      |                      |                                                                                                                                                                                                                                                                                              |                                    | FUGIT NAME IF CRIME AGAINST BUSINESS: |                                  |               |                           |                             |
| VICTIM'S RESIDENCE/ADDRESS:                                |      |                      |                                                                                                                                                                                                                                                                                              |                                    | RESIDENCE PHONE:                      |                                  |               |                           |                             |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):    |      |                      |                                                                                                                                                                                                                                                                                              |                                    | BUSINESS PHONE:                       |                                  |               |                           |                             |
| SEX                                                        | RACE | AGE                  | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER _____ |                                    |                                       |                                  | SSN           | DOB                       |                             |
| SPECIFY EXTENT OF INJURY:                                  |      |                      |                                                                                                                                                                                                                                                                                              | OCCUPATION:                        |                                       |                                  | WORK HOURS:   |                           |                             |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>B. WILLIAMSON |      |                      |                                                                                                                                                                                                                                                                                              | SEX                                | RACE                                  | AGE                              | DATE OF BIRTH | RESIDENCE PHONE           | BUSINESS PHONE              |
| R.P. RESIDENCE ADDRESS:                                    |      |                      |                                                                                                                                                                                                                                                                                              | BUSINESS ADDRESS:                  |                                       |                                  |               |                           |                             |
| LOCATION OF OCCURRENCE:<br>HOUSING UNIT FIVE (CELL A-3)    |      |                      |                                                                                                                                                                                                                                                                                              | DATE OCCURRED<br>02-19-98/02-20-98 |                                       | TIME OCCURRED<br>2127/1700 HOURS |               | DATE REPORTED<br>02-20-98 | TIME REPORTED<br>1731 HOURS |
| OFFENSE CODE:                                              |      | TITLE: INFORMATIONAL |                                                                                                                                                                                                                                                                                              |                                    | OFFENSE CODE:                         |                                  | TITLE:        |                           |                             |
| OFFENSE CODE:                                              |      | TITLE:               |                                                                                                                                                                                                                                                                                              |                                    | OFFENSE CODE:                         |                                  | TITLE:        |                           |                             |

| NAME ANALYSIS CHECK (✓) WHERE APPLICABLE                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OFFENSE CODE                                                                                                                                                                                                                                                                                                                                                                                          | TITLE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>Residence</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other _____ | <b>Business</b><br><div> <input type="checkbox"/> Bank<br/> <input type="checkbox"/> Bicycle Sales/Vehicle<br/> <input type="checkbox"/> Construction Site<br/> <input type="checkbox"/> Bar<br/> <input type="checkbox"/> Phone Booth<br/> <input type="checkbox"/> Casino<br/> <input type="checkbox"/> Retail Store           </div> <div> <input type="checkbox"/> Sporting Goods/Guns<br/> <input type="checkbox"/> Manufacturing Firm<br/> <input type="checkbox"/> Drug Store<br/> <input type="checkbox"/> Coin Operated Machines<br/> <input type="checkbox"/> Longhaul Trailer<br/> <input type="checkbox"/> Supermarket<br/> <input type="checkbox"/> Motel/Hotel           </div> <div> <input type="checkbox"/> Warehouse/Storage Unit<br/> <input type="checkbox"/> Medical Office<br/> <input type="checkbox"/> Laundromat/Cleaners<br/> <input type="checkbox"/> Box Car<br/> <input type="checkbox"/> Restaurant/Fast Foods<br/> <input type="checkbox"/> Gas Station/Garage<br/> <input type="checkbox"/> Other _____           </div> | <b>Public Premises</b><br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other _____ |       |

| Point of Entry                       |                                       |                                     | Means of Attack                      | Loc of Entry                        | Method of Entry                              | Alarm                                  |
|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|
| Window                               | Door                                  | Other                               | <input type="checkbox"/> Firearm     | <input type="checkbox"/> Front      | <input type="checkbox"/> Unlocked/Open       | <input type="checkbox"/> None          |
| <input type="checkbox"/> Non Movable | <input type="checkbox"/> Single Swing | <input type="checkbox"/> Floor      | <input type="checkbox"/> Knife       | <input type="checkbox"/> Rear       | <input type="checkbox"/> Pried               | <input type="checkbox"/> Ring          |
| <input type="checkbox"/> Sliding     | <input type="checkbox"/> Double Swing | <input type="checkbox"/> Roof       | <input type="checkbox"/> Physical/No | <input type="checkbox"/> Side       | <input type="checkbox"/> Broke Glass         | <input type="checkbox"/> Silent        |
| <input type="checkbox"/> Crank Type  | <input type="checkbox"/> Sliding      | <input type="checkbox"/> Wall       | <input type="checkbox"/> Weapon      | <input type="checkbox"/> Roof       | <input type="checkbox"/> Channel Locks       | <input type="checkbox"/> Silent/Ringer |
| <input type="checkbox"/> Double Hung | <input type="checkbox"/> Overhead     | <input type="checkbox"/> Already On | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Force      | <input type="checkbox"/> Pass Key Strip Lock | <input type="checkbox"/> Not Set       |
| <input type="checkbox"/> Louvered or | <input type="checkbox"/> Garage       | <input type="checkbox"/> Premises   | <input type="checkbox"/> Pry Tool    | <input type="checkbox"/> No Force   | <input type="checkbox"/> Body Force          | <input type="checkbox"/> Bypassed      |
| <input type="checkbox"/> Wind-Wing   | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Unknown    | <input type="checkbox"/> Screwdriver | <input type="checkbox"/> Attp Force | <input type="checkbox"/> Unknown             | <input type="checkbox"/> Disabled      |
|                                      |                                       | <input type="checkbox"/> Basement   |                                      |                                     | <input type="checkbox"/> Cut Padlock         |                                        |
|                                      |                                       |                                     |                                      |                                     | <input type="checkbox"/> Removed             |                                        |
|                                      |                                       |                                     |                                      |                                     | <input type="checkbox"/> Explosive           |                                        |
|                                      |                                       |                                     |                                      |                                     | <input type="checkbox"/> Vehicle Force       |                                        |
|                                      |                                       |                                     |                                      |                                     | <input type="checkbox"/> Other _____         |                                        |

| VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES                                                                     |      |       |      |                         |       |      |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|--|
| <input type="checkbox"/> AUTO<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> BOAT<br><input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER _____ | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                          |                                    |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|------------------------------------|--|--|
| <b>STOLEN VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                          |                                    |  |  |
| <b>LIST ACCESSORIES:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>ODOMETER READING:</b> | <b>VEHICLE IDENTIFICATION NO.:</b> |  |  |
| RELEASE AND WAIVER/WULF NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |                                    |  |  |
| Know all persons by these presents That I _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county or city and county of any State of the United States of America, or of the Western Country thereof or a Office of the State of Nevada from any claim action, demand dues, fees of money, costs/expenses, judgments, settlements, claims and demands whatsoever, in law or in equity. I over had or now have or which I may have or shall or may have against any Peace Officer, his upon or by reason of my matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers receiving, holding, storing, or conveying, the above described vehicle, pursuant to the status report which I have this day made. |  |                          |                                    |  |  |

**NARRATIVE: "SEE REPORT CONTINUATION"**

EXTRA COPIES: ☐ Detectives ☒ DA ☐ CA ☐ P&P ☐ Social Services ☐

**CASE DISPOSITION:** ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☐ CLOSED: For Any Other Reason:

|                                                                                             |  |                                                                                              |  |                                                                                               |  |                                                    |  |
|---------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | ADDITIONAL WITNESS(ES)<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |  |
| REPORT PREPARED BY:<br>B. WILLIAMSON                                                        |  | COMM #<br>1454                                                                               |  | APPROVED BY:<br><i>Tracy</i>                                                                  |  | LOSS RECOVERED OR CLAIMED:<br>COMM #<br><i>66</i>  |  |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED.

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CONTINUATION REPORT

CONFIDENTIAL ☐ ☒  
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|                                                                                                                                  |  |                                                                         |                         |             |
|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-------------------------|-------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>  |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |                         | PAGE 2 OF 4 |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                                        |  |                                                                         | CASE NUMBER: 3646-98    |             |
| COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY |  | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD., RENO, NV., 89512             |                         |             |
| LIST SUSPECT(S) IF KNOWN                                                                                                         |  |                                                                         |                         |             |
| SUBJECT 1: VANISI, SLAOSI (BOOKING#14630198)<br>SSN: [REDACTED] DOB: [REDACTED]                                                  |  |                                                                         | SUBJECT 2:<br>SSN: DOB: |             |

1 On 02-19-98, at approximately 1700 hours I was assigned to housing unit five with Deputy Eubanks #1550. We  
2 were opening food slots in A-wing when inmate Borchfield, Clifford (booking#263051297) informed me that he  
3 over heard inmate Vanisi talking to himself and that Vanisi also made statements directly to Borchfield. I asked  
4 him what Vanisi was saying. Borchfield stated, "he's talking about killing another cop or himself"! Borchfield also  
5 stated, "man this guy is guilty"! Borchfield also informed me that Vanisi was upset about money being given to  
6 "the dead cops family"!

7

8 On 02-20-98, at approximately 1745 hours I called Borchfield out to the Deputy's Station and asked him if he  
9 would be willing to fill out a statement form on everything Vanisi has told him. He said, "not a problem, you cops  
10 have always been cool with me"! The statement read as follows: "On 02-17-98 inmate S. Vanisi was in front of my  
11 cell door complaining about not being free. He told me he was a warrior and us Indians have to stick together to  
12 fight the cops. He said he had wanted to kill a cop for a few days waiting just for a good time to do it. He said it  
13 felt like real power when he hit that cop and he wished he could kill another one or one of these guards in here even  
14 with his bare hands. On 02-18 or 02-19 he was out again talking about a news article that was in the Reno paper  
15 about some guy at a mall putting a box out to collect money for the dead cops family and how he wished he could  
16 get out to beat him like he did the cop. He talked about how he was going to plead crazy and when he got out he  
17 would go to the South Pacific to live".

18

19 On 02-13-98 I was assigned to operate the tower in housing unit five. I was watching from the window in the tower  
20 down into A-wing where Vanisi was. He was out on tier time at approximately 2305 hours. I observed him  
21 dancing in the middle of the day room floor as if he was doing a certain religious style dance. Approximately ten  
22 minutes later while Vanisi was still on tier time he asked if he could use the broom to sweep out his cell. As soon  
23 as Vanisi got the broom he started spinning it around as if it were a staff used for fighting. It was very apparent that  
24 Vanisi knew how to use it because he was passing the broom through each leg and around his back. All of A-wing  
25 seemed to be entertained by Vanisi's show because they were all watching him through their cell door windows.

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Vanisi WCSO00745

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# CONTINUATION REPORT

|                                                                                                                                  |                                                             |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>  |                                                             | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000<br>PAGE <u>3</u> OF <u>4</u> |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                                        |                                                             | CASE NUMBER: 3646-98                                                                                 |
| COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD., RENO, NV., 89512 |                                                                                                      |
| LIST SUSPECT(S) IF KNOWN                                                                                                         |                                                             |                                                                                                      |
| SUBJECT 1: VANISI, SLAOSI (BOOKING#14630198)<br>SSN: [REDACTED] DOB: [REDACTED]                                                  |                                                             | SUBJECT 2:<br>SSN: DOB:                                                                              |

26 After watching Vanisi display his knowledge for being able to use a staff I denied him the broom handle from then  
27 on to ensure he would not have weapon on him when a Deputy entered the Wing. Vanisi would ask on numerous  
28 occasions if he could have the broom. Not once before 02-13-98 did I see him use it to clean his cell.  
29  
30 Today Vanisi appeared in Reno Justice Court. His family was there to testify against him. He was bound over to  
31 District Court. Because of his family testifying against him and the comment he made to Borchfield about killing  
32 himself he was sent to the infirmary where he was placed into a suicidal watch cell (#1). There was also a poem  
33 found in his cell that was about dying along with elastic band ripped off a pair of underwear that could be used for  
34 choking himself or a Deputy. We found this item hidden in his pillow. Refer to crime report #3633-98 by Deputy  
35 Eubanks.  
36  
37 Vanisi also had in his possession numerous photo copied newspaper clippings of everything concerning Vanisi's  
38 involvement with Sullivan's death. He also has a newspaper copy of the Timothy McVeigh trial. Vanisi also seems  
39 interested in the articles about Sullivans family. One certain article read, "My daddy is gone now"!  
40  
41 It is obvious that Vanisi is thinking about ways to hurt a Deputy or even himself. He shows no remorse as evidenced  
42 by his statement to Borchfield about being mad that, "the cops family is getting money"! Extreme officer safety  
43 needs to be practiced when dealing with Vanisi due to his statement about wanting to kill another cop. No further  
44 details.

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# CONTINUATION REPORT

|                                                                                                                                  |                                                             |                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>  |                                                             | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                                        |                                                             | PAGE 4 OF 4                                                             |  |
| CASE NUMBER: 3646-98                                                                                                             |                                                             |                                                                         |  |
| COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD., RENO, NV., 89512 |                                                                         |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                         |                                                             |                                                                         |  |
| SUBJECT 1: VANISI, SIAOSI (BOOKING#14630198)<br>SSN: [REDACTED] DOB: [REDACTED]                                                  |                                                             | SUBJECT 2:<br>SSN: DOB:                                                 |  |

45 (Witness information): Borchfield, Clifford SOC: [REDACTED] DOB: [REDACTED] Home PH. #209-726-4949.  
46 Currently residing at the Washoe County Detention Facility  
47 911 Parr Blvd. Reno, Nv. 89512 PH.#702-328-2953  
48

EXTRA COPIES TO: DETECTIVES ☐ DA ☒ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                   |                |               |        |                                     |        |
|-----------------------------------|----------------|---------------|--------|-------------------------------------|--------|
| REPORTING DEPUTY<br>B. WILLIAMSON | COME #<br>1454 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR<br>[Signature] | COME # |
|-----------------------------------|----------------|---------------|--------|-------------------------------------|--------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-108 Revised 1/96

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WASHOE COUNTY SHERIFF'S OFFICE

**SPECIAL MONITOR FORM**

Date: 2/25/98

Inmate's Name VANISI, SIAUSI

Cell Number SW-1

Frequency of Watch: 15 min

**Duration, (if known)**

Reason for Watch: SOCIAL[illegible]



☐ Crime ☐ Stolen Vehicle ☐ Deceased Person ☒ Incident  
OR No. NV016000

SEEKING

Case Number: 3881-98

### OFFENSE FACE SHEET

|                                                              |      |                      |                                                                                                                                                                                                                                                                                        |                                       |                           |               |                |
|--------------------------------------------------------------|------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|---------------|----------------|
| VICTIM NAME:                                                 |      |                      |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                           |               |                |
| VICTIM'S RESIDENCE/ADDRESS:                                  |      |                      |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                           |               |                |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):      |      |                      |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                           |               |                |
| SEX                                                          | RACE | AGE                  | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                           | SSN           | DOB            |
| SPECIFY EXTENT OF INJURY:                                    |      |                      | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                           | WORK HOURS:   |                |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>Deputy D. Carry |      |                      | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                       | DATE OF BIRTH | BUSINESS PHONE |
| RP. RESIDENCE ADDRESS:                                       |      |                      | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                           |               |                |
| LOCATION OF OCCURRENCE:<br>House 5/ A-wing                   |      |                      | DATE OCCURRED<br>03/13/98                                                                                                                                                                                                                                                              |                                       | TIME OCCURRED<br>1100 hrs |               | DATE REPORTED  |
| OFFENSE CODE:                                                |      | TITLE: Informational |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:        |                |
| OFFENSE CODE:                                                |      | TITLE:               |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:        |                |

#### CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

| Residence                                                                                                                                                                                                                                                                                                             | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Public Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other | <input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-In<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Public Library<br><input type="checkbox"/> Public Office<br><input type="checkbox"/> Public Restaurant<br><input type="checkbox"/> Public Bar |

| Point of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Means of Attack                                                                                                                                                                                                                                              | Loc of Entry                                                                                                                                                                                                                                    | Method of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Atty Force | <input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Force<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other |

| Vehicle - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES                                                      |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |

#### STOLEN VEHICLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| LIST ACCESSORIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
| RELEASE AND WAIVER/NULL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                             |
| Know all persons by these presents: That I, _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand claim, suit of money, controversy, trespass, judgment, execution, claims and demands whatsoever, in law or in equity. I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter use, shall or may have against any Peace Officer, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, clearing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made. |                   |                             |

#### NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_  
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☐ CLOSED: For Any Other Reason:

|                                                                                  |                                                                                   |                                                                                    |                                                    |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>D. Carry                                                  | COMM #<br>1453                                                                    | APPROVED BY:<br>[Signature]                                                        | COMM #<br>363                                      |
| LOSS RECOVERED OR CLAIMED:                                                       |                                                                                   |                                                                                    |                                                    |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED  
RETURN REL. TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

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CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                         |  |                                                                         |                         |                   |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-------------------------|-------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>    |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |                         | PAGE ____ OF ____ |
| CHARGE(S)/TYPE OF INCIDENT: Informational                                                                               |  |                                                                         | CASE NUMBER: 3881-98    |                   |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Deputy D. Carry |  | ADDRESS, CITY, STATE, ZIP:                                              |                         |                   |
| LIST SUSPECT(S) IF KNOWN                                                                                                |  |                                                                         |                         |                   |
| SUBJECT 1: Vanisi, Sinoi 14630198<br>SEN: <del>561-18-0005</del> DOB: <del>06/26/50</del>                               |  |                                                                         | SUBJECT 2:<br>SEN: DOB: |                   |

1 On 03/13/98 at approximately 1100 hours, I was contacted by Deputy Flores who asked for three deputies to  
2 respond to house five to assist with inmate Vanisi. I told Flores that the Detention Response Team were the only  
3 ones who were to handle Vanisi. Flores told me that the request was from Sergeant J. Dickson. I was told to bring  
4 my PR-24. I again told him that DRT should handle the matter.  
5  
6 I responded to house five with deputies Jaeck and Walls. We met up with deputies Fretz and Medzihradsky who  
7 were already there. We were directed to remove Vanisi from his cell, chain him up, and then escort him to a contact  
8 visit in the MP room with his attorney. After stating again that DRT should handle this, it was apparent that it was  
9 going to be done with or without my help.  
10  
11 We then discussed our plan. It was decided that Deputy Fretz would apply the restraints, Deputy Jaeck would be left  
12 PR, I would be right PR, Medzihradsky would stand-by with O.C., and Deputy walls would assist with the restraints  
13 and use the PR-24 to restrain Vanisi to the door while handcuffed.  
14  
15 I gave Vanisi an admonishment to comply with all order given. The food slot was opened and Vanisi was directed to  
16 walk back towards it. He placed his hands through the slot and allowed Fretz to handcuff him. Two pairs of chain  
17 link cuffs were needed due to his size. <sup>SAFE</sup> One secure, Deputy Walls positioned a PR between the door and the  
18 handcuffs. The door was opened and Vanisi was directed to walk backwards. Once open, I walked Vanisi away from  
19 his cell and towards the lower step, next to cell A2. This was where we were going to apply the large ankle

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                              |                |               |        |                                         |               |
|------------------------------|----------------|---------------|--------|-----------------------------------------|---------------|
| REPORTING DEPUTY<br>D. Carry | COMM #<br>1453 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>T. Brown</i> | COMM #<br>363 |
|------------------------------|----------------|---------------|--------|-----------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

3-10B Revised 1/96

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# CONTINUATION REPORT

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|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-------------------------|-------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>    |  | WARHOLE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |                         | PAGE ____ OF ____ |
| CHARGE(S)/TYPE OF INCIDENT: Informational                                                                               |  |                                                                          | CASE NUMBER: 3881-98    |                   |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Deputy D. Carry |  | ADDRESS, CITY, STATE, ZIP:                                               |                         |                   |
| LIST SUSPECT(S) IF KNOWN                                                                                                |  |                                                                          |                         |                   |
| SUBJECT 1: Vanisi, Siasoi 14630198<br>SSN: [REDACTED] DOB: [REDACTED]                                                   |  |                                                                          | SUBJECT 2:<br>SSN: DOB: |                   |

20 restraints. I chose the step because Vanisi's cell was too cluttered with items on the floor.

21

22 Once at the step, I directed Vanisi to lower to his knees. He complied with no objections. Deputy Fretz then  
23 attempted to apply the soft ankle restraints. Deputy Walls needed to assist Fretz as he was unfamiliar with the soft  
24 restraints. It took approximately two minutes to apply the ankle restraints. Once on, Fretz was going to apply belly  
25 chains. Vanisi had started to complain about his knees hurting. I told him that we would be finished very soon and to  
26 stay where he was. Vanisi then said "You guys are going to have to use those things and beat me because I'm  
27 going to get up." I again told Vanisi to stay where he was. Vanisi then said "I'm going to get up so do whatever  
28 you're going to do." Vanisi then started to stand up. I inserted my PR-24 between his forearm and shoulder and  
29 started to push his upper body towards the ground. My intention was promptly force him onto the ground. Forcing  
30 his body forward was the only safe area due to the amount of personnel around him and the fact that Vanisi was still  
31 cuffed.

32

33 While forcing his upper body towards the ground, Sergeant Dickson stepped forward and told Vanisi that it was o.k.  
34 to stand up. This prevented us from forcing him forward onto the ground because the Sergeant was now standing  
35 directly in front of him telling him that it was o.k. to stand up and to relax. Sergeant Dickson then asked Vanisi if he  
36 was more comfortable kneeling onto his chair. Vanisi told us that DRT lets him kneel on a pillow. Sergeant Dickson  
37 then informed him that DRT was not available at the time.

38

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                            |                |               |        |                                               |               |
|--------------------------------------------|----------------|---------------|--------|-----------------------------------------------|---------------|
| REPORTING DEPUTY<br>D. Carry <i>DL1453</i> | COMM #<br>1453 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>T. [Signature]</i> | COMM #<br>363 |
|--------------------------------------------|----------------|---------------|--------|-----------------------------------------------|---------------|

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# CONTINUATION REPORT

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|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>    |                            | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 PAGE ____ OF ____ |  |
| CHARGE(S)/TYPE OF INCIDENT: <b>Informational</b>                                                                        |                            | CASE NUMBER: 3881-98                                                                      |  |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Deputy D. Carry | ADDRESS, CITY, STATE, ZIP: |                                                                                           |  |
| LIST SUSPECT(S) IF KNOWN                                                                                                |                            |                                                                                           |  |
| SUBJECT 1: Vanisi, Siasoi [REDACTED]<br>SSN: [REDACTED] DOB: [REDACTED]                                                 |                            | SUBJECT 2:<br>SSN: DOB:                                                                   |  |

39 Deputy Fretz then applied the belly chains and wrist restraints. Vanisi complied.

40

41 Once the belly chains were applied, Vanisi was escorted to the MP room for his visit. I assisted with searching his  
42 cell and then returned to intake.

43

44 In my opinion, Vanisi probably believes that he can convince the regular deputies (non-DRT) that he can be handled  
45 differently. He may also believe that the facility may not take action when needed.

46

47 This type of behavior is justification that Vanisi should only be handled by the Detention Response Team.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                             |                |               |        |                                            |               |
|---------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|
| REPORTING DEPUTY<br>D. Carry <i>PC-1453</i> | COMM #<br>1453 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM #<br>323 |
|---------------------------------------------|----------------|---------------|--------|--------------------------------------------|---------------|

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CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                      |                            |                                                                         |             |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|-------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/> |                            | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 | PAGE 2 OF 2 |
| CHARGE(S)/TYPE OF INCIDENT: Informational                                                                            |                            | CASE NUMBER: 3942-98                                                    |             |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Deputy Allen | ADDRESS, CITY, STATE, ZIP: |                                                                         |             |
| LIST SUSPECT(S) IF KNOWN                                                                                             |                            |                                                                         |             |
| SUBJECT 1: Vanisi, Siasai<br>SSN: [REDACTED]                                                                         |                            | SUBJECT 2:<br>SSN: DOB:                                                 |             |

1 On March 19, 1998, Deputy Sabo #992 and myself conducted a cell search of I/M Vanisi BN# 1463015  
2 I/M Vanisi was at a court appearance. While conducting the search I noticed three (3) screws missing from I/M  
3 Vanisi's desk. One (1) screw was were the desk attaches to the floor. The other two (2) screws are were the des  
4 attaches to the lower bunk. The screws were not located during the cell search.

5

6 It is unkown if the screws were missing prior to I/M Vanisi's arrival. This report is to advise DRT or an  
7 other Deputy as a reference point of the missing screws. When further searches are conducted please keep this i  
8 mind.

9

10 Deputy Schindler #1288 made copies of drawings and forwarded them to classification.

11

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☒ DRT

|                           |                |               |        |                                            |        |
|---------------------------|----------------|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>Allen | COMM #<br>1691 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|---------------------------|----------------|---------------|--------|--------------------------------------------|--------|

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REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

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## CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF'S OFFICE

|                                                                                                                                              |  |                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> SUPPLEMENTAL |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARK BLVD.<br>RENO, NV 89512-1000 PAGE 1 OF 3 |  |
| CHARGE(S)<br>USE OF COMPLIANCE TECHNIQUE                                                                                                     |  | CASE NUMBER 003967-98                                                               |  |
| COMPLAINANT'S NAME<br>DEPUTY CARRY 1453 / WASHOE COUNTY                                                                                      |  | COMPLAINANT'S ADDRESS CITY STATE                                                    |  |

| S-1 | SUSPECT(S)                                                          | S-2 | SUSPECT(S) | S-3 | SUSPECT(S) |
|-----|---------------------------------------------------------------------|-----|------------|-----|------------|
| 1   | VANISE, STACEE                                                      |     |            |     |            |
| 2   | DOB [REDACTED] SSN # [REDACTED] B [REDACTED]                        |     |            |     |            |
| 3   | ON 03/20/98 AT APPROXIMATELY 2310 HOURS, I REPORTED TO              |     |            |     |            |
| 4   | HOUSE 5 FOR MY DUTY ASSIGNMENT. I WAS NOTIFIED THAT THE             |     |            |     |            |
| 5   | DETENTION RESPONSE TEAM WAS SUMMONED BY SERGEANT R. DAVES #581      |     |            |     |            |
| 6   | TO TALK TO VANISE. DEPUTY J. ELLIS #1359 TOLD ME THAT VANISE        |     |            |     |            |
| 7   | FIRST REFUSED TO LOCK DOWN, FOR A FACILITY LOCK DOWN AT THE         |     |            |     |            |
| 8   | END OF HIS TIER TIME. ELLIS TOLD ME THAT WHEN VANISE                |     |            |     |            |
| 9   | WAS REFUSING TO LOCK DOWN, VANISE WAS CLAIMING THAT THE DEPUTIES    |     |            |     |            |
| 10  | WERE MESSING WITH HIS TIME. I WAS ALSO TOLD THAT VANISE             |     |            |     |            |
| 11  | WAS VERBALLY REFUSING TO COMPLY WITH THE DEPUTIES ORDERS BY STATING |     |            |     |            |
| 12  | "NO, I WANT LOCK DOWN."                                             |     |            |     |            |
| 13  |                                                                     |     |            |     |            |
| 14  | AFTER VANISE APPARENTLY LOCKED DOWN, THE DEPUTIES DETERMINED        |     |            |     |            |
| 15  | THAT VANISE NEEDED TO BE TALKED TO. I WAS INSTRUCTED THAT VANISE    |     |            |     |            |
| 16  | REFUSED TO COMPLY BY PLACING HIS HANDS THROUGH THE FOOD SLOT, SO HE |     |            |     |            |
| 17  | COULD BE SAFELY HANDCUFFED. ELLIS TOLD ME THAT VANISE WAS           |     |            |     |            |
| 18  | UPRIGHT AND THAT THEY DID NOT WANT HIM TO BECOME VIOLENT. DEPUTY    |     |            |     |            |
| 19  | ELLIS ALSO EXPLAINED THE INCIDENT TO LT. W. McHARDY.                |     |            |     |            |
| 20  |                                                                     |     |            |     |            |
| 21  | SERGEANT DAVES HAD HIS DRT MEMBERS LEAVE THE AREA TO SUIT VA        |     |            |     |            |
| 22  | I WENT UP TO THE TOWER TO RELIEVE DEPUTY N. KENACH #1618. I         |     |            |     |            |
| 23  | ACTIVATED THE CELL INTERCOM FOR CELL A3 (VANISE). MY INTENTION      |     |            |     |            |
| 24  | WAS TO LISTEN FOR ANY PROBLEMS OR STATEMENTS BEING MADE.            |     |            |     |            |
| 25  |                                                                     |     |            |     |            |

|                                            |                      |                                        |
|--------------------------------------------|----------------------|----------------------------------------|
| REPORTING OFFICER<br>D. CARRY 1453 12/1453 | SECOND OFF.<br>ID. # | APPROVING<br>SUPERVISOR<br>[Signature] |
|--------------------------------------------|----------------------|----------------------------------------|

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REL TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

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PAGE 2 OF 3CASE # 003967-98

| S-1               | SUSPECT(S)                                                                            | S-2     | SUSPECT(S)  | S-3   | SUSPECT(S)           |
|-------------------|---------------------------------------------------------------------------------------|---------|-------------|-------|----------------------|
|                   | VANISE, STROSE                                                                        |         |             |       |                      |
| 26                | AT APPROXIMATELY 2350 HOURS, THE DETENTION RESPONSE TEAM ARRIVED                      |         |             |       |                      |
| 27                | AT HOUSE 5 IN FULL GEAR. THE TEAM CONSISTED OF DEPUTIES J. ELLES #1359,               |         |             |       |                      |
| 28                | L. COOPER #1290, B. WILLIAMSON #1454, J. GASTON #1487, B. ZIRKLE #1484, J. WASHINGTON |         |             |       |                      |
| 29                | #1351, AND SERGEANT DAVIS #81. DEPUTY D. KAHNANS #61 WAS ALSO THERE.                  |         |             |       |                      |
| 30                |                                                                                       |         |             |       |                      |
| 31                | THE DRT TEAM ENTERED A-WING AND LINED UP IN FORMATION, JUST                           |         |             |       |                      |
| 32                | LEFT OF CELL A-3. SERGEANT DAVIS MADE VERBAL CONTACT WITH VANISE                      |         |             |       |                      |
| 33                | BY TALKING THROUGH THE CELL DOOR. SERGEANT DAVIS IDENTIFIED HIMSELF                   |         |             |       |                      |
| 34                | TO BE WITH THE DETENTION RESPONSE TEAM. HE GAVE VANISE AN                             |         |             |       |                      |
| 35                | ADMONISHMENT TO COMPLY WITH ALL INSTRUCTIONS. HE INSTRUCTED VANISE                    |         |             |       |                      |
| 36                | TO PLACE HIS HANDS THROUGH THE FEED SLOT. VANISE REFUSED BY SAYING                    |         |             |       |                      |
| 37                | "NO." SERGEANT DAVIS ASKED VANISE IF HE UNDERSTOOD. VANISE SAID                       |         |             |       |                      |
| 38                | "NO I DON'T." SERGEANT DAVIS REPEATED HIS INSTRUCTIONS SEVERAL TIMES,                 |         |             |       |                      |
| 39                | BUT VANISE CONTINUED TO VERBALLY REFUSE TO COMPLY.                                    |         |             |       |                      |
| 40                |                                                                                       |         |             |       |                      |
| 41                | I THEN COULD HEAR VANISE'S TONE OF VOICE BECOME HOSTILE                               |         |             |       |                      |
| 42                | AND THREATENING. SERGEANT DAVIS GAVE VANISE ANOTHER OPPORTUNITY                       |         |             |       |                      |
| 43                | TO COMPLY. VANISE STATED, SEVERAL TIMES, "NO", "COME ON", "LET'S GO THERE             |         |             |       |                      |
| 44                | HIS TONE WAS VERY THREATENING AND SOUNDED LIKE A CHALLENGE.                           |         |             |       |                      |
| 45                | THE DOOR WAS OPENED BY SERGEANT DAVIS AND THE DRT MEMBERS QUICKLY                     |         |             |       |                      |
| 46                | ENTERED THE CELL. I COULD HEAR THEM ORDERING VANISE TO GET ON                         |         |             |       |                      |
| 47                | THE GROUND. I HEARD THE SCUFFLE LAST FOR APPROXIMATELY TWO                            |         |             |       |                      |
| 48                | MINUTES. VANISE WAS TOLD NUMEROUS TIMES TO "STOP RESISTING"                           |         |             |       |                      |
| 49                |                                                                                       |         |             |       |                      |
| 50                | SERGEANT DAVIS THEN CALLED CENTRAL CONTROL AND REQUESTED AN                           |         |             |       |                      |
| REPORTING OFFICER |                                                                                       | LD. #   | SECOND OFF. | LD. # | APPROVING SUPERVISOR |
| D. CADDY 1453     |                                                                                       | RE 1453 |             |       | BY: [Signature] 501  |

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# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF'S OFFICE



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|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 PAGE 3 OF 3 |            |
| CHARGE(S)<br>USE OF COMPLAINTS TERMINAL                                                                                         |  | CASE NUMBER                                                                         |            |
| COMPLAINANT'S NAME<br>D. CARRY                                                                                                  |  | COMPLAINANT'S ADDRESS                                                               | CITY STATE |

| S-1 | SUSPECT(S)                                                                | S-2 | SUSPECT(S) | S-3 | SUSPECT(S) |
|-----|---------------------------------------------------------------------------|-----|------------|-----|------------|
| 1   | EMT TO RESOUND. AN EMT (STAFF) AND A NURSE ARRIVED WITHIN                 |     |            |     |            |
| 2   | SECONDS. I COULD HEAR DEPUTIES CONTINUE TO ORDER VANISE TO COMPLY.        |     |            |     |            |
| 3   |                                                                           |     |            |     |            |
| 4   | ONCE THEY APPARENTLY HAD VANISE SAFELY UNDER CONTROL, THEY REMOVED        |     |            |     |            |
| 5   | HIM FROM THE CELL AND TOOK HIM TO THE INFIRMARY FOR MEDICAL               |     |            |     |            |
| 6   | TREATMENT.                                                                |     |            |     |            |
| 7   |                                                                           |     |            |     |            |
| 8   | WHILE VANISE WAS AT THE INFIRMARY, DEPUTY N. ROGERS #86 TOOK              |     |            |     |            |
| 9   | CSE PHOTOGRAPHS OF THE CELL. DEPUTY F. EUBANKS #1550 THEN CONDUCTED       |     |            |     |            |
| 10  | A SEARCH AND REMOVED THE PROPERTY FROM THE CELL.                          |     |            |     |            |
| 11  |                                                                           |     |            |     |            |
| 12  | AT APPROXIMATELY 0050 HOURS, DRT RETURNED TO THE UNIT WITH VANISE.        |     |            |     |            |
| 13  | THEY TOOK HIM TO A NEWLY ASSIGNED CELL (A4). SERGEANT DAVID THOR          |     |            |     |            |
| 14  | GAVE VANISE MORE INSTRUCTIONS TO COMPLY. THEY PLACED VANISE IN THE        |     |            |     |            |
| 15  | CELL AND REMOVED THE RESTRAINTS.                                          |     |            |     |            |
| 16  |                                                                           |     |            |     |            |
| 17  | I CONTINUED TO LISTEN OVER THE INTERCOM FOR ANY STATEMENTS.               |     |            |     |            |
| 18  | INMATE MAZZETTA, ANDRE (BE# 205271097) WAS YELLING TO VANISE. HE TOLD     |     |            |     |            |
| 19  | VANISE "YOU KNOW THEY WANTED TO DO THAT." VANISE RESPONDED BY STATING     |     |            |     |            |
| 20  | "THAT'S WHY I BEHAVE THE WAY I DO." "TO GET IT OVER WITH."                |     |            |     |            |
| 21  | VANISE YELLED FOR SEVERAL MINUTES, HE WAS MAKING HOWLING SOUNDS.          |     |            |     |            |
| 22  |                                                                           |     |            |     |            |
| 23  | VANISE QUIETED DOWN AFTER SEVERAL MINUTES, I HEARD NO OTHER               |     |            |     |            |
| 24  | COMMENTS BY VANISE UNTIL BREAKFAST. WHEN I SERVED HIS FOOD AT 0050 HOURS, |     |            |     |            |
| 25  | VANISE WAS SWOONED, BUT DID NOT COMPLAIN OF FURTHER INJURIES.             |     |            |     |            |

|                                    |               |                     |                                            |
|------------------------------------|---------------|---------------------|--------------------------------------------|
| REPORTING OFFICER<br>D. CARRY 1453 | LD.#<br>REMY3 | SECOND OFF.<br>LD.# | APPROVING<br>SUPERVISOR<br>[Signature] 181 |
|------------------------------------|---------------|---------------------|--------------------------------------------|

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# CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                                                              |  |                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                              |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: Informational/ Medical                                                                                                           |  | PAGE 1 OF 2                                                             |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's office/ Detention |  | CASE NUMBER: 3967-98                                                    |  |
| ADDRESS, CITY, STATE, ZIP: 911 Parr blvd Reno Nv. 98512                                                                                                      |  |                                                                         |  |
| 1ST SUSPECT(S) IF KNOWN                                                                                                                                      |  |                                                                         |  |
| SUBJECT 1: Vanisi, Siaosi<br>SSN: [REDACTED]                                                                                                                 |  | SUBJECT 2: N/A<br>SSN: N/A DOB: N/A                                     |  |

1 On 03/21/98 @ about 1030 hrs, Sgt Bassett instructed deputies Brokaw, Cassio and myself to stand by while  
2 medical staff assessed I/M Vanisi. This was due to a physical altercation with DRT on 03/20/98 in housing unit 5  
3 cell A3.

4  
5 This medical evaluation was conducted by nurse Lainie Cody (see copy of evaluation). Upon completion of exam  
6 I/M Vanisi was given two Tylenol tablets and a sealed bag of ice. No further.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                                     |                |               |        |                                    |                |
|-----------------------------------------------------|----------------|---------------|--------|------------------------------------|----------------|
| REPORTING DEPUTY<br>C Schindler <i>C. Schindler</i> | COMM #<br>1288 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>KRB</i> | COMM #<br>1025 |
|-----------------------------------------------------|----------------|---------------|--------|------------------------------------|----------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

COPY - ORIGINAL SENT TO BOOKING

WCSO00126

00000035

AA03602

# INTERDISCIPLINARY PROGRESS NOTES

Patient Name

Vanisi Siassi

I.D. #

Institution

DATE

TIME

NOTES

S

3/5/98

1000

1/m Vanisi was assessed as to his physical condition following an incident earlier in the night.

He was found to have:

(1) dried blood but no apparent injury to his R ear.

(2) a moderate amount of swelling to R temple & cheek.

(3) R eye was completely swollen shut with heavy bruising.

(4) all of his nose was swollen with some bruising but no bleeding at the time.

(5) lower lip was swollen with a horizontal cut about 1-1 1/2" long. Some dried blood was present.

(6) moderate scrape on R shoulder & over the breast.

(7) minor scratches over back at shoulder height with several others across the spine.

\* 1/m refused stitches to lip last night (Hardy Rn)

WCSO00127

00000036

AA03603

SVanisi-WCSO00127

Date: 3-Apr-98 16:18

From: CSCHINDL @WASHOE (Schindler, Clay)

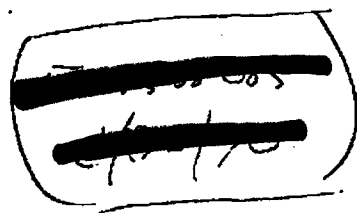
To: BUPTAIN,BWILLIAM,BZIRKLE,CBANKS,CSCHINDL,CSTHOMAS,DBAILEY,DKAUMANS,DPA/  
EDOSH,EFREDRIC,CLARRAME,JBOWEN,JCROSSIO,JELLIS,JGASTON,JIVESON,JSMALE,  
JWORMING,KBASSETT,KKRUSH,LLCOOPER,MBELLO,MBROKAW,MHALEY,MMILLS,PJONES  
PKELLER,PLONGSHO,RBOWLIN,RDAVIS,RDROSE,SKELLER,SKULL,TLARIVIE

Subject: vanisi

Importance: HIGH

Greetings Boys and Girls

While working in the shu today (04-03-98), I had an opportunity to chat with Vanisi about how well his eye had healed. Vanisi said, " yea it's healed right up now I'm ready for round two. This time I'm going to win." Vanisi then stated, " I would rather take a thousand beatings, than deal with this place." I asked, why would you want to take beatings?, Vanisi said, " because you guys are fun to play with."



It goes without saying, whenever we deal with this guy, use upmost officer safety, and document all dealings with him. That's it for now.

stay safe

The U-MAN

*Ken W. Lator*  
ext: # 297

*Stephanie*  
*Henderson*

~~CONFIDENTIAL~~

WCPD09141

00000037

AA03604

# OFFENSE FACE SHEET

|                                                         |      |                      |                                                                                                                                                                                                                                                                                        |                            |                           |
|---------------------------------------------------------|------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| VICTIM NAME:                                            |      |                      | FIRST NAME IF CRIME AGAINST BUSINESS:                                                                                                                                                                                                                                                  |                            |                           |
| VICTIM'S RESIDENCE/ADDRESS:                             |      |                      | RESIDENCE PHONE:                                                                                                                                                                                                                                                                       |                            |                           |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL): |      |                      | BUSINESS PHONE:                                                                                                                                                                                                                                                                        |                            |                           |
| SEX                                                     | RACE | AGE                  | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                            |                           |
| SPECIFY EXTENT OF INJURY:                               |      |                      | OCCUPATION:                                                                                                                                                                                                                                                                            |                            |                           |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:               |      |                      | SEX                                                                                                                                                                                                                                                                                    | RACE                       | AGE                       |
|                                                         |      |                      | DATE OF BIRTH                                                                                                                                                                                                                                                                          | RESIDENCE PHONE            | BUSINESS PHONE            |
| R.P. RESIDENCE ADDRESS:                                 |      |                      | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                            |                           |
| LOCATION OF OCCURRENCE:<br>HOUSING UNIT 5               |      |                      | DATE OCCURRED<br>05/19/98                                                                                                                                                                                                                                                              | TIME OCCURRED<br>0900 HRS. | DATE REPORTED<br>05/19/98 |
|                                                         |      |                      | TIME REPORTED<br>1350 HRS.                                                                                                                                                                                                                                                             |                            |                           |
| OFFENSE CODE:                                           |      | TITLE: INFORMATIONAL |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:              |                           |
|                                                         |      |                      |                                                                                                                                                                                                                                                                                        | TITLE:                     |                           |
| OFFENSE CODE:                                           |      | TITLE:               |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:              |                           |
|                                                         |      |                      |                                                                                                                                                                                                                                                                                        | TITLE:                     |                           |

CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Residence</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other | <b>Business</b><br><input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouse/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <b>Public Premises</b><br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Point of Entry</b><br><input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <b>Means of Attack</b><br><input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Fry Tool<br><input type="checkbox"/> Screwdriver | <b>Lot of Entry</b><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Atty Force | <b>Method of Entry</b><br><input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <b>Alarms</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                |      |       |      |                         |       |      |          |
|--------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
| <input type="checkbox"/> OTHER                                                                                                 |      |       |      |                         |       |      |          |

|                   |                   |                             |
|-------------------|-------------------|-----------------------------|
| LIST ACCESSORIES: | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
|                   |                   |                             |

RELEASE AND WAIVER/NULL NO.

I, \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
do hereby certify, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of my State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand, loss, sum of money, controversy, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity, I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officers, for upon or by reason of my matter, cause, or thing whatsoever, in relation of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made.

NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_  
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☐ CLOSED: For Any Other Reason:

|                                                                                                                                       |                                                                                   |                                                                                    |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                      | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>S. KULL                                                                                                        | COMM #<br>0672                                                                    | APPROVED BY:<br><i>[Signature]</i>                                                 | COMM #<br>002                                      |
| DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED |                                                                                   | LOSS RECOVERED OR CLAIMED:                                                         |                                                    |

RETURN REL. TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

WCPD09135

00000038

AA03605

CONFIDENTIAL ☐ ☐  
Y N

CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                      |                            |                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/> |                            | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 PAGE ____ OF ____ |  |
| CHARGE(S)/TYPE OF INCIDENT: INFORMATIONAL                                                                            |                            | CASE NUMBER: 4620-98                                                                      |  |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/>                 | ADDRESS, CITY, STATE, ZIP: |                                                                                           |  |
| LIST SUSPECT(S) IF KNOWN                                                                                             |                            |                                                                                           |  |
| SUBJECT 1: VANISI, SAIOSI #14630198<br>SSN: [REDACTED] DOB: [REDACTED]                                               |                            | SUBJECT 2:<br>SSN: DOB:                                                                   |  |

1 On May 19, 1998 at approximately 0900 hrs, I/M Borchfield, Clifford #263051297 approached Deputy Iveson  
2 #1491 and myself and told us that I/M Vanisi has been yelling at him and threatening to hurt his family and his  
3 attorney. Borchfield states that Vanisi has his attorney's and possibly his family's phone number. When I asked  
4 him how he attained this, he said that he listens in when he makes his phone calls. Borchfield said that it has gotten  
5 so bad that one of them needed to be moved. We told him that we could move him to D-wing. He then said that he  
6 liked his cell and did not want to move. He said he would like to wait until tomorrow to see what his attorney has  
7 to say. He feels he may be getting out soon. We told him we would not take action at this time, but that he needed  
8 to tell us if he has any further problems.

9

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                             |                |               |        |                                            |               |
|-----------------------------|----------------|---------------|--------|--------------------------------------------|---------------|
| REPORTING DEPUTY<br>S. KULL | COMM #<br>0672 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM #<br>072 |
|-----------------------------|----------------|---------------|--------|--------------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCPD09136

00000039

AA03606

Date: 28-May-98 21:40

From: PBECKER @WASHOE (Becker, Pamala )

To: ADAUSE,CSANTOR,CVINGER,DCOX,DHOOD,KKLUM,NHENSON,PKELLER,PSTREIT,RCALDWEL,  
RCARNEY,RMEHRMOF

Subject: I/M [REDACTED] TIER TIME

I/M VANISI did not receive his tier time for 05-28-98. We ran out of time,  
plus he did not ask until after 1900 hours to even get on the list. He  
would have been next.

P. Becker

WCSO01167

00000040

AA03607

OFFENSE FACE SHEET

|                                                              |      |                          |                                                                                                                                                                                                                                                                                        |                                       |                           |                       |                |
|--------------------------------------------------------------|------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-----------------------|----------------|
| VICTIM NAME: WASHOE COUNTY                                   |      |                          |                                                                                                                                                                                                                                                                                        | FIRST NAME IF CRIME AGAINST BUSINESS: |                           |                       |                |
| VICTIM'S RESIDENCE/ADDRESS:                                  |      |                          |                                                                                                                                                                                                                                                                                        | RESIDENCE PHONE:                      |                           |                       |                |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):      |      |                          |                                                                                                                                                                                                                                                                                        | BUSINESS PHONE:                       |                           |                       |                |
| SEX                                                          | RACE | AGE                      | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                           | SSN                   | DOB            |
| SPECIFY EXTENT OF INJURY:                                    |      |                          | OCCUPATION:                                                                                                                                                                                                                                                                            |                                       |                           | WORK HOURS:           |                |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>BALTES, P. 1641 |      |                          | SEX                                                                                                                                                                                                                                                                                    | RACE                                  | AGE                       | DATE OF BIRTH         | BUSINESS PHONE |
| AP. RESIDENCE ADDRESS:                                       |      |                          | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                      |                                       |                           |                       |                |
| LOCATION OF OCCURRENCE:<br>HOUSE 05 CELL A-10                |      |                          | DATE OCCURRED<br>06-08-98                                                                                                                                                                                                                                                              | TIME OCCURRED<br>2200 -               | DATE REPORTED<br>06-11-98 | TIME REPORTED<br>2200 |                |
| OFFENSE CODE:                                                |      | TITLE: LOSS OF TIER TIME |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:                |                |
| OFFENSE CODE:                                                |      | TITLE:                   |                                                                                                                                                                                                                                                                                        | OFFENSE CODE:                         |                           | TITLE:                |                |

CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Residence</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Business</b><br><input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouses/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <b>Public Premises</b><br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              |
| <b>Point of Entry</b><br><input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <b>Means of Attack</b><br><input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Loc of Entry</b><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Attp Force                                                                                                                          | <b>Method of Entry</b><br><input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Fried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <b>Alarms</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Bypassed<br><input type="checkbox"/> Disabled |

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                                                  |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

STOLEN VEHICLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| LIST ACCESSORIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
| RELEASE AND WAIVER/NULL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                             |
| <p>Know all persons by these presents: That, I, _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each and every and all duly appointed Peace Officers of a city, county or city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand dues, sum of money, controversies, trespasses, judgments, assertions, claims and demands whatsoever, in law or in equity. I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officer, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, seeing, or conveying the above described vehicle, pursuant to the stolen report which I have this day made.</p> |                   |                             |

NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_  
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason: INFORMATION

|                                                                                  |                                                                                   |                                                                                    |                                                    |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>BALTES, P. 11/1/98                                        | COMM #<br>1641                                                                    | APPROVED BY:<br><i>[Signature]</i>                                                 | COMM #<br>1025                                     |
| LOSS RECOVERED OR CLAIMED:                                                       |                                                                                   |                                                                                    |                                                    |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED  
RETURN REL TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

WCPD09132

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CONFIDENTIAL ☐ ☐  
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CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF



|                                                                                                                       |                                                         |                                                                         |                           |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input type="checkbox"/>  |                                                         | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 | PAGE <u>2</u> OF <u>2</u> |
| CHARGE(S)/TYPE OF INCIDENT: LOSS OF TIER TIME                                                                         |                                                         | CASE NUMBER: 4834-98                                                    |                           |
| COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>WASHOE COUNTY | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD RENO, NV 89512 |                                                                         |                           |
| LIST SUSPECT(S) IF KNOWN                                                                                              |                                                         |                                                                         |                           |
| SUBJECT 1: VANISI, SLAOSI 14630198<br>S: [REDACTED]                                                                   |                                                         | SUBJECT 2: CHILDS, TERRY [REDACTED]<br>SSN: [REDACTED] DOB: [REDACTED]  |                           |

- 1 On 06-08-98 I was assigned to house 05. While escorting the meds nurse around, I looked through the door into  
2 A-wing and I saw Inmate (I/M) Vanisi sliding a piece of paper through the crack in the door to I/M Childs in cell  
3 A-10. I then saw Vanisi take a pencil and slide it under the door to Childs.  
4  
5 I told Vanisi to lock it down. After he was in his cell, I asked Dep. Thims #1568 in the tower how much tier  
6 time Vanisi had left. Dep. Thims told me Vanisi had approximately three minutes left. I have warned Vanisi before  
7 about passing items to other inmates. I informed I/M Vanisi that he would lose his tier time for the next day.  
8  
9 I went up to cell A-10 and asked I/M Childs to give me the paper that had been passed to him. Childs gave me  
10 the paper and the pencil. Childs told me that Vanisi was showing him how to spell a word because he was dyslexic  
11 I verbally warned Childs that passing anything to another inmate was prohibited.  
12  
13 No further incidents occurred the rest of the shift.  
14

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                                            |                |               |        |                                     |               |
|--------------------------------------------|----------------|---------------|--------|-------------------------------------|---------------|
| REPORTING DEPUTY<br>BALTES, P. [Signature] | COMM #<br>1641 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br>[Signature] | COMM #<br>625 |
|--------------------------------------------|----------------|---------------|--------|-------------------------------------|---------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-10B Revised 1/96

WCPD09133

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AA03609



Date: 20-Jun-98 14:08

From: JMCAVAY @WASHOE (McAvay Sr., John )

To: CVINGER

Copies-to: ADAUSE

Subject: cc: [REDACTED]

Vanisi:WCSO01171

Just a note to let you know that Vanisi did not get to go to the yard yesterday because the floor deputies were unable to get D.R.T. to escort him to the yard. Today (06/20/98), he asked to go to the yard after he was let out for tier time. The floor deputies , again called for D.R.T. to escort him there and when they arrived at 1340 hrs., he then refused.

WCSO01171

00000043

AA03610

ate: 23-Jun-98 22:54

from: EQUINLAN @WASHOE (Quinlan, Eric)

ADAUSE,CSANTOR,CVINGER,DCOX,DHOOD,KKLUM,NHENSON,PKELLER,PSTREIT,RCALDWEL,  
RCARNEY,RMEHRMOF

Subject: Vanisi SIAOB1 # [REDACTED]

According to day shift, I/M Vanisi refused his tier time twice. At  
approximately 2120 hrs Vanisi asked for his tier time. Deputy Glass told  
him no and that he had had two chances earlier in the day. Day shift  
logged it in Vanisi's Permanent Log, Tier Time log and Sergeant Haney  
was notified.

Deputy Quinlan #1681

COPY-ORIGINAL SENT TO BOOKING

WCSO00241

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AA03611

☐ Crime ☐ Stolen Vehicle ☐ Deceased Person

OR No. NV016000

SHERIFF

Case Number: 5056-98

1074

## OFFENSE FACE SHEET

|                                                         |      |                        |                                                                                                                                                                                                                                                                                                                 |                                       |                       |               |                                                   |
|---------------------------------------------------------|------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|---------------|---------------------------------------------------|
| VICTIM NAME: Washoe County                              |      |                        |                                                                                                                                                                                                                                                                                                                 | FIRST NAME IF CRIME AGAINST BUSINESS: |                       |               |                                                   |
| VICTIM'S RESIDENCE/ADDRESS:                             |      |                        |                                                                                                                                                                                                                                                                                                                 | RESIDENCE PHONE:                      |                       |               |                                                   |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL): |      |                        |                                                                                                                                                                                                                                                                                                                 | BUSINESS PHONE:                       |                       |               |                                                   |
| SEX                                                     | RACE | AGE                    | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK ( <input type="checkbox"/> ) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER |                                       |                       | SSN           | DOB                                               |
| SPECIFY EXTENT OF INJURY:                               |      |                        | OCCUPATION:                                                                                                                                                                                                                                                                                                     |                                       |                       | WORK HOURS:   |                                                   |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>D. Gill    |      |                        | SEX                                                                                                                                                                                                                                                                                                             | RACE                                  | AGE                   | DATE OF BIRTH | RESIDENCE PHONE<br>BUSINESS PHONE                 |
| RP. RESIDENCE ADDRESS:                                  |      |                        | BUSINESS ADDRESS:                                                                                                                                                                                                                                                                                               |                                       |                       |               |                                                   |
| LOCATION OF OCCURRENCE:<br>H.U 5, Cell # A-4            |      |                        | DATE OCCURRED<br>7/02/98                                                                                                                                                                                                                                                                                        |                                       | TIME OCCURRED<br>2025 |               | DATE REPORTED<br>7/02/98<br>TIME REPORTED<br>2140 |
| OFFENSE CODE                                            |      | TITLE: Suicidal Inmate |                                                                                                                                                                                                                                                                                                                 |                                       | OFFENSE CODE:         |               | TITLE:                                            |
| OFFENSE CODE                                            |      | TITLE:                 |                                                                                                                                                                                                                                                                                                                 |                                       | OFFENSE CODE:         |               | TITLE:                                            |

### CRIME ANALYSIS CHECK (☐) WHERE APPLICABLE

| Residence                                                                                                                                                                                                                                                                                                             | Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Public Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other | <input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store<br><input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel<br><input type="checkbox"/> Warehouse/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other | <input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-in<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other |

| Point of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Means of Attack                                                                                                                                                                                                                                              | Loc of Entry                                                                                                                                                                                                                                    | Method of Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alarm                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Window<br><input type="checkbox"/> Non Movable<br><input type="checkbox"/> Sliding<br><input type="checkbox"/> Crank Type<br><input type="checkbox"/> Double Hung<br><input type="checkbox"/> Louvered or<br><input type="checkbox"/> Wind-Wing<br><input type="checkbox"/> Door<br><input type="checkbox"/> Single Swing<br><input type="checkbox"/> Double Swing<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Overhead<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other<br><input type="checkbox"/> Floor<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Already On<br><input type="checkbox"/> Premises<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Basement | <input type="checkbox"/> Firearm<br><input type="checkbox"/> Knife<br><input type="checkbox"/> Physical/No<br><input type="checkbox"/> Weapon<br><input type="checkbox"/> Other<br><input type="checkbox"/> Pry Tool<br><input type="checkbox"/> Screwdriver | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> Side<br><input type="checkbox"/> Roof<br><input type="checkbox"/> Force<br><input type="checkbox"/> No Force<br><input type="checkbox"/> Attp Force | <input type="checkbox"/> Unlocked/Open<br><input type="checkbox"/> Pried<br><input type="checkbox"/> Broke Glass<br><input type="checkbox"/> Channel Locks<br><input type="checkbox"/> Pass Key Slip Lock<br><input type="checkbox"/> Body Force<br><input type="checkbox"/> Cut Padlock<br><input type="checkbox"/> Removed<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Vehicle Force<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other | <input type="checkbox"/> None<br><input type="checkbox"/> Ringer<br><input type="checkbox"/> Silent<br><input type="checkbox"/> Silent/Ringer<br><input type="checkbox"/> Not Set<br><input type="checkbox"/> Dyppeded<br><input type="checkbox"/> Disabled |

### VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

|                                                                                                                                                                  |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

### STOLEN VEHICLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|
| LIST ACCESSORIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
| RELEASE AND WAIVER/NULL NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                             |
| Know all persons by these presents: That, I, _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand claim, sum of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I over had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officer, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, storing, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made. |                   |                             |

### NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_  
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☐ CLOSED: For Any Other Reason:

|                                                                                             |                                                                                              |                                                                                               |                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |
| REPORT PREPARED BY:<br>D. Gill                                                              | COMM #<br>1677                                                                               | APPROVED BY:<br><i>[Signature]</i>                                                            | LOSS RECOVERED OR CLAIMED:<br>1082                 |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED  
RETURN REL. TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_

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## CONTINUATION REPORT

WASHOE COUNTY  
SHERIFF

|                                                                                                                                                   |                                                     |                                                                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|-------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                   |                                                     | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89312-1000 | PAGE 2 OF 4 |
| CHARGE(S)/TYPE OF INCIDENT: Suicidal Inmate                                                                                                       |                                                     | CASE NUMBER: 5056-98                                                    |             |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's Office | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd, Reno, NV. |                                                                         |             |
| LIST SUSPECT(S) IF KNOWN                                                                                                                          |                                                     |                                                                         |             |
| SUBJECT 1: Vanisi, Siasosi BK #14630198<br>SSN: [REDACTED]                                                                                        |                                                     | SUBJECT 2:<br>SSN: DOB:                                                 |             |

1 Inmate Adams, Larry Bk #110410698

Inmate Borchfield, Clifford Bk #263051297

2 Soc # [REDACTED]

Soc # [REDACTED]

3

4 Inmate Chapman, Mark Bk #42500398

Inmate Gilman, Brian Bk #109030698

5 Soc # [REDACTED]

Soc # [REDACTED]

6

7 On 7/02/98 Deputy Eubanks # 1550 and I were assigned to Housing Unit Five, in the Tower. At 2025 hours while  
8 locking Inmate Adams down, I heard yelling coming from A-wing. I looked out the window and saw Inmate  
9 Adams yelling and flipping off someone in cells A-3, A-4 or A-5. I could not make out what Inmate Adams was  
10 saying so I asked Inmate Adams through his cell speaker what was going on. Inmate Adams said, "That crazy  
11 mother fucker in A-4 is talking crazy". I asked him what he said and Inmate Adams said, "Vanisi was telling me  
12 how he did not like the way I was talking and out of know were started talking about eating pencils to kill himself".  
13 Inmate Adams said "that dude is wacked, he's always talking crazy and shit".

14

15 I notified Deputy Uptain # 1548 and Deputy Ivers #1551, who were working on the floor, that Inmate Vanisi was  
16 talking about suicide. I tried to reach Sgt. Brown # 590 over the telephone to tell him what was going on, but could  
17 not get a hold of him. Deputy Uptain contacted him over the radio, and when Sgt. Brown called the floor Deputy  
18 Uptain informed him what had happened.

19

20 Sgt. Brown responded to Housing Unit Five, he along with Deputy Uptain and Deputy Ivers went into A-wing.  
21 Sgt. Brown questioned Inmate Vanisi. After Sgt. Brown talked with Inmate Vanisi he told me to talk to the rest of  
22 the inmates in A-wing to see if they heard anything. The following was said:

23 Inmate Borchfield, in A-1, said that earlier today at the end of his tier time, he heard Vanisi say, "If I don't get my  
24 snack I'll jump off the tier". Inmate Adams said again how Inmate Vanisi would "eat pencils to kill himself".

25 Inmate Chapman, in A-7, said Inmate Vanisi said, "when I get to the yard, I will take care of it and end it".

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# CONTINUATION REPORT

|                                                                                                                                                   |                                                     |                                                                         |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|---------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                   |                                                     | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 | PAGE <u>3</u> OF <u>4</u> |
| CHARGE(S)/TYPE OF INCIDENT: Suicidal Inmate                                                                                                       |                                                     | CASE NUMBER: 5056-98                                                    |                           |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriff's Office | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd, Reno, NV. |                                                                         |                           |
| LIST SUSPECT(S) IF KNOWN                                                                                                                          |                                                     |                                                                         |                           |
| SUBJECT 1: Vanisi, Siaoisi BK #14630198<br>SSN: [REDACTED]                                                                                        |                                                     | SUBJECT 2:<br>SSN: DOB:                                                 |                           |

26 Everyone else in A-wing said they did not hear anything.

27

28 Charge Nurse Bill Lohmeyer talked to Inmate Borchfield and Inmate Gilman. By talking to these inmates Charge  
29 Nurse Bill Lohmeyer thought that Inmate Vanisi needed a psychological evaluation. Bill Loymeyer said that Inmate  
30 Vanisi needed to go into a suicide watch cell in the Infirmary.

31

32 At 2345 hours the D.R.T team arrived to Housing Unit Five to escort Inmate Vanisi to the Infirmary. The D.R.T  
33 team members that arrived were Sgt. La Riviere # 904, Deputy Uptain # 1548, Deputy Jones # 1292, Deputy Bello #  
34 1345, Deputy Zirkle # 1484, Deputy Larramendy # 1543 and Deputy Fredrickson # 1395 with K-9 Rico. Lt.  
35 Wellems # 37 also responded to observe. Sgt. La Riviere, Deputy Jones, Deputy Uptain and Deputy Bello, who was  
36 on the video camera, entered A-wing. Sgt. La Riviere told Inmate Vanisi that they were going to move him to the  
37 Infirmary. Inmate Vanisi was hand cuffed through the food slot and escorted by Deputy Jones and Deputy Uptain.  
38 Inmate Vanisi was taken out of his cell and taken to the Infirmary and into cell # SW-1. Deputy Jones was  
39 controlling inmate Vanisi's right arm with his left hand on his upper arm. Deputy Uptain was controlling Inmate  
40 Vanisi's left arm with his right hand on his upper arm. The rest of the D.R.T team followed behind.

41

42 Deputy Jones and Deputy Uptain took off Inmate Vanisi's pants with his help. Deputy Zirkle took Inmate Vanisi's  
43 socks off. Deputy Kaumans # 611 kicked the clothes out of the cell. Deputy Jones told Inmate Vanisi to kneel  
44 down and place his chest on the bunk and cross his feet. Deputy Zirkle put his foot between Inmate Vanisi's feet.  
45 Deputy Jones unhand cuffed Inmate Vanisi and Deputy Uptain took the left side of Vanisi's shirt off. Deputy Jones  
46 took the right side of Vanisi's shirt off. Deputy Jones told him Inmate Vanisi to stay where he was and to not move  
47 until everyone left the cell. The D.R.T team exited the cell and the door was shut with out incident. Inmate Vanisi  
48 put on a canvas suit which was already placed in the cell by Deputy Kaumans, who was assigned in the Infirmary .

49

50

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CONFIDENTIAL

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## CONTINUATION REPORT

|                                                                                                                                                  |                                                     |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>                  |                                                     | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000<br>PAGE <u>4</u> OF <u>4</u> |
| CHARGE(S)/TYPE OF INCIDENT: Suicidal Inmate                                                                                                      |                                                     | CASE NUMBER: 5056-98                                                                                 |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>Washoe County Sheriffs Office | ADDRESS, CITY, STATE, ZIP: 911 Parr Blvd, Reno, NV. |                                                                                                      |
| LIST SUSPECT(S) IF KNOWN                                                                                                                         |                                                     |                                                                                                      |
| SUBJECT 1: Vanisi, Siaosi BK #14630198<br>SSN: [REDACTED]                                                                                        |                                                     | SUBJECT 2:<br>SSN: DOB:                                                                              |

51

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                            |                    |               |        |                                     |                |
|----------------------------|--------------------|---------------|--------|-------------------------------------|----------------|
| REPORTING DEPUTY<br>D.Gill | COME #<br>16771677 | SECOND DEPUTY | COME # | APPROVING SUPERVISOR<br>[Signature] | COME #<br>1082 |
|----------------------------|--------------------|---------------|--------|-------------------------------------|----------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

S-108 Revised 1/96

WCSO00088

00000048

AA03615

Case Number: 5267-98

## OFFENSE FACE SHEET

|                                                         |                            |     |                                                                                                                                                                                                                                                                                              |                           |                                       |                       |                  |                           |                       |
|---------------------------------------------------------|----------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|-----------------------|------------------|---------------------------|-----------------------|
| VICTIM NAME: W.C.S.O.                                   |                            |     |                                                                                                                                                                                                                                                                                              |                           | FIRST NAME IF CRIME AGAINST BUSINESS: |                       |                  |                           |                       |
| VICTIM'S RESIDENCE/ADDRESS:                             |                            |     |                                                                                                                                                                                                                                                                                              |                           |                                       |                       | RESIDENCE PHONE: |                           |                       |
| VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL): |                            |     |                                                                                                                                                                                                                                                                                              |                           |                                       |                       | BUSINESS PHONE:  |                           |                       |
| SEX                                                     | RACE                       | AGE | IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX<br><input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER _____ |                           |                                       |                       |                  | SSN                       | DOB                   |
| SPECIFY EXTENT OF INJURY:                               |                            |     |                                                                                                                                                                                                                                                                                              | OCCUPATION:               |                                       |                       | WORK HOURS:      |                           |                       |
| REPORTING PERSON LAST NAME, FIRST MIDDLE:<br>J. ELLIS   |                            |     |                                                                                                                                                                                                                                                                                              | SEX                       | RACE                                  | AGE                   | DATE OF BIRTH    | RESIDENCE PHONE           | BUSINESS PHONE        |
| AP. RESIDENCE ADDRESS:                                  |                            |     |                                                                                                                                                                                                                                                                                              | BUSINESS ADDRESS:         |                                       |                       |                  |                           |                       |
| LOCATION OF OCCURRENCE:<br>WCDF TO NSP                  |                            |     |                                                                                                                                                                                                                                                                                              | DATE OCCURRED<br>07/22/98 |                                       | TIME OCCURRED<br>1600 |                  | DATE REPORTED<br>07/22/98 | TIME REPORTED<br>2200 |
| OFFENSE CODE:                                           | TITLE: TRANSPORT TO N.S.P. |     |                                                                                                                                                                                                                                                                                              | OFFENSE CODE:             |                                       | TITLE:                |                  |                           |                       |
| OFFENSE CODE:                                           | TITLE:                     |     |                                                                                                                                                                                                                                                                                              | OFFENSE CODE:             |                                       | TITLE:                |                  |                           |                       |

**CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE**

| Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                   | Business                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           | Public Premises                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> House<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Motel/Hotel Room<br><input type="checkbox"/> Duplex/Fourplex<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Driveway<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Bank<br><input type="checkbox"/> Bicycle Sales/Vehicle<br><input type="checkbox"/> Construction Site<br><input type="checkbox"/> Bar<br><input type="checkbox"/> Phone Booth<br><input type="checkbox"/> Casino<br><input type="checkbox"/> Retail Store | <input type="checkbox"/> Sporting Goods/Guns<br><input type="checkbox"/> Manufacturing Firm<br><input type="checkbox"/> Drug Store<br><input type="checkbox"/> Coin Operated Machines<br><input type="checkbox"/> Longhaul Trailer<br><input type="checkbox"/> Supermarket<br><input type="checkbox"/> Motel/Hotel | <input type="checkbox"/> Warehouse/Storage Unit<br><input type="checkbox"/> Medical Office<br><input type="checkbox"/> Laundromat/Cleaners<br><input type="checkbox"/> Box Car<br><input type="checkbox"/> Restaurant/Fast Foods<br><input type="checkbox"/> Gas Station/Garage<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Office Building<br><input type="checkbox"/> Pawn Shop/Second Hand<br><input type="checkbox"/> Fenced Storage<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater/Drive-In<br><input type="checkbox"/> Convenience Store | <input type="checkbox"/> Street/Highway/Alley<br><input type="checkbox"/> School<br><input type="checkbox"/> Park/Playground<br><input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Public Building<br><input type="checkbox"/> Church<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Other _____ |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <p><b>Point of Entry</b></p> <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Window<br/> <input type="checkbox"/> Non Movable<br/> <input type="checkbox"/> Sliding<br/> <input type="checkbox"/> Crank Type<br/> <input type="checkbox"/> Double Hung<br/> <input type="checkbox"/> Louvered or<br/> <input type="checkbox"/> Wind-Wing               </div> <div style="flex: 1;"> <p><b>Door</b></p> <input type="checkbox"/> Single Swing<br/> <input type="checkbox"/> Double Swing<br/> <input type="checkbox"/> Siding<br/> <input type="checkbox"/> Overhead<br/> <input type="checkbox"/> Garage<br/> <input type="checkbox"/> Other _____               </div> <div style="flex: 1;"> <p><b>Other</b></p> <input type="checkbox"/> Floor<br/> <input type="checkbox"/> Roof<br/> <input type="checkbox"/> Wall<br/> <input type="checkbox"/> Already On<br/> <input type="checkbox"/> Premises<br/> <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Basement               </div> </div> </div> <div style="width: 18%;"> <p><b>Means of Attack</b></p> <input type="checkbox"/> Firearm<br/> <input type="checkbox"/> Knife<br/> <input type="checkbox"/> Physical/No<br/> <input type="checkbox"/> Weapon<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Pry Tool<br/> <input type="checkbox"/> Screwdriver           </div> <div style="width: 18%;"> <p><b>Lec of Entry</b></p> <input type="checkbox"/> Front<br/> <input type="checkbox"/> Rear<br/> <input type="checkbox"/> Side<br/> <input type="checkbox"/> Roof<br/> <input type="checkbox"/> Force<br/> <input type="checkbox"/> No Force<br/> <input type="checkbox"/> Attp Force           </div> <div style="width: 30%;"> <p><b>Method of Entry</b></p> <input type="checkbox"/> Unlocked/Open<br/> <input type="checkbox"/> Pried<br/> <input type="checkbox"/> Broke Glass<br/> <input type="checkbox"/> Channel Locks<br/> <input type="checkbox"/> Pen Key Slip Lock<br/> <input type="checkbox"/> Body Force           </div> <div style="width: 18%;"> <input type="checkbox"/> Foot Pedal<br/> <input type="checkbox"/> Levered<br/> <input type="checkbox"/> Explosive<br/> <input type="checkbox"/> Vehicle Force<br/> <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Other _____           </div> </div> |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                             |

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOX.

|                                                                                                                                                                        |      |       |      |                         |       |      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|
| <input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK<br><input type="checkbox"/> OTHER _____ | MAKE | MODEL | YEAR | LICENSE NO/REGISTRATION | STATE | YEAR | COLOR(S) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-------------------------|-------|------|----------|

**STOLEN VEHICLE**

|                   |                   |                             |
|-------------------|-------------------|-----------------------------|
| LIST ACCESSORIES: | ODOMETER READING: | VEHICLE IDENTIFICATION NO.: |
|-------------------|-------------------|-----------------------------|

RELEASE AND WAIVER NO.

Know all persons by these presents: That, I, \_\_\_\_\_ of the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ do by these presents, for myself, my heirs, executors, administrators or assigns, release each and every and all duly appointed Peace Officers of a city, county of any state and county of any State of the United States of America, or of the Washington County Sheriff's Office of the State of Nevada from any claim, action, demand, loss, sum of money, controversy, impasse, judgment, convictions, delict and demands whatsoever, in law or in equity. I swear had or now have or which I, or my heirs, executors, administrators or assigns, hereafter can, shall or may have against any Peace Officer, for stop or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, causing, or conveying, the above described vehicle, present to the stolen report which I have this day made.

**NARRATIVE: "SEE REPORT CONTINUATION"**

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ \_\_\_\_\_

CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason:

|                                                                                             |  |                                                                                              |  |                                                                                               |  |                                                    |  |
|---------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| ADDITIONAL VICTIM(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | ADDITIONAL SUSPECT(S)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | ADDITIONAL WITNESS(ES)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST |  |
| REPORT PREPARED BY:<br>J. ELLIS                                                             |  | COMM #<br>1359                                                                               |  | APPROVED BY:<br><i>T. J. [Signature]</i>                                                      |  | COMM #<br>1216                                     |  |
|                                                                                             |  |                                                                                              |  |                                                                                               |  | LOSS RECOVERED OR CLAIMED:                         |  |

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED

WCSO00813

00000049

AA03616



Vanisi WCO000814

CONFIDENTIAL ☐  
Y ☒ N ☐

CONTINUATION REPORT

|                                                                                                                                 |  |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| TYPE OF REPORT<br>OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> |  | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |  |
| CHARGE(S)/TYPE OF INCIDENT: TRANSPORT TO N.S.P.                                                                                 |  | PAGE 2 OF 3                                                             |  |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO         |  | CASE NUMBER: 5267-98                                                    |  |
| LIST SUBJECT(S) IF KNOWN                                                                                                        |  | ADDRESS, CITY, STATE, ZIP: 911 PARR BLVD. RENO, NV. 89512               |  |
| SUBJECT 1: VANISI, SIAOSI #14630198<br>SSN: [REDACTED] DOB: [REDACTED]                                                          |  | SUBJECT 2:<br>SSN: DOB:                                                 |  |

- 1 On 07/22/98 Sergeant LaRiviere #904, and Deputies Jones #1292, Uptain #1548 and I transported I/M Vanisi from
- 2 the Washoe County Detention Facility to N.S.P. for safe keeping. The incident was videoed by Deputy Banks #1287
- 3 from the time that we first made contact with I/M Vanisi to when we placed him in the car to be transported. After
- 4 being placed in the car Deputy Jones recorded on audio tape from the time we left the W.C.D.F. until we arrived at
- 5 N.S.P. While in route to N.S.P. we passed a 10-50 involving a truck and a motorcycle. Sergeant LaRiviere and
- 6 Deputy Uptain stopped to render aid until Carson City S.O. came on scene. The rear car then caught up with us and
- 7 we continued on to N.S.P. We then relinquished custody of I/M Vanisi to the Prison Guards that came out to greet
- 8 the vehicles. Both the video tape and audio tape were booked into evidence.
- 9
- 10 No further details.
- 11

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

|                              |                |               |        |                                          |                |
|------------------------------|----------------|---------------|--------|------------------------------------------|----------------|
| REPORTING DEPUTY<br>J. ELLIS | COMM #<br>1359 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br>T. J. [REDACTED] | COMM #<br>1216 |
|------------------------------|----------------|---------------|--------|------------------------------------------|----------------|

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

5-10B Revised 1/96

WCSO00814

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ADMINISTRATIVE SEGREGATION

NOTICE OF CLASSIFICATION HEARING

THIS NOTICE SHOULD BE GIVEN AT LEAST TWENTY-FOUR (24) HOURS PRIOR TO THE ADMINISTRATIVE SEGREGATION MEETING.

INMATE'S NAME: VANISI, SIPOSI

NUMBER: 58497 DATE 7-22-98

You have been moved to a lock-up area of NSP  
(Institution)

You will appear before an Administrative Segregation Classification Committee on:

7-27-98 9am NSP Unit 12  
(Date) (Approximate time) (Location)

REASON: You are an SK from Washoe County Jail  
High profile who has threatened to kill  
any officer - NOT med. cleared

PROVISIONS

1. You may have the assistance of inmate substitute counsel or a staff member in preparing for the meeting. The substitute counsel or staff member may attend the meeting with you. You shall be expected to be responsible for your own presentation except in those situations where assistance is necessary to an adequate presentation of your case due to your illiteracy, complexity of the issues involved, or other reason deemed sufficient by the Committee.

INMATE SUBSTITUTE COUNSEL/STAFF ASSISTANCE REQUESTED: ☒ YES ☐ NO

NAME: To be named

2. You may present witnesses and written statements to the Committee and you or your substitute counsel/staff member assisting may ask questions of persons participating in the meeting unless doing so would be redundant, irrelevant, or unduly hazardous to the institution's security or correctional goals. Witnesses may be excluded if their testimony is irrelevant, redundant or otherwise unnecessary or would jeopardize security.

WITNESSES REQUESTED: ☒ YES ☐ NO

NAMES: Siposi Vanisi

3. In the event that the Committee is concerned with your alleged involvement in an incident for which you could face criminal charges, you have the right to remain silent at the meeting and to know that anything you say at the meeting may be used against you in a criminal prosecution.
4. In addition to the specific reasons for which the meeting is being conducted, the Committee may consider your past and present institutional attitude, adjustment and record and criminal record.
5. This Notice is only required at the initial Administrative Segregation Classification Committee Hearing. Subsequent hearings, if required, are set forth by Departmental regulations.
6. If the Warden/Designee has reasonable cause to believe that you are an immediate danger to yourself or to others or to the security of the institution, he may place you in Administrative Segregation prior to an Administrative Segregation meeting. In such an event, the meeting shall be held within three (3) working days after you are placed in Segregation. This period may be extended by special approval of the Warden. You shall be notified, in writing, of any such extensions and the reasons therefor.

cc: I-File - Original  
Inmate - Copy  
Custody - Copy

07-22-98  
Date/Time 745 AM

Siposi Vanisi  
Inmate's Signature

7-22-98  
Date/Time



## **M E M O R A N D U M**

**To: VANISI FILE**

**From: MIKE SPECCHIO**  
**Public Defender**

**Re: NSP**

**Date: 7/31/98**

---

**I received a call from Dave Stanton, DDA, he received a call from the NSP regarding Vanisi.**

**Apparently he is acting very strange and bizarre.**

**He is:**

- 1. wearing a hand-made mask**
- 2. drawing tattoos on his arms**
- 3. he is talking gibberish**
- 4. he is pissing off every guard and inmate with whom he has had contact**
- 5. some inmates have indicated they want to kill him**
- 6. he is speaking in strange language**
- 7. he is saying bizarre things**
- 8. he talks ALL THE TIME and in a very loud voice about things no one understands**
- 9. etc., etc., etc.**

**Apparently the State is NOW concerned about his mental status.**

WCPD03649

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AA03620

**I told Stanton:**

- 1. I would ask the Court to move him back here**
- 2. I would seek an Order that we(each) get a copy of any evaluation they have done on Vanisi (Stanton appears confident the prison has done some evaluation)**
- 3. Allow the Court to have him evaluated for the record**

**This thing will keep getting more bizarre until we can finalize it!**

**cc: Crystal  
Laura  
File(s)**

WCPD03650

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AA03621

Nevada Department of Prisons  
Mental Status Examination

Inmate Name: SANIS VANDI  
Clinician's Name: Mark Knapp

NDOP # 58497  
Date: 8/30/98

*new #63374*

|                         |                                        | Sight or Occas. | Marked or Repeated |
|-------------------------|----------------------------------------|-----------------|--------------------|
| Appearance              | 1. Physically unkempt, unclean         |                 |                    |
|                         | 2. Clothing disheveled, dirty          |                 |                    |
|                         | 3. Clothing atypical, unusual, bizarre |                 |                    |
|                         | 4. Unusual physical characteristics    |                 |                    |
| Comments Re appearance: |                                        |                 |                    |

|                                |                                         | Sight or Occas. | Marked or Repeated |
|--------------------------------|-----------------------------------------|-----------------|--------------------|
| Posture                        | 5. Slumped                              |                 |                    |
|                                | 6. Rigid, tense                         |                 |                    |
|                                | 7. Atypical, inappropriate              |                 |                    |
| Facial Expression Suggests     | 8. Anxiety, fear, apprehension          |                 |                    |
|                                | 9. Depression, sadness                  |                 |                    |
|                                | 10. Anger, hostility                    |                 |                    |
|                                | 11. Decreased variability of expression |                 |                    |
| General Body Movements         | 12. Bizarreness, inappropriateness      |                 |                    |
|                                | 13. Accelerated, increased speed        |                 |                    |
|                                | 14. Decreased, slowed                   |                 |                    |
| Amplitude & Quality of Speech  | 15. Atypical, peculiar, inappropriate   |                 |                    |
|                                | 16. Restlessness, fidgety               |                 |                    |
|                                | 17. Increased, loud                     |                 |                    |
| Clinician-Patient Relationship | 18. Decreased, slowed                   |                 |                    |
|                                | 19. Atypical quality, slurring, stammer |                 |                    |
|                                | 20. Domineering                         |                 |                    |
|                                | 21. Submissive, overly compliant        |                 |                    |
| Comments Re Behavior:          |                                         |                 |                    |

*normal STATE*

|                         |                                      | Sight or Occas. | Marked or Repeated |
|-------------------------|--------------------------------------|-----------------|--------------------|
| Feeling (Affect & Mood) | 22. Provocative                      |                 |                    |
|                         | 23. Suspicious                       |                 |                    |
|                         | 24. Uncooperative                    |                 |                    |
|                         | 25. Inappropriate to thought content |                 |                    |
|                         | 26. Increased lability of affect     |                 |                    |
|                         | 27. Predominant Mood is:             |                 |                    |
|                         | 28. Blunted, absent, unvarying       |                 |                    |
|                         | 29. Euphoria, elation                |                 |                    |
|                         | 30. Anger, hostility                 |                 |                    |
|                         | 31. Depression, sadness              |                 |                    |
| Comments Re Feeling:    |                                      |                 |                    |

*SILENT*

|                         |                                  | Sight or Occas. | Marked or Repeated |
|-------------------------|----------------------------------|-----------------|--------------------|
| Perception              | 32. Illusions                    |                 |                    |
|                         | 33. Auditory hallucinations      |                 |                    |
|                         | 34. Visual hallucinations        |                 |                    |
|                         | 35. Other type of hallucinations |                 |                    |
| Comments Re Perception: |                                  |                 |                    |

|                                             |                                                                        | Sight or Occas. | Marked or Repeated |
|---------------------------------------------|------------------------------------------------------------------------|-----------------|--------------------|
| Intellectual Functioning                    | 36. Impaired level of consciousness                                    |                 |                    |
|                                             | 37. Impaired attention span                                            |                 |                    |
|                                             | 38. Impaired abstract thinking                                         |                 |                    |
|                                             | 39. Impaired calculation ability                                       |                 |                    |
| Orientation                                 | 40. Impaired intelligence                                              |                 |                    |
|                                             | 41. Disoriented to person                                              |                 |                    |
|                                             | 42. Disoriented to place                                               |                 |                    |
| Insight                                     | 43. Disoriented to time                                                |                 |                    |
|                                             | 44. Difficulty in acknowledging the presence of psychological problems |                 |                    |
| Judgment                                    | 45. Mostly blames others or circumstances for problems                 |                 |                    |
|                                             | 46. Impaired ability to manage daily living activities                 |                 |                    |
| Memory                                      | 47. Impaired ability to make reasonable life decisions                 |                 |                    |
|                                             | 48. Impaired immediate recall                                          |                 |                    |
| Thought Content                             | 49. Impaired recent memory                                             |                 |                    |
|                                             | 50. Impaired remote memory                                             |                 |                    |
|                                             | 51. Obsessions                                                         |                 |                    |
| Stream of Thought (as manifested by speech) | 52. Compulsions                                                        |                 |                    |
|                                             | 53. Phobias                                                            |                 |                    |
|                                             | 54. Derealization, depersonalization                                   |                 |                    |
|                                             | 55. Suicidal ideation                                                  |                 |                    |
|                                             | 56. Homicidal ideation                                                 |                 |                    |
|                                             | 57. Delusions                                                          |                 |                    |
|                                             | 58. Ideas of reference                                                 |                 |                    |
|                                             | 59. Ideas of influence                                                 |                 |                    |
|                                             | 60. Associational disturbance                                          |                 |                    |
|                                             | 61. Thought flow decreased, slowed                                     |                 |                    |
| 62. Thought flow increased                  |                                                                        |                 |                    |
| Comments Re Thinking:                       |                                                                        |                 |                    |

*WANTS AN ANATOMY TEXT SO THAT HE CAN CONTROL & REALITY. NO NERVOUS SYSTEM. BETTER THAN HE CAN NOW. NOT A REALITY CONCEPT IN THE WAY HE WAS*

*DISCUSSING IT. EVEN THOUGH HE IS STILL IN A STABLE MIND STATE AT PRESENT, HE STILL HAS SOME MANIC-DEPRESSIONAL TENDENCIES*

SVanisi NDOC Med00539

NDOC MED00539

NO ATTEMPT TO FAKE  
MENTAL ILLNESS. WANTED TO  
PLEASE ME IN ORDER TO TALK  
MORE

Inmate Name: VANISI, SIAOSI NDOP #: 58497  
Clinician's Name: Mace Kragg Date: 8/2/98

|            |                                                                                                                                                  | Sign of Death                | * Method of Disposal         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Appearance | 1. Physically unkempt, unclean<br>2. Clothing disheveled, dirty<br>3. Clothing atypical, unusual, bizarre<br>4. Unusual physical characteristics | _____<br>_____<br>_____<br>✓ | _____<br>_____<br>_____<br>✓ |

Comments Re appearance: STILL HAD MARK ON (FOREHEAD), ONLY 1 (M)  
TATTOO. T SHIRT WAS MONOTED  
TO SHOULDER TIES + SYMBOL WITH HOLE.

| Behavior                      | Normal                                  |                          | Abnormal                 |                          |
|-------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
|                               | Present                                 | Absent                   | Present                  | Absent                   |
| Posture                       | 5. Slumped                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 6. Rigid, tense                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 7. Atypical, inappropriate              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facial Expression             | 8. Anxiety, fear, apprehension          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 9. Depression, sadness                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 10. Anger, hostility                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 11. Decreased variability of expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suggestions                   | 12. Bizarreness, inappropriateness      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Body Movements        | 13. Accelerated, increased speed        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 14. Decreased, slowed                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 15. Atypical, peculiar, inappropriate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 16. Restlessness, fidgety               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amplitude & Quality of Speech | 17. Increased, loud                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 18. Decreased, slowed                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 19. Atypical quality, slurring, stammer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing-Patient Relationship | 20. Domineering                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 21. Submissive, overly compliant        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 22. Provocative                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 23. Suspicious                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | 24. Uncooperative                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments Re Behavior: STILL SOME PRESSURED SPEECH, BUT OTHERWISE NORMAL (ALERT, TALKATIVE)

|                         |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                                                                                                                                                                      |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feeling (Affect & Mood) | 25. Inappropriate to thought content<br>26. Increased lability of affect<br>Predominant Mood is:<br>27. Blunted, absent, unvarying<br>28. Euphoria, elation<br>29. Anger, hostility<br>30. Fear, anxiety, apprehension<br>31. Depression, sadness | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Comments Re Feeling: HE CALMED DOWN ENOUGH WE  
TO ACCEPT A STATE T.V. (WAS OFF WH  
VISITED HIM)

| Section 17 - Hallucinations and Delusions |                                  | Frequency Occurrence | Current Medication |
|-------------------------------------------|----------------------------------|----------------------|--------------------|
| Perception                                | 32. Illusions                    | _____                | _____              |
|                                           | 33. Auditory hallucinations      | _____                | _____              |
|                                           | 34. Visual hallucinations        | _____                | _____              |
|                                           | 35. Other type of hallucinations | _____                | _____              |

Comments Re Perception: STATES THAT HE ONLY HAS VISUAL  
ALLUICATIONS WHEN SMOKING MARIJUANA (LIKE

|                          |                                     |  |  |  |
|--------------------------|-------------------------------------|--|--|--|
| Intellectual Functioning | 38. Impaired level of consciousness |  |  |  |
|                          | 37. Impaired attention span         |  |  |  |
|                          | 38. Impaired abstract thinking      |  |  |  |
|                          | 39. Impaired calculation ability    |  |  |  |
|                          | 40. Impaired intelligence           |  |  |  |

|             |                           |         |  |
|-------------|---------------------------|---------|--|
| Orientation | 41. Disoriented to person |         |  |
|             | 42. Disoriented to place  | PERFECT |  |
|             | 43. Disoriented to time   |         |  |

|         |                                                                                                                                  |                                          |
|---------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Insight | 44. Difficulty in acknowledging the presence of psychological problems<br>45. Mostly blames others or circumstances for problems | INTRACTED<br>WHAT PSYCHOLOGICAL PROBLEMS |
|---------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

|                                  |                                                        |                                                        |        |
|----------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------|
| Judgment                         | 46. Impaired ability to manage daily living activities | 47. Impaired ability to make reasonable life decisions |        |
| TWICE OUTSIDE<br>NAKED<br>ROUNDS | SINGS LOUDLY &                                         | THE WALL (as a noun)                                   | ✓<br>✓ |

|        |                                                                                           |                  |  |
|--------|-------------------------------------------------------------------------------------------|------------------|--|
| Memory | 48. Impaired immediate recall<br>49. Impaired recent memory<br>50. Impaired remote memory | <i>excellent</i> |  |
|--------|-------------------------------------------------------------------------------------------|------------------|--|

|   |                 |                 |       |       |
|---|-----------------|-----------------|-------|-------|
| T | Thought Content | 51. Obsessions  | _____ | _____ |
|   |                 | 52. Compulsions | _____ | _____ |
|   |                 | 53. Phobias     | _____ | _____ |

54. Derealization, depersonalization \_\_\_\_\_  
55. Suicidal ideation \_\_\_\_\_  
56. Homicidal ideation *NONE* \_\_\_\_\_  
57. \_\_\_\_\_

|             |                                |       |       |
|-------------|--------------------------------|-------|-------|
|             | 57. Delusions                  | _____ | _____ |
|             | 58. Ideas of reference         | _____ | _____ |
|             | 59. Ideas of influence         | _____ | _____ |
| Elements of | 60. Associational disturbances | _____ | _____ |

|                                    |              |       |
|------------------------------------|--------------|-------|
| 60. Association disturbance        | _____        | _____ |
| 61. Thought flow decreased, slowed | _____        | _____ |
| 62. Thought flow increased         | <u>  ✓  </u> | _____ |

Comments Re Thinking: HE AGREES TO ACCEPT SOME MILD  
PSYCHOTROPIC MEDICATION. WILL RECOM

Notation Symbols: *NEW SOMETHING LIKE VICTROL*  
 ✓ - Determination Made  
 Hx - History: Described but not demonstrated  
 ND - No Data and cannot be inferred

DOP 2530 10/96

NDOC MED00540

00000056

AA03623

| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM II<br>"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION" |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. INMATE INFORMATION (PRINT)                                                                                                              |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| LAST NAME: <u>Vanisi</u>                                                                                                                   |                                       | FIRST NAME: <u>Siagosi</u>                                                               |                                     | ID#: <u>58497</u>        |                          | CURRENT LOCATION: <u>12D10A</u> |                          |                          |                          |                          |                          |
| 2. HEARING INFORMATION (PRINT)                                                                                                             |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| DATE OF HEARING: <u>8-10-98</u>                                                                                                            |                                       | TIME OF HEARING: <u>11:05 AM</u>                                                         |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| NAME OF HEARING OFFICER: <u>SGT. T. ROBERTS</u>                                                                                            |                                       |                                                                                          |                                     | TITLE: <u>SGT.</u>       |                          |                                 |                          |                          |                          |                          |                          |
| DATE OF SERVICE OF NOTICE OF CHARGES: <u>8-10-98</u>                                                                                       |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____                                                                           |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 3. CHARGES AND PLEAS                                                                                                                       |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COUNT/CHARGE                                                                                                                               | PLEA                                  |                                                                                          | COUNT/CHARGE                        | PLEA                     |                          | COUNT/CHARGE                    | PLEA                     |                          | COUNT/CHARGE             | PLEA                     |                          |
|                                                                                                                                            | GUILTY                                | NOT GUILTY                                                                               |                                     | GUILTY                   | NOT GUILTY               |                                 | GUILTY                   | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY               |
| I <u>64</u>                                                                                                                                | <input type="checkbox"/>              | <input checked="" type="checkbox"/>                                                      | III                                 | <input type="checkbox"/> | <input type="checkbox"/> | V                               | <input type="checkbox"/> | <input type="checkbox"/> | VII                      | <input type="checkbox"/> | <input type="checkbox"/> |
| II                                                                                                                                         | <input type="checkbox"/>              | <input type="checkbox"/>                                                                 | IV                                  | <input type="checkbox"/> | <input type="checkbox"/> | VI                              | <input type="checkbox"/> | <input type="checkbox"/> | VIII                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. STATEMENT OF INMATE                                                                                                                     |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 5. HEARING OFFICER ACTION                                                                                                                  |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COUNT/CHARGE                                                                                                                               | REDUCE TO:                            | DISMISS                                                                                  | RESOLVE                             | REFER                    | COUNT/CHARGE             | REDUCE TO:                      | DISMISS                  | RESOLVE                  | REFER                    |                          |                          |
| I <u>64</u>                                                                                                                                | <u>M7</u>                             | <input type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | V                        |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| II                                                                                                                                         |                                       | <input type="checkbox"/>                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | VI                       |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| III                                                                                                                                        |                                       | <input type="checkbox"/>                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | VII                      |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| IV                                                                                                                                         |                                       | <input type="checkbox"/>                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | VIII                     |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 6. RESULTS OF INFORMAL, SUMMARY HEARING                                                                                                    |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COUNT                                                                                                                                      | SANCTION                              | COUNT                                                                                    | SANCTION                            |                          |                          |                                 |                          |                          |                          |                          |                          |
| I                                                                                                                                          | <u>RESTITUTION FOR STATE PROPERTY</u> | VI                                                                                       |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| II                                                                                                                                         | <u>VERBAL REPRIMAND</u>               | VII                                                                                      |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| III                                                                                                                                        |                                       | VIII                                                                                     |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| IV                                                                                                                                         |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 7. EVIDENCE RELIED UPON; COMMENTS                                                                                                          |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| <u>96's REPORT</u>                                                                                                                         |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 8. ADVISEMENT TO DISCIPLINARY COMMITTEE                                                                                                    |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COUNSEL SUBSTITUTE REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                          |                                       | WITNESSES REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| DATE: _____                                                                                                                                |                                       | BY WHOM: _____                                                                           |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| NAME                                                                                                                                       | NUMBER                                | LOCATION                                                                                 | NAME                                |                          |                          |                                 |                          |                          |                          |                          |                          |
|                                                                                                                                            |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 9. SIGNATURES AND RECEIPT                                                                                                                  |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| HEARING OFFICER: <u>SGT. T. ROBERTS</u>                                                                                                    |                                       | DATE: <u>8-10-98</u>                                                                     |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
|                                                                                                                                            |                                       | TIME: <u>11:05 AM</u>                                                                    |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
|                                                                                                                                            |                                       | INMATE: <u>Siagosi Vanisi</u>                                                            |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| (Inmate to sign sanction no longer)                                                                                                        |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| 10. DISTRIBUTION INSTRUCTIONS                                                                                                              |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| ORIGINAL - DISCIPLINARY COMMITTEE                                                                                                          |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COPY - INMATE                                                                                                                              |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |
| COPY - CHARGING EMPLOYEE                                                                                                                   |                                       |                                                                                          |                                     |                          |                          |                                 |                          |                          |                          |                          |                          |

DOP #3018 (64/93)

NDOCIFILE00253

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AA03624

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

INDEXED  
8496

## 1. INMATE INFORMATION (PRINT)

LAST NAME: VANISI FIRST NAME: SIADSE  
IDR: 58497 CURRENT LOCATION: UNIT 12 D 10

## 2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: William Baus TITLE: SR. CORRECTIONAL OFFICER  
DATE OF INCIDENT: AUGUST 4, 1998 DATE CHARGES WRITTEN: AUGUST 4, 1998  
EVIDENCE COLLECTED: ☐ YES ☒ NO EVIDENCE HELD BY: \_\_\_\_\_  
CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)  
I 6-4 II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_  
VI \_\_\_\_\_ VII \_\_\_\_\_ VIII \_\_\_\_\_

## 3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3010)

ON AUGUST 4, 1998, OFFICER IQUIN AND THIS OFFICER WENT INTO CELL D10 TO ROLL UP INMATE VANISI'S PROPERTY AS HE HAD LEFT FOR WAGNER COUNTY JAIL. ONE STATE TOWEL HAD BEEN TORN UP AND WE DISPOSED OF THE TORN TOWEL. INMATE VANISI HAD DESTROYED STATE PROPERTY.

## 4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: William Baus  
SIGNATURE OF SHIFT SUPERVISOR: SGT. T. ROBERTS 8/6/98  
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in NCIS)

## 5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: 8-10-98 TIME OF SERVICE: 11:05AM  
PRINTED NAME OF HEARING OFFICER: SGT. T. ROBERTS  
SIGNATURE OF HEARING OFFICER: SGT. T. ROBERTS  
INMATE SIGNATURE: Siadse Vanisi  
(Signature indicates receipt of notice only; it is not a plea; refusal to sign should be noted.)

## 6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

NDOCIFILE00254

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AA03625



| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM III<br>"SUMMARY OF DISCIPLINARY HEARING"                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                      |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1. INMATE INFORMATION (PRINT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| LAST NAME: <u>Vanisi</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | FIRST NAME: <u>Sioasi</u>                                                                            |                          |                          |                          |                          |                          |
| ID#: <u>58497</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CURRENT LOCATION: <u>U-1278</u>     | LOCATION OF DISCIPLINARY VIOLATION IF DIFFERENT THAN CURRENT LOCATION: <u>U-1278</u>                 |                          |                          |                          |                          |                          |
| <b>2. HEARING INFORMATION (PRINT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| DATE OF HEARING: <u>8-24-78</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | TIME OF HEARING: <u>10:30 AM</u>                                                                     |                          |                          |                          |                          |                          |
| IF HEARING IS LATE, EXPLAIN CIRCUMSTANCES OF THE DELAY: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| INMATE DEFENDANT PRESENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/> REMOVED FOR BEHAVIOR                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| COUNSEL SUBSTITUTE: REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                 |                                     | NAME: <u>DeJoffe</u> : <u>4/4/819</u>                                                                |                          |                          |                          |                          |                          |
| CHARGING EMPLOYEE NAME: <u>Lavrick Connolly</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | TITLE: <u>CORP Q/1001</u>                                                                            |                          |                          |                          |                          |                          |
| STAT FORFEITURE POSSIBLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>SK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | POTENTIAL CATEGORY: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |                          |                          |                          |                          |                          |
| PROCEEDINGS RECORDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| INMATE CAUTIONED REGARDING POSSIBLE CRIMINAL CHARGES AND RIGHT TO REMAIN SILENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| <b>3. CHARGES AND PLEAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLEA                                |                                                                                                      | NEGOTIATION REQUESTED    | COUNT/CHARGE             | PLEA                     |                          | NEGOTIATION REQUESTED    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GUilty                              | NOT GUILTY                                                                                           |                          |                          | GUilty                   | NOT GUILTY               |                          |
| I <u>6-1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | V                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>1134</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                                  | <input type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | VII                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | VIII                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. WITNESS INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID# OR TITLE                        | APPROVED YES/NO                                                                                      | REASON FOR DENIAL        |                          |                          | OTHER EXPLAIN BELOW      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                      | RELEVANCY                | REDUNDANCY               |                          |                          |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                               | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                               | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                               | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                               | <input type="checkbox"/>                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| COMMENTS: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| CHARGING EMPLOYEE TESTIMONY <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> WAIVED                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| <b>5. INMATE STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                      |                          |                          |                          |                          |                          |
| <p><u>I do recall the earlier incident w/ Sgt McBane</u><br/> <u>it was having some anxiety and had been</u><br/> <u>ordered not to pound on walls so I made</u><br/> <u>a stress object I didn't know it would</u><br/> <u>become hard. I feel just harmless</u><br/> <u>shouldn't be regarded as rebellious.</u><br/> <u>If I had known the severity of this to be</u><br/> <u>brought before a formal hearing.</u><br/> <u>From this date on, I haven't done this</u><br/> <u>again.</u><br/> <u>I realize the problem - will not do this again.</u></p> |                                     |                                                                                                      |                          |                          |                          |                          |                          |

DOP #3019 (04/93)

NDOCIFILE00249

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AA03626

Uanisi, Sioasi 50497

SVanisi-NDOCIFILE00250

# 6. PRISON PRESENTATION

Report to prison authorities. Did not (ad) [unclear] [unclear] in his cell. Was ordered not to make another one, but did make the second. Such item is regarded as contraband and not allowed period.

EVIDENCE RELIED UPON:

## CONFIDENTIAL INFORMATION (CI) CHECKLIST (BOTH A & B MUST BE "YES" TO RELY ON CI)

A. CI RELIABLE: ☐ YES ☐ NO ☒ N/A

CHECK AT LEAST ONE BOX BELOW

☐ INVESTIGATING OFFICER TESTIFIED PERSONALLY AS TO THE TRUTHFULNESS OF THE CONFIDENTIAL INFORMATION IN HIS REPORT

☐ CORROBORATING TESTIMONY

☐ DISCIPLINARY CHAIR HAS FIRST HAND KNOWLEDGE OF SOURCE AND SOURCE HAS BEEN RELIABLE IN PAST

☐ IN-CAMERA REVIEW OF DOCUMENTS; FOUND RELIABLE

B. STATEMENT BY PRISON OFFICIAL: SAFETY PREVENTS DISCLOSURE OF CI ☐ YES ☐ NO

## 7. FINDINGS

| COUNT/CHARGE  | REDUCE TO:               | GUILTY                              | NOT<br>GUILTY            | DISMISS                  | COUNT/CHARGE | REDUCE TO:               | GUILTY                   | NOT<br>GUILTY            | DISMISS                  |
|---------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I <u>B-1</u>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | V            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>MIS</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VII          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | VIII         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER; SPECIFY:

## 8. SANCTIONS

A. SANCTION 15 day Susp Sep Sep 15 Susp for 90 day clear

B. 15 Susp for 90 day clear

C. 15 Susp for 90 day clear

D. 15 Susp for 90 day clear

E. 15 Susp for 90 day clear

STAT FORFEITURE REFERRAL: ☐ YES ☒ NO SK RECOMMENDED CATEGORY: ☐ A ☐ B ☐ C

ADMINISTRATIVE ASSESSMENT AMOUNT: \$

OTHER; SPECIFY:

## 9. ANCILLARY INFORMATION/INSTRUCTIONS

- REFER TO PAROLE BOARD AS VIOLATION OF PAROLE: ☐ YES ☒ NO

- POST DISCIPLINARY CLASSIFICATION: ☒ YES ☐ NO

DATE: 9/15/01

- DISC/SEC SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO

DATE: 9/15/01

- NCIS RECORD COMPLETED; DATE: 9/15/01

BY WHOM: [Signature]

## 10. SIGNATURE OF COMMITTEE

CHAIRMAN: [Signature]

PRINTED NAME

MEMBER: [Signature]

PRINTED NAME

MEMBER: [Signature]

PRINTED NAME

SIGNATURE

SIGNATURE

SIGNATURE

## 11. DISTRIBUTION INSTRUCTIONS

ORIGINAL - I-FILE

COPY - INMATE

COPY - CHARGING EMPLOYEE

DOP #3019 (01/01)

NDOCIFILE00250

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AA03627

| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM II<br>"SUMMARY OF HEARING OFFICER'S INQUIRY AND DISPOSITION" |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| 1. INMATE INFORMATION (PRINT)                                                                                                              |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| LAST NAME: <u>Vanisi</u>                                                                                                                   |                                     |                                                                                          | FIRST NAME: <u>Sidisi</u>        |                                     |                          | ID#: <u>58497</u>        |                          | CURRENT LOCATION: <u>12D10A</u> |                          |                          |                          |
| 2. HEARING INFORMATION (PRINT)                                                                                                             |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| DATE OF HEARING: <u>8-18-98</u>                                                                                                            |                                     |                                                                                          | TIME OF HEARING: <u>10:30 AM</u> |                                     |                          |                          |                          |                                 |                          |                          |                          |
| NAME OF HEARING OFFICER: <u>SGT. T. ROBERTS</u>                                                                                            |                                     |                                                                                          | TITLE: <u>SGT.</u>               |                                     |                          |                          |                          |                                 |                          |                          |                          |
| DATE OF SERVICE OF NOTICE OF CHARGES: <u>8-18-98</u>                                                                                       |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____                                                                           |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 3. CHARGES AND PLEAS                                                                                                                       |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COUNT/CHARGE                                                                                                                               | PLEA                                |                                                                                          | COUNT/CHARGE                     | PLEA                                |                          | COUNT/CHARGE             | PLEA                     |                                 | COUNT/CHARGE             | PLEA                     |                          |
|                                                                                                                                            | GUilty                              | NOT GUilty                                                                               |                                  | GUilty                              | NOT GUilty               |                          | GUilty                   | NOT GUilty                      |                          | GUilty                   | NOT GUilty               |
| I <u>GI</u>                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                 | III _____                        | <input type="checkbox"/>            | <input type="checkbox"/> | V _____                  | <input type="checkbox"/> | <input type="checkbox"/>        | VII _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| II <u>MSG</u>                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                      | IV _____                         | <input type="checkbox"/>            | <input type="checkbox"/> | VI _____                 | <input type="checkbox"/> | <input type="checkbox"/>        | VIII _____               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. STATEMENT OF INMATE                                                                                                                     |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| <u>SAVE FOR COMMITTEE</u>                                                                                                                  |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 5. HEARING OFFICER ACTION                                                                                                                  |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COUNT/CHARGE                                                                                                                               | REDUCE TO:                          | DISMISS                                                                                  | RESOLVE                          | REFER                               | COUNT/CHARGE             | REDUCE TO:               | DISMISS                  | RESOLVE                         | REFER                    |                          |                          |
| I <u>GI</u>                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | V _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |
| II <u>MSG</u>                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | VI _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |
| III _____                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 | <input type="checkbox"/>         | <input type="checkbox"/>            | VII _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |
| IV _____                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>                                                                 | <input type="checkbox"/>         | <input type="checkbox"/>            | VIII _____               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |
| 6. RESULTS OF INFORMAL, SUMMARY HEARING                                                                                                    |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COUNT                                                                                                                                      | SANCTION                            | COUNT                                                                                    | SANCTION                         |                                     |                          |                          |                          |                                 |                          |                          |                          |
| I                                                                                                                                          | <u>REFER</u>                        | V                                                                                        | _____                            |                                     |                          |                          |                          |                                 |                          |                          |                          |
| II                                                                                                                                         | <u>REFER</u>                        | VI                                                                                       | _____                            |                                     |                          |                          |                          |                                 |                          |                          |                          |
| III                                                                                                                                        | _____                               | VII                                                                                      | _____                            |                                     |                          |                          |                          |                                 |                          |                          |                          |
| IV                                                                                                                                         | _____                               | VIII                                                                                     | _____                            |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 7. EVIDENCE RELIED UPON; COMMENTS                                                                                                          |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| <u>W's REPORT (N.O.C.)</u>                                                                                                                 |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 8. ADVISEMENT TO DISCIPLINARY COMMITTEE                                                                                                    |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COUNSEL SUBSTITUTE REQUESTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                          |                                     | WITNESSES REQUESTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| NCES RECORD UPDATED: _____                                                                                                                 |                                     | DATE: _____ BY WHOM: _____                                                               |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| NAME                                                                                                                                       | NUMBER                              | LOCATION                                                                                 | NAME                             |                                     |                          |                          |                          |                                 |                          |                          |                          |
| <u>TO BE NAMED</u>                                                                                                                         | _____                               | _____                                                                                    | <u>TO BE NAMED</u>               |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 9. SIGNATURES AND RECEIPT                                                                                                                  |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| HEARING OFFICER: <u>SGT. T. ROBERTS</u>                                                                                                    |                                     | DATE: <u>8-18-98</u>                                                                     |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
|                                                                                                                                            |                                     | TIME: <u>10:30 AM</u>                                                                    |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
|                                                                                                                                            |                                     | INMATE: <u>Vanisi</u>                                                                    |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| (INMATE TO SIGN SHOWN ON RECORD)                                                                                                           |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| 10. DISTRIBUTION INSTRUCTIONS                                                                                                              |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| ORIGINAL - DISCIPLINARY COMMITTEE                                                                                                          |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COPY - INMATE                                                                                                                              |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |
| COPY - CHARGING EMPLOYEE                                                                                                                   |                                     |                                                                                          |                                  |                                     |                          |                          |                          |                                 |                          |                          |                          |

DDP #3018 (04/93)

NDOCIFILE00251

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AA03628

NEVADA DEPARTMENT OF PRISONS  
CODE OF PENAL DISCIPLINE  
DISCIPLINARY FORM I  
"NOTICE OF CHARGES"

1. INMATE INFORMATION (PRINT)

LAST NAME: VANISI FIRST NAME: SIAGSI  
ID#: 58497 CURRENT LOCATION: UAD10A

2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: PATRICK CONNOLLY TITLE: CORRECTIONAL OFFICER  
DATE OF INCIDENT: AUG 13, 1998 DATE CHARGES WRITTEN: AUG 13, 1998  
EVIDENCE COLLECTED: ☒ YES ☐ NO EVIDENCE HELD BY: EVIDENCE #9  
CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)  
I ☒ 1 II ☒ 1 III ☐ IV ☐ V ☐  
VI ☐ VII ☐ VIII ☐

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DOP 3018)

ON August 13, 1998 the charging officer was assigned to UNIT -12- AT NEVADA STATE PRISON. AT APPROXIMATELY 10:35AM I WAS CONDUCTING A ROUTINE CELL SEARCH ON D-10A OF INMATE TO INMATE VANISI, S #58497. THIS OFFICER FOUND ONE HARD BALL MADE FROM COMPACTED TOILET PAPER. THE BALL WAS THE SIZE OF A SOFT BALL AND EXTREMELY HARD. ON AUGUST 1, 1998 SGT. McBEAN REMOVED THE SAME SIZE BALL FROM INMATE VANISI, S #58497 AND GAVE HIM A DISCIPLINARY NOTICE TO MAKE ANOTHER ONE. THE ABOVE EVIDENCE WAS REMOVED FROM THE CELL AND PLACED IN EVIDENCE LOCKER #9.

4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

SIGNATURE OF CHARGING EMPLOYEE: [Signature]  
SIGNATURE OF SHIFT SUPERVISOR: [Signature]  
(Denotes Review/Approval of Charging Notice; Confirms Initiation of Record in NCIS)

5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)

DATE OF SERVICE: 8-18-98 TIME OF SERVICE: 10:30AM  
PRINTED NAME OF HEARING OFFICER: SGT. T. ROBERTS  
SIGNATURE OF HEARING OFFICER: [Signature]  
INMATE SIGNATURE: [Signature]  
(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)

6. DISTRIBUTION INSTRUCTIONS

ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE  
COPY - INMATE  
COPY - CHARGING EMPLOYEE

NDOCIFILE00252

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AA03629

Nevada Department of Prisons  
Mental Status Examination

Inmate Name: SPICE, VANCE NDOP # 58497  
 Clinician's Name: MASS, KONG Date: 8/30/98

| Appearance                                                                                                                               | Sight or Occur | Method or Reported |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 1. Physically unkempt, unclean<br>2. Clothing shabby, dry<br>3. Clothing soiled, unusual, bizarre<br>4. Unusual physical characteristics |                |                    |
| Comments Re Appearance:                                                                                                                  |                |                    |

| Posture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sight or Occur | Method or Reported |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 5. Stumped<br>6. Rigid, tense<br>7. Apathetic, inappropriate<br>8. Awkward, poor apprehension<br>9. Depressed, motionless<br>10. Awful, hostile<br>11. Decreased variability of expression<br>12. Exaggerated, inappropriate<br>13. Accelerated, increased speed<br>14. Decreased, slowed<br>15. Apathetic, postural, inappropriate<br>16. Flaccid, rigid<br>17. Increased, loud<br>18. Decreased, slowed<br>19. Apathetic quality, slurring, stammer<br>20. Dismembering<br>21. Submissive, overly compliant<br>22. Provocative<br>23. Suspicious<br>24. Uncooperative |                |                    |
| Comments Re Posture:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                    |

| Thoughts                                                                                                                                                                                                                    | Sight or Occur | Method or Reported |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 25. Inappropriate to thought content<br>26. Increased latency of affect<br>27. Blurred, obscure, unvarying<br>28. Euphoric, elated<br>29. Angry, hostile<br>30. Fear, anxiety, apprehension<br>31. Obsession, preoccupation |                |                    |
| Comments Re Thoughts:                                                                                                                                                                                                       |                |                    |

| Perception                                                                                                    | Sight or Occur | Method or Reported |
|---------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 32. Illusions<br>33. Auditory hallucinations<br>34. Visual hallucinations<br>35. Other type of hallucinations |                |                    |
| Comments Re Perceptions:                                                                                      |                |                    |

| Intellectual Functioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sight or Occur | Method or Reported |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 36. Impaired level of consciousness<br>37. Impaired attention span<br>38. Impaired abstract thinking<br>39. Impaired calculation ability<br>40. Impaired intelligence<br>41. Disoriented to person<br>42. Disoriented to place<br>43. Disoriented to time<br>44. Difficulty in acknowledging the presence of psychological problems<br>45. Morally blames others or circumstances for problems<br>46. Impaired ability to manage daily living activities<br>47. Inability to make reasonable life decisions<br>48. Impaired immediate recall<br>49. Impaired recent memory<br>50. Impaired remote memory<br>51. Obsessions<br>52. Compulsions<br>53. Phobias<br>54. Depersonalization, derealization<br>55. Suicidal ideation<br>56. Homicidal ideation<br>57. Delusions<br>58. Ideas of reference<br>59. Ideas of influence<br>60. Associational disturbance<br>61. Thought flow decreased, slowed<br>62. Thought flow increased |                |                    |
| Comments Re Intellectual Functioning:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                    |

| Comments Re Thinking                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WANTS AN ANATOMY TEXT SO HE CAN SOLIDLY EXPLAIN HIS NERVOUS SYSTEM LOCATION BETTER THAN HE CAN NOW. - DETERMINATION MADE - NOT A REALITY CONCERN IN THE WAY HE WAS |

DISCUSSING IT. EVEN THOUGH HE IS STILL IN A STATE MIND STATE AT PRESENT, HE STILL HAS SOME MENTAL ABERRATIONS.

NEVADA STATE PRISON  
INMATE TRANSFER FORM

INMATE NAME: Vanisi Siasosi DATE: 9-2-98  
NDOP#: 58497

~~~~~

YOU ARE BEING TRANSFERRED FROM THIS INSTITUTION AND YOUR PROPERTY IS NOW BEING INVENTORIED AND SEALED. YOUR TRANSPORTATION WILL COMMENCE WITHIN 24 HOURS AND YOU ARE NOT ALLOWED TO HAVE ANYTHING ON YOUR PERSON OTHER THAN A COPY OF YOUR INVENTORY AT THE TIME OF TRANSFER. AT THIS TIME. STAFF HAS INVENTORIED ALL OF YOUR PROPERTY. THIS DOCUMENT INDICATES THAT YOU HAVE NO UNINVENTORIED PROPERTY REMAINING. IF YOU APPEAR FOR TRANSPORTATION WITH ANY PROPERTY SUCH AS WALLETS, WATCHES, HATS, KEYS, CHAINS, OR ANY OTHER ITEMS, WE WILL ASSUME IT IS NOT YOURS AND IT WILL BE DISPOSED OF AS ITEMS OF CONTRABAND.

INMATE SIGNATURE

DATE

[Signature]
STAFF WITNESS

9-3-98
DATE

WASHOE COUNTY SHERIFF'S OFFICE

CLASSIFICATION/I.M.U. UNIT

5A

CASE MEMORANDUM

Housing assignment: 5

Date: 9-4-98

Inmate: VANISI, SIAOSI

Booking #: 14630198

Due to high profile case / history in facility
you will remain in **ADMINISTRATIVE SEGREGATION**, with a weekly review status. On this segregation you will receive:

- One hour of tier time daily
- Only hygiene items from commissary
- One 30 minute visit per month from friends or family
- One book (other than bible and dictionary) on a 1 for 1 exchange

Unless you violate any rules or regulations.

If you have any further questions please fill out an inmate request form to speak to someone in the classification section. Please make your requests specific as to what you want to speak with us about.

Dause 967

Classification/ I.M.U. Deputy

WCSO01186

NEVADA DEPARTMENT OF PRISONS
BODY RECEIPT

DATE: 9-4-98

TIME:

NDPM 68497

INMATE NO. 114051

RECEIVED BY

Any outstanding HOLDS/DETAINERS are still outstanding against this individual by:

Release Code 32. ~~Nonreturnable~~ Return to Commit.
Authority

1. Control Officer 2. I-File 3. Property Officer 4. Other Agency

DOP-1574 (4-93)

WCSO01186

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AA03633

OFFENSE FACE SHEET

VICTIM NAME: Washoe County Sheriff's Office				FIRST NAME IF CRIME AGAINST BUSINESS:			
VICTIM'S RESIDENCE/ADDRESS:				RESIDENCE PHONE:			
VICTIM'S BUSINESS ADDRESS (IF STUDENT, NAME OF SCHOOL):				BUSINESS PHONE:			
SEX	RACE	AGE	IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION CHECK (✓) APPROPRIATE BOX <input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> TAKEN HOME <input type="checkbox"/> CORONER <input type="checkbox"/> REFUSED AID <input type="checkbox"/> OTHER		SSN	DOB	
SPECIFY EXTENT OF INJURY:			OCCUPATION:		WORK HOURS:		
REPORTING PERSON LAST NAME, FIRST MIDDLE: T. Bloom			SEX	RACE	AGE	DATE OF BIRTH	
RP RESIDENCE ADDRESS:			BUSINESS ADDRESS:				
LOCATION OF OCCURRENCE: Housing Unit #5			DATE OCCURRED 09-18-98	TIME OCCURRED 1930 hours	DATE REPORTED 09-19-98	TIME REPORTED 1930 hours	
OFFENSE CODE:		TITLE: Informational		OFFENSE CODE:		TITLE:	
OFFENSE CODE:		TITLE:		OFFENSE CODE:		TITLE:	

CRIME ANALYSIS CHECK (✓) WHERE APPLICABLE

Residence <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Motel/Hotel Room <input type="checkbox"/> Duplex/Fourplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Other	Business <input type="checkbox"/> Bank <input type="checkbox"/> Bicycle Sales/Vehicle <input type="checkbox"/> Construction Site <input type="checkbox"/> Bar <input type="checkbox"/> Phone Booth <input type="checkbox"/> Casino <input type="checkbox"/> Retail Store <input type="checkbox"/> Sporting Goods/Guns <input type="checkbox"/> Manufacturing Firm <input type="checkbox"/> Drug Store <input type="checkbox"/> Coin Operated Machines <input type="checkbox"/> Longhaul Trailer <input type="checkbox"/> Supermarket <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Warehouses/Storage Unit <input type="checkbox"/> Medical Office <input type="checkbox"/> Laundromat/Cleaners <input type="checkbox"/> Box Car <input type="checkbox"/> Restaurant/Fast Foods <input type="checkbox"/> Gas Station/Garage <input type="checkbox"/> Other	Public Premises <input type="checkbox"/> Street/Highway/Alley <input type="checkbox"/> School <input type="checkbox"/> Park/Playground <input type="checkbox"/> Parking Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Church <input type="checkbox"/> Hospital <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other		
Point of Entry Window <input type="checkbox"/> Non Movable <input type="checkbox"/> Sliding <input type="checkbox"/> Crank Type <input type="checkbox"/> Double Hung <input type="checkbox"/> Louvered or <input type="checkbox"/> Wind-Wing Door <input type="checkbox"/> Single Swing <input type="checkbox"/> Double Swing <input type="checkbox"/> Siding <input type="checkbox"/> Overhead <input type="checkbox"/> Garage <input type="checkbox"/> Other Other <input type="checkbox"/> Floor <input type="checkbox"/> Roof <input type="checkbox"/> Wall <input type="checkbox"/> Already On <input type="checkbox"/> Premises <input type="checkbox"/> Unknown <input type="checkbox"/> Basement	Means of Attack <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Physical/No <input type="checkbox"/> Weapon <input type="checkbox"/> Other <input type="checkbox"/> Pry Tool <input type="checkbox"/> Screwdriver	Loc of Entry <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Roof <input type="checkbox"/> Force <input type="checkbox"/> No Force <input type="checkbox"/> Attp Force	Method of Entry <input type="checkbox"/> Unlocked/Open <input type="checkbox"/> Pried <input type="checkbox"/> Broke Glass <input type="checkbox"/> Channel Locks <input type="checkbox"/> Pass Key Slip Lock <input type="checkbox"/> Body Force <input type="checkbox"/> Cut Padlock <input type="checkbox"/> Removed <input type="checkbox"/> Explosive <input type="checkbox"/> Vehicle Force <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Alarms <input type="checkbox"/> None <input type="checkbox"/> Ringer <input type="checkbox"/> Silent <input type="checkbox"/> Silent/Ringer <input type="checkbox"/> Not Set <input type="checkbox"/> Bypassed <input type="checkbox"/> Disabled

VEHICLE - IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE, COMPLETE THE FOLLOWING BOXES

<input type="checkbox"/> AUTO <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> BOAT <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER	MAKE	MODEL	YEAR	LICENSE NO/REGISTRATION	STATE	YEAR	COLOR(S)
--	------	-------	------	-------------------------	-------	------	----------

STOLEN VEHICLE

LIST ACCESSORIES:	ODOMETER READING:	VEHICLE IDENTIFICATION NO.:
RELEASE AND WAIVER/NULL NO.		
Know all persons by these presents That, I _____ of the City of _____ County of _____ State of _____ do by these presents, for myself, my heirs, executors, administrators or assigns, release each every and all duly appointed Peace Officers of a city, county of city and county of any State of the United States of America, or of the Washoe County Sheriff's Office of the State of Nevada from any claim action, demand dues, sum of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity. I even had or now have or which I, or my heirs, executors, administrators or assigns hereafter can, shall or may have against any Peace Officers, for upon or by reason of any matter, cause, or thing whatsoever, a result of said Peace Officer or Peace Officers recovering, holding, moving, or conveying, the above described vehicle, pursuant to the stolen report which I have this day made.		

NARRATIVE: "SEE REPORT CONTINUATION"

EXTRA COPIES: ☐ Detectives ☐ DA ☐ CA ☐ P&P ☐ Social Services ☐ _____
CASE DISPOSITION: ☐ OPEN: Pending Further Investigation ☐ OPEN: Warrant Requested ☐ CLOSED: By Arrest ☒ CLOSED: For Any Other Reason:

ADDITIONAL VICTIM(S) YES <input type="checkbox"/> NO <input type="checkbox"/>	ADDITIONAL SUSPECT(S) YES <input type="checkbox"/> NO <input type="checkbox"/>	ADDITIONAL WITNESS(ES) YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, UTILIZE ADDITIONAL PERSONS SUPPLEMENT LIST
REPORT PREPARED BY: T. Bloom	COMM # #1277	APPROVED BY:	COMM # LOSS RECOVERED OR CLAIMED:

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON CRIMINAL JUSTICE AGENCIES IS PROHIBITED
RETURN REL. TO _____ DATE _____ BY _____

WCPD09113

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CONFIDENTIAL ☒

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CONTINUATION REPORT

WASHOE COUNTY
SHERIFF

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>2</u> OF <u>3</u>
CHARGE(S)/TYPE OF INCIDENT: Informational			CASE NUMBER: 6082-98	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/> Washoe County Sheriff's Office		ADDRESS, CITY, STATE, Z		
LIST SUSPECT(S) IF KNOWN				
SUBJECT 1: Vanisi, Siaoisi / #14630198 SSN: DOB:		SUBJECT 2: SSN: DOB:		

1 On 09-18-98, Deputy Buell (#1352) and I were assigned to Housing Unit 5 floor. At approximately 1900 hours
2 Inmate (I/M) Vanisi, Siaoisi #14630198 came out of his cell for tier time and started running up and down the stairs
3 inside A-wing. Moments after he began running the other inmates inside the wing, started pressing the buttons and
4 complaining about the noise that I/M Vanisi was making. Deputy Larramendy (#1543) was working in the tower
5 and he informed us that he had asked Vanisi to stop, but just continued. Deputy Buell and myself walked over to
6 the A-wing door and asked him to stop and he said, "alright" then raised his right hand in the air. A few moments
7 later Deputy Larramendy called us again and said that Vanisi was punching the wall. Deputy Buell and I could both
8 hear him hitting the wall from the M/P 1 room. Deputy Buell and I both walked back over to A-wing and asked
9 Vanisi to step out into the hallway. As he stepped out I asked him what was wrong and he just shook his head and
10 looked at the ground then began walking towards the M/P rooms. I asked him if he wanted to go to the yard for a
11 walk and some air and he said, "Yeah, maybe that's a good idea".
12 Because there was a memo sent out that Vanisi had to wear belly chains when out of the unit or in the yard we
13 placed some on him. While placing his hands into the handcuffs he appeared angry, but continued to talk us about
14 things we knew nothing about. After Vanisi was in the belly chains Deputy Buell and I started escorting him
15 towards the right side yard so I asked him how he was doing and he said, "I'm fine, I'm just talking to my self for
16 good conversation about sucking dick and jerking off". As he was walking out into the yard he said some things
17 that I could not understand and then he shut the door.
18 Approximately 20 minutes later Vanisi wanted to come back in so we opened the door and began to take the belly
19 chains off him. As we were doing this Vanisi said, "I don't know what to do, maybe you guys should shoot me in

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

REPORTING DEPUTY T. Bloom	COME # #1277	SECOND DEPUTY	COME #	APPROVING SUPERVISOR <i>[Signature]</i>	COME # 560
------------------------------	-----------------	---------------	--------	--	---------------

DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: _____ DATE: _____ BY: _____

S-10B Revised 1/96

WCPD09114

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AA03635

CONFIDENTIAL

☒☐

Y

N

CONTINUATION REPORT

TYPE OF REPORT OFFENSE <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/>		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000	PAGE <u>3</u> OF <u>3</u>
CHARGE(S)/TYPE OF INCIDENT: Informational		CASE NUMBER: 6082-98	
COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/> Washoe County Sheriff's Office	ADDRESS, CITY, STATE:		
LIST SUSPECT(S) IF KNOWN			
SUBJECT 1: Vanisi, Siasoi / # SSN: DOI		SUBJECT 2: SSN: DOB:	

20 the head next time you take me out". I asked him if he felt suicidal and he said, "No" and then wanted to know if I
21 was going to move him to suicide watch in the Infirmary. I explained to him that I thought that he needed to talk to
22 Infirmary for help and he agreed. Vanisi also went on to say that he wanted to find out about getting medicated
23 while in our custody.

24 On a further note I think that it is important to bring up the following. Since Vanisi has come back I have noticed a
25 steady decline in his attitude and demeanor. Deputy Ellis and I have both noticed a change in him. What I am
26 trying to say is there is no real major thing that Vanisi is doing bodily wise, but there is in his voice and demeanor.
27 For example when he is placed into handcuffs he does everything that we ask, but his face changes into a scowl and
28 his hand tighten into fist. Even though he dose everything we ask I can see a moment of something that makes me
29 believe that he going to do something violent. Also there has been several times that I have asked him a question
30 and it takes him a few moments to respond. When he does finally answer sometimes he has a blank look or a angry
31 expression on his face. Sometimes I think he is going to lash out verbally or physically.

32 On 09-19-98, Charge Nurse Pat Fries from the Infirmary came down to talk to I/M Vanisi because of a E-mail that I
33 had sent them on 09-18-98. I explained in my E-mail that Vanisi had made the comment that we should shoot him
34 in the head and that I thought a psychological evaluation my be in order. Charge Nurse Fries told Vanisi that she
35 would inform the Infirmary Doctor about possible medication and that she would also inform Infirmary Psychiatrist
36 about talking to him. I have nothing further to report at this time.

EXTRA COPIES TO: DETECTIVES ☐ DA ☐ CNU ☐ P&P ☐ FBI ☐ SOCIAL SERVICES ☐ OTHER ☐

REPORTING DEPUTY T. Bloom	COME # #1277	SECOND DEPUTY	COME #	APPROVING SUPERVISOR <i>[Signature]</i>	COME # 360
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

REL. TO: _____ DATE: _____ BY: _____

S-10B Revised 1/96

WCPD09115

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AA03636

QUEST FOR MENTAL HEALTH ASSESSMENT

I/M Name: VANIST, STACE Date: 9/21/98
 I/M DOB: _____ I/M Booking #: 14630198
 Current Housing Unit: HUS Name of Referring Person: Klum
 Reason for assessment: _____

AFFECT <input checked="" type="checkbox"/> Blunted <input type="checkbox"/> Reserved <input type="checkbox"/> Bored <input type="checkbox"/> Sad <input type="checkbox"/> Anxious/restless <input type="checkbox"/> Fearful <input type="checkbox"/> Panic <input type="checkbox"/> Manic <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Detached <input type="checkbox"/> Worthless <input type="checkbox"/> Hopeless? <input type="checkbox"/> Tense <input type="checkbox"/> Obsessive <input type="checkbox"/> Agitated <input checked="" type="checkbox"/> Pressured	THOUGHT PROCESSES <input type="checkbox"/> Bizarre/Illlogical <input type="checkbox"/> Suspicious/Paranoid <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Associations <input type="checkbox"/> Intrusive Thoughts <input type="checkbox"/> Delusional <input type="checkbox"/> Disoriented <input type="checkbox"/> Hallucinations <input type="checkbox"/> Magical Thinking <p><i>no alteration noted</i></p>	COGNITIVE PROBLEMS <input type="checkbox"/> Memory <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Attention Span <input type="checkbox"/> Confused <input type="checkbox"/> Impaired Judgment <input type="checkbox"/> Lacks Self-Awareness
Suicidal Ideation/Plan Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Self Injury Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pressured Speech Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Accelerated Speech Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Elevated Mood Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	RESISTIVENESS <input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Antagonistic <input type="checkbox"/> Avoidant <input type="checkbox"/> Oppositional	AGGRESSIVENESS <input type="checkbox"/> Belligerent <input type="checkbox"/> Hostile <input type="checkbox"/> Defiant <input type="checkbox"/> Intimidating <p><i>Punches walls - no reported injuries</i></p> <p><i>Punches walls for "exercise" - signals aggression.</i></p>

SUBSTANCE ABUSE PROBLEM

Alcohol: ☒
 Drugs: ☒
 Denies Use: _____

MEDICAL/PHYSICAL

Acute Illness/Condition(s) none
 Chronic Illness/Condition(s) none
 Current Medication (Name & Dose) none
 Physician's Name _____

Loss of Appetite ☒ Eating Disorder ☐ Sleep Problem ☒ *reports at times "during low periods"*

① **INTERPERSONAL FUNCTIONING** ② **DAILY LIVING/PERSONAL CARE FUNCTIONING**

Very Low Function	Low Function	Average Function	High Function	Very High Function	Very Low Function	Low Function	Average Function	High Function	Very High Function

no attention to grooming

③ **COGNITIVE/INTELLECTUAL FUNCTIONING** ④ **OVERALL LEVEL OF FUNCTIONING**

Very Low Function	Low Function	Average Function	High Function	Very High Function	Very Low Function	Low Function	Average Function	High Function	Very High Function

EDUCATION

RECOMMENDATION FOR HOUSING: ☐ General Housing Unit ☒ SHU (Unit 5) or 6 MAX ☐ Infirmary

Comments: *"In continually reports feeling extreme highs & lows - feels he is manic-depressive - affect bland & range of emotion eye contact good - speech clear & direct however does skirt the issue & requires re-direction - wanting information on manic-depression & brain chemistry - Ref to Dr Thienhaus will flu per request."*

Signature: [Signature] Title: MD Date: 9/22/98

WHITE - CLASSIFICATION YELLOW - MEDICAL **CONFIDENTIAL**

PHYSICIAN'S ORDERS

INMATE NAME: ID #: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd)
INMATE NAME: ID #: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd)
INMATE NAME: ID #: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd)
INMATE NAME: ID #: D.O.B. / / ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd)
INMATE NAME: <i>Vanisi, Siassi</i> ID #: <i>14630198</i> D.O.B.: ALLERGIES: <i>NKA</i> Use First Date <i>7/3/98</i>	DIAGNOSIS <i>D/C SW</i> <i>Transfer to MALL</i> <i>[Signature]</i> <i>Noted by Williamson on 7/3 @ 1115</i>

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Van1s1WCSO00851

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SUPPLEMENTAL INCIDENT REPORT

WASHOE COUNTY
SHERIFF



CASE NUMBER: 6472-98

TYPE OF REPORT: Supplemental - Damage to County Property		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>1</u> OF <u>2</u>	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Deputy M. Hodges #1525		LOCATION OF OCCURRENCE: Housing Unit 5 - A Wing			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	I/M Valadez, Antonio Eduardo	172980998	297230		
2	I/M Vanisi, Siasoi	14630198	309674		

On 10/23/98 at approximately 0820 hours, I was working in the Tower of Housing Unit 5. I started tier time in A, B & C Wing. At approximately 0825 hours, I/M Valadez, Antonio (#172980998) pressed the A Wing intercom button. When I asked I/M Valadez what he wanted, I/M Valadez responded by shouting into the intercom, "Let me out of this place! I want some fuckin' tier time!" I/M Valadez then kicked the door two or three times. I told I/M Valadez to go back to his cell and lock down. I/M Valadez refused to comply. I/M Valadez continued to kick the Wing door and yell. I warned I/M Valadez that if he didn't lock down, Deputies would enter the Wing and forcibly place him in his cell. I/M Valadez responded with "Come the fuck in and try!" I contacted the Deputies working on the floor, Deputy Cirling (#699) and Deputy Palmer (#1687). I informed them that I/M Valadez was refusing to lock down. Deputy Cirling contacted Station 2 on the radio and requested two escort Deputies to respond to House 5.

At approximately 0830 hours, I/M Valadez began hitting the receiver of the telephone against the body of the telephone. After approximately five hits, the telephone receiver broke. I/M Valadez continued to strike the telephone with the broken receiver. The receiver broke up into numerous pieces. I/M Valadez began to throw the broken receiver pieces around the Wing. I informed I/M Valadez numerous times that he should lock down in his cell. Every time, I/M Valadez responded by cursing at me or kicking either the Wing door or his cell door.

At approximately 0840 hours, DRT responded to Housing Unit 5. I informed them of the pieces of broken telephone that I/M Valadez had in his possession.

At approximately 0847 hours, I/M Valadez began hitting the plexiglass shield around the telephone. After a few hits, I/M Valadez broke off a piece of the plexiglass. I/M Valadez broke the plexiglass into smaller pieces. Over the next

EXTRA COPIES TO: ☒ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER _____

REPORTING DEPUTY M. Hodges <i>MH 1525</i>	COME # 1525	SECOND DEPUTY	COME #	APPROVING SUPERVISOR <i>[Signature]</i>	COME #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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AA03639

Van1s1WC8000852

CONFIDENTIAL ☒ Y ☐ N

SUPPLEMENTAL
INCIDENT REPORT

CASE NUMBER: 6472-98

TYPE OF REPORT: Supplemental - Damage to County Property		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD. RENO, NV 89512-1000		PAGE <u>2</u> OF <u>2</u>	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Deputy M. Hodges #1525		LOCATION OF OCCURRENCE: Housing Unit 5 - A Wing			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	I/M Valadez, Antonio Eduardo	172980998	297230		
2	I/M Vanisi, Siaoisi	14630198	309674		

few minutes, I/M Valadez put pieces of plexiglass under numerous cell doors, in his mouth, and in his pants. I informed DRT that I/M Valadez had broken pieces of plexiglass in his possession.

At approximately 0855 hours, DRT entered A Wing and secured I/M Valadez.

At approximately 0905 hours, I/M Valadez was removed from Housing Unit 5 and taken to Intake.

Sgt. Brown of DRT ordered a shakedown of A Wing, due to I/M Valadez throwing the plexiglass under the doors. During the search, pruno was found in I/M Vanisi, Siaoisi (#14630198). (See DRT Report)

No further.

EXTRA COPIES TO: ☒ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY M. Hodges <i>MH 1525</i>	COME # 1525	SECOND DEPUTY	COME #	APPROVING SUPERVISOR <i>[Signature]</i>	COME #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00852

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AA03640

From: SKELLY @WASHOE (Kelly, Steven)
To: ADAUSE,CSANTOR,DCOX,L. JOD,KKLUM,NHENSON,PKELLE 'STREIT,RCALDWEL,RCARNEY,
SKELLY,SMALONE
Subject: (fwd) (fwd) Vanisi Transport
Re-Sent-By: SKELLY @WASHOE (Kelly, Steven) ; on 5-Oct-98 10:46
From: GWISE @WASHOE (Wise, Geoffrey)
To: SKELLY
Subject: (fwd) Vanisi Transport
Re-Sent-By: GWISE @WASHOE (Wise, Geoffrey) ; on 5-Oct-98 10:44
Date: 28-Sep-98 23:53
From: PJONES @WASHOE (Jones, Phillip)
To: BUPTAIN,BWILLIAM,BZIRKLE,CBANKS,CSTHOMAS,DBAILEY,DBROWN,DTITTENS,EFREDRIC,
GLARRAME,GWISE,JBOWEN,JCOSSIO,JELLIS,JGASTON,JIVESON,JSMALL,KKRUSH,
LLCOOPER,MBELLO,MBROKAW,MGROSS,PJONES,PKELLER,PLONGSHO,RBOWLIN,SKULL,
TLARIVIE
Subject: Vanisi Transport *VANISI, SIAOSI #14630198*

Ellis, Uptain, Lariviere, and Myself took Vanisi for a motion today. The judge decided to order a Pysch eval for Vanisi. He was very quiet, and not himself during the trip. He spent most of the hearing, stareing at the DA even when Speccio was trying to talk to him. His behavior was different from past transports. Stay Safe,
Jones

Lieutenant Geoffrey Wise
extension 2963
pager 861-3744
gwise@smtp.co.washoe.nv.us

COPY-ORIGINAL SENT TO BOOKING

WCPD09276

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CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

WASHOE COUNTY
SHERIFF



4-A04A

CASE NUMBER: 7290-98

TYPE OF REPORT: Informational		WASHOE COUNTY SHERIFF'S OFFICE 911 PARR BLVD RENO, NV 89512-1000		PAGE 1 OF 1	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Washoe County Sheriff's Office		LOCATION OF OCCURRENCE: Housing Unit Four			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	Vanisi, Siasa	14630198	309674		
2					

On December 23, 1998 Deputy Bassi #1944 and I were assigned to Housing Unit Four, in the Tower. When Inmate Vanisi was let out on his tier time he began to run laps in the day room. After running a few laps Inmate Vanisi began to shuffle from side to side which appeared to be some kind of dance. Inmate Vanisi at one point appeared to be shadow boxing. Deputy Bassi saw Inmate Vanisi simulate kicks at waist level at the top of the stairs. Inmate Vanisi has also changed his appearance some. He went from having a full beard to just leaving patches.

This is quite a change from just a month ago. Inmate Vanisi used to just shuffle from cell to cell talking to other inmates. He was not active at all. Even when Inmate Vanisi was talking with other inmates this time he would run in place while talking. His current activity resembles that of when he was first brought into the facility and placed into HU4, then HU5. When first brought in, Inmate Vanisi would exercise vigorously in the day room. He would run, dance in the day room while whirling a broom around his body and shadow box. This change in his behavior is significant enough that it should be brought to everyone's attention. Copies will go to Classification and the Detention Response Team.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER:

REPORTING DEPUTY F. Eubanks	COMM # 550	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM #
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HOUSING UNIT PASS DOWN LOG

HU: 4 Date: 03/19/99 Shift: D/W Deputy Name: Becker #0129 / Kistner#1471

SUBJECT: Pass down

I/M Name/Bk #: N/A

I/M Name/Bk #: N/A

I/M Name/Bk #: N/A

I/M Name/Bk #: N/A

NARRATIVE:

This morning I was given pass down by Midwatch. I was told that Midwatch is going to be handling ALL razors after breakfast. None will be handed out during ANY tier times.

Additional information concerning Inmate Vanisi:

Midwatch said that Vanisi was sitting nude in his cell. Deputy Palmer noticed that Vanisi had arranged his uniform on the toilet arranged in such a manner that it appeared to be a person. When confronted about the configuration, Vanisi stated that "It" is "Casper". He told Deputy Palmer that this was for his "Amusement". Lieutenant Wise was notified of the incident. A short time later, Lieutenant Wise arrived in the unit and spoke with Vanisi about his behavior. Vanisi stated he is not going to "Hurt anyone. This morning, Vanisi did not have the toothpaste markings on his face, and he had cleaned up the commissary items from his floor. Contact Lieutenant Wise concerning any further problems with Vanisi's behavior.

Keep an eye on Vanisi's behavior, he may be plotting something. Be careful and watch your back.

Inmate PRICE, is NOT to get a razor per classification. During razor call on Midwatch, Inmate Price threatened Deputy Palmer stating he was going to "Slice" him with the razor, and also made threats to "Shoot" him. Apparently, a couple of days ago, deputies had to go in on Price because he refused to give up part of his razor. When they went in, I was told he became combative, and had to be sprayed with O.C.

Inmate MATTHEWS, has been consistently calling the tower yelling about getting his medications and coming out for tier time. The nurse DID come into the unit and administer his medications. I explained to him what he needed to do to get on the list for tier time. This seemed to calm him down for awhile. He is also VERY 10-96.

Inmate HERD, began his food loaf today. His first meal was breakfast, and apparently he accepted the meal with no incident. Later in the morning while passing medications, Herd took his medications, swallowed them, and then threw his water out of the food slot almost hitting the nurse and I with water. I shut his water off at that time.

Deputies from all three area controls went to lunch and transferred their power, but when they returned, NONE of the area controls could return power to the housing units. The power here in Housing Unit 4

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was also affected. All of the bottom doors in D-wing showed RED / GREEN. Deputy Becker and I manually keyed each door, but they did not clear. The speakers were also affected. When Deputy Eubanks attempted to communicate with ONE cell, he could hear several. Sergeant Dickson was notified of the problems, but shortly after, everything was back to normal operation, including the area controls.

Inmate FENNERS was released this afternoon.

Inmate MEYERS (D-3) has been generating approximately two or more grievances per day. These mostly have to do with medical issues.

We had the workers clean the following cells:

A-6 A-8 A-12

The workers also did a quick clean up in the main hallway.

I was told that an inmate in A-wing was treated for Scabies, but the showers and floors were not disinfected. I will have the workers bleach the floors and showers to alleviate any further grievances.

No further information at this time.


Deputy P. Kistner #1471

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CONFIDENTIAL ☐ Y ☒ N

INCIDENT REPORT

SHERIFF



CASE NUMBER: 4495-99

TYPE OF REPORT: Informational		WASHOE COUNTY SHERIFF'S OFFICE 911 PARK BLVD. RENO, NV 89512-1000		PAGE 1 OF 1	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/>		LOCATION OF OCCURRENCE:			
LIST SUBJECTS IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SEX	DOB
1	Vanisi, Sinei	14630198	309674		
2					

On 04/08/99 I was assigned to Housing Unit Four Tower. At approximately 1440 hours Mr. Vanisi was let out tier time. Approximately ten minutes later Mr. Vanisi engaged in bazaar exercise. This included rolling around on the ground, standing on his head and running into the wall.

After a brief conversation with an inmate in A-11 Mr. Vanisi stood on the top tier and pointed into the air. He started chanting.

I asked Mr. Vanisi to stop running into the wall. He said "whatever you tell me to do I'll do."

There was no further incident.

EXTRA COPIES TO: ☐ DETECTIVE ☐ I/A ☐ CMU ☐ SERVICES DIVISION ☐ OTHER: _____

REPORTING DEPUTY V.H. 2026 COMM # _____ SECOND DEPUTY _____ COMM # _____ APPROVING SUPERVISOR methins COMM # _____

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INCIDENT REPORT

WASHOE COUNTY
SHERIFF

CASE NUMBER: 4512-99

TYPE OF REPORT: Refusal to lock down		WASHOE COUNTY SHERIFF'S OFFICE 911 FARR BLVD. RENO, NV 89512-1000		PAGE 1 OF 2	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Washoe County		LOCATION OF OCCURRENCE: Housing Unit 4-A wing			
LIST SUBJECT(S) IF KNOWN					
#	SUBJECT NAME	BOOKING #	A #	SSN	DOB
1	Vanisi, Siasoi	14630198	309674		
2					

On 04-09-99 at 1550 hours, I directed I/M Vanisi to lock down from his tier time in A-wing via the overhead intercom in A-wing. At this time Vanisi had been out for tier time for a total of one hour, three minutes. Instead of locking down, Vanisi walked over to the A-wing door and stood in front of the speaker. I turned the A-wing speaker on and told Vanisi that his time was up. Vanisi then told me that he had been locked down for part of his tier time. I explained to Vanisi that the Daywatch Deputy had notated that on the tier time roster and that he had been out for over an hour now. I told Vanisi the time he started his tier time, the time he was instructed to lock down by the DW Deputy, the time he came back out and now at the current time, he had over an hour of tier time. At 1555 hours, Vanisi then told me that he could not lock down. I once again ordered Vanisi to lock down. He refused to comply and stood at the A-wing door.

Earlier while out on tier time in A-wing, Vanisi asked to be belly chained so that he could come out in the hallway to get a book. At the time, about 1535 hours, Deputy Zirkle #1484 went over to the A-wing door and told Vanisi that he could not come out right now as he was the only Deputy on the floor due to shift change. Deputy Zirkle continued to talk to Vanisi for a few minutes and then went back to the Deputies office.

At 1555 hours, I informed Deputies Zirkle and Tonetti #1574 that Vanisi was refusing to lock down. They responded to the A-wing door and spoke to Vanisi through the A-wing door. Vanisi still would not comply when asked by the Floor Deputies to lock down. I again told Vanisi to lock down via the A-wing door speaker. Vanisi then asked to see a Sergeant. He asked if Sgt. Gross was available. I told Vanisi that he was not. Vanisi asked me to guarantee that he would see a Sergeant if he locked down. I told him I could not make that guarantee but he still needed to lock down. Deputy Zirkle contacted Sgt. Cambra #126. Deputy Zirkle told Vanisi that he had notified the Sergeant. At 1600 hours, Vanisi finally complied and locked down in his cell.

EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER: _____

REPORTING DEPUTY J. Buell	COMM # 1352	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR	COMM #
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WCPD08009

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AA03646

IN THE SUPREME COURT OF THE STATE OF NEVADA

* * * * *

SIAOSI VANISI,

Appellant,

vs.

RENEE BAKER, WARDEN, and
CATHERINE CORTEZ MASTO,
ATTORNEY GENERAL FOR
THE STATE OF NEVADA,

Respondents.

No. 65774

Volume 15 of 26

Electronically Filed
Jan 14 2015 12:22 p.m.
Tracie K. Lindeman
Clerk of Supreme Court

APPELLANT'S APPENDIX

Appeal from Order Denying Petition
for Writ of Habeas Corpus (Post-Conviction)

Second Judicial District Court, Washoe County

RENE L. VALLADARES
Federal Public Defender

TIFFANI D. HURST
Assistant Federal Public Defender
Nevada State Bar No. 11027C
411 E. Bonneville, Suite 250
Las Vegas, Nevada 89101
(702) 388-6577
danielle_hurst@fd.org

Attorneys for Appellant

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26	Case Appeal Statement May 23, 2014	AA06257-AA06260
1	Exhibits to Amended Petition for Writ of Habeas Corpus (list) May 4, 2011	AA00238-AA00250

EXHIBIT

2	1. <u>State of Nevada v. Siasos Vanisi, et al.</u> , Justice Court of Reno Township No. 89.820, Criminal Complaint January 14, 1998.....	AA00251-AA00255
2	2. <u>State of Nevada v. Siasos Vanisi, et al.</u> , Justice Court of Reno Township No. 89.820, Amended Complaint February 3, 1998	AA00256-AA00260
2	3. <u>State of Nevada v. Siasos Vanisi, et al.</u> , Second Judicial Court of the State of Nevada, Washoe County, No. CR98-0516, Information February 26, 1998	AA00261-AA00269
2	4. ABA Section of Individual Rights and Responsibilities, Recommendation February 3, 1997	AA00270-AA00294
2	5. Declaration of Mark J.S. Heath, M.D., dated May 16, 2006, including attached Exhibits	AA00295-AA00420

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2	6. Birth Certificate of Siaosi Vanisi, District of Tongatapu June 26, 1970	AA00421-AA00422
2	7. Immigrant Visa and Alien Registration of Siaosi Vanisi May 1976	AA00423-AA00424
2	8. <u>Siaosi Vanisi vs. The State of Nevada</u> , Nevada Supreme Court Case No. 35249, Appeal from a Judgment of Conviction, Appellant's Opening Brief April 19, 2000	AA00425-AA00462
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2	10. <u>State of Nevada v. Siaosi Vanisi, et al.</u> , Justice Court of Reno Township No. 89.820 Amended Criminal Complaint February 3, 1998	AA00476-AA00480
2-3	11. <u>State of Nevada v. Siaosi Vanisi, et al.</u> , Washoe County Second Judicial District Court Case No. CR98-0516, Juror Instructions, Trial Phase September 27, 1999.....	AA00481-AA00520
3	12. <u>State of Nevada v. Siaosi Vanisi, et al.</u> , Washoe County Second Judicial District Court Case No. CR98-0516, Juror Instructions, Penalty Phase October 6, 1999.....	AA00521-AA00540

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3	13. Confidential Execution Manual, Procedures for Executing the Death Penalty, Nevada State Prison, Revised February 2004	AA00541-AA00584
3	14. Leonidas G. Koniaris, Teresa A. Zimmers, David A. Lubarsky, and Jonathan P. Sheldon, Inadequate Anaesthesia in Lethal Injection for Execution, Vol. 365 April 6, 2005, at http://www.thelancet.com	AA00585-AA00588
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CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada Supreme Court on the 7th day of January, 2015. Electronic Service of the foregoing Appellant's Appendix shall be made in accordance with the Master Service List as follows:

Terrence P. McCarthy
Washoe County District Attorney
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Felicia Darensbourg
An employee of the Federal Public Defender's Office

Na'e i¹³ i¹⁴ ema falekoloa mo Toa i Ha'apai
pea kole mai a Maile ke mahiki ange ki
Tongatapu o ngāne fakatata he pisinisi, pea
a tali ke ma ngāne fakatata ou hiki mai mei
Ha'apai ki Tongatapu. Pea ne ma ngāne fakatata
no maile he pisinisi a ia ko e pasi etaha,
ne'e lele e nimataxi, minimote e tolu. Pea moe
ve'e tolu e ka pasikala etaha. Na'a ma ngāne
aki a e pa'anga na'e mau la fakalele a e
kama, mo e pa'ila mo e ngerahi me'ekeke, ka
i he ta'imi o'e hiki mei Ha'apai ki Tongatapu
na'e pa'u ke mau ngāne fakatata. i he pisinisi
a e famili.

[6] Ko Luisa i he ene hiki mai ki Tongatapu
ke ako i Liahua pea muimui mai a To'e'umu,
pea ko kinautolu iiki ne nau nofo pē ia
Maile i Tongatapu. Pea ko eraun fa'e a Olotomu
kau o si mate ia he ta'imi oku nau marate
mai ki he ako.-ma'olunga. Na'a ku fakatokanga
a Luisa ko e fa'ahine anga lelei pea ko e
tokanga ki he ene ako.

[7] I he taime; nae hāu aia Luisa ki ^(p. 14) ~~the~~ Tongatapu
loto tanga ā e fakalele ē Maile ā e pisinisi.
ko e taime ia ne feohi ai ā Luisa moe
tama polisi. Pea ko e taime ia naa ne
maheni ai moe tamai ā Sitiveni. Naa ne
faa ōmi ā e paanga moe meala. Ka nae
ikai ke lea mali ia kia Luisa. Pea takape
ē Maile ki he polisi kapau he ika i ke
nali mo Luisa ke alu pē ia he te hāu
tuhū pē ē hāu tōlu ā Sitiveni. Pea ne takape
ke ōua ē hōhāa he ika i ke naa talatala
ki he polisi kae alu pē ia ōua tōkanga
mai ki he tamasi; he te hāu tuhū pē
ē hāu tōlu.

[8] Pea naa ku loto lelei faka faha mo
e fanga tuongaane ke tuhū ā e
tama. Ko ia nae palani ā e famih
ke tuhū ā Sitiveni ē Mo, moose ō chi
ā Sitiveni i hē hāu ki USA.

P.15

[9] Na'e talaange he tama polis; kia Maile ōku ne fie tauhi ā Sitiveni pea talaange ē Maile ke tukunapē he ōku nau tauhi ā e tama kae aluia pea talu ai pē ē ne mali moe fefine kehe ōka ō ki Vava'u pea ilaiha toe felongoaki mo e famili.

[10] Ko e tamai'a Leiniko Sitani Mapa Havili mei Ha'apai, Tonga. pea ko e famili mo e karinga. Ko e fa'e ā Sitani ko holu tuofefu i leeku kuitangata ā ia na'e ohi ē he ē he fanan'anga kōua ō Tevita Tafua i he ohi fakafamili pē.

[11] Ko e fa'imi na'e fefu ai ā Sitani Havili mo kuisa na'e i kai ke ilo ia ē taha. He na'e femou'elina ā Maile i he pisinisi. Na'e lolotonga ngāne ā kuisa he pepa fakaimmigration ā Sitiveni ke kau ki USA. kia Moli mo Lose. Pea na'e nofo ā

Sitiveni ihe famili i Longolongo, ~~18~~ (p. 6)
The ipe e Sitani kuo feitama a Luisa
naa ne hola lea ki Haapai. Pea ko si
Sitiveni mo Leini nae ika ike i ai e na
tamai ke tauhi kinana. Pea nae ika
ke tangi tauhi a Luisa he ko e kainga.

[12] Ihe foli a Sitani ki Haapai nae
pau ke tauhi pe e Luisa a e fanan ka
toki faimi ke omi a e ohgo tamai ki la
Moli mo lose. Ko e e hupapa faka Tonga
e foli lea a e fae ki he ene tamai ke
tauhi ene fauam! Pea nae tauhi lea
e he famili a e fanan a Luisa.

[13] Ihe folau a Luisa ki Haapai ki hee
tamai nae toe fakataha mo Sitani Havii
o faelei a Moate pea nae ngaohi a Moate
e he famili o Sitani Havii i Haapai. Ko
Sitani oku nua i Dallas, Texas.

[14] Ko ia nae o si faka papau e Moli mo lose ke
ohi a Sitiveni mo Leini Pea te na omiki USA

Pea na'e pusiaki 'a Mo'ale E hoken tuafefine
ko Felea mo honohua ko Sione Havili, 'a ia ko e
toko na tamai 'a Leini mo Mo'ale E na tamai.
ko Sitanu Havili ko Ene tamai ko Mapa Havili.
[15] Malaka 'a ka na'e ha'u mei he famili lelei
o kare pē ko e famili Tafuna. ko Ene tamai
ko kuli Vamiki ko e inisipikita Polisi. ko e
palo palema he na'e faitelike pē 'a Makafa
ia he Ene fa'ahinga to'otoga hohau 'api.
Na'e 'a lu pē o eva mo vainga hoo ihono
famili. Ka neongo na'e iho ko e tama
ta'e pa'u na'e loto kotoa pē 'a e famili
kia luisa ke mali mo Makafa.

[16] I he fa'ini, ko Ene na'ala fakalele
'a e kakano'i manu pisinisi kare fakalele
e Maile 'a e pisinisi me'alele. I he mali 'a
Makafa mo luisa na'e fakauli lea 'a
Makafa he pasi ke tokoni kia Maile.

[17] Na'e kamata lelei 'a e mali 'a luisa
mo Makafa pea faitui atu pē 'a e fakapilo
pilo 'a Makafa na'e fin 'a luisa hoo ata.

Pea ʻālu ia ʻo Sio faika mo ʻEva takai ^(P. 3) toe
liaki hono fatongia totonu. Naʻe matakopē
ʻa Makenāfa ke fongia takai mo ʻEva
mo hono kampaheʻa koe tuku pē hono
fatongia ki he famili. Pea ʻosi pē ʻi he
ngāne ʻa Maile pea toe fakāuli he pasi
he ika hān ʻa Makenāfa ʻo faʻi ʻene
ngāne.

[18] Ko e faimi kotoa pē ʻoku lānga
ʻa Luisa kia Makenāfa ki he ilaitokaga
ke faʻi hono fatongia. Pea fakatolaga pē
ʻa Maile ke tokaga naʻa liaki ia ʻi
Makenāfa he faʻa fafulu! Pea liaki ʻa
Luisa ʻi Makenāfa tēki faʻelei ʻa Sioosi.

[19] Naʻe fin pē ʻa Makenāfa ʻi Luisa
he faʻa fafulu pea ʻālu ia. Ka naʻa mau
faʻa fakatokaga kia Luisa he naʻa he
ʻosi ilo ʻa e totonu ʻa Makenāfa kimpā pa
mali mo iaʻ.

(P.9)

[20] Nāe 'ikai' ten ilo ā e feohi ā Luisa
mo Makaāfa mo hono liaki' he nā
ku hām ki USA teēki faēki ā Siasosi. Pea
'ikai' ten ilo ā e aha eha feohi
mo Enafāham

[21] Nāe 'ikai' ke tokanga'i ē Makaāfa
ā Siasosi nāe 'ikai' ke iai honofaēki.
Pea ohi ā Siasosi ē ~~Ma~~ Toeāmu ko
ia nāe teēki ke tokanga pe aha
fakafamai ā Makaāfa ia ki Siasosi.

[22] Ko Maile nāne tanhi ā e
fāham ā Luisa. Pea mo Moli mo
lose pusiaki ā e toko na. Ko e fāniti
ne nam fe tokomāki i ke tanhi ā e
fāham. Ko Moli mo Lose nāha tanhi
ā Sibi'ani mo Leini.

[23] Naā kuhuān au ki Salt Lake ^{P. 10} ~~pea~~
u hoto i kake foma mo USA pea
tobi toki he 1972 o haū mo Toa
osi ēne mālolo mei he ngāhe?
Liahona. Naē haū mo Toēumu he 1973
o hoto mo mame.

[24] Naē toto mamehi ā e fānili he
mamehi ā Mabaŋa kae liāki ā Siaoŋi
mo e faram. Pea pūŋale ā Siaoŋi ē
Toēumu pea kauhōkōni ki he faram
ā hūsa. he ē hām ūgaahi ūmaū.

[25] Naā kū monadi ā e tangi ā Siaoŋi
he haū ā Toēumu ki USA. Naē tangi
mo pipiki he ē he fāe o mām mei tomi
he ē he pipiki he ē he fāe. Naā mām o
fakaŋosi atu mei he vaka pūna kuo
mei pūna ko e fakaŋofa ā Siaoŋi
he ē he tangi i mābē vaka pūna.

[26] Koe āho ʻoe marae koe (Pitt) ʻ
fakaloloma pea ihe fakatokenga ʻe
famili ki he meā kotoa koeūna
hono fanga tokona mo tūfetai.

[27]. Neongo naʻe heʻi ā Toēmu ki
USA naʻa he āve meā pē kīa Sīaosi mo
tanhi ʻe luisa ka e toki fakataha
mo Toēmu he 1976 mo fakataha mo e
fanan kotoa ʻe luisa.

[28] Pea ihe tan mai ʻe luisa he
toe feiloabi kēva ʻe Toēmu mo

Sīaosi i San Francisco i CA. pea naʻe
heʻi ʻe luisa ʻo koto fakataha mo
kīmana. pea ko kīmanu tolu kotoa pe
te mau fakataha ʻo iʻāhe fakataha.

[29] Koe ihalei' taimi ā e
fakataha ā Siaso mo Te'eum
naē fakatōfōfōu pea ko ēhe' ilopau
pē ēhe fāe naā ne afiofi'afu
ō uma k'ai.

[30] Koe ihalei' taimi naē fēhokotalei
mo Te'eum naē i'kai ke lotō ke toe
lialei honotafalei ko ēhe ālu pē
mo faka Sio Sio pe ōlen i'fē ēhe
fāe. Nae i'fā naā toe puli' mei'
ai kōpē ko ēhe leei si'i.

[31] Naē i'kai te he i'lo ko honotokoro
ā Si'iveni pea naē i'kai ke ne tōdaga
ko e toko na si'i si'i ō Si'iveni, Kiemā
pē ēia ko e toko faka ōfēdaga ā
Te'eum.

(P.13)

[32] Naē ōfa ā Umu ia Siaso ka
hāa he fāfāpēpē pea faā
fakalaukau kihono hālei i Toa
kei si'i si'i.

[33] Naē ilai ten matakū hatai
ā Umu ā e famasi'ko Siaso
he naē i kai te he o'ngoi hāngab
ā e famasi' honotuku fuoloa i Toa.
Naē ilo foki ē Siaso ā ē he faēko
hāsa kōia hāa he fa' ā e meā kōba
pē ke tanhi pō ia ē Toeūmu. Ōku
ou hui naē fengāhe fāfātaha ā e
Siaso mo Umu i ke fengāhe fāfātaha.

[34] Siaso naē fāfāpēpē pea
i hāngab hālei i ke famam hāsa
pē i ai ā e āhatalei ā e famam
kōtoā kinte ia. Pea āhatalei ke
hōko atu ē he āko mo fa' meā lava,

(P. 14)

Na'e fiefra lahi a e fāhili hēhe
ālu ki he Misiona. Na'e fa'a e k'ai
faka fiefra a e fāhili māna moe
siasī foli. Na'e i ai a Pīsope Fīnan moe
kam memi pae o e Siasī ke faka toto lahi
ki he fonoŋa moe sītepu fofu.

[35] Na'e liliu ē e fāhili mo mā i hēhe
foli mei he Misiona i Le'ene faka fiefra
a e fiefra tokona i San Francisco. Na'e
ŋgōi ē he fāhili ke faka ēhe kala
kima tēka ālu ki he Misiona hē
toe faka liliu ŋge ki he fāhili kēan
na'e ālu ki he Misiona.

[36] I Le'ene foli mei he Misiona, Na'e
i ai a e fāhili kōna, faga fāe, mo e
faga tokona mo tūfesi. Na'e faga i
Siaosi na'e faka ēhe ŋgahala na'e
toe faka mā ŋge. He te ne tuku a e fāhili
ki lalo mo e Otua foli.

Na'e kole falamolemole ki' (P.15) ~~he~~
taha ki' he tolotaha kotoa pē. Pea
falamolemole ki' he tolotaha kotoa
pē a tala e he fa'aili; ka hoko i' he
fa'aili kehe.

[37] - Na'e falamolemole ki' LA
o nofo ki' he kolisi moe fa'aili pē
o si' e falamolemole ki' ai pē toe pē
ka nofo koe'hi koe fa'aili.

[38] Ka na'e falamolemole e Toemum
ka a'u ki' he kolisi o tolonga ki' ai
mo'umum he kaha'i. Na'e falamolemole
pē oha te ne tene'oa i' manamam
ka o'ku ne lava pē o tahi'ia
o'ka hoko he mea laia Toemum.

[39] Ki' na'e pē a'u ki' LA na'e kaima
e lusa pē fa' a'e lotu moe fala e
a'u a' si'asi ki' LA he kolisi. Pea o'osi
a'e falamolemole pē tahi' a' si'asi o'ku i' kai
ka fite a'u mei San Bruno. Ka na'e

talanga e Maile kuopan ke (P. 16)
talangafua kia Toefanu.

[40] I he hiki e Siaso nae ala ki
he kolisi teimi nouhoupe ka toe
ikan'osi. Na'e ikai ka toe i b.
ha mea o fakanaki mo Siaso talu
e he hiki. Pea ikai ten i b o e mea
nae hoko i he ~~Hele~~ o Nevada.

[41] Na'e ikai ke faka eke eke an
e he talatulaaki ko Mr. Douzand mo
e fakatonuka Manu Tu'uhobale nae
nae fuo fuo faka eke eke an o fakan
mo Siaso. Na'a ku'omi e e faka mata
ki he kam sula ke tokoni ke fakahoki.
hokunila moan mei he hopo'.

Manu Tu'uhobale
Tongan interpreter

Tevita Vimali 4/6/11

Exhibit 104

Exhibit 104

Declaration Of DeAnn Ogan

I, DeAnn Ogan, declare as follows:

1. My name is DeAnn Ogan and I currently reside in Los Angeles county, California. I am the ex-wife of Siaosi Vanisi and the mother of his sons, Forest and Moleni Vanacey.
2. I met Siaosi in Lake Havasu, Arizona while I was on vacation with a couple of my friends in 1993. I was living with my parents in Simi Valley, California at the time. Siaosi was living in Arizona at the time and in the process of moving back to Los Angeles, California. Siaosi moved to Los Angeles within a week or two of our meeting, and our relationship began.
3. Siaosi had a very charming, out going and funny personality during the initial stages of our relationship. Siaosi was a big guy and looked intimidating, but after getting to know him I felt that he was like a teddy bear. Siaosi easily made friends and he always knew someone where ever we went.
4. When Siaosi first met me he told me that Dr. Sam Beckett, from the "Quantum Leap" television series, jumped into his body and made him approach me. Siaosi told me that he picked up a lot of women by himself but I wasn't his type and he never would have talked to me on his own. Siaosi explained that Sam Beckett always jumped into peoples' lives to make them better, and Sam knew that Siaosi needed me in his life even though I wasn't the type of woman that he was usually attracted to. Siaosi was completely serious during this discussion, and looking back I should have taken it to be a sign of his mental health issues.
5. I became pregnant with our first son, Forest, within the first couple months of our relationship and my parents kicked me out of the family home. With no where else to turn, Siaosi took me in and took care of me. In those days, Siaosi was a good provider and very attentive to my needs.
6. The strangest thing that I recall about Siaosi, during the early part of our relationship, was that he had various identification cards and driver licenses. One card read George Tafuna, Perrin Vanacey was on another, Giacomo was on another ID card, and there were other names. I thought that it was cool and exciting to be around someone with various identifications because I was too young and naive, at 19 years old, to know better. I now know that Siaosi's various aliases should have been a huge warning sign for me to stay away from him. Siaosi ever explaining why he had so many identification cards.
7. When I first met Siaosi he told me that his name was "Giacomo", and that he was half-Black and half-Chinese. A few weeks after he moved to Los Angeles, I discovered that Siaosi was known by most people there as Perrin, and this is the name that I used for him from that point forward. I did not discover that Siaosi was of Tongan heritage until we had been dating for

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several months and he took me to San Bruno to meet his family around Christmas, 1993. I was pregnant with Forest at the time and he thought it was time that I meet his family. I learned about Siaosi's heritage while having dinner with his aunt, and adopted mother, Umu. When I asked Siaosi why he lied to me about his background, he just said he was Tongan and never gave me an explanation for why he created such a story. We never discussed the matter again afterwards.

8. The person who Siaosi most despised in his family was his uncle Maile Tafuna. Siaosi told me that Maile was always mean to him when he was growing up. Maile frequently yelled at and belittled Siaosi, and it seemed like he could never please his uncle. When I met Maile during Christmas 1993 he treated me very cold because he was against the idea of Siaosi being involved with a white girl. Siaosi told me that Maile was very prejudiced against white people.
9. When I disclosed to Siaosi that I was sexually abused as a child, Siaosi told me that he was too. Siaosi told me that he was sexually abused by his eldest brother, Steven, when he was a child. Siaosi never provided me with the details of the abuse, and I never pushed him to talk about it because it was a sensitive issue for him. Siaosi also told me that Steven used to beat his wife. This conversation occurred in 1993 while they were driving back to Los Angeles from San Bruno after our Christmas visit with his family.
10. Siaosi told me that he frequently slept in the same bed with his adopted mother, Umu, until he was about 16 years old. Siaosi never discussed whether, or not, there was ever any inappropriate activity between he and Umu during that time period. I found this to be very bizarre.
11. On one occasion while Siaosi and I were driving around San Bruno one day, he pointed out the 7-Eleven convenience store where his brother Tevita Siu had died. Siaosi was very nonchalant in the manner that he talked about his brother's death and he seemed like he emotionally disconnected himself from the whole experience. Siaosi never discussed his emotions while he was sober, but after having a few drinks he sometimes opened up. Siaosi spoke about the death of his brother and became very emotional on a couple occasions after having a few drinks. During these occasions, Siaosi was visibly sad, but he never cried. Siaosi spoke a lot about how close they were, the things that they did together and how much he missed his brother. Siaosi never spoke like this when he was sober.
12. Siaosi told me that his real mother had given him away to her sister, Umu, at birth because Umu had no children of her own and she needed someone to love her and take care of her when she becomes old. Siaosi was emotionally detached when he spoke about his real mom giving him away, however, he became emotional when talking about it while he was intoxicated. It seemed to me like the whole arrangement was a selfish act amongst the adults in his family because it was done for the benefit of his aunt, while Siaosi's feelings were totally left out of the equation. There didn't seem to be much thought about what was best

for Siaosi and how he might be affected by the situation. Siaosi was deeply affected by being given away as a child, but he never learned how to deal with his emotions.

13. Siaosi told me that he was once kicked in the head by a horse as a child when he and his family were still living in Tonga. Siaosi showed me a spot on his head where hair did not grow, and he told me that it was the result of being kicked by the horse. Siaosi also told me that he cut his head on a fence as a child in Tonga which left a line shaped scar.
14. Siaosi and I married one another in 1994, about a year after meeting one another and a couple months after the birth of our first child, Forest Vanacey. No one in Siaosi's family showed up for our wedding, except for his cousin from Salt Lake City, David Kinikini, who was in Los Angeles conducting his LDS mission at the time. Siaosi told me that no one showed up for the wedding because he never invited them or told them about it until after we were already married.
15. When Siaosi and I first married, we used the last name Vanisi until he unofficially changed it to Vanacey. Siaosi told me that he wanted to have his own family with his own name, and he no longer wanted to be associated with the Vanisi name because of the anger that he held towards his father for abandoning the family. Siaosi never changed the family's name officially, he just started using the name Vanacey whenever he signed documents and he told me to do the same. Siaosi also insisted that we use Vanacey for our children's last name on their birth certificates.
16. Siaosi and I were married at the LDS ward in Manhattan Beach, California and the ceremony was officiated by Bishop David Hales. I was not raised LDS but joined the church at Siaosi's request because it was important for him that our family be involved in the LDS faith. Bishop Hales provided Siaosi and I with premarital counseling and he also counseled us during our marriage when things weren't working out. Bishop Hales had a lot of influence with Siaosi and Siaosi followed whatever Bishop Hales said without any disagreement or confrontation. When I wanted to give Forest baby vitamins Siaosi argued with me and forbade me to do so until I encouraged Siaosi to ask Bishop Hales about the matter. When Bishop Hales told Siaosi that vitamins were good for children and that Forest should take them, Siaosi immediately allowed me to give Forest the vitamins. There was never a question when the Bishop told Siaosi to do something.
17. While I was pregnant with Forest, in 1994, Siaosi wanted to get his life right with God and the church in preparation for the birth of our son. Siaosi wanted to recommit his life to the church by having a meeting with Bishop Hales and confessing every bad thing that he had ever done in his entire life. This was a private one on one conversation and Siaosi never told me what he said to Bishop Hales. After hearing Siaosi out, Bishop Hales decided to excommunicate Siaosi from the church. Excommunication in the LDS church is not total banishment. An excommunicated congregant can continue attending church services, but they are banned from taking part in various ceremonies and church activities. Also, an

excommunicated congregant can eventually earn the right to rejoin the priesthood by following the instruction of the elders and completing certain requirements. Siaoosi was allowed to be present at our sons' blessing ceremonies in Los Angeles and San Bruno, but he was not allowed to lay hands on them during either ceremony. In Los Angeles, Siaoosi's cousin, David Kinikini, stepped in on Siaoosi's behalf to lay hands on Forest. I don't recall who stepped in for Siaoosi at Moleni's ceremony in San Bruno because I was not there.

18. In the beginning, Siaoosi tried to get back into the priesthood by following all of the directives of the Bishop and the elders. However, Siaoosi eventually lost interest in reestablishing his membership with the church so he stopped trying. Siaoosi and I continued attending church services every Sunday throughout our marriage, but he was not a member in good standing with the church. Siaoosi never told his family, or anyone else, about his excommunication, as far as I knew. There's a lot of shame and embarrassment associated with being excommunicated in the Mormon community, and Siaoosi did not want anyone to know. I knew that Siaoosi was sent home from his LDS mission at 19 years old after he disclosed to the church leaders that he had engaged in fornication and impregnated a girl.
19. Our marriage was plagued by financial problems and there was almost never enough money to care for all of the needs of the family. The primary part of the problem was Siaoosi's employment difficulties. Siaoosi often had low paying jobs and he was frequently unemployed. Siaoosi had dreams of being a famous movie star, but he never did any significant work in Hollywood and more often it seemed like he was chasing a pipe dream. There was a long period of time, during 1995-1996, when Siaoosi was unemployed and not actively looking for work at all. I had to work two jobs to make ends meet while Siaoosi stayed at home. To make matters worse, this time period coincided with the increasing manifestations of Siaoosi mental health issues.
20. Between 1995 and 1996, Siaoosi's different identities began to take on separate lives of their own. Each personality had it's own hair style, wig or hat, clothing, way of talking, tone of voice or accent. Siaoosi never mixed up the different character traits between personalities and their individuality remained constant. These personalities also had nothing to do with any acting roles that he was studying for or trying to obtain.
21. Siaoosi had about five or six personalities that I recall. One personality was "Sonny Brown" and Siaoosi always wore a wig when he was in this character. Siaoosi also had another personality that dressed up in a long brown wig as he stood talking to himself in front of a mirror for hours at a time. Siaoosi had another personality that was like Crocodile Dundee, wearing a similar type hat and speaking with an Australian accent. Siaoosi also had a super-hero personality where he'd dress in women's leggings, tights and a cape. Siaoosi wore this super-hero outfit outside of the house, and he always became happy when a child actually thought that he was a super hero. Siaoosi actually wore all of the costumes and outfits of his various personalities outside of our home and around the community. Needless to say, I was very disturbed by his behavior.



22. Siaosi had an imaginary friend named "Lester" but I do not recall the details of who Lester was or what his relationship with Siaosi was like. I found Siaosi's delusions to be very unsettling so I tried not to focus on them and to put them out of my mind.
23. Siaosi used to talk about going into outer space on a star-ship. Siaosi also spoke about building a laser beam. Siaosi had various books on Astronomy and he loved talking about different planets and galaxies. Siaosi saved plastic bottles during our relationship and he mentioned something about needing them to build his star-ship.
24. Siaosi seemed like he was becoming detached from reality. Besides talking to himself for hours at a time in mirrors and creating imaginary stories that had absolutely no bearing on reality, like his talk of star-ships and Lester, Siaosi also rambled when he spoke. Siaosi talked in circles about various unimportant things and no one had any idea of what he was trying to say. Siaosi's discussions were often one side and incoherent.
25. Siaosi began using sharpie markers to draw words and pictures of various things all over our bedroom walls and he hung several photographs, of himself only, all over the walls.
26. The most disturbing part of Siaosi's mentally spiraling downward was when he began shooting strange videos of our children in various situations that Siaosi created. Siaosi used to take our sons to various department stores, furniture stores and other settings and try to get them to engage in various role play situations. None of it was perverted or sexual in nature, just weird. I was very uncomfortable with Siaosi including our children in his madness and bizarre activities. This was a major part of my reasons for leaving Siaosi. It was for the sake of our children.
27. Siaosi was a very immature person. Siaosi interacted with our children on an unusually juvenile level and most of the time he seemed more like my third child than my husband.
28. When I first met Siaosi he was a clean person, he bathed twice a day and took great pride in his personal appearance. Siaosi always had his hair cut and combed nicely, he wore nice clothes, frequently cleaned his laundry and he had a nice body because he worked out. However, by 1995-1996, Siaosi began letting himself go. Siaosi stopped bathing daily, he wore dirty clothes, he stopped combing his hair and allowed it to grow out, and he gained a lot of weight. It seemed like he did not care about himself at all anymore.
29. Siaosi frequently came up with the idea to stop whatever we were doing, without notice, and travel hundreds of miles away to visit people in Northern California, Arizona and other places. It got to the point where I had to keep a packed baby bag in order to keep up with Siaosi's abrupt and erratic travel plans.

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30. Siaosi's mental state and odd behaviors all took an enormous toll on our relationship and I ended up leaving for good in early 1996 while I was still pregnant with our second son, Moleni. I left Siaosi twice before for short periods of time but I reached my breaking point during that last time and Siaosi knew that I was serious.
31. When I told Siaosi that I was leaving him and began packing my bags, he started crying, begging and pleading for me to stay with him. Siaosi then called his adopted mom, Umu, to ask her what he needed to do to make me stop packing and stay. Siaosi then tried to get me to speak with Umu on the telephone, but I refused. After I left Siaosi, he called various members of our church and he asked them to talk me into returning to him but I refused.
32. Even though Siaosi and I were separated, we continued to do things together as a family at times for the benefit of our two sons. This is the reason why I accompanied Siaosi to the wedding of his sister, Sela, in the fall of 1997.
33. Siaosi stayed out all night on the evening before Sela's wedding and he did not return home until the sun was up. Siaosi told me that he was out with Sela's husband, Edgar, and that they partied in a parking lot all night long. I have no recollection of seeing Siaosi sleeping during the entire three to four day trip to San Bruno. Siaosi was heavily using Fen-Phen diet pills during this time and this medication did give him sleep deprivation problems.
34. One of the biggest problems in mine and Siaosi's relationship was his compulsive lying, and this was also one of the main reasons why I left him. Siaosi lied all of the time and often for no reason at all. Siaosi also lied about things which were easily discoverable. The three major topics that Siaosi lied about the most were his identity, his college attendance and his work in the Hollywood film industry.
35. Siaosi lied to his family about attending college in Los Angeles and Phoenix, Arizona and his family believed his story. It was important for Siaosi that his family believe that he was doing well and was a success in life. Siaosi seemed like he never wanted to disappoint his family and the high expectations that they had for him. Siaosi also did not want his adopted mother, Umu, to stop sending him money. Besides myself, Umu was Siaosi's only source of income whenever he was unemployed, which was most of the time.
36. Siaosi constantly made up stories about playing roles in various film projects, but no one ever saw any of the movies he claimed to have acted in. Siaosi was also not able to tell anyone the film titles. Siaosi spoke about knowing various people in the film industry and that he would sometimes get roles without having to audition. Siaosi told me that he worked closely with Roger Korman, a famous film producer. Siaosi told me that he used to date the actress Molly Ringwald when we first started dating, but he later admitted that it was a lie.
37. Siaosi never had a resume or a collection of videos clips to show his work record in

Hollywood, but he did have a few head-shot photographs of himself that a friend of his took for him while he was living in Arizona. Siasoi mainly did work as a Grip, or a wire person, on a few sets. Siasoi's work as a grip was all unpaid intern work, as far as he told me. Siasoi hoped that it could possibly open doors on his acting career, but it never happened.

38. I only know of two small acting roles that Siasoi actually did. Siasoi was once an extra on the set of a soft-core pornography movie set which was shot for cable television. The other job was a starring role in a Miller Light beer commercial, where Siasoi played a cheer leader and he twirled a baton on his toes. I saw the commercial a few times during major television slots, but it did not air for a long period of time. The Miller beer commercial was the biggest role of Siasoi's short-lived career and he was paid a couple thousand dollars, which was the most money that he's ever made in Hollywood. Instead of spending the money on the necessities of the family, Siasoi went to Las Vegas with his friends and spent it all in Strip Clubs.
39. At some point during the mid-late 1990's, Siasoi claims that he took a trip to China for a film shoot. This occurred sometime after I left him in early 1996. Siasoi never told me the name of the picture and he did not provide me with a description of his part in the movie. Siasoi was gone for a week or two but he never sent me a post card or a letter while he was away. Siasoi also never showed me any photographs depicting his time in China, and this is something that he always did when he was on a trip. The only thing that Siasoi brought back was a Chinese blanket that he gave me as a gift, and a box of Fen-Phen diet pill. Siasoi was heavily using this diet drug at the time, and he said that he was able to purchase as much as he wanted in China. My mother never believed that Siasoi ever went to China and she was always convinced that he made up the story. I have no idea where Siasoi might have disappeared to during the time when he was supposed to be in China.
40. Overall, Siasoi never lied for personal gain or to take advantage of other people. Siasoi's lies were all based on his low self-esteem and his desire for others to believe that he was doing better than he actually was. Although Siasoi suffered from a poor self-image it was difficult to see this because he always put up a false facade of success, happiness and confidence. Anyone looking in from the outside usually believed that Siasoi was doing a lot better than he actually was. Siasoi always hid his failures, never wanted to let anyone down, never discussed his emotions and he never wanted anyone to think that he was weak or vulnerable in any regard.
41. Siasoi began taking Fen-Phen around 1994 or 1995, while we were still together. Siasoi was also seeing a weight loss doctor at a Weight Loss Center in Manhattan beach. Siasoi's visits to the weight loss doctor were expensive for our meager budget because Siasoi had to pay seventy to eighty dollars a visit. Siasoi's main motivation for using the drug was to lose weight to improve his chances of getting work in Hollywood.
42. When Siasoi began taking Fen-Phen, I started taking some of his pills as well because I

wanted to lose a few pounds. However, I had to stop taking the pills after a while because I did not like the side effects that I was experiencing. Fen-Phen made me feel agitated and edgy all of the time, and it kept me up at night when I wanted to sleep. Siasosi experienced the same side effects but it did not stop him from continuing to take the medication.

43. Herbert Duzant of the Federal Public Defender office was the first person to speak with me since the time of Siasosi's trial. I was never contacted by his state post-conviction attorney.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 11 2011 in Los Angeles county, California.


DeAnn Ogan

Exhibit 105

Exhibit 105

Declaration Of Greg Garner

I, Greg Garner, declare as follows:

1. My name is Greg Garner, I am 39 years old and I currently reside in Los Angeles county. I am a former friend and roommate of Siaosi Vanisi and I have known him for almost twenty years.
2. I'm originally from South Carolina but I moved to Los Angeles, California in 1993. I met Siaosi at the Olive Garden restaurant in Manhattan Beach, California where we both waited tables. My earliest impressions of Siaosi was that he was a fun loving and happy person. Siaosi enjoyed joking around and making people laugh. The waiters and I sometimes played tricks on Siaosi like the time when we told him that we were going to teach him how to fold a flag. We told Siaosi to wait for us outside, but we never went out. We all laughed at how long Siaosi stayed outside waiting for us. Anyone else would have gone back inside.
3. Siaosi was never a drug abuser, as far as I knew. Siaosi never smoked marijuana or abused hard narcotics in my presence. Siaosi drank alcohol at times, but never until the point where he was intoxicated. I didn't think that there was any way that Siaosi could have been affected by the small amount of alcohol that he drank because of his heavy body weight.
4. In 1993, Siaosi, his LDS friend Robert Kurtz and I decided to take a road trip to Lake Havasu, Arizona for a couple days and we drove there in my Bronco SUV. I don't recall the time of year that is was, but we left on a Thursday. I was drinking so much alcohol that I could no longer operate the vehicle, so I allowed Siaosi to take over driving. I was the only one drinking at the time. While Siaosi was driving, the car broke down in Blyth, California and we had to walk to the nearest gas station for assistance. While we were all at the gas station, Siaosi struck up a conversation with an older Latino or Native American looking gentleman who said his name was "Wolfchief." After speaking with Siaosi and learning that our car was disabled, Wolfchief offered to take the three of us to Lake Havasu for the weekend and we accepted his offer. Wolfchief stayed with the three of us and drove us around for about three or four days. During the evenings, we slept outside by camp fires and without any tents. The only thing that Wolfchief asked in return from us was that we buy him a bottle of Rum.
5. We all went into town one day during the trip and the three of us gave Wolfchief money to purchase clothes. Wolfchief went into a store and came out with new clothes, but he still had the money we gave him in his hands. Wolfchief admitted that he stole the clothes, but said he was still going to keep the money.
6. One evening when we were driving around the countryside, Siaosi asked Wolfchief how he protected himself while driving around these lonely roads by himself. That was when Wolfchief pulled out a hatchet from the side of his seat and raised it above his head like he

was about to strike one of us. Wolfchief then said that this was how he protected himself. Robert Kurtz and I were completely freaked out when we saw Wolfchief wielding the axe and I became fearful for my personal safety for the first time during the trip. I became so concerned that we might be driving around with a psychopathic ax murderer that I called my mother at the next stop we made, and I gave her Wolfchief's name, description and license plate number. My mother was extremely concerned for my safety, so she diligently took the information. I was also concerned because Wolfchief told us that he was recently released from prison after a long sentence for a murder conviction.

7. The weirdest thing about this situation is that Siaosi was the only one who wasn't disturbed by Wolfchief's hatchet, and Siaosi was the one who was sitting in the front passenger seat with him at the time. Siaosi actually thought that it was cool and he was laughing as Wolfchief was holding the hatchet above Siaosi's head. I never saw Siaosi in possession of a hatchet before the time of this trip, and I believe that Wolfchief is the one who gave Siaosi the idea of getting a hatchet.
8. Wolfchief drove me and Robert Kurtz back to Los Angeles, but Siaosi got out of the car while we were still in Lake Havasu and hitch hiked to Phoenix, Arizona to visit some friends. Siaosi had a couple drinks during our time in Lake Havasu but he was never drunk or intoxicated.
9. Siaosi had a strong Mormon faith and he really believed in taking care of his friends. This is why Siaosi invited me to live with him in 1993. Siaosi knew that I was struggling financially and that I didn't have a place to stay at the time. Siaosi enjoyed sharing everything that he had with his friends, and he told me that fifty percent of everything in his home was mine.
10. Siaosi frequently tried to get me to join the LDS church. I attended church with Siaosi on a few occasions but I told Siaosi that the Mormon lifestyle wasn't for me. Siaosi was a devout Mormon and he went to church every Sunday throughout the time that I was around him. After about six to eight months, I moved to Boston.
11. I came back to Los Angeles in 1995, and moved back in with Siaosi shortly after I returned. DeAnn and Siaosi were still married and living together at this time. Siaosi's cousin, Mike Finau, was also living in the apartment as well. Siaosi, DeAnn and their kids, Mike and I all stayed at the 1913 Dufour Avenue residence at that time. I remained with Siaosi and his family for a little less than a year before leaving their apartment to move in with my girlfriend in Long Beach.
12. During the year that I lived with Siaosi, from 1995 to 1996, I had the opportunity to observe Siaosi's bizarre behavior patterns firsthand. I returned home one evening with my friend, Tim Williams, and we found Siaosi video taping himself sobbing and crying in the living room. Siaosi was in the room by himself and he had placed green gels over the living room

lights. As Siaosi was crying, he was saying "Stop...", "No daddy." Siaosi was talking like he was a child being abused. When Tim and I walked into the room Siaosi never stopped to acknowledge our presence, even though we were standing right in front of him. We looked at Siaosi for a couple minutes and then left the room without interrupting or saying anything to him. The whole thing was so weird that I didn't know what to say. Siaosi was not studying for any movie roles at the time. Siaosi took many videos and pictures of himself on different occasions while he was acting strange.

13. In 1995, Siaosi began collecting large amounts of empty two liter plastic bottles. Siaosi had hundreds of these bottles piled-up in the corner of his living room just to the right of the front entrance. When I asked Siaosi what he was doing with the bottles, he told me that he needed the bottles for the spaceship that he was building. Siaosi explained that he was going to use the empty bottles to help with reentry into the atmosphere and landing the spacecraft. The bottles were to serve as protective cushioning and insulation. Siaosi had a serious expression on his face during this conversation and he did not smile or laugh at all. Siaosi also maintained this idea for a long period of time.
14. Siaosi began writing strange things and placing stickers all over the walls in his bedroom. The writings very mostly weird symbols and Tongan words, and I never asked Siaosi what any of it meant. Siaosi also placed various stickers all over the wall in distinct rows and patterns. Everything was arranged in a certain order that made sense to only Siaosi.
15. Siaosi often acted like a juvenile, and he was very immature for his age. Siaosi had a mentality that was similar to his children, and it seemed at times like his wife, DeAnn, was his mother because she was much more responsible than he was. When Siaosi played with his children he interacted with them like he was their peer. Siaosi spoke like a child, laughed like a child and engaged in childish activities like building and hiding in forts around the house that he made from mattresses, chairs and other things that he found around the apartment. Siaosi allowed his kids to stay up late and he often played with them as late as midnight. Siaosi ate cake and other junk foods as meals with his kids all the time. Siaosi gave his kids so much junk food that they eventually did not like it as much and preferred real food.
16. Besides the empty plastic bottles, Siaosi collected and hoarded various odd items that most people would call junk or garbage. Siaosi collected discarded equipment that he'd find around film sets like light gels, broken microphones, microphone stands, extension cords, wires, and other random items. Siaosi also collected about three dozen bizarre hats. Siaosi had a large Chinese hat, a construction hat with a question mark on it, a Mexican sombrero, cowboy hats, a Bee keeper hat, jungle hat, a welder's hat, a Crocodile Dundee hat, and several others. Siaosi had at least a dozen wigs that he wore. The wigs were long haired, short hair, a large Afro, dread locks, and colorful clown wigs. Siaosi wore all of these hats and wigs out in public in various places. People often looked puzzled or disturbed by Siaosi's appearance but he seemed like he was oblivious to the reactions of others around

him. It was like he was in a world by himself.

17. Siaoosi went by various names and personalities throughout the time that I knew him. Siaoosi used the names Perrin, George, Giacomo, Sonny Brown, Rocky and others. Each one of his personalities had their own distinct individual characteristics, speech patterns, behavior pattern, background stories, and way of dressing. Siaoosi never crossed these characteristics between his personalities, they were always maintained separately.
18. Generally speaking, Perrin was the name that Siaoosi used when he was at home and around friends in Los Angeles. Siaoosi was Giacomo around the beach and certain neighborhood friends.
19. Rocky and Sonny Brown were the crazier and more eccentric personalities. They had erratic behavior patterns and were unpredictable. They both exhibited severe and sudden moods swings, and if they were upset about something they both displayed blank and empty facial expressions that caused people to fear for their safety. As time went on, Sonny Brown and Rocky increasingly became the more dominant personalities in Siaoosi's mind and his behavior grew more bizarre.
20. Siaoosi also had a super hero personality that he called "Super Rocky". When he was Super Rocky, Siaoosi dressed in tights, women's leggings, a thick rope for a belt and a cape. Siaoosi frequently went out into the community and walked around the neighborhood in this outfit.
21. At first, everyone was amused by Siaoosi's bizarre behaviors because it was entertaining. Siaoosi was the butt of many jokes amongst our friends. However, as his strange behaviors persisted and grew more disturbing it became obvious to me that Siaoosi was losing his mind and it was no longer funny to anyone. His behaviors were totally unexplained and unpredictable.
22. Siaoosi began taking the diet drug, Fen-Phen, in 1995 around the time that coincided with the start of his more bizarre behaviors. Siaoosi did not sleep a lot when I lived with him, and Mike Finau told me that Siaoosi was staying up for days at a time around 1997, after I moved out. Siaoosi was taking some much Fen-Phen at that point that it was keeping him awake.
23. Starting around 1995, Siaoosi began carrying a large stick around with him where ever he went. The stick was about seven feet long and six inches thick. Siaoosi never harmed anyone with it but a lot of people around the community were afraid of him because they thought he was crazy and they didn't know what he was capable of doing.
24. During a Halloween party, in 1996 or 1997, at the apartment of our friend Terry Williams, Siaoosi brought a real machete to the party and many people became uncomfortable. The situation became more disturbing when he went out into the building's courtyard and began chopping down a tree. When Terry asked Siaoosi what he was doing, Siaoosi said "I'm

chopping down the tree of life." No one at the party had any idea what Siaosi was talking about, but everyone left him alone and stayed clear of him.

25. Around 1996 or 1997, Siaosi purchased a hatchet. I don't know why Siaosi bought it but I figured that it had something to do with Wolfchief, from the Lake Havasu trip, because it was the same type of hatchet. Siaosi was going to take the hatchet on an airplane trip one time until I convinced him that he'd never get through security with such an item. Siaosi didn't explain why he was carrying around any weapons. I never saw or heard of Siaosi ever hurting anyone with any of his weapons.
26. When Siaosi talked about his acting career he made it sound like he was getting work and doing good in the industry. Siaosi mentioned that he was liked by various film producers, he often got roles without having to audition for them, and that he was sometimes sent out of town for work.
27. I only saw Siaosi in two acting projects. The first was in 1993 when I saw a film clip of a scene from a dinosaur movie where Siaosi was a background extra. Siaosi was not a main character and he had no speaking role. The second project was a Miller Beer television commercial in 1995 or 1996, and I saw it on television a couple times.
28. Around 1996, Siaosi told me that Francis Ford Coppola personally flew him out to China to play a part in a movie that he was shooting. Siaosi claimed that he didn't have to audition for the role because Coppola was already familiar with his work. I never saw a plane ticket nor any pictures or videos of Siaosi's time in China. Siaosi always took pictures and videos of the things that he did, so I found it strange that Siaosi didn't do these things on such a trip. Siaosi never told me the name of the film, he never described his role and I never saw the movie.
29. When Siaosi came back from his alleged trip to China, he had Chinese hats and other wares that could be easily purchased on the streets of Little China. Siaosi also had a hotel travel kit and he was gone for about a week. I never knew whether Siaosi really went on this trip because it took place at the height of the time when his bizarre behaviors were occurring.
30. Siaosi's mental health began deteriorating and he began losing control of his life by 1996-1997, and there was a noticeable change in his general personality. Siaosi went from being a warm dedicated father and husband who was inseparable from his family, to being distant and cold. Although he never mistreated his family, Siaosi began isolating himself and showing them no attention or affection.
31. Siaosi went from being a clean and well kept person, to being dirty and unkept. Siaosi stopped bathing and cleaning his laundry regularly, and frequently wore dirty clothes. Siaosi stopped shaving, cutting and combing his hair, and allowed his head and facial hairs to grow out wildly. Siaosi's overall hygiene fell apart.

32. Siaosi began speaking in tongues and other meaningless gibberish. Siaosi frequently rambled about biblical topics and the teachings of prophet Joseph Smith, in ways that made no sense. Siaosi often spoke in circles and it was impossible to follow or understand his point. During these incoherent conversations, Siaosi sometimes stuck out his tongue and began doing the Tongan warrior dance for no reason.
33. Siaosi had an imaginary friend, a god whom he called "Lester," that he often spoke to. Siaosi told me that Lester was a more powerful being than Jesus and the devil because Lester controlled the entire universe, whereas Jesus and the devil only had power here on the earth. Lester also had something to do with Siaosi's other delusion in regards to building a space craft to leave the earth. Siaosi was leaving earth to meet Lester in another galaxy.
34. As a result of his mental issues, people around Siaosi often encouraged him to tell them all of the details about his various delusions so they could all have a laugh at his expense. Siaosi was serious when he talked about his delusions, even when everyone around him laughed at him. Siaosi didn't seem to realize that he was being made fun of, and this angered me. It was like they were making fun of a handicapped person and I often had to tell everyone to leave Siaosi alone. I never encouraged Siaosi to talk about his delusions because it was disturbing and painful for me to see what was happening to him.
35. Siaosi had some problems with police officers around Los Angeles, and the officers were Caucasian. Siaosi was often profiled because he was a large, brown Polynesian man who looked threatening and the police treated him harshly and with a lot of suspicion.
36. In 1996, I was out driving around Beverly Hills one evening with Siaosi and our late friend, Joel Johnson. We were all taking in the sights, joking around with the prostitutes and other people we saw walking the streets and having a good time. At some point we turned off the main road and drove into a residential community to find a secluded place to urinate. After we finished and were about to reenter the car, a police squad car pulled up and the officers started questioning us. The cops wanted to know what we were doing in that neighborhood so late. Joel and I were calm and responded respectfully as we answered the officers' questions. The situation seemed under control until Siaosi became belligerent and told the cops that he wasn't going to tell them anything. This is when I started speaking over Siaosi and explained to the officers that we were just urinating and meant no harm. The officers ended up letting us go with only a warning and we were grateful because Siaosi could have made the situation much worse.
37. In 1997, I was hanging out at the Castle Bar in Manhattan Beach one evening, with Siaosi, and our late friend, Joel Johnson, when someone in the bar got into an altercation with Joel. Siaosi was very protective of his friends so he came to Joel's assistance and a fight broke out. Siaosi beat the guy along with three or four of his friends, and then the three of us left the bar together. Shortly after we pulled off, we were stopped by the police. Joel and I complied

with the officers' orders to get out of the car, but Siasosi refused to move. Siasosi stayed in his seat with his seatbelt on and the window rolled up. The officers broke the window next to Siasosi's seat and began beating him and spraying him in the face with mace. However, the mace had zero effect on Siasosi and he showed no signs of being bothered by it at all. Siasosi never defended himself or retaliated against the police throughout the incident. He just sat there taking the beating and mace to his face without moving. The officers then cut Siasosi's seatbelt off and it took about four of them to drag him out through the broken window. Siasosi was charged with resisting arrest.

38. The only person from the Washoe county public defender's office who met with me in person was an older gentleman who was an investigator. The interview was short, the investigator seemed like he was just going through the motions and he wasn't very interested in anything that I had to say. I also had a brief telephone conversation with a male attorney from the same office, and I believe his name was Specchio. My conversation with Specchio was similar to my conversation with the investigator because he didn't seem interested in what I said either and the discussion was brief.
39. Herbert Duzant of the Federal Public Defender office was the first person to discuss Siasosi's case with me since the time of my contact with the Washoe County public defender's office. I would have told Siasosi's trial attorneys everything that I have stated here in this declaration had I been asked. I also would have been willing to testify on Siasosi's behalf if necessary.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 10 2011 in Los Angeles County, California.



Greg Garner

Exhibit 106

Exhibit 106

Kirtz *AK*
Declaration Of Robert ~~Kurtz~~

Kirtz
I, Robert ~~Kurtz~~, declare as follows: *AK*

1. My name is Robert ~~Kurtz~~, I am ~~40~~ *50* years old and I currently reside in Los Angeles county. I am a former friend of Siaosi Vanisi and we first met one another twenty years ago.
2. I met Siaosi in 1991 at an LDS church dance for young adults. Siaosi was a very nice and sociable person and fun to be around. Siaosi and I became friends almost instantly and we spent a lot of time together from that point forward. Siaosi and I attended the same LDS ward in Manhattan Beach, California, and we both frequented many church events in the community. My other friends, David Goodman and Rand Putnam, also spent a lot of time around Siaosi as well.
3. When I first met Siaosi he introduced himself as George. As time went on, I observed Siaosi tell other people that his name was Perrin, Giacomo, Rocky and others names. I don't recall Siaosi ever explaining why he used various names.
4. Siaosi told me that he was born in Tonga but moved to northern California when he was a boy. Siaosi also mentioned that his family were business owners when they were in Tonga, and that they owned a Meat Market.
5. Siaosi told me about some of the dysfunction within his family. Siaosi said that his mother was a prostitute and that she gave him away at birth so that another relative could raise him. Siaosi said he had a difficult childhood, and that he had a very mean uncle who was always on his back. Siaosi said he left northern California, in part, to get away from this uncle.
6. In 1992, Siaosi left Los Angeles and moved to Arizona. Siaosi told me that he was going to attend college and play college football out there. However, things did not work out with school and Siaosi ended up getting a girl pregnant before he returned to Los Angeles within a year.
7. When Siaosi returned to Los Angeles he began dating DeAnn and then she became pregnant with their first son, Forest, within the first few months of their relationship. After Forest's birth, Siaosi and DeAnn were married at the Manhattan Beach LDS ward.
8. Life was a financial struggle for Siaosi and DeAnn, because he had to work hard to make ends meet. Siaosi tried his best to be a good father to his children and a good husband to his new bride. Siaosi worked restaurant jobs and he was also a bouncer at a nightclub.
9. My wife, Lynn, helped DeAnn get a job at her place of employment, the Quality Care Pharmaceutical company. DeAnn had no transportation, so Lynn drove DeAnn to work each

morning and back home each afternoon after work. This situation worked out fine until Siasosi's friend Greg and I had a falling out over a gasket that I repaired on his car. Siasosi and DeAnn sided with Greg, and DeAnn quit her job at Lynn's company even though they depended on DeAnn's income. Siasosi and DeAnn fell on hard times afterwards and they both had trouble maintaining jobs.

10. Siasosi had a job working as a waiter for Eddie's Diner, which is now closed, and Olive Garden, in Manhattan Beach. Siasosi was also a bouncer at a local club but he quit one night after hitting a male patron in the mouth during a dispute. Siasosi needed the money but quit anyway, even though it wasn't certain that he would lose his job over the incident.
11. Siasosi became so desperate for money that he sought financial assistance from the Manhattan Beach LDS ward. The church provided Siasosi with some financial support, but it was not enough to help Siasosi make ends meet. This is when Siasosi started working for his elderly female neighbor, Cynthia, who lived next to him at the Dufour Avenue apartment.
12. In the beginning, Cynthia hired Siasosi to drive her around to different places and she allowed him to use her car at times. As time went on, Siasosi began receiving money from Cynthia in return for sexual favors. Cynthia was a heavyset and elderly woman who was an alcoholic. Cynthia also suffered from poor health and she was in pretty bad shape physically. Siasosi was disgusted with himself for stooping to such a low level to earn money, but he couldn't stop because he needed the money.
13. I accompanied Siasosi and Greg Garner on a trip to Lake Havasu in 1993, when we met a gentleman who called himself "Wolfchief" at a gas station after our car broke down. We were driving in Greg's Bronco SUV, ~~the same one with the gasket issue that I fixed.~~ PAK Wolfchief agreed to take us to Lake Havasu and we were all together for a few days. I recall that Wolfchief pulled out a hatchet, at some point during the trip, and raised it over his head after Siasosi asked him how he protected himself on the roads. Both Greg and I became terrified, as we sat in the back seat. Siasosi thought that it was great, he acted nonchalant and was laughing as he sat in the front passenger seat with Wolfchief holding the hatchet over his head. I thought we were all going to die but Siasosi was amused.
14. I believe that Siasosi's experience with Wolfchief could have been where he got the idea to arm himself with a hatchet. Siasosi ended up purchasing a hatchet of his own in Los Angeles sometime after our weekend with Wolfchief.
15. Siasosi frequently complained about being stopped by the police in Los Angeles and he told me that he had always had problems with the police, even when he lived in northern California and other places. I heard that the police once stopped Siasosi while he was driving a Volkswagen van and they told him to exit the car but he refused. The cops then began beating Siasosi as he sat in the driver's seat. Siasosi never hit any of the officers back, he just sat there holding the steering wheel with both hands and hanging on. The police arrested him



and released him on the same day because he wasn't stopped for a major infraction and he didn't assault the officers. It was a situation that could have been avoided if Siaosi simply complied with the officers' directives.

16. I had absolutely no idea that Siaosi had been excommunicated from the LDS church in 1994. Excommunicated LDS members are still allowed to continue coming to Sunday worship services even though they are no longer official members of the church. However, excommunicated members are not allowed to take part in various church ceremonies and activities, such as laying hands on their children during the blessing ceremony.
17. Most excommunicated members are given a path back to rejoining the priesthood after completing whatever requirements that are set forth by the bishops and church elders. However, there are a couple sins that requires the excommunication to be permanent. One such sin is murder, and the other is denying the existence of God.
18. Excommunication is a tremendously big deal for someone in the church and ostracization often follows if the news gets out. This is why it is a very secretive process, especially when the member is given a path to regain membership within the priesthood. A member may be excommunicated and no one in the church will ever find out about it, besides the elders and the bishops. Most congregants might not suspect that a member has been excommunicated simply because he or she is not wearing their garments to the temple, because many contemporary Mormons go to church without their garments.
19. Amongst all of the other pressures in Siaosi's life, during the mid-1990's, his excommunication was probably one of the most major issues amongst the other circumstances. The LDS church was always such a central part of Siaosi's life that he had to be affected by having his membership taken away.
20. Throughout the mid-1990's, I could tell that Siaosi suffered from some form of mental disturbances, and this is when I began distancing myself from Siaosi.
21. Siaosi had at least five different personalities and they each had their own individual names and characteristics. I first noticed Siaosi's multiple personality issues around 1995, but I don't recall the specific details of each of his identities.
22. Siaosi suffered from unexplained sudden bursts of anger and severe mood swings. My wife, Lynn, and I once drove from Los Angeles up to Kern River with Siaosi and DeAnn for a weekend getaway. Siaosi and DeAnn drove in their car, and we were in ours. Siaosi was very friendly and nice while we were driving up to the lake. When we stopped along the way, Siaosi was his normal pleasant self. However, as soon as we all reached our destination, Siaosi underwent a sudden, unexplained and extreme shift in his mood. All of a sudden, Siaosi began treating my wife and I like we were his mortal enemies. Siaosi began speaking to both of us in a very nasty manner, and when we tried to share the food that we



all brought to eat, Siaosi told us not to touch his food and that we should just eat our own. Siaosi acted like he was someone else and not the person we knew and loved. Siaosi seemed almost like he had been possessed by an evil spirit. Siaosi's facial expression and whole demeanor had changed to the point that he visibly looked like someone else. My wife and I were so disturbed that we decided to turn around and drove back to Los Angeles and we left Siaosi and DeAnn.

23. Siaosi engaged in delusional conversations at times. I once overheard Siaosi talking about how to make a laser gun, as well as some other crazy things.
24. Siaosi used to walk around bundled up in heavy coats and hats in the middle of summers in Los Angeles. Siaosi didn't like his feet to be covered so he cut the toes out on all of his shoes instead of just buying sandals.
25. Siaosi wanted nothing more than to have a successful marriage and to be a good father, and this is a major reason why Siaosi began to deteriorate mentally after DeAnn left him and took their children in 1996. Things became even worse for Siaosi when DeAnn did not allow him to see his children. Siaosi entered a deep state of depression and became withdrawn. He began spending a lot more time by himself and he was not the same jolly fellow that he had always been. Siaosi spoke very negatively about his life's circumstances and complained about not being able to find a job to take care of himself, because DeAnn was the only breadwinner in their home at the time that she left. Siaosi told me that not even McDonald's wanted to hire him.
26. Siaosi was very frustrated with his life by 1996 and he frequently complained about all of his circumstances. Siaosi complained about having sex in exchange for money with a sickly elderly woman. He spoke about how he failed his family and the LDS church. He complained about cops constantly harassing him. Siaosi seemed hopeless because he saw no way out of his situation. I'm convinced that Siaosi cracked under the pressures and his mental state deteriorated.
27. In 1996, Siaosi was involved in a car accident around Rosecrans Avenue and Sepulveda Blvd, not long after DeAnn left him. I was not present at the time, so I don't know the extent of Siaosi's injuries or which hospital he was taken to.
28. One day when my wife, Lynn, went to Siaosi's apartment by herself, at some point in late 1996, he told her that I was in a horrible accident and that he didn't know if I was going to survive. Lynn started crying and became hysterical. Lynn then called my mother and began telling her what Siaosi told her. My mother then became panicked and upset when all of a sudden Siaosi started laughing. When Lynn asked Siaosi why he was laughing he told her that he made up the entire story. This is when my wife first realized that he was out of his mind and she didn't want me spending time around him. I stopped hanging around Siaosi in large part because Lynn gave me an ultimatum. Lynn told me to either stop spending time



with him or she'd leave me. My parents also thought that it was best that I stay away from Siaoisi as well. My parents always thought that Siaoisi was crazy and they never trusted him. Whenever Siaoisi came to my parents' house for any reason he was not allowed to cross the driveway. I may have seen Siaoisi one time in early 1997 but I was not around him for long on that day.

29. I never saw Siaoisi abusing any substances in my presence. I heard from common friends that Siaoisi may have drank alcohol and smoked pot after I stopped spending time around him. As far as I know, Siaoisi was acting weird before he began drinking and smoking.

30. Shortly after Siaoisi's arrest on the instant case, the church elders attempted to reach out to Siaoisi and interact with him when he was in jail awaiting trial but Siaoisi rejected their offer and told them that he wanted nothing to do with them.

31. I recall having one telephone conversation with Siaoisi's trial attorney, Michael Specchio, which lasted about 45 minutes prior to the start of his trial. Specchio did not seem the least bit interested in hearing the things that I had to say and he only asked surface types of questions. Specchio seemed like he was just going through the motions and completing an item on a checklist. The conversation seemed like a waste of my time because I could sense that Specchio didn't care. No one ever visited me in person and I never heard from Siaoisi's lawyers again.

RAR — *I welcomed Siaoisi's attorney to call me for anything they needed but he never called me back.*
32. Herbert Duzant of the Federal Public Defender office was the first person to discuss Siaoisi's case with me since the time of my contact with his trial attorney. I would have told Siaoisi's trial lawyers everything that I have stated in this declaration had they taken the time to ask me about these details.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 10 2011 in Los Angeles county, California.


Robert ~~Kirtz~~
Kirtz

EXHIBIT 107

EXHIBIT 107

Declaration Of Manamoui Peaua

I, Manamoui Peaus, declare as follows:

1. My name is Manamoui Peaua, I am 38 years old and I currently reside in Washoe county, Nevada. I am a blood relative of Siaosi Vanisi, as our mothers were first cousins. I have known Siaosi since the days of our childhood and we grew up seeing one another at family gatherings and events in Reno and in the San Francisco bay area.
2. I remember Siaosi being a good person when we were children. Siaosi was respectful of his elders, he never used foul language, and he was always very clean-cut and neatly dressed. Siaosi was very much into church and he never got into fights or caused trouble. Siaosi always had a good relationship with me and everyone in my immediate family, and we enjoyed being in his company.
3. I lived in Los Angeles, California from 1993 to 1994, and then in Bakersfield, California from 1994 thru 1996. Siaosi was living in Redondo Beach, California throughout the time that I was living in southern California. I saw Siaosi about once a month while I was living in Los Angeles, and then once every two months when I lived in Bakersfield because it was slightly further away from where Siaosi was living.
4. Siaosi's personality drastically changed by the time that I saw him living in Los Angeles during the early to mid 1990's. Siaosi changed his name to Perrin and he acted very strangely whenever I was around him. Siaosi's hygiene wasn't as clean, he gained a lot of weight and dressed in raggedly clothing. He was no longer the well dress and clean-cut cousin that I had previously known.
5. Whenever I visited Siaosi's Redondo Beach apartment it was always very messy. Siaosi kept lots of empty plastic bottles, papers, clothing and trash all over his apartment. There was so much trash in his apartment that it was difficult to move around at times. This too was totally out of character for the cousin that I knew and grew up around. Siaosi was not raised this way and he never lived in such conditions before. Siaosi's room and family home, in San Bruno, was always well kept.
6. Siaosi's bedroom in the Redondo Beach apartment was completely cluttered and he handwrote random things all over the walls of his bedroom. It all seemed like meaningless gibberish to me, but Siaosi claimed that these scrabbling were thoughts of his that he did not want to forget.
7. Siaosi frequently rambled when he spoke and he sometimes discussed matters that didn't make any since. I recall Siaosi saying something about a profit named Lester and other weird spiritual concepts and ideas. I don't recall the details of these discussions because I pretty much ignored Siaosi whenever he spoke like this.



8. I didn't know what to make of the strange behaviors that Siaosi's exhibited while I was living in southern California. I didn't know whether he was joking around or showing signs of some kind of mental illness. Sometimes Siaosi laughed when he said crazy things, but there were times when he did not so much as smile. Siaosi was my cousin and I loved him despite the weird way that he was acting.
9. I left southern California in 1996 and I did not see Siaosi until a week before Officer Sullivan's death in January 1998, when I traveled to Los Angeles and saw Siaosi for a couple of hours on one day. We had dinner that evening and spoke at his apartment for a while. Siaosi told me that DeAnn had left him and that she had taken the children, but he did not go into much details. Siaosi seemed like he was very withdrawn and not outgoing like he usually was, and he seemed very paranoid and bothered. For the first time in my life I witnessed Siaosi taking some kind of drug. When I asked him what it was Siaosi told me that it was GHB. I was surprised because Siaosi never used drugs before.
10. When Siaosi came to Reno in January 1998, he stayed with me and my family on Sterling Way, not far from UNR's campus. Siaosi stayed in our home for a couple of nights and then he stayed in the home of my cousin Maria Losa Louis. I saw Siaosi almost everyday during that week leading up to the incident. The way that Siaosi acted around me and my family convinced all of us that he had completely lost his mind.
11. When I met Siaosi at the airport I noticed that he was dressed oddly. Siaosi was wearing a huge fur coat, mismatched colored clothing, a wig and a beanie hat. Siaosi dressed oddly throughout his stay in Reno. Siaosi wore women's coats, mismatched clothing, wigs, boots and he looked like a homeless person most of the time.
12. Siaosi's hygiene was the worst that I had ever seen during that week leading up to the incident. Siaosi did not shave and he didn't take showers everyday. Siaosi never did any laundry and repeatedly wore the same dirty clothes. It seemed like he no longer cared about his appearance and this was a drastic change from the clean-cut person he was in the past.
13. Siaosi rambled a lot when he spoke and I often did not know what he was talking about. Siaosi spoke rapidly and he changed subjects quickly during conversations. Siaosi babbled about weird things that made no sense. Siaosi also held conversations with himself at times.
14. Siaosi sometimes talked about strange cultural ideas when he rambled and he wore traditional Tongan garments at inappropriate times. Siaosi borrowed one of the family's Ta'ovala mats and wore it around the house and when he went to convenience stores. These mats are worn only for ceremonial purposes and they are not intended to be used in the manner that Siaosi did.
15. Siaosi also wore traditional Polynesian Lava-lava wraps with wigs and boots. Lava-lavas are made from a thin sheet-like material, but Siaosi wore them outside in freezing weather.



Siaosi seemed bothered by the cold weather even though he only had on the Lava-lava.

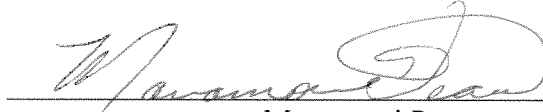
16. Siaosi wore different wigs during that final week before the incident. Some wigs were long, others were short and they were straight and curly. Siaosi wore these wigs when he drank alcohol and when he was completely sober.
17. Siaosi used different names when he introduced himself to people at social gatherings, and each character had its own identity and mannerisms.
18. Siaosi drank alcohol until he was intoxicated almost every night and he also smoked marijuana. Siaosi usually downed entire fifths of vodka and Jack Daniels by himself. It seemed like alcohol made Siaosi's behavior even more bizarre. Siaosi rambled and spoke to himself more, and he became more out of touch with reality. I recall an instance when Siaosi and I were at a bar having a few drinks when he began dancing in a bizarre manner and making a spectacle of himself. Siaosi was wearing one of his wigs at the time. At some point Siaosi began stripping while he was dancing around the bar. Siaosi took his shirt off and then he began undoing his pants when the bouncers grabbed him and stopped him from exposing himself. This was the last time that I went out for drinks with Siaosi because I was tired of being embarrassed by his weird behaviors, especially when he drank.
19. Siaosi almost never slept during that week leading up to the incident. On a couple of occasions, when I woke up to use the bathroom in the middle of the night, I found Siaosi sitting in a room staring at the television with a flat look on his face. I also found Siaosi sitting down in the kitchen by himself eating in the middle of the night. Siaosi seemed like he was haunted or like something was bugging him, but he never told me what was on his mind.
20. Siaosi never told me that he wanted to kill a police officer and he never spoke like he did not like white people. I was totally surprised when I learned of Siaosi's involvement in Officer Sullivan's death. I knew that Siaosi was out of his right mind but I never thought that he would harm anyone.
21. Homicide detectives came to my home and took me to the police precinct within a week of the incident and my conversation with them lasted about 30 minutes. The detectives wanted to know what, if anything, I knew about the crime and Siaosi's whereabouts before and after the killing. I answered detectives questions honestly. The detectives never asked me any questions concerning Siaosi's state of mind. Had the police asked me about Siaosi's mental state, I would have told them everything that I've stated here in this declaration.
22. I was only contact one time by Siaosi's defense team in the months leading up to his trial. I was contact by telephone and the conversation only lasted about 5 minutes. Whoever it was that called me, was only interested in knowing whether I saw him on the night of the incident and whether I drove him anywhere. The person seemed like he was just going through the



motions and not to concerned about what I had to say. I was never asked any questions about Siaosi's background or state of mind. Had his defense attorneys asked me about Siaosi's background and mental state, I would have told them everything that I have stated here in this declaration. I also would have testified to it on the witness stand.

23. Herbert Duzant and Michele Blackwill of the Federal Public Defender office were the first people to interview me since the time of my testimony at Siaosi's trial. Herbert and Michele were also the first people to ask me about Siaosi's background and state of mind during those last days leading up to the incident.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 5 2011 in Washoe County, Nevada.



Manamoui Peaua

EXHIBIT 108

EXHIBIT 108

Declaration Of ToaVimahi

I, Toa Vimahi, declare as follows:

1. My name is Toa Vimahi, I am 80 years old and I currently reside in Washoe County, Nevada. Siaosi Vanisi is my nephew as he is the son of my late sister, Luisa Tafuna. I was living in Tonga at the time of Siaosi's birth and I have known and interacted with him all of his life.
2. The Tafuna family originally comes from the town of Pangai, on the Island of Ha'Api, Tonga. My grandparents, parents, siblings and I were all born on Ha'Api. The name Finau was never our family's name. Finau was the middle name of my father, Tevita Finau Tafuna. Wherever myself and my siblings names were listed with the last name Finau on any records is an error. The concept of having a last name is something that was introduced to Tonga through our contact with western culture, so it's common to see many names being used within the same family, especially in the old days.
3. My's eldest twin brothers, Esei and Sosaia, were the only two siblings who had a different mother. Esei and Sosaia were also the only two who were not raised in the same household, as they lived with their mother's relative, "Mau." This is partly why Maile became the leader of the family even though he wasn't the oldest son. The other part is because Esei left Tonga in the 1950's and lived in New Zealand for several years before moving to the states and residing in Arizona. Thus, Esei was never around the family enough to claim the role of being head of the family. Sosaia, on the other hand, was around but never interested in such things.
4. My mom, Olotomu, died in 1947 when Luisa was only 7 and Toeumu was 2 years old. I do not recall how deeply Luisa and Toeumu were affected by the passing of our mother. I was only in high school at the time and grieving myself.
5. Myself and my siblings attended the Government Primary School that was located on the island of Ha'Api, where we originated. My dad, Tevita Tafuna, was a teacher and principal of this school. The school went from the 1st to 5th grades.
6. Myself and all of my siblings attended high school on the main island, Tongatapu, because there was no high school on the island of Ha'Api. We all attended "Makeke High School" which was an LDS institution and the forerunner to "Liahonna High School." The school went from grades 6th thru 10th. While I attended Mekeke HS, my older brothers Esei, Sosaia and Maile were also going there. I did not finish high school because the church began construction of the Liahonna in the late 1940's and the girls were sent home while the boys stayed to help build the school, while also attending classes. As a result, my older brothers all finished their high school studies and earned their diplomas, but I did not. My younger siblings, Moli, Luisa and Toeumu, all went straight to Liahonna, but I believe that Moli was



one

the only of the three who finished his studies there. In the years following high school, I was employed by Liahonna HS as a Housemother at the girls boarding facilities. I worked there until I retired in 1972 and moved to the U.S. with the family.

7. My family's lifestyle was upper middle-class, and we were well off by Tongan standards. The family lived in the village of Pangai, and there were three homes on my father's property. There were two European style homes, and one Tongan style home made with the traditional wooden frame and galvanized roofing.
8. Besides being a teacher/principal, my dad also sold cooked food off of a cart. My father owned a farm where he grew various crops and owned several animals, horses, cows, pigs, and chickens. We always had food to eat and good clothing to wear. My husband and I owned a convenience store on Ha'Api, and we also did well with our business.
9. By the 1950's, my dad, Tevita, decided that it would be better for the family to move to Tongatapu because there were more opportunities to do business and other things there. My dad purchased land in the Kolomatua section of Nukualofa, and instructed his son, Maile, to move there with his new bride, Mele, after they married. My dad took apart the Tongan style home on his land in Pangai, Ha'api, and shipped it to Tongatapu where it was reconstructed on his land in Kolomatua. Maile and Mele previously lived on my family's land in Nuiatua, but they moved to my dad's house in Kolomatua to prepare the way for the rest of the family. Maile lived in this location for a couple years before purchasing a larger plot of land in the Longolongo section of Kolomatua, Nukualofa.
10. The first wave of siblings to move permanently to Tongatapu were Esei, Sosaia, Maile and Moli. Luisa and Toeumu followed in the years afterwards and then my husband and I joined the family. My dad, Tevita, lived between Ha'api and Tongatapu until 1959 when everyone in the immediate family moved to Nukualofa, Tongatapu.
11. Maile owned a transportation service consisting of a bus, taxis, and Minimokes, which are also known as bicycle taxis. He also owned a delivery truck, a mutton meat importation business, and a Copanga ocean net fish farm located on his wife Mele's family land. Maile was a successful business man on the island. Maile's endeavors were all part of the family's business, because everyone worked and partnered with Maile, and we all pooled our money together for the support and advancement of everyone. Brother Moli helped Maile with the meat importation business because he worked for Liahonna High School food department and was responsible for ordering the meat and other food needed by the school. My husband, Tevita Vimahi, previously owned a successful market in Ha'api and agreed to come to Tongatapu to help Maile run the transportation and meat market. Our family also owned an ice-cream parlor that I managed. Just about everyone worked in the family business in some way. Our family enjoyed a good life and social status which was much better than the one they found in the U.S.

Kupenga

TV

12. Luisa was spending a lot of time out of the family home and partying everyday. She suddenly came home pregnant with Sitiveni. The father of the baby was a police officer named ~~Nelsoni~~ Palu who originally came from the island of Vava'u. ~~Nelsoni~~ and Luisa were not dating in a long term relationship, and no one in the family knew that they were seeing each other.

13. Our brothers were angry at ~~Nelsoni~~ and wanted to physically harm him for impregnating our younger sister Luisa, but our father, Tevita, stopped them, explaining to them that every family has members who make mistakes. My dad told them it was their job to love Luisa and her child, and he warned them not to do anything that would bring shame to themselves or the family. Our brothers then let it go and no one attempted to harm ~~Nelsoni~~.

14. Moli, and his wife, Lose, decided to adopt Sitiveni and raise him as their own child because Luisa was still young and not married. Moli immigrated to the U.S. in 1960 or 1961, before Sitiveni's birth, and later sent for Sitiveni in 1969, when he was 8 years old. ~~Nelsoni~~ was never a part of Sitiveni's life.

15. Stani was a relative on our paternal side of the family, but he was not a first cousin. Stani's father was Sione Havilli and I can not recall exactly how we are related. The incest taboo was not as significant in this situation because they weren't first cousins, but significant enough to prevent Stani and Luisa from marrying. I believe no one in the family had any idea that Luisa was involved with Stani during the two times that she became pregnant from him. Stani was never a part of Leini or Moale's lives at all.

16. There was a lot of animosity within our family, against Luisa, when she became pregnant a second time out of wedlock, with daughter ~~Kaloline~~. Our family could understand making one mistake, but after the second time, many people within our family said that Luisa "was just stupid." No one was mad at Stani. All of the blame was placed on Luisa. Luisa never explained to our family her reasons for the way that she was conducting her life. Our brothers didn't express much concern over the situation and washed their hands from Luisa's problems. They believed that something was wrong with Luisa's brain and she couldn't control herself. There was never any expectations of Stani to marry Luisa because he was a blood relative. ~~Kaloline~~ was adopted by my brother Moli and his wife, Lose, but ~~Kaloline~~ did not live with them until she came to the U.S. with Luisa in 1976, at age 11.

17. Maka'afa was the son of an affluent police inspector named Kuli Vanisi. Maka'afa was always a nice person, but he was a heavy drinker when Luisa first met him. Maka'afa never had a sense of responsibility throughout their relationship. Maka'afa's family was against the idea of him marrying Luisa because she had two children by two different men and was never married. Nevertheless, Maka'afa married Luisa against his family's wishes and they went on to have three children together, Sela, Tevita Siu and Siaosi.

18. As far as I recall, Luisa and Maka'afa married some time before Sela's birth. I have no recollection of attending their wedding ceremony or celebration, and I thought that it wasn't unusual if no ceremony or celebration was held, under Luisa's circumstances. Luisa had two children out of wedlock and she was not a virgin bride. In our family tradition, only virgins are given big wedding ceremonies and celebrations. I believe that the Kolomatua LDS Ward may have a record of their marriage. Maka'afa was born Methodist but he converted to Mormonism and he was actually baptized when he married Luisa.
19. Luisa constantly scolded Maka'afa and she was always angry with him throughout their marriage. Maka'afa never argued with Luisa in my presence. Maka'afa usually smiled and walked away. The arguments were usually centered around Maka'afa's lack of responsibility.
20. Maka'afa left Luisa and abandoned their family while she was pregnant with Siaosi, or when he was a newborn. Siaosi was then given to our sister Toeumu, because she had no children of her own. I do not know if Luisa would have given Siaosi away if Maka'afa had not left her and their children.
21. After Luisa's relationship ended with Siaosi's father Maka'afa, she began to briefly be involved with Stani Havilli a second time. Luisa became pregnant a second time from Stani and had Moale. Moale was adopted by one of Stani's close relatives and he was the only one of Luisa's children who was left behind in Tonga when the rest of our family relocated to the states.
22. I do not know the details of how Luisa and Peni met, or the circumstances of their life together in Tonga because this all took place in the years after I left Tonga for the U.S. After Peni came to the states with Luisa and her children, I did not see much of his interaction with Siaosi. Siaosi also never told me about his relationship with Peni. Luisa ultimately decided to divorce Peni after she discovered that he was cheating on her with another woman. Luisa had no tolerance for infidelity.
23. Our family was originally Methodist, but my dad, Tevita Tafuna, was one of the first to convert to Mormonism. This took place before myself or any of my siblings were born. The LDS church was the central part of our family's life and activities from the time before my birth up until today.
24. My father, Tevita, was actually the first LDS District Officer on our native island, Ha'api. When the LDS Church began appointing local Tongans to the office of Bishop, my brother Maile was the first made LDS Bishop in Nukualofa, Tonga's capital. After Maile came to the U.S. he was appointed by the church to be a "Patriarch", a non-administrative title that is higher than a Bishop. This title is a sacred and spiritual position within the church. Maile was well known and respected for the work that he did outside of the church to help people within the Tongan community in Northern California, Salt Lake City and other places within



the U.S. In addition to Tevita and Maile, there are various people within our family who hold different positions within the church.

25. The first LDS church that our family attended was located in the village of Fasi, on Tongatapu, at a building that the church leased from the government. After the lease ended, Maile founded the Kolomatua Ward in Nukualofa and he designed the grounds outside of the church with palm trees and a beautiful array of flowers. This was the first church in Tonga to be landscaped in this manner and he told the family that he was inspired by the beautiful landscaping that he saw in Salt Lake City when he first went there in the early 1960's to attend a church conference.
26. Siaosi was sent home from his LDS mission at age 19 because he had impregnated a girl in San Bruno before he left. Siaosi being sent home from his mission was a tremendous disappointment for our family by itself. What made matters worse was the fact that it was because of Siaosi engaging in an act of fornication with his paternal first-cousin. Siaosi essentially broke the laws of God by fornicating as well as the tenets of Tongan culture, by engaging in incest.
27. In Tongan culture first cousins are the same as siblings, and incest is considered one of the highest taboos. As Tongans, we believe that incest brings a curse upon the family that it occurs within and a curse to the life of a child produced out of it. Other Tongan families usually ostracize the family where the incest occurred, and forbid their family members from marrying into the incestuous family, to prevent the curse from coming upon them. Incest within a family lowers the entire family status and they are seen as being "like animals" to everyone in the community. When Siaosi impregnated his first cousin, all of the Tongan families around San Bruno knew about it and gossiped about our family. Even now, people in the community still talk about our family situation, and our family has never fully lived down the shame.
28. The fact that Siaosi did not know the girl was his first cousin is of no consequence to the cultural beliefs and the community's reaction to the circumstances. The situation negatively effected and damaged the reputations of both the Tafuna and Vanisi side of our family. Siaosi's act of incest brought the most shame to our family, and incest is on the same level as homicide in the eyes of our Tongan community.
29. When Siaosi returned home from his mission, everyone in our family was individually talking to him and asking him how he could bring such shame and embarrassment to the family. Siaosi was very apologetic and spent a lot of time crying during this period. Family pride and shame are serious matters of concern within Tongan culture and when a family member fails the way that Siaosi did, it is a heavy burden to bear. Looking back, I realized that the family placed a lot of pressure on Siaosi and he probably internalized all of the shame and negative things that people told him. Even though the family still loved and ultimately forgave him, I believe that Siaosi left town and moved to Los Angeles to get away

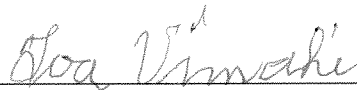
from the entire situation.

30. Tevita Siu was the strangest of Luisa's children. Tevita Siu did not care about the feelings of others and he engaged in various naughty behaviors. Whenever there was a fight in the streets, Tevita Siu would run to be a part of it. Tevita Siu willingly fought for anyone who asked for his help. I always thought that Tevita Siu had something wrong with his mind, but I do not know what exactly was wrong with him.
31. Unlike Siaosi, Tevita Siu never did things to make our family proud, so there was never any expectations for his life. As a result, Maile and others in our family never became too upset with Tevita Siu or lectured him the way they did Siaosi. Our family saw Siaosi's potential, so they rode him much harder and always held him to a higher standard than Tevita Siu, and also to his older brother, Sitiveni. Tevita Siu was considered a lost cause.
32. Whenever the men in Luisa's life abandoned her, Maile was the man in our family who stepped up to fulfill their fatherly needs. Umu never had a man in her life, so she depended on Maile's support even more than Luisa did. I believe this is why Maile always had so much to say to Siaosi, and that Maile often treated Siaosi in a harsh manner even though he meant well.
33. While everyone in the family took part in raising Siaosi, and all of the children within the family, I feel no single person did more to help and support Luisa and her children than Maile did. He did this from the bottom of his heart. Maile paid for everyone's paperwork and transportation to the U.S., he fed everyone and at times he gave money to our family members and others, helping everyone make ends meet.
34. Looking back, I believe that Siaosi probably needed Maile to be more tolerant, gentle and understanding in his expressions of love towards him.
35. I am the one in our family who has the gift of seeing visions and interpreting dreams. I saw Sitiveni in one of his dreams and that led to his current sobriety. My interpretations of dreams and telling the future has been so accurate that many members of my family became frightened of the things that I had to say and asked me to stop telling them what was going to happen. I have also communicated with the souls of several of my deceased family members in dreams, and they told me about things to come that proved true.
36. Luisa once communicated with the soul of Maile's deceased brother-in-law, Siaosi Pohahau, back in Tonga shortly after his passing. Siaosi Pohahau told her to make sure that his son, Siaosi Pohahau Jr., stayed in the family instead of going to live with his mother, Vika.
37. Toeumu also saw spirits of the deceased in her sleep. Toeumu once saw our dead brothers in a dream, and they told her "let's go" and that they wanted to take me. Toeumu told them no and that she needed me to stay here with her. I was sick at the time and admitted into

Peninsula Hospital. I told Toeumu that her dream was correct because I also saw our deceased brothers, and they told me the same thing and I told them that it wasn't my time.

38. When I was contacted by Siaosi's legal representatives during the time of the trial I was never asked in-depth questions about my family's history nor most of what I have stated in this declaration. I would have provided Siaosi's attorneys with everything that I have stated here had they asked me, and I would have testified to these facts at the time of my trial testimony.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 6 2011 in Washoe County, Nevada.



Toa Vimahi

*Mama Tuilobeli,
Tongan translator.*

Faka papau fakamatala ʻa Toa Vimali (P. 1)

Ko au Toa Vimali, ʻoku ou fakamōhi ʻa e ʻyaaʻhi

1] Ko hoku hinga ko Toa Vimali, ^{mea ni} ʻoku ou tau 80
pea ʻoku ou nofo i Washoe Kuniti, Nevada. Ko Siasi
ko hoku ilanutu ko e foha ʻo hoku tehin ko
Luisa Tafuna. Naʻaku i Tonga hono fanani ʻa
Siasi. Pea naʻa kua i lo ʻa Siasi mo feohi mo
ia he taimi lahi ʻo ene moʻui.

2] Ko e famili Tafuna ko ʻemaumi mei
Pangai, Haʻapai i Tonga. Ko ʻemaumi fanga kua,
mo e mātua naʻe fanani i Haʻapai. Ko e hinga
Finau naʻe i kai ko e hinga fakafamili ia. Finau
ko e hinga loto ia ʻo ʻeku taimi. Ko Tevita Finau
Tafuna ko ia i he taimi kotoa pē ʻoku uia i
homan fanga tokona pe tuogaʻhe kite Finau
ʻoku fehalaaki ia. Naʻe i kai ke mahinga ʻa e
faka iku kite ka kua Tonga he taimi ko e
ka e terunga ʻa e haʻu ʻa e kau papalagi
ʻo toki faka mamafa ʻa e faka iku taha ʻa e
famili. Ka ko e taimi ki muʻa naʻe lahi pē
ʻa e hinga kehekehe ʻa e fātan pē ʻe taha.

[3] Ko hoku ongotuangaane mahanga⁽¹²⁾ lalahi ā^{3.1}
Esei mo Siosaia ā e ongotama homau famili
nāe fāe kehe. Ko Esei pe mo Siosaia nāe ohi
kehe he nāe na tutupu kirana ihe famili o Ena
fāe - "Man". Ko e UHINGA ia nāe lalahi ai ā
Maile pea taki foli o hange ko e foha lahitaha.
Pea ko e toe UHINGA ē taha nāe marahe
ā Esei mei Tonga ki Nuusila he tān 1950 o
tān lahi pea taki hila mai ki Aliona o nfoai.
Ko ia he ikai feohi ā Esei mo e famili hange
ha lahi taha. Ko Siosaia nāe ihe famili,
ka nāe ikai ke mahuinga ia he lakaga
taki māe famili tau tefito kiteere kei
talavou si'i.

[4] Ko e ku fāe ko, Olotomu nāe mate he tān
1947 ā ia nāe tān 7 ā Luisa pea tān 2 ā
Toeumu. Nāe ikai keu ilo pe nāe angafefē
ā e ongoi ē Luisa mo Toeumu ā e mole ena
fāe he nāe ku hūn ongoi aupito he nāe ku
kei alko he alko māo lunga!

[5] Ko au mohoku fanga tokoua mo tuom^{7,11} ^{gaf} ³ ^{he} ^{naa}
man hū ki he ako Puleānga i Haapai. ʻAia naa
man omi meiai. Ko ʻEku tamai Tevita Tafua
ko e faiako pule mo puleako he ʻapiako. Ko e
kalasi 1 ki he kalasi 5.

[6] Naa man hiki kotoa mai ki Tongatapu ʻo
hū ki he ʻapiako maolunga ^{ae} ^{Sias} ~~ko Liahona~~. Koeuh
nae ikai ha ako maolunga i Haapai he taimi
koia. Naa man ako i he ʻapiako maolunga ko
Makeke. ʻAia nae kamata he kalasi 6 ki he 10
Naa ku alu ki he ako Maolunga ko Makeke
fakataha mo Esei, Siosaia, mo Mailefoki. Nae
ikai ke ʻosi ʻeku ako he nae kamata ke lapa
ʻo Liahona ike tae 1940 pea ko e tamai ki fefine
nae foki ki ʻapiako ko e tamai ki tangata naa
nan tokoni ki he lapa ʻo e ʻapiako Liahona. Ko
ia he lava kotoa ʻa e ako ʻa e fanga tuonga
ʻo mai ʻe hem fakamooni ako kae ikai
teu lava. Ko Moli, Luisa, mo Toeuma naa nan
hū hangatoni ki Liahona ka naa ku ilopani ko
Moli pē he tolo tolu nae fakasosi ako.

④ Ko homau family na'e moimoua o fakatatau
ki he moui faka Tonga o e aho koia. Pea na'aku
hoko ko e fale a e fanau fefine i Liahona ako
nofo ma'u. Na'e hoko hoko atu eku ngane ou toki
nofo pe he tau 1972 pea hiki mai ki USA mo
hoku family.

⑤ Ko e fale homau family na'e mahino pe ko e
kakai Ngane o fakalaka he kakai Tonga tokolahi
he aho koia. Na'e nofo a e family i Pangai. Pea
na'e fale e tolu i he api eku tamai. Ko e ongo
fale papa fakapapalagi e na moe fale Tonga
e taha. Pea ato kapa.

⑥ Na'e ikai ngata pe he ene faiakopale, fakatau
mea kai moho he salioke. Na'e ne'ai ehe faama
mea kai moe fanga manu kange ko e hoosi, pulu,
puaka moe fanga moa. Ne ma'u ma'u pe a e
mea tokoni lelei ke mau kai moe vala lelei fiki
kohoku hoa mo au na'a ma'ai i ai homa falekoo
pea na'a tau hui lelei foli i Ha'apai.

⑦ Na'e fakakaukau a Tevita Kehiki a e
family ki Tongatapu he tau 1950. Ko e uhi tau
lahi a e faingamalie faka pisinisi moe ngaahi
mea kehekehe foli i ai.

Na'e fakatani 'e 'Iovita a 'e kekekele 'i Kolomotua (P15) yll
'i Nukunaloa, pea fakahinohino honofoha ko Maile, ke
marabe ki ai mo hono hoa to'u ko Meleosi 'ena mali.
Na'e hapa 'e he'eku tamai o veteki 'a 'e fale Tonga 'i
Haapai o faketuni ki Tongatapu pea to'e faketuni ihe
kekekele 'i Kolomotua. Na'e nifo 'a Maile mo Mele 'i
Nintona ihe 'api faka-famili 'i Nintona pea na marabe
leva ki he fale 'i Kolomotua to'upale he hala
ki he koton o 'e famili. Na'e nifo ai 'a Maile mo hono
famili he ngaahi tau kimua hono to'e fakatani
'a 'e konga kekekele lahi ane 'i Longolongo 'i Kolomotua
'i Nukunaloa.

[10] Koe uluafi marabe mei Haapai ki Tongatapu ko
Esei; Siosaia mo Maile mo Moli foki. Pea toki hoko
atu ki ai 'a Luisa mo Toenuu pea ma toki
hoko mai kimana mo hoku hoa o kakato 'a 'e
famili. Ko 'eku tamai o Terita na'a ne 'i he
vaho'o o Haapai mo Tongatapu kae oha ke 'a 'a ki
he tau 1959 kuo kakato 'a 'e marabe 'a 'e famili
ki Nukunaloa, Tongatapu.

[11] Na'e mau 'e Maile 'a 'e pisinisi mealele 'i Tongatapu
ko'e pasii taxi, minimake pea ko 'e taxi pasikala. Pea
na'a ne to'e mau moe loli tufa sipi moe kaka'oi mau
pea moe kupenga ila ihe kekekele o 'e famili o Mele.

Ko e fakalalakala o e pisinisi a Maile ko (Pib) J.V.
tokoni kotoa a e famili o mau ngane fakafaha i he
fetokoniaki ke mau mau luta a e pisinisi moe moai
a e famili. Ko Moli nae ngane he kakawimamu a
ia hona o he tokoni kua Maile he ohi o e sipi moe
akawimamu. Ko hetau hua ko Tevita nae tokonilelei
kua Maile ke fakalele a e pisinisi mea lele moe
kakawimamu. Pea nae iai e mau fale aisikikisi
naa ku tokoni hono fakalele ia. Naa mau ngane
fakafaha pea mau moai fefa o laka ange i he
hiki foma mai ki USA.

[12] Ko Luisa nae faa saia he fakateofi mo paati
he taimi lahi. Nae faka ohoale e he faitama ia
Sihiveni. Ko e tamai a e famasi ko e polisi ko
Nalesoni palu a ia ko e he hau mei Vava'u. Nalesoni
mo Luisa nae ika ke na maheni fuolua pea nae
ika i loto eha taha i he famili o ku na teofaaki.

[13] Na e loto mamahi anpito a e fanga tuongaane ia
Nalesoni o mau loto ke fai ha saumi kae faofi e
Tevita o he pehi o ku i ai i he famili kotoape a e foi
tokofata o ku fehalaaki. Pea naa he fakaloto lahi
kua mau tolu ke mau ota kua Luisa mo e he tama pea oia
e fai ha mea fakama ki he famili. Pea tukena e he
faa tuongaane a Nalesoni o tukena oia.

Ko Moli mohonoa ko lose naa (17) J.V.
④ Ke ohi ā Sitiveni ko hona foha. Koe ūhi ūku kai
sitiā Luisa pea tae mali. Nae mavahe mai ā Moli
ā USA he 1960-1961 kinnā pea faelei ā Sitiveni. Pea toki
omi ā Sitiveni he tau 1969 ā ia kuo ōsi tau 8 pea nae
ikai ke he fetambulā ia mo eke tamai ko Nalesoni
pē ē kam hono fauhi ia.

⑤ Sitani ~~was a relative~~ ^{coe kainga} he tamai ka ōku i kai ko
ha tokoua. Koe tamai ā Sitani ko Sione Havili
pea ōku i kai ten fūn monatu ki homa kainga kora.
Vae i kai ko ha veitapui he nae i kai koha fūn kanga
toto-ka nae i kai ke toto ā e famili ke na mali.
Kae faka tūfū pē ā Luisa mo Sitani o faelei ā leini
mo Moale i kai lotu ilo ē he famili.

⑥ Nae fūn toto mamahi ā upito ā e famili ia Luisa
we faele vao tuōua ē ā ia ko leini. Nae i kai
fiemalie ā e famili he tuōua o e fehalaaki mahito pē
ōku i kai ā tamai lelei. Nae i kai ita ā e famili kiā
Sitani koe tukunaki pē ā Luisa. Kae i kai pē ke
fakamatala ē Luisa ēne ūhinga ki ha taha. Pea lotu
mamahi ā e fanga tuōua ē o tukunaki ā Luisa
mo ēne tuōua. Pea nam pehe ōku fehalaaki ā e
fakakaukau ā Luisa pea i kai te ne ilo ā e mea
totonu ke ne fai. Nae i kai ha ā mavahe ke mahi ā
Luisa mo Sitani he koe karinga toto. Pea toe ohi ā
leini ē Moli mo lose o nofo mo kinnā ōsi hono tau 11 he 1976.