

IN THE SUPREME COURT OF THE STATE OF NEVADA

* * * * *

SIAOSI VANISI,

Appellant,

vs.

WILLIAM GITTERE, WARDEN,
and
AARON FORD, ATTORNEY
GENERAL FOR THE
STATE OF NEVADA.

Respondents.

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APPELLANT'S APPENDIX

Appeal from Order Denying Petition for Writ of
Habeas Corpus (Post-Conviction)
Second Judicial District Court, Washoe County
The Honorable Connie J. Steinheimer

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27	114. Declaration of Heidi Bailey-Aloi April 7, 2011.....	AA05727 – AA05730
27	115. Declaration of Herbert Duzant’s Interview of Tony Tafuna April 18, 2011.....	AA05731- AA05735
27	116. Declaration of Terry Williams April 10, 2011.....	AA05736 – AA05741
27	117. Declaration of Tim Williams April 10, 2011.....	AA05742 – AA05745
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27	119. Declaration of Priscilla Endemann April 6, 2011.....	AA05749 – AA05752
27	120. Declaration of Mapa Puloka January 24, 2011.....	AA05753 – AA05757
27	121. Declaration of Limu Havea January 24, 2011.....	AA05758 – AA05767
27	122. Declaration of Sione Pohahau January 22, 2011.....	AA05768 – AA05770
27	123. Declaration of Tavake Peaua January 21, 2011.....	AA05771 – AA05776
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27-28	125. Declaration of Vuki Mafileo February 11, 2011	AA05800 – AA05814

28	127. Declaration of Crystal Calderon April 18, 2011.....	AA05815 – AA05820
28	128. Declaration of Laura Lui April 7, 2011.....	AA05821 – AA05824
28	129. Declaration of Le’o Kinkini-Tongi April 5, 2011.....	AA05825 – AA05828
28	130. Declaration of Sela Vanisi-DeBruce April 7, 2011.....	AA05829 – AA05844
28	131. Declaration of Vainga Kinikini April 12, 2011.....	AA05845 – AA05848
28	132. Declaration of David Hales April 10, 2011.....	AA05849 – AA05852
28	136. Correspondence to Stephen Gregory from Edward J. Lynn, M.D. July 8, 1999	AA05853 – AA05855
28	137. Memorandum to Vanisi File from MRS April 27, 1998.....	AA05856 – AA05858
28	143. Memorandum to Vanisi File From Mike Specchio July 31, 1998.....	AA05859 – AA05861
28	144. Correspondence to Michael R. Specchio from Michael Pescetta October 9, 1998.....	AA05862 – AA05863
28	145. Correspondence to Michael Pescetta from Michael R. Specchio October 9, 1998.....	AA05864 – AA05866

28	146. 3 DVD's containing video footage of Siaosi Vanisi in custody on various dates (MANUALLY FILED).....	AA05867
28	147. Various Memorandum to and from Michael R. Specchio 1998-1999	AA05868 – AA05937
28	148. Memorandum to Vanisi file Crystal-Laura from MRS April 20, 1998.....	AA05938 – AA05940
28	149. Declaration of Steven Kelly April 6, 2011	AA05941 – AA05943
28	150. Declaration of Scott Thomas April 6, 2011	AA05944 – AA05946
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28	152. Declaration of Luisa Finau April 7, 2011	AA05950 – AA05955
28	153. Declaration of Leanna Morris April 7, 2011	AA05956 – AA05960
28	155. Declaration of Maile (Miles) Kinikini April 7, 2011	AA05961 – AA05966
28	156. Declaration of Nancy Chiladez April 11, 2011	AA05967 – AA05969
28-29	159. Transcript of Proceedings, Trial Volume 1, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 11, 1999.....	AA05970 – AA06222

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31	163. Neuropsychological and Psychological Evaluation of Siasosi Vanisi, Dr. Jonathan Mack April 18, 2011.....	AA06499 – AA06569
31-32	164. Independent Medical Examination in the Field of Psychiatry, Dr. Siale ‘Alo Foliaki April 18, 2011.....	AA06570 – AA06694
32	172. Motion for Change of Venue, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 July 15, 1998.....	AA06695 – AA06700
32	173. Declaration of Herbert Duzant’s Interview with Tongan Solicitor General, ‘Aminiasi Kefu April 17, 2011.....	AA06701 – AA06704
32	175. Order Denying Rehearing, Appeal from Denial of Post-Conviction Petition, <i>Vanisi vs. State of Nevada</i> , Nevada Supreme Court, Case No. 50607 June 22, 2010.....	AA06705 – AA06706
32	178. Declaration of Thomas Qualls April 15, 2011.....	AA06707 – AA06708
32	179. Declaration of Walter Fey April 18, 2011.....	AA06709 – AA06711
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- 32 183. San Bruno Police Department Criminal
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- 32 184. Manhattan Beach Police Department Police
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- 32 185. Manhattan Beach Police Department
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- 32 186. Notice of Intent to Seek Death Penalty,
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- 32 187. Judgment, *State of Nevada v. Vanisi*,
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- 32 190. Correspondence to The Honorable Connie
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- 32 195. Declaration of Herbert Duzant’s Interview of
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- 32 196. Declaration of Herbert Duzant’s Interview of
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32	198. Declaration of Herbert Duzant’s Interview of Juror Robert Buck April 18, 2011.....	AA06753 – AA06755
12	Remittitur, <i>Vanisi v. State of Nevada, et al.</i> , Nevada Supreme Court, Case No. 35249 November 27, 2001.....	AA02527 – AA02528
15	Remittitur, <i>Vanisi v. State of Nevada, et al.</i> , Nevada Supreme Court, Case No. 50607 July 19, 2010	AA03031 – AA03032
35	Remittitur, <i>Vanisi v. State of Nevada, et al.</i> , Nevada Supreme Court, Case No. 65774 January 5, 2018.....	AA07319 – AA07320
12	Reply in Support of Motion to Withdraw as Counsel of Record, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 December 27, 2002	AA02572 – AA02575
39	Reply to Opposition to Motion for Leave to File Supplement to Petition for Writ of Habeas Corpus, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 October 15, 2018.....	AA08232 – AA08244
36	Reply to Opposition to Motion to Disqualify the Washoe County District Attorney’s Office, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 July 27, 2018	AA07615 – AA07639

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36	1. Response to Motion for a Protective Order, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District Court
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	of Nevada, Case No. CR98-0516 March 9, 2005.....	AA07640 – AA07652
36	2. Letter from Scott W. Edwards to Steve Gregory re Vanisi post-conviction petition. March 19, 2002.....	AA07653 – AA07654
36	3. Supplemental Response to Motion for a Protective Order, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 March 16, 2005.....	AA07655 – AA07659
36	4. Appellant’s Appendix, Volume 1, Table of Contents, <i>Vanisi v. State of Nevada</i> , Nevada Supreme Court, Case No. 50607 August 22, 2008.....	AA07660 – AA07664
36	5. Facsimile from Scott W. Edwards to Jeremy Bosler April 5, 2002.....	AA07665 – AA07666
35	Reply to Opposition to Motion for Reconsideration and Objection to Petitioner’s Waiver of Attendance at Evidentiary Hearing, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 April 16, 2018.....	AA07356 – AA07365

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35	1. Petitioner’s Waiver of Appearance (and attached Declaration of Siaosi Vanisi), April 9, 2018.....	AA07366 – AA07371
13	Reply to Response to Motion for Stay of Post-Conviction Habeas Corpus Proceedings and for Transfer of Petitioner to Lakes Crossing for Psychological Evaluation and treatment (Hearing Requested), <i>State of Nevada v.</i> <i>Vanisi</i> , Second Judicial District Court of Nevada,	

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36 1. Declaration of Randolph M. Fiedler
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36 Request from Defendant, *State of Nevada v.*
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32 Response to Opposition to Motion to Dismiss
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36 Response to Vanisi’s Suggestion of Incompetency
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35 State’s Opposition to Motion for Reconsideration
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1. Declaration of Donald Southworth, *Vanisi v. State of Nevada, et al.*, Second Judicial District Court of Nevada, Case No. CR98-0516
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- 36 State’s Sur-Reply to Vanisi’s Motion to Disqualify the Washoe County District Attorney’s Office, *Vanisi v. State of Nevada, et al.*, Second Judicial District Court of Nevada, Case No. CR98-0516
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- 36 1. Transcript of Proceedings – Status Hearing, *Vanisi v. State of Nevada*, Second Judicial District Court of Nevada, Case No. CR98-0516
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- 36 Suggestion of Incompetency and Motion for Evaluation, *State of Nevada v. Vanisi*, Second Judicial District Court of Nevada, Case No. CR98-0516
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- 37 Transcript of Proceedings – Competency for Petitioner to Waive Evidentiary Hearing, *State of Nevada v. Vanisi*, Second Judicial District Court of Nevada, Case No. CR98-0516
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- 37-38 Transcript of Proceedings – Report on Psychiatric Evaluation, *State of Nevada v. Vanisi*, Second Judicial District Court of Nevada, Case No. CR98-0516
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13	Transcript of Proceedings – Conference Call – In Chambers, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 February 5, 2003	AA02583 – AA02587
35	Transcript of Proceedings – Conference Call, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 May 10, 2018	AA07372 – AA07384
34	Transcript of Proceedings – Decision (Telephonic), <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 March 4, 2014.....	AA07089 – AA07096
12	Transcript of Proceedings – In Chambers Hearing & Hearing Setting Execution Date, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District of Nevada, Case No. CR98-0516 January 18, 2002.....	AA02541 – AA02552
13	Transcript of Proceedings – In Chambers Hearing, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District of Nevada, Case No. CR98-0516 January 19, 2005.....	AA02645 – AA02654
13	Transcript of Proceedings – In Chambers Hearing, <i>Vanisi v. State of Nevada, et al.</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 24, 2005.....	AA02655 – AA02679
35	Transcript of Proceedings – Oral Arguments, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 May 30, 2018	AA07391 – AA07446

38	Transcript of Proceedings – Oral Arguments, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 25, 2019.....	AA08136 – AA08156
32-33	Transcript of Proceedings - Petition for Post-Conviction (Day One), <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 December 5, 2013	AA06848 – AA06966

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33	199. Letter from Aminiask Kefu November 15, 2011.....	AA06967 – AA06969
33	201. Billing Records-Thomas Qualls, Esq. Various Dates.....	AA06970 – AA06992
33	214. Memorandum to File from MP March 22, 2002.....	AA06993 – AA07002
33	Transcript of Proceedings - Petition for Post-Conviction (Day Two), <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 December 6, 2013	AA07003 – AA07083

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33	200. Declaration of Scott Edwards, Esq. November 8, 2013.....	AA07084 – AA07086
33	224. Letter to Scott Edwards, Esq. from Michael Pescetta, Esq. January 30, 2003.....	AA07087 – AA07088

12-13	Transcript of Proceedings – Post-Conviction, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 28, 2003.....	AA02576 – AA02582
13	Transcript of Proceedings – Post-Conviction, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 November 22, 2004.....	AA02614 – AA02644
1	Transcript of Proceedings – Pre-Trial Motions, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 November 24, 1998.....	AA00001 – AA00127
13	Transcript of Proceedings – Report on Psychiatric Evaluation, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 27, 2005.....	AA02680 – AA02716
37-38	Transcript of Proceedings – Report on Psychiatric Evaluation, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 24, 2018.....	AA07925 – AA08033
13-14	Transcript of Proceedings – Report on Psychiatric Evaluation <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 February 18, 2005	AA02717 – AA02817
38	Transcript of Proceedings – Report on Psychiatric Evaluation, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 25, 2018.....	AA08034 – AA08080

36-37	Transcript of Proceedings – Status Conference, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 5, 2018.....	AA07725 – AA07781
3-5	Transcript of Proceedings – Trial Volume 1, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 20, 1999.....	AA00622 – AA00864
5-6	Transcript of Proceedings – Trial Volume 2, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 21, 1999.....	AA00865 – AA01112
1-2	Transcript of Proceedings – Trial Volume 3, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 13, 1999.....	AA00128 – AA00295
6-7	Transcript of Proceedings – Trial Volume 3, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 22, 1999.....	AA01113 – AA01299
2-3	Transcript of Proceedings – Trial Volume 4, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 14, 1999.....	AA00296 – AA00523
7	Transcript of Proceedings – Trial Volume 4, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 23, 1999.....	AA01300 – AA01433

3	Transcript of Proceedings, Trial Volume 5, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 January 15, 1999.....	AA00524 – AA0550
7-8	Transcript of Proceedings, Trial Volume 5, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 24, 1999.....	AA01434 – AA01545
8	Transcript of Proceedings – Trial Volume 6, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 27, 1999.....	AA01546 – AA01690
8-9	Transcript of Proceedings – Trial Volume 7, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 28, 1999.....	AA01691 – AA01706
9	Transcript of Proceedings – Trial Volume 8, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 September 30, 1999.....	AA01707 – AA01753
9-10	Transcript of Proceedings – Trial Volume 9, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 October 1, 1999.....	AA01754 – AA01984
10-11	Transcript of Proceedings – Trial Volume 10, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 October 4, 1999.....	AA01985 – AA02267

11-12	Transcript of Proceedings – Trial Volume 11, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 October 5, 1999.....	AA02268 – AA02412
12	Transcript of Proceedings – Trial Volume 12, <i>State of Nevada v. Vanisi</i> , Second Judicial District Court of Nevada, Case No. CR98-0516 October 6, 1999.....	AA2414 – AA02522

CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada Supreme Court on the 26th day of September, 2019.

Electronic Service of the foregoing Appellant's Appendix shall be made in accordance with the Master Service List as follows:

Jennifer P. Noble
Appellate Deputy
Nevada Bar No. 9446
P.O. Box 11130
Reno, NV 89520-0027
jnoble@da.washoecounty.us

Joseph R. Plater
Appellate Deputy
Nevada Bar No. 2771
P.O. Box 11130
Reno, NV 89520-0027
jplater@da.washoecounty.us

Sara Jelenik
An employee of the Federal
Public Defender's Office

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.

Deuse 967

Classification/ I.M.U. Deputy

WCSO00079

00000065

AA05587

WCSO01186

NEVADA DEPARTMENT OF PRISONS
BODY RECEIPT

DATE: 9-4-98

TIME:

NDPW 68497

INMATE: 31001

DATE: 9-4-98

ALL OUTSTANDING WOLDS/DETAINERS are still outstanding against this individual by:

[Signature]

Release Code 32. ~~Nonreturnable~~ Return to Commit. Authority

Control Officer 2. I-File 3. Property Officer 4. Other Agency

DGP-1574 (4-93)

WCSO01186

00000066

AA05588

Crime ☐ Stolen Vehicle ☐ Deceased Person ☐ **SHERRIFF**
OR No. NV016000

Case Number: 6082-98

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	BUSINESS PHONE
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	Business	Public Premises
<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	<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	<input type="checkbox"/> Office Building <input type="checkbox"/> Pawn Shop/Second Hand <input type="checkbox"/> Fenced Storage <input type="checkbox"/> Liquor Store <input type="checkbox"/> Theater/Drive-In <input type="checkbox"/> Convenience Store <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			Means of Attack	Loc of Entry	Method of Entry	Alarms
<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<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	<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	<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	<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	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 _____ 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, controversy, trespass, judgment, execution, 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 Officer, for upon or by reason of any tortious, 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:	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

00000067

AA05589

CONFIDENTIAL ☒☐

Y

N

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	
CHARGE(S)/TYPE OF INCIDENT: Informational		PAGE 2 OF 3	
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, Siaosi / #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, Siaosi #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
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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

WCPD09114

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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 FARR 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 / # <u> </u> SSN: <u> </u> DOI: <u> </u>		SUBJECT 2: SSN: <u> </u> DOB: <u> </u>	

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

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QUEST FOR MENTAL HEALTH ASSESSMENT

I/M Name: VANISE, STACSE 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 no alteration noted	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 Punches walls for "exercise" - signals aggression.

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** *reports at times during low periods*

Very Low Function	Low Function	Average Function	High Function	Very High Function	Very Low Function	Low Function	Average Function	High Function	Very High Function
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② **DAILY LIVING/PERSONAL CARE FUNCTIONING**

Very Low Function	Low Function	Average Function	High Function	Very High Function
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no attention to grooming

③ **COGNITIVE/INTELLECTUAL FUNCTIONING**

Very Low Function	Low Function	Average Function	High Function	Very High Function
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④ **OVERALL LEVEL OF FUNCTIONING**

Very Low Function	Low Function	Average Function	High Function	Very High Function
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EDUCATION

RECOMMENDATION FOR HOUSING: ☐ General Housing Unit ☒ SHU (Unit 5) or 6 MAX ☐ Infirmary

Comments: *"I'm 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 redirection - wanting information on manic-depression & brain chemistry - Ref to Dr Thienhaus will follow up request."*

Signature: [Signature] Title: MD Date: 9/22/98

WHITE - CLASSIFICATION

YELLOW - MEDICAL

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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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Van 151 WCSO000851

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INCIDENT REPORTWASHOE 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, Siaosi	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	COME # 1525	SECOND DEPUTY	COME #	APPROVING SUPERVISOR	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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Van1s1WC8000852

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**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	COME # 1525	SECOND DEPUTY	COME #	APPROVING SUPERVISOR	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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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,GWISEJBOWEN,JCOSSIO,JELLIS,JGASTON,JIVESON,JSMALE,KKRUSH,
LLCOOPER,MBELLO,MBROKAW,MGROSS,PJONES,PKELLER,PLONGSHO,RBOWLIN,SKULL,
TLARIVIE
Subject: Vanisi Transport *VANISI, SIAOSI #1463019B*

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

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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, Slaus	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 # 2550	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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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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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 #	AGE	SEX	DOB
1	Vanisi, Sinei	14630198	300674		
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 ☐ DA ☐ CMU ☐ SERVICES DIVISION ☐ OTHER: _____

REPORTING DEPUTY <i>V.H. 2026</i>	COMM #	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>ndhina</i>	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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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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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		PAGE 1 OF 2	
COMPLAINANT <input checked="" type="checkbox"/> INMATE <input type="checkbox"/> Washoe County		LOCATION OF OCCURRENCE: WCDF--HU-4 (A-Wing)			
LIST SUBJECT(S) IF KNOWN					
#	OBJECT NAME	BOOKING #	A #	SSN	DOB
1	VANISI, SIAOSI	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 Lt. 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	COMM # 1237	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR [Signature]	COMM #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED

WCSO00733

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AA05602

VAN1S1WC8000734

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>14630198</i>	COMM #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00734

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Washoe County Sheriff's Office

CSI REPORT

**** CONFIDENTIAL ****

CASE NO. 4826-99

Page 1 OF 7

44-4-B07A

CRIME SCENE INVESTIGATION

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

VICTIM'S NAME	OFFENDER'S NAME	OFFENSE
<u>V-1 VANIST, SIAOST (AKA 1463000)</u>	<u>A-1 JIMENEZ FERNANDO (AKA 92830678)</u>	UCR CODE: <u>90-2</u>
<u>V-</u>	<u>A-</u>	UCR CODE:
<u>V-</u>	<u>A-</u>	UCR CODE:

ELIMINATION PRINTS

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

PROCESSED FOR LATENT PRINTS

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

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

S-104 (3/88)

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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 Siaso 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. Wise. Lt. Wise 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.

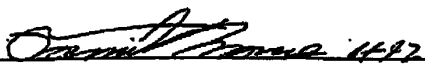
I observed the following injuries on Inmate Jiminez:

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



WCPD07944

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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 4 of 7

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.

Page 5 of 7

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

Daniel Moore 492

WCPD07946

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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 6 of 7

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

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WCPD07947

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Washoe County Sheriff's Office

EVIDENCE

***** CONFIDENTIAL *****

Computer Entered _____

(For Office Use Only)

[illegible]

. From: BWilliam @WASHOE (Williamson, Bryon)
To: CSANTOR, DCOX, DHOOD, HUNTON, JRULLA, JSHARMON, KKLUM, MENSEN, 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, BAPTAIN, 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,
REOWLIN, 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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Vanis1WC8000822

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 1 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, 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 Vanisi's 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 Vanisi's 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 Vanisi's 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 Vanisi's 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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Van1s1WC8000823

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 <u>2</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	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 #
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WCSO00823

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AA05612

Crystal - Vanisi
5-11-99

☐ 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
LOCATION: HU 4 "D" WING CELL 7
FILE #:
CASE #: 4399-99 1903-99
REFER TO # (Specify):

METHOD USED OR INJURY CAUSED BY:				INJURY:		PROPERTY DAMAGE:		FIREARM:	
<input type="checkbox"/> Physical Force <input type="checkbox"/> Carotid <input checked="" type="checkbox"/> OC <input checked="" type="checkbox"/> Guiding, Holding, Handcuffing, etc. <input type="checkbox"/> Less than lethal munitions <input type="checkbox"/> Other means:				<input checked="" type="checkbox"/> No Injury <input type="checkbox"/> Not Serious <input type="checkbox"/> Serious <input type="checkbox"/> Critical Injury <input type="checkbox"/> Person Killed <input type="checkbox"/> Complaint of Injury		<input checked="" type="checkbox"/> None <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000 or more		<input type="checkbox"/> Not discharged <input type="checkbox"/> Accidental Discharge <input type="checkbox"/> Intentional Discharge	
SUBJECT'S NAME: (Last, First, Middle) VANISI, S. #14630198				RESIDENCE ADDRESS: (Street, City, State, Zip)					
RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian		<input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Unknown		SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		DOB:		POB:	
AGE: 28		HT: 600		WT: 235		HAIR: BLK		EYES: RED	
SSN:				ARRESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
OCCUPATION:				HOME PHONE:					
BUS. ADDRESS:				BUS. PHONE:					
SUBJ ARMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJ ARMED WITH:		SUBJ TREATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION OF TREATMENT: 911 PARR BLVD.		ADMITTED TO HOSP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NATURE AND EXTENT OF INJURY: NONE									
SUBJECT'S NAME: (Last, First, Middle)				RESIDENCE ADDRESS: (Street, City, State, Zip)					
RACE: <input type="checkbox"/> White <input type="checkbox"/> Asian		<input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Unknown		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:		POB:	
AGE:		HT:		WT:		HAIR:		EYES:	
SSN:				ARRESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
OCCUPATION:				HOME PHONE:					
BUS. ADDRESS:				BUS. PHONE:					
SUBJ ARMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJ ARMED WITH:		SUBJ TREATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LOCATION OF TREATMENT:		ADMITTED TO HOSP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NATURE AND EXTENT OF INJURY:									
OFFICERS INVOLVED									
DEPUTY'S NAME: (Last, First, Middle) GASTON, JASON				RANK: DEPUTY		I.D. #: 1487		DIVISION/UNIT ASSIGNMENT: DETENTION/DRT	
DEPUTY'S NAME: (Last, First, Middle) ELLIS, JAMES				RANK: DEPUTY		I.D. #: 1359		DIVISION/UNIT ASSIGNMENT: DETENTION/DRT	
DEPUTY'S NAME: (Last, First, Middle) UPTAIN, BRIAN				RANK: DEPUTY		I.D. #: 1548		DIVISION/UNIT ASSIGNMENT: DETENTION/DRT	
DEPUTY'S NAME: (Last, First, Middle) LARRAMENDY, GREG				RANK: DEPUTY		I.D. #: 1543		DIVISION/UNIT ASSIGNMENT: DETENTION/DRT	
ACTION TAKEN BY REPORTING SUPERVISOR									
<input type="checkbox"/> None of the following <input checked="" type="checkbox"/> Notify Division Commander <input type="checkbox"/> Notify Alternate Commander <input type="checkbox"/> Notify Risk Manager <input type="checkbox"/> Notify O.P.I. <input type="checkbox"/> Notify On-Call D.A. <input type="checkbox"/> Notify Detective Division <input type="checkbox"/> Notify FIS									
<input type="checkbox"/> Locate witnesses <input type="checkbox"/> Obtain statements <input type="checkbox"/> Diagram/photo scene <input checked="" type="checkbox"/> Color photos of injury <input type="checkbox"/> Photo damaged property <input checked="" type="checkbox"/> Locate, preserve physical evidence									
<input checked="" type="checkbox"/> Book evidence <input type="checkbox"/> Account for expended bullets/pellets <input type="checkbox"/> Record all weapons <input type="checkbox"/> Record sidearms/holsters <input type="checkbox"/> Tape of radio traffic <input type="checkbox"/> Inspect agency equipment									
<input type="checkbox"/> Remove unsafe equipment <input type="checkbox"/> Establish perimeter <input type="checkbox"/> Take officers weapon <input type="checkbox"/> Get officers training/qualification record <input type="checkbox"/> Diagram revolver cylinder									
<input type="checkbox"/> Identify all discharged weapons <input type="checkbox"/> Document weapons not fired <input type="checkbox"/> Contact relatives <input type="checkbox"/> Follow post-incident trauma <input checked="" type="checkbox"/> Other (See attached) <i>VIDEO TAPE</i>									
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.C OFFICE

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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 Iacoboni 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 Iacoboni 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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AA05615

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 prone 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 where there any signs of injury.

57

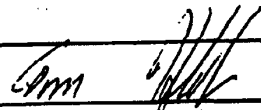
58 At approx. 2315 I asked the nurse to see if she could obtain permission to medicate Vanisi. He was still upset and
59 would not calm down. At approx. 2330 she told me that she had gotten authorization to medicate Vanisi. She
60 injected Vanisi at approx. 2341hrs., after Lt. Wise (now on scene) had 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

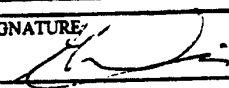
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53 the chair. The nurse checked Vanisi again to make sure the restraints were applied properly. Lt. Wise spoke to
54 Vanisi for a few minutes after we left the cell. Vanisi was told that he would have to remain in the chair until we
55 were certain 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.
60
61 The entire event was video taped including some of Vanisi's behavior prior to our entering the cell. The tape was
62 placed into evidence by Deputy Mair; who relieved Iacoboni at the end of the shift. See supplemental reports from
63 Ellis, Larramendy, Uptain, Gaston, Leshner, Weber, and Iacoboni, for further details.
64
65
66
67
68
69
70

SUPERVISOR NAME HEBB, T.	COMM # 560	SIGNATURE 	DATE 5/5/99
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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
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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 FARR 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, SLAOSI, #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 BRIAN UPTAIN	COMM # 1548	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>[Signature]</i>	COMM # 5602
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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 BRIAN UPTAIN	COMM # 1548	SECOND DEPUTY	COMM #	APPROVING SUPERVISOR <i>[Signature]</i>	COMM # 562
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INCIDENT REPORT

WASHOE COUNTY
SHERIFF

CASE NUMBER: 4945-90

TYPE OF REPORT:
Failure to Lock Down/DRT Extrication

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

PAGE 1 OF 4

COMPLAINANT ☐ INMATE ☐
Washoe County

LOCATION OF OCCURRENCE: WCDF-Housing Unit 4

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 # 521
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DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY, SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

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CONFIDENTIAL ☒ Y ☐ N

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 # J60
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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-WCS000368

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

RESIDENCE (Street)
ADDRESS:

(City, State, Zip)

OTHER NAMES
USED:

LOOKED UNDER
MASELLA, ZACHARY S.

RESIDENT OF
WASHOE COUNTY?

☒ YES ☐ NO

HOME
PHONE:

WORK
PHONE:

FAX
NO:

OTHER NO.
TO CALL:

WORK
HOURS:

DAYS
OFF:

RACE:

☒ White
☐ Black
☐ Other

☐ Indian
☐ Asian

SEX:

☒ Male
☐ Female

DATE OF
BIRTH:

HEIGHT: 6'1"

WEIGHT: 185lb

SOCIAL SEC.
NO:

HAIR: Brown

EYES: Brown

OCCUPATION AND
WHERE EMPLOYED:

WORK/SCHOOL
ADDRESS:

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 sporting excuses as to why he would not lock down ar
4 then refused to do so. Following his refusal Cell #8 Inmate
5 Richardson and Cell #9 Inmate 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 queue} 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 ~~was~~ unsated 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 Inmate Cottle a
14 Richardson gave ~~the~~ inmate Vinisi the water out of their toi
15 In empty chip bags under the ~~cell~~ 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

S-10J

SIGNATURE OF PERSON
MAKING THIS STATEMENT:

X [Signature]

USE OTHER SIDE IF ADDITIONAL SPACE IS NEEDED

WCSO00368

00000100

AA05622

EVIDENCE

★ ★ ★ ★ **CONFIDENTIAL** ★ ★ ★ ★

SVanisi-MC5000369

[illegible]

Vanisi WCSO00970

CONFIDENTIAL ☐ Y ☒ N

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>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 2:	
SUBJECT 1: Vanisi, Siasoi SSN: DOB:		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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Van 11 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/ERT 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 2:	
SUBJECT 1: Vanisi, Siasoi SSN: DO		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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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, Siaosi 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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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, Siaoisi 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 hand 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-108B Revised 1/96

WCSO00974

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***** CONFIDENTIAL *****

S-10G (Rev. 6-84)

Evidence Page 1 of 1

AA05629

5Uenisi-NDOCIFILE00388

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

REPORT: TRANSFER

DATE: 05/08/1999

TIME: 13:15

BOOKING # ...14630196

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 ...10:55

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

OFFENSE TIME...

OFFENSE LOCATION....

WANTS CHECK Y/N? ..Y DATE CHECKED..05/08/1999

WANTED Y/N? ..D

HOLDS DETAINER SENT

RELEASE DATE...05/08/1999

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>Loates</u> FIRST NAME: <u>Silas</u> ID#: <u>58491</u> CURRENT LOCATION: <u>12A10A</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 CHARGE: <u>5-14-99</u> IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____																																																																																		
3. CHARGES AND PLEAS <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></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> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I</td> <td><u>6-4</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> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></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> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										COUNT/CHARGE			PLEA			COUNT/CHARGE			PLEA			COUNT/CHARGE			PLEA				GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY		GUILTY	NOT GUILTY	I	<u>6-4</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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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>6-4</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>6-4</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>RESOLUTION (\$2.20) COST OF JUMP SUITS</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>RESOLUTION (\$2.20) COST OF JUMP SUITS</u>	VI		II		VII		III		VIII		IV																																																								
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7. EVIDENCE RELIED UPON; COMMENTS <u>6-3 REPORT (N.O.C.)</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 NCED RECORD UPDATED: _____ 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. [Signature]</u> <small>(INMATE TO SIGN AND PRINT NAME)</small>																																																																																		
10. DISTRIBUTION INSTRUCTIONS ORIGINAL - DISCIPLINARY COMMITTEE COPY - INMATE COPY - CHARGING EMPLOYEE																																																																																		

DDP #3018 (04/93)

NDOCIFILE00245

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NEVADA DEPARTMENT OF PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM I "NOTICE OF CHARGES"	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5/13 </div>	
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 5016) <u>on May 11, 1999 at 7:12 PM Inmate Vanisi, was</u> <u>let out of his cell. c/o Council stripped, this</u> <u>inmate out. c/o Sharkey Gamble, Vanisi and c/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> <p style="text-align: center;"><u>End of Report.</u></p>	
4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR SIGNATURE OF CHARGING EMPLOYEE: <u>Robert A. Gamble</u> SIGNATURE OF SHIFT SUPERVISOR: <u>[Signature]</u> (Denotes Review/Approval of Discipline Notice, Confirms Initiation of Record in NCIS)	
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>Siaosi Vanisi</u> (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 PRISONS CODE OF PENAL DISCIPLINE DISCIPLINARY FORM I "NOTICE OF CHARGES"	
1. INMATE INFORMATION (PRINT) LAST NAME: <u>Vanisi</u> FIRST NAME: <u>S. A. 081</u> ID#: <u>58497</u> CURRENT LOCATION: <u>Unit 12 D10A</u>	
2. VIOLATION INFORMATION (PRINT) CHARGING EMPLOYEE NAME: <u>LYNN B. 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 MSP</u> CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.) I <u>M526</u> II <u> </u> III <u> </u> IV <u> </u> V <u> </u> VI <u> </u> VII <u> </u> VIII <u> </u>	
3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages. DCP 3010) <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 inmates 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 inmate was 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 MIA 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 SHIFT SUPERVISOR: <u>[Signature]</u> 5-15-99 <small>(Optional 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. If 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

AA05633

MEMORANDUM

TO: JAMES BENEDETTI, AWP

FROM: DEBRA MANN, CCS III
NEVADA STATE PRISON

SUBJECT: Vanisi, Siaoisi #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.

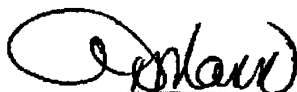
**3<sup>rd</sup> Shift**

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: Q-File

NDOCIFILE00277

00000112

AA05634

Vanisi, Saosi 5/8/97

INTERVIEW (2)

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 & B MUST BE "YES" TO RELY ON CI)

A. CI RELIABLE: ☐ YES ☐ NO ☒ N/A

CHECK AT LEAST ONE BOX BELOW

☐ INVESTIGATION 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 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-128</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 Susp Sg (cs) # OF DAYS 90 BEGIN DATE 11-30-99 END DATE 2-21-2000

A. 90 day Susp Sg (cs)

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

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

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

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

STAT FORFEITURE REFERRAL: ☐ YES ☒ NO

RECOMMENDED CATEGORY: ☐ A ☐ B ☐ C

ADMINISTRATIVE ASSIGNMENT AMOUNT: \$

OTHER; SPECIFY: no disruption / Violent / for Susp / Detention

9. ANCILLARY INFORMATION/INSTRUCTIONS

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

- POST DISCIPLINARY CLASSIFICATION: ☒ YES ☐ NO DATE: ORAP

- DISC/SEC SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO

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

10. SIGNATURE OF COMMITTEE

CHAIRMAN: J. MARK PRINTED NAME J. MARK 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

AA05635

(2)

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

**1. INMATE INFORMATION (PRINT)**  
 LAST NAME: Daniels FIRST NAME: Siaosi  
 ID#: 58477 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: Senior Officer  
 CHARGING EMPLOYEE NAME: Arthur Curry TITLE: Senior Officer  
 STAT FORFEITURE POSSIBLE: ☐ YES ☒ NO 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>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                | NECESSARY                | 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-  
I did not prevent the officer on his duties.  
I was having a party - the paper was  
made out of wrapping paper - throwing -  
I asked Officer Henderson, he would  
wait for me to clean the party up and was  
told up as my time up. I complied.  
Curry has a problem with me.

| 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>Vanisi</u> FIRST NAME: <u>Siansi</u> ID: <u>58497</u> CURRENT LOCATION: <u>U-12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| <b>2. HEARING INFORMATION (PRINT)</b><br>DATE OF HEARING: <u>6.2.99</u> TIME OF HEARING: <u>10:20am</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: <u>TRAINING OF NEW STAFF (2 NEW SGTS)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| <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></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> <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-14</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></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II <u>M-28</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></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                     |                          |                                     |                          |                          |                          |                          |                          | COUNT/CHARGE             |                          |              | PLEA                     |                          |               | COUNT/CHARGE             |                          |         | PLEA          |               |                          | COUNT/CHARGE             |                          |                                     | PLEA |                          |                          |                          | GUILTY                   | NOT GUILTY     |                          | GUILTY                   | NOT GUILTY               |                                     | GUILTY | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY               |     | GUILTY                   | NOT GUILTY               |                          | GUILTY                   | NOT GUILTY | I <u>G-14</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"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | II <u>M-28</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"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     | PLEA                     |                                     |                          | COUNT/CHARGE             |                          |                          | PLEA                     |                          |                          | COUNT/CHARGE |                          |                          | PLEA          |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
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| I <u>G-14</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"/> |              | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| II <u>M-28</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"/> |              | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> | <input type="checkbox"/> |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| <b>4. STATEMENT OF INMATE</b><br><u>SAVE FOR COMMITTEE</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>G-14</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>G-28</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-14</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>G-28</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-14</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>G-28</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, 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>Repeal</u></td> <td>V</td> <td></td> </tr> <tr> <td>II</td> <td><u>Repeal</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>Repeal</u> | V                        |                          | II      | <u>Repeal</u> | VI            |                          | III                      |                          | VII                                 |      | IV                       |                          | VIII                     |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SANCTION                 | COUNT                               | SANCTION                 |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Repeal</u>            | V                                   |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Repeal</u>            | VI                                  |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | VII                                 |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
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| <b>7. EVIDENCE RELIED UPON; COMMENTS</b><br><u>%s REPORT (NOC)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| <b>8. ADVISEMENT 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>RECORD UPDATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE: _____ BY WHOM: _____<br><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      |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| 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>1020a</u><br>INMATE: <u>[Signature]</u> (NOTES: IF SIGNATURE IS BLANK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |
| <b>10. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |              |                          |                          |               |                          |                          |         |               |               |                          |                          |                          |                                     |      |                          |                          |                          |                          |                |                          |                          |                          |                                     |        |                          |                          |                          |                          |     |                          |                          |                          |                          |            |                          |                          |                                     |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                          |                          |  |                          |                          |                |                          |                                     |    |                          |                          |    |                          |                          |      |                          |                          |  |                          |                          |  |                          |                          |

DOP 43618 (04/93)

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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#: 58494 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 4529 III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_  
VI \_\_\_\_\_ VII \_\_\_\_\_ VIII \_\_\_\_\_

3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DCP 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 #58494 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 ICB 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: H. M. [Signature]  
(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: 10:30 AM  
PRINTED NAME OF HEARING OFFICER: W. Stanley  
SIGNATURE OF HEARING OFFICER: W. Stanley  
INMATE SIGNATURE: Staose Vanist  
(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

Vanisi, Siasi 58497

6. PRISON PRESENTATION

Good back-up reports and usual of the exercise walk about yard reveals that Vanisi, Siasi was able to dig under the fence and 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. He had gotten through he only had a few feet to go in order to gain entrance to the units roof or over a gate to the back area. Staff evidence relied upon: saw Vanisi, Siasi respond and ordered Vanisi, Siasi numerous times to stop. The staff had to chase him in the attempts to control Vanisi, Siasi in escape attempt. The gun shots did go through the water jug that Vanisi was attempting to hide behind. The water jug was unable to hold water. Upon gaining control and placing Vanisi into his cell. Vanisi, Siasi flooded his cell which required to be shut off place of restriction use by the staff.

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 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 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 C-1          | <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 M-36 (M-54) | <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

A. 90 day yard loss 90 6-3-99 8-31-99

B. 180 day yard loss 180 8-28-2000 8-25-2000

C. Restrictive - Watch Dog - 180 8-28-2000 8-25-2000

D. Restrictive - Watch Dog - 180

E. Restrictive - Watch Dog - 180

STAT FORFEITURE REFERRAL: ☐ YES ☒ NO

RECOMMENDED CATEGORY: ☐ A ☐ B ☐ C

ADMINISTRATIVE ASSESSMENT AMOUNT: \$

OTHER; SPECIFY: 100 disruptive / Viol. for 100 housing

9. ANCILLARY INFORMATION/INSTRUCTIONS

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

- POST DISCIPLINARY CLASSIFICATION: ☒ YES ☐ NO DATE: 8-28-99

- DISC/SEC SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO

- NCIS RECORD COMPLETED; DATE: BY WHOM:

10. SIGNATURE OF COMMITTEE

CHAIRMAN: S. Mark PRINTED NAME SIGNATURE

MEMBER: PRINTED NAME SIGNATURE

MEMBER: PRINTED NAME SIGNATURE

11. DISTRIBUTION INSTRUCTIONS

ORIGINAL - I-FILE COPY - INMATE COPY - CHANGING EMPLOYEE



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  
ID#: 58497 CURRENT LOCATION: U-1298 LOCATION OF DISCIPLINARY VIOLATION: U-1298  
IF DIFFERENT THAN CURRENT LOCATION: gate

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 MISBEHAVIOR  
COUNSEL SUBSTITUTE: REQUESTED ☐ YES ☒ APPROVED ☐ YES ☒ NO NAME: Cora Officer  
CHARGING EMPLOYEE NAME: Kathy McNett TITLE: Cora Officer  
STAT FORTFEITURE POSSIBLE: ☐ YES ☒ NO SK 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>M-34</u>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VI           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| III <u>(M-34)</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 | ID# OR TITLE | APPROVED YES/NO          | SEARCH FOR CRIMINAL      |                          |                          |
|------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |              |                          | RELEVANCY                | IMMEDIACY                | 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

What good is a statement if  
reports are incorrect - will discuss -  
anything else on my appeal -

| 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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| 1. INMATE INFORMATION (PRINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| LAST NAME: <u>Vanisi</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | FIRST NAME: <u>Siasi</u>            |                          | ID#: <u>58497</u>                   |                          | CURRENT LOCATION: <u>NSP</u>       |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 2. HEARING INFORMATION (PRINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| DATE OF HEARING: <u>6.2.99</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | TIME OF HEARING: <u>10:30 AM</u>    |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| NAME OF HEARING OFFICER: <u>W. STANLEY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                          | TITLE: <u>SGT</u>                   |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| DATE OF SERVICE OF NOTICE OF CHARGES: <u>6.2.99</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| IF LATE, PROVIDE EXPLANATION OF EXCEPTIONAL CIRCUMSTANCES: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 3. CHARGES AND PLEAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th colspan="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th colspan="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> </tr> <tr> <th></th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> <th></th> <th></th> <th>GUILTY</th> <th>NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td>I G-1</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>III</td> <td><input type="checkbox"/></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><input type="checkbox"/></td> </tr> <tr> <td>II <u>W32</u></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IV</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> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>VII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>VIII</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          | COUNT/CHARGE             |                          | PLEA   |         | COUNT/CHARGE |                                                                                                                                                                                                                                                                                                 | PLEA       |        | COUNT/CHARGE |       | PLEA  |                          |                          |                          | GUILTY                              | NOT GUILTY |                          |                          | GUILTY                   | NOT GUILTY               |               |                          | GUILTY                   | NOT GUILTY               | I G-1                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | III                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | V                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II <u>W32</u>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | IV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |  |  |  |  |  |  | VII | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  | VIII | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | PLEA                                |                          | COUNT/CHARGE                        |                          | PLEA                               |                          | COUNT/CHARGE             |                          | PLEA                     |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | GUILTY                              | NOT GUILTY               |                                     |                          | GUILTY                             | NOT GUILTY               |                          |                          | GUILTY                   | NOT GUILTY               |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| I G-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | III                                 | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | V                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| II <u>W32</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | IV                                  | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | VI                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                    |                          | VII                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
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| 4. STATEMENT OF INMATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| <u>SAME FOR COMMITTEE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 5. HEARING OFFICER ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
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| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REDUCE TO:               | DIMISS                              | RESOLVE                  | REFER                               | COUNT/CHARGE             | REDUCE TO:                         | DIMISS                   | RESOLVE                  | REFER                    |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| I G-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <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</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT</th> <th>SANCTION</th> </tr> </thead> <tbody> <tr> <td>I</td> <td><u>REPEL</u></td> </tr> <tr> <td>II</td> <td><u>REPEL</u></td> </tr> <tr> <td>III</td> <td></td> </tr> <tr> <td>IV</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     | COUNT                    | SANCTION                           | I                        | <u>REPEL</u>             | II                       | <u>REPEL</u>             | III                      |        | IV      |              | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COUNT</th> <th>SANCTION</th> </tr> </thead> <tbody> <tr> <td>V</td> <td></td> </tr> <tr> <td>VI</td> <td></td> </tr> <tr> <td>VII</td> <td></td> </tr> <tr> <td>VIII</td> <td></td> </tr> </tbody> </table> |            |        |              |       | COUNT | SANCTION                 | V                        |                          | VI                                  |            | VII                      |                          | VIII                     |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
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| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>REPEL</u>             |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>REPEL</u>             |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
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| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| VIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 7. EVIDENCE RELIED UPON; COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| <u>c/o REPORT (NOL) SUPPLEMENTAL/BACKUP REPORTS</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: _____<br>NAME: _____ NUMBER: _____ LOCATION: _____     NAME: _____ NUMBER: _____ LOCATION: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 9. SIGNATURES AND RECEIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| HEARING OFFICER: <u>Sgt. W. Stanley</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                          | DATE: <u>6.2.99</u>                 |                          | TIME: <u>10:30 AM</u>              |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                          | INMATE: <u>[Signature]</u>          |                          | (INMATE TO SIGN SHOULD BE PRESENT) |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| 10. DISTRIBUTION INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |
| ORIGINAL - DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |                                     |                          |                                    |                          |                          |                          |                          |                          |        |         |              |                                                                                                                                                                                                                                                                                                 |            |        |              |       |       |                          |                          |                          |                                     |            |                          |                          |                          |                          |               |                          |                          |                          |                                     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |  |     |                          |                          |                          |  |  |  |  |  |  |  |  |      |                          |                          |                          |

DOP 93018 (04/93)

NDOCIFILE00238

00000119

AA05641



68

| NEVADA DEPARTMENT OF PRISONS<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM I<br>"NOTICE OF CHARGES"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUPPLEMENTAL REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>VAJISI</u> FIRST NAME: <u>SAISI</u><br>ID#: <u>58497</u> CURRENT LOCATION: <u>12A10A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>2. VIOLATION INFORMATION (PRINT)</b><br>CHARGING EMPLOYEE NAME: <u>JAMES N. WITHEY</u> TITLE: <u>CORRECTIONAL OFFICER</u><br>DATE OF INCIDENT: <u>MAY 24, 1999 - MONDAY</u> DATE CHARGES WRITTEN: <u>SAME</u><br>EVIDENCE COLLECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE HELD BY: _____<br>CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)<br>I <input checked="" type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/><br>VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |  |
| <b>3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DCP 3010)</b><br><p>                             AT APPROX. 1230PM MY PARTNER (C/O WILEY) AND I WERE ASSIGNED AS RAIL OFFICERS, UNIT 12 OFFICERS MCKEE AND HUDSON CAME OUT TO PULL INMATE VAJISI FROM THE UNIT 12 GUNRAIL YARD AND THE INMATE WAS REFUSING TO LEAVE. OFFICER WILEY THEN BEGAN FIRING HIS SHOTGUN WITH MULTIPLE ATTEMPTS TO NO AVAIL THEN I FIRED ALL MY AMMO AND NOTED THAT VAJISI ACTUALLY HAD ONE LEG PROTRUDING FROM UNDERNEATH THE YARD FENCE. I RAN TO THE GUNRAIL SHACK LOADED UP AGAIN AND WENT TO THE END OF THE RAIL FOR A BETTER SHOT AND COULD REALLY SEE WHERE HAD HOLE UNDER THE FENCE BUT BY THEN THE EXTRACTION TEAM WAS READY TO GO IN ON HPT. 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.                         </p> <p style="text-align: center;">END OF REPORT</p> |  |
| <b>4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR</b><br>SIGNATURE OF CHARGING EMPLOYEE: <u>(Signature)</u><br>SIGNATURE OF SHIFT SUPERVISOR: <u>(Signature)</u><br><small>(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in MDS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)</b><br>DATE OF SERVICE: _____ TIME OF SERVICE: _____<br>PRINTED NAME OF HEARING OFFICER: _____<br>SIGNATURE OF HEARING OFFICER: _____<br>INMATE SIGNATURE: _____<br><small>(Signature indicates receipt of notice only; it is not a plea; refusal to sign should be noted.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>6. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

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, DCP 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 Henson and McKee attempting to remove  
Inmate Siaosi Vanisi #58497 from the unit 12 walk along yard  
Inmate Vanisi #58497 would not comply with Guards verbal  
Request to Exit the yard. Each Wiley 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. Then gave Inmate Vanisi #58497  
The order to get away from the hole. Inmate Vanisi #58497  
So I fired 12 Gauge Rubber Round to his chest. Inmate Vanisi  
Continued to crawl under the fence so I shot (2) 23 HV  
Rubber Ball Rounds and five (5) 23 HV Rubber fins. Total Cost \$139.92  
\$6. I caught then Beated me up firing several Rounds Backup  
arrived at approx 12:32 pm and removed Inmate Vanisi #58497  
from the yard to unit 4 for medical attention.

End

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, 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<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM I<br>"NOTICE OF CHARGES"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>VAUGHN</u> FIRST NAME: <u>SEAN</u><br>ID#: <u>58477</u> CURRENT LOCATION: <u>UNIT 12 D 10A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>2. VIOLATION INFORMATION (PRINT)</b><br>CHARGING EMPLOYEE NAME: <u>R. R. HURON</u> TITLE: <u>CORRECTIONAL OFFICER</u><br>DATE OF INCIDENT: <u>24 MAY 1999</u> DATE CHARGES WRITTEN: <u>24 MAY 1999</u><br>EVIDENCE COLLECTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE HELD BY: <u>PHOTO BY [unclear] AND [unclear]</u><br>CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)<br>I <u>6-1</u> II <u>125-34(4)</u> III <u>        </u> IV <u>        </u> V <u>        </u><br>VI <u>        </u> VII <u>        </u> VIII <u>        </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>3. REPORT OF VIOLATION: (If additional space is required, use and attach supplemental pages, DCP 2018)</b><br><p> <i>On Monday, May 24, 1999, at approximately 12:27 PM, I, Correctional Officer R. R. Huron, and Correctional Officer Hudson Gable observed inmate Sean Vaughn, ID# 58477, attempt to come to the warehouse exercise yard gate of Unit 12. Inmate Vaughn also was attempting to gain access to a small guard area next to the exercise yard by digging a hole in order to be shot by rail officer Willy James James, Jr. Officers from myself and Officer Hudson to come to the yard gate and away from the hole which resulted in his being fired on. Both rail officers (Officers Willy and Willy) noted they were out of ammunition when he attempted to exit the yard first while using a pad and while water came to hide behind which resulted in the cookies being thrown when hit by a gas round. Inmate Vaughn was ordered by Sergeant Roberts to lay down and face the south fence. Inmate Vaughn was then escorted by Officers Hudson, James Willy and Hudson and taken to the temporary at approximately 1:00 PM. Inmate Vaughn was returned to Unit 12 and was slow to comply with orders given by Sgt. Roberts after he and other prisoners were returned. Did guard take his handgun and at approximately 1:50 PM Inmate Vaughn did attempt to flood his cell. His water was ordered turned off by Lt. Colbert.</i> </p> <p style="text-align: right;"><i>END OF REPORT</i></p> |  |
| <b>4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR</b><br>SIGNATURE OF CHARGING EMPLOYEE: <u>[Signature]</u><br>SIGNATURE OF SHIFT SUPERVISOR: <u>[Signature]</u><br><small>(Denotes Review/Approval of Completed Notice; Confirms Initiation of Record in NDIS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>5. SERVICE OF NOTICE (To Be Completed by Hearing Officer)</b><br>DATE OF SERVICE: <u>6-2-99</u> TIME OF SERVICE: <u>10:50A</u><br>PRINTED NAME OF HEARING OFFICER: <u>T. ROBERTS</u><br>SIGNATURE OF HEARING OFFICER: <u>[Signature]</u><br>INMATE SIGNATURE: <u>[Signature]</u><br><small>(Signature indicates receipt of notice only; if it is not a plea, refusal to sign should be noted.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>6. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

STATE OF NEVADA  
DEPARTMENT OF PRISONS

CASE #

I-File

INCIDENT CLASSIFICATION: Vanisi, Siaosif. #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 |
|                    |                    |                     |             |
|                    |                    |                     |             |
|                    |                    |                     |             |
|                    |                    |                     |             |
| PRINT OFFICER NAME | APPROVED BY<br>W/S | OFFICER'S SIGNATURE | I.D. #      |
| Robert T. Gamble   |                    | Robert T. Gamble    |             |

DOP-028

NDOCIFILE00244

00000123

AA05645

STATE OF NEVADA  
DEPARTMENT OF PRISONS

MEMORANDUM

*I-File*

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

DATE: 05/27/99

FROM: JIM BENEDETTI, AWP  
NEVADA STATE PRISON

SUBJECT: CELL EXTRACTION OF SIAOSI VANISI #58497

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.

*[Signature]*

JIM BENEDETTI, AWP  
NEVADA STATE PRISON

JB:v1

cc: File

**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 VANISL SIAOSI  
LAST FIRST MI  
DOP # 58497 D.O.B. 63376

DOP 2016 9/08

NDOCMED00296

00000125

AA05647

**VI. SOCIAL HISTORY:**

(parents, siblings, education, work, martial status, children, sexual preferences)

**VII. SUBSTANCE ABUSE HISTORY:**

(cigarettes, coffee, illicit drugs, alcohol)

**VIII. CRIMINAL HISTORY:**

PENDING TRIAL FOR MURDER OF  
UNR POLICE OFFICER

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. Mac Knapp, Ph.D. Priv. Psychologist 6/6/99

CLINICIANS'S SIGNATURE/TITLE

DATE

Page 4 of 4

DOP 2616 9/98

Vanisi, Siroos  
#58497

... #12376

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| 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>Vanisi</u> FIRST NAME: <u>Sidosi</u> ID#: <u>58197</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="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th colspan="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> <th colspan="2">COUNT/CHARGE</th> <th colspan="2">PLEA</th> </tr> <tr> <th></th> <th></th> <th>GUilty</th> <th>NOT GUilty</th> <th></th> <th></th> <th>GUilty</th> <th>NOT GUilty</th> <th></th> <th></th> <th>GUilty</th> <th>NOT GUilty</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>M.1</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>III</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>V</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>II</td> <td>G.14</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>IV</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VI</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>VII</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>VIII</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                      |                                         |                          |                                     |                          |              |                          |                          |                          |                          | COUNT/CHARGE             |                          | PLEA     |          | COUNT/CHARGE |                           | PLEA       |         | COUNT/CHARGE |                            | PLEA  |                          |                          |                                     | GUilty                   | NOT GUilty |                          |                          | GUilty                   | NOT GUilty               |         |                                         | GUilty                   | NOT GUilty                          | I                        | M.1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | III                      |                          | <input type="checkbox"/> | <input type="checkbox"/> | V                        |                          | <input type="checkbox"/> | <input type="checkbox"/> | II                       | G.14                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | IV |                          | <input type="checkbox"/> | <input type="checkbox"/> | VI                       |      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |  |  |  |  |  |  | VII |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  | VIII |  | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNT/CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | PLEA                     |                                     | COUNT/CHARGE             |              | PLEA                     |                          | COUNT/CHARGE             |                          | PLEA                     |                          |          |          |              |                           |            |         |              |                            |       |                          |                          |                                     |                          |            |                          |                          |                          |                          |         |                                         |                          |                                     |                          |     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |    |                          |                          |                          |                          |      |                          |                          |                          |                          |  |  |  |  |  |  |     |  |                          |                          |  |  |  |  |  |  |  |  |      |  |                          |                          |
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| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M.1                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | III                      |              | <input type="checkbox"/> | <input type="checkbox"/> | V                        |                          | <input type="checkbox"/> | <input type="checkbox"/> |          |          |              |                           |            |         |              |                            |       |                          |                          |                                     |                          |            |                          |                          |                          |                          |         |                                         |                          |                                     |                          |     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |    |                          |                          |                          |                          |      |                          |                          |                          |                          |  |  |  |  |  |  |     |  |                          |                          |  |  |  |  |  |  |  |  |      |  |                          |                          |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G.14                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | IV                       |              | <input type="checkbox"/> | <input type="checkbox"/> | VI                       |                          | <input type="checkbox"/> | <input type="checkbox"/> |          |          |              |                           |            |         |              |                            |       |                          |                          |                                     |                          |            |                          |                          |                          |                          |         |                                         |                          |                                     |                          |     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |    |                          |                          |                          |                          |      |                          |                          |                          |                          |  |  |  |  |  |  |     |  |                          |                          |  |  |  |  |  |  |  |  |      |  |                          |                          |
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| <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 M.1</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 G.14</td> <td><input checked="" type="checkbox"/> M.7</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 M.1 | <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 G.14 | <input checked="" type="checkbox"/> M.7 | <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 M.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <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 G.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> M.7 | <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 DCIS RECORD UPDATED: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ BY WHOM: _____<br><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                  |            |         |              |                            |       |                          |                          |                                     |                          |            |                          |                          |                          |                          |         |                                         |                          |                                     |                          |     |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |    |                          |                          |                          |                          |      |                          |                          |                          |                          |  |  |  |  |  |  |     |  |                          |                          |  |  |  |  |  |  |  |  |      |  |                          |                          |
| 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</u><br>INMATE: <u>REFUSED</u><br>(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<br>CODE OF PENAL DISCIPLINE<br>DISCIPLINARY FORM I<br>"NOTICE OF CHARGES"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. INMATE INFORMATION (PRINT)</b><br>LAST NAME: <u>VANISI</u> FIRST NAME: <u>SIADSI</u><br>ID#: <u>58497</u> CURRENT LOCATION: <u>12C1A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>2. VIOLATION INFORMATION (PRINT)</b><br>CHARGING EMPLOYEE NAME: <u>LAWRENCE WHITTINGTON</u> TITLE: <u>C/O</u><br>DATE OF INCIDENT: <u>6-18-99</u> DATE CHARGES WRITTEN: <u>6-18-99</u><br>EVIDENCE COLLECTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE HELD BY: <u>PROPERTY ROOM (30 day notice)</u><br><small>CHARGES: (List by Number Only; Definitions are listed on reverse side of this form.)</small><br>I <u>M-1</u> II <u>6-14</u> III <u>        </u> IV <u>        </u> V <u>        </u><br>VI <u>        </u> VII <u>        </u> VIII <u>        </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>3. REPORT OF VIOLATION:</b> (If additional space is required, use and attach supplemental pages, DOP 3018)<br><u>ON 6-18-99 I, CORRECTIONAL OFFICER LAWRENCE WHITTINGTON, WAS WORKING IN UNIT 12 AT NEVADA STATE PRISON.</u><br><u>AT APPROXIMATELY 800AM WHILE SERVING BREAKFAST WITH SENIOR CORRECTIONAL OFFICER L. BAKER WE NOTICED THAT INMATE VANISI, SIADSI # 58497 12C1A WAS WEARING A BLUE SWEATSHIRT. VANISI IS HOUSED IN DISCIPLINARY SEGREGATION AND IS NOT ALLOWED BLUE CLOTHING.</u><br><u>AT APPROXIMATELY 945AM SIO BAKER 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 [REDACTED] 12D2A.</u><br><u>AT THAT TIME I SAW A COPY OF THE PRISONER'S SELF HELP LITIGATION MANUAL IN VANISI'S CELL. SINCE THE LAW LIBRARY HAD CALLED FOR THE RETURNS OF ALL LAW BOOKS FOR INVENTORY WE TOLD VANISI TO GIVE US THAT BOOK.</u><br><u>UPON EXAMINATION I SAW THAT THE BOOK WAS MARKED WITH THE NAME [REDACTED] VANISI SAID THE BOOK BELONGED TO INMATE [REDACTED].</u><br><u>INMATE [REDACTED] TOLD OFFICER BAKER THAT BOTH ITEMS DID BELONG TO HIM.</u><br><u>AN INMATE BEING IN POSSESSION OF ANOTHER INMATE'S PROPERTY IS A VIOLATION OF INSTITUTIONAL PROCEDURES AND ADMINISTRATIVE REGULATIONS.</u><br><u>BOTH ITEMS WERE SENT TO THE PROPERTY ROOM UNDER A 30 DAY NOTICE OF DISPOSITION.</u> |  |
| <b>4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR</b><br>SIGNATURE OF CHARGING EMPLOYEE: <u>[Signature]</u><br>SIGNATURE OF SHIFT SUPERVISOR: <u>[Signature]</u><br><small>(Denotes Review/Approval of Charged Notice; Confirms Initiation of Record in NCIS)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>5. SERVICE OF NOTICE</b> (To Be Completed by Hearing Officer)<br>DATE OF SERVICE: <u>6-28-99</u> TIME OF SERVICE: <u>11:20 AM</u><br>PRINTED NAME OF HEARING OFFICER: <u>W. Stanley</u><br>SIGNATURE OF HEARING OFFICER: <u>[Signature]</u><br>INMATE SIGNATURE: <u>[Signature]</u><br><small>(Signature indicates receipt of notice only, it is not a plea; refusal to sign should be noted.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>6. DISTRIBUTION INSTRUCTIONS</b><br>ORIGINAL - CHAIRMAN OF DISCIPLINARY COMMITTEE<br>COPY - INMATE<br>COPY - CHARGING EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

NDOCIFILE00009

00000129

AA05651

Amended  
7-14-99  
DATE

TO: 7-POST SHIFT COMMANDER . DATE OF TRANSFER: 7-15-91  
FROM: NSP TRANSFER COORDINATOR DEPARTURE TIME: 0630 Am Thursday  
TRANSFERRED BY: CENTRAL TRMS.

VANisi. S. AOS. 58497

TRAVEL ORDERS COMPLETED \_\_\_\_\_, BODY RECEIPT COMPLETED \_\_\_\_\_

RECEIVED BY SHIFT COMMANDER

|            |                |           |          |              |              |
|------------|----------------|-----------|----------|--------------|--------------|
| CC: WARDEN | LOCKDOWN CCS   | DENTAL    | VISITING | PROPERTY SGT | WARDEN'S SEC |
| AMP        | U-5 SENIOR C/O | INFIRMARY | CANTEEN  | 7-POST (2)   | R. Moore     |
| AND        | U-5 CCS        | CULINARY  | CONTROL  | MAILROOM     | CASEWORKERS  |
| CCS III    | BOTTOM 1 TOWER | LAUNDRY   | RECORDS  | ADMIN        |              |

NDOCIFILE00269

00000130

AA05652

Van 151WC8000925

CONFIDENTIAL ☐ Y ☒ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



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         | DOB        |
| 1                                                                                                    | Vanisi, Sisoni | 14630198                                                                | 309674 | [REDACTED]  | [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  
SHERIFF'S OFFICE  
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

AA05653

SVanisi-WCS000227

WASHOE COUNTY  
**SHERIFF**



**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

AA05654

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<br>PAGE 1 OF 1 |  |
| CHARGE(S)/TYPE OF INCIDENT: Video Taping of I/M Vanisi, Siasoi                                                                                    |  | 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, Siasoi / #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". 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 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

AA05655

## Washoe County Sheriff's Off

## EVIDENCE

★ ★ ★ ★ **CONFIDENTIAL** ★ ★ ★ ★

5Uanisi-WC5000229

[illegible]

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

S-10G (Rev. 6 94)

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

WCSO00229

00000134

AA05656

SVanisi-WCS000230

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: 01/15/1966                                                            |                                                          | 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>8 |
|-----------------------------------------------------|----------------|---------------|--------|--------------------------------------------|-------------|

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

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## REPORTS - 1960-1961

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

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Evidence Page 1 of 1

AA05658

S-10B Revised 1/96

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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<br>PAGE <u>1</u> OF <u>1</u> |  |
| CHARGE(S)/TYPE OF INCIDENT: Video Taping of I/M Vanisi, Siasoi                                                                                    |                                                           | 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, Siasoi / #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 in  
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>582 |
|------------------------------|-----------------|---------------|--------|--------------------------------------------|---------------|

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

AA05659

**Washoe County Sheriff's Office**

## EVIDENCE

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SUanisi-WC5000233

[illegible]

S-10G (Rev. 6 94)

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

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

WCSO00233

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SUanisi-WC5000234

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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: I/M VANISI on tier time                                                                             |                                                          | PAGE <u>1</u> OF <u>2</u>                                               |  |
| 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

WC5000234

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AA05661

★ ★ ★ ★ **CONFIDENTIAL** ★ ★ ★ ★

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



**MEMORANDUM**

August 3, 1999

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

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 D&T  
DA  
Chaplain

Send tapes to DA.

WCPD07835

00000141

AA05663



**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

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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 #    | SEN | DOB |
| 1                                                                            | Vanisi, Siasoi                                               | 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>Jacoboni | COMM #<br>1683 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR | COMA |
|------------------------------|----------------|---------------|--------|----------------------|------|

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

WCPD07842

00000143

AA05665



WASHOE COUNTY  
**SHERIFF**



**MEMORANDUM**

August 16, 1999

TO: Captain Ganyon  
FROM: Deputy J. Harmon 1583  
RE: **INMATE VANISI 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

AA05666



**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

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S Vanisi-WCS000210

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 #    |
| 1                                                                            | Vanisi, Siaoisi | 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 Deputies 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.

WCSO00210

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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 |        |     |     |
| 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, Siaoisi | 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

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Vanisi WCSO000903

CONFIDENTIAL ☒ Y ☐ N

# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



CASE NUMBER: 5976-99

|                                                                                 |                |                               |        |                                                                         |            |             |  |
|---------------------------------------------------------------------------------|----------------|-------------------------------|--------|-------------------------------------------------------------------------|------------|-------------|--|
| TYPE OF REPORT:<br>INFORMATIONAL                                                |                | 08 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"/> |                | WASHOE COUNTY<br>RENO, NEVADA |        | OCCURRENCE: HOUSE 4                                                     |            |             |  |
| LIST SUBJECT(S) IF KNOWN                                                        |                |                               |        |                                                                         |            |             |  |
| #                                                                               | SUBJECT NAME   | BOOKING #                     | A #    | SSN                                                                     | DOB        |             |  |
| 1                                                                               | VANISI, SIAOSI | 14630198                      | 309674 |                                                                         | [REDACTED] |             |  |
| 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<br>[Signature] | COMM #<br>520 |
|-----------------------------------|----------------|---------------|--------|-------------------------------------|---------------|

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

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# INCIDENT REPORT

WASHOE COUNTY  
SHERIFF



Van1s1M08000904

|                                                                                 |                                                       |                                                                         |        |     |     |
|---------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|--------|-----|-----|
| TYPE OF REPORT:<br>INFORMATIONAL                                                |                                                       | CASE NUMBER: 5976-99                                                    |        |     |     |
| 09 AUG 18 PM 1:35                                                               |                                                       | WASHOE COUNTY SHERIFF'S OFFICE<br>911 PARR BLVD.<br>RENO, NV 89512-1000 |        |     |     |
| COMPLAINANT <input type="checkbox"/> INMATE <input checked="" type="checkbox"/> | WASHOE COUNTY<br>REPORTING 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 1730 hours, Inmate Williams, Shawn #1016242 approached me at the Deputy Station. Williams handed me a note that Inmate Vanisi, Siasosi 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 | 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.

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## 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 |                                                                         | [REDACTED] |             |  |
| 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>[Signature] | COMM # |
|----------------------------------|----------------|---------------|--------|-------------------------------------|--------|

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

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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                                                                                |  | 14630198                                                                | 309674 |             |     |
| VANISI, SLAOSI                                                                              |  |                                                                         |        |             |     |
| 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

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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>V.C.S.O. |  | LOCATION OF OCCURRENCE: HU04 911 PARR BLVD. RENO, NV.                   |        |             |     |
| LIST SUBJECT(S) IF KNOWN                                                                    |  | BOOKING #                                                               | A #    | SSN         | DOB |
| SUBJECT NAME                                                                                |  | 14630198                                                                | 309674 |             |     |
| VANISI, SIAOSI                                                                              |  |                                                                         |        |             |     |
| 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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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, Siasosi | 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, Siasosi 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.

10/22/99  
10:00 AM  
10/22/99

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

|                             |     |               |        |                                            |        |
|-----------------------------|-----|---------------|--------|--------------------------------------------|--------|
| REPORTING DEPUTY<br>R. Ramm | 146 | SECOND DEPUTY | COMM # | APPROVING SUPERVISOR<br><i>[Signature]</i> | COMM # |
|-----------------------------|-----|---------------|--------|--------------------------------------------|--------|

DISSEMINATION

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

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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  
SEP 25 1999  
CRIMINAL JUSTICE DIVISION

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

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Vanisi WCSO00920

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  
RENO, NEVADA

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>C. Mac</u> | COMM #<br>591 |
|-----------------------------------------------------|----------------|---------------|--------|---------------------------------------|---------------|

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Vanisi WCSO00919

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  
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 # |
|------------------------------|----------------|---------------|--------|----------------------|--------|

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## 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 type="checkbox"/> INMATE <input type="checkbox"/> |               | LOCATION OF OCCURRENCE: WCDF Housing Unit Four                         |        |                           |
| LIST SUBJECT(S) IF KNOWN                                             |               |                                                                        |        |                           |
| #                                                                    | SUBJECT NAME  | BOOKING #                                                              | A #    | SSN                       |
| 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 1999EXTRA COPIES TO: ☐ DETECTIVES ☐ DA ☐ CNU ☐ SERVICES DIVISION ☐ OTHER: Lt. Fobbus

|                                             |                |               |        |                                       |               |
|---------------------------------------------|----------------|---------------|--------|---------------------------------------|---------------|
| REPORTING DEPUTY<br>Durbin, <u>ARR</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

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Vanisi WCSO00915

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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 | PAGE 1 OF 1 |
| CHARGE(S)/TYPE OF INCIDENT: Supplemental                                                                                        |                            | CASE NUMBER: 5976-99 ✓                                                  |             |
| COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> INMATE <input type="checkbox"/><br>WCSO         | ADDRESS, CITY, STATE, ZIP: |                                                                         |             |
| LIST SUSPECT(S) IF KNOWN                                                                                                        |                            |                                                                         |             |
| SUBJECT 1: Vanisi, Siaosi 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

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Vanisi WCSO00916

CONFIDENTIAL ☐ ☒   
 Y N

SUPPLEMENTAL REPORT

WASHOE COUNTY  
SHERIFF



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 <u>1</u> OF <u>2</u> |
| 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                       |
| 1                                                                    | VANISI, SIAOSI | 14630198                                                                | 309674 | [REDACTED]                |
| 2                                                                    |                |                                                                         |        | [REDACTED]                |

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 Vanisis' 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<br>Sgt. LB 399 | COMM # |
|-----------------------------|----------------|---------------|--------|-------------------------------------|--------|

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

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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 <u>2</u> OF <u>2</u> |            |
| 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 | 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

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Vanisi WCSO000918

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 |  |
| 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  |                                           |     |            |     |            |

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|                           |                 |                      |                                      |
|---------------------------|-----------------|----------------------|--------------------------------------|
| REPORTING OFFICER<br>Dexx | I.D. #<br>10278 | SECOND OFF<br>I.D. # | APPROVING<br>SUPERVISOR<br>Sylvestre |
|---------------------------|-----------------|----------------------|--------------------------------------|

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

REL TO: DATE: BY:

S-108 Revised 1/96

WCSO000918

00000161

AA05683

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 # ...14630188

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.....811 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? ..D

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

AA05684

SEGREGATION PSYCHOLOGICAL EVALUATION

I. NAME: VAVISI, 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 &

III. ALCOHOL AND DRUG USE HISTORY:

FOR HIS DEFENSE RE DEATH SENTENCE.

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, PLD  
 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

SIAVSI

LAST

FIRST

MI

PROGRESS NOTES Vanisi, April 15, 2000

DOP# 63376

163

DOP 2510 410/00

AA05686

| DATE & TIME | PROB | DISCIP | PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------|------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |      |        | (cont) 2/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4/15/00     |      | MDY    | <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

SIAOSI

LAST

FIRST

MI

PROGRESS NOTES

Vanisi, Simon Psychiatric Evaluation April 15, 2000 DOP# 63376

163

AA05687

| DATE & TIME | PROB | DISCIP | PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------|------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/15/00     | U94  | (Cont) | 3/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|             |      |        | <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 VANIS SILOSI  
LAST FIRST MI

PROGRESS NOTES  
Vanis, David Psychiatric Evaluation April 15, 2000

DOP# 63376

163

AA05688



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

**INMATE INFORMATION**  
 INMATE NAME: VANISI, SIAOSI 63376 CHARGING EMPLOYEE: Sgt Ronald Bryant  
 CURRENT LOCATION: ESP-UB-A-18-A: JNC DATE OF INCIDENT: 02/28/2008  
 OIC#: 154675 DATE CHARGES WRITTEN: 02/28/2008

**G1: Discobedience**

On February 28, 2008 at approximately 1:58 pm I Correctional Sergeant Ronald Bryant responded to call 9A18 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.

**SIGNATURE OF HEARING OFFICER** *[Signature]* **Primary Hearing Officer (Original)**  
**SIGNATURE OF HEARING OFFICER** *[Signature]* **Charging employee (Copy)**  
**SIGNATURE OF INMATE** *[Signature]* **Inmate (Copy)**

**G1 - Caddy 10 Days loss of status**

Reference Name: NOTIS-RPT-OR-0061  
 Report Name: IN/INOC  
 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. If it is not a plea, refusal to sign should be noted)

INMATE NAME: VANISL SIAOSI 63376  
CURRENT LOCATION: ESP-JB-A-18-A; : : NC  
OAC#: 152655  
CHARGING EMPLOYEE: Judy Westphal  
DATE OF INCIDENT: 02/22/2008  
DATE CHARGES WRITTEN: 02/22/2008

INMATE NAME: VANSI, SIAOSI 63376  
 CURRENT LOCATION: ESP-JA-18-A ; NC  
 OAC#: 152855  
 CHARGING EMPLOYEE: Judy Westfahl  
 DATE OF INCIDENT: 02/22/2008  
 DATE CHARGES WRITTEN: 02/22/2008

**M.128: Org. Work Stoppage / Demonstration**

**G1:** **Disobedience**

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

At approximately 8:09AM on February 22, 2008, I/OO Lady Macintosh was writing the control of Unit 3 when officers C/O Alton Moody, C/O Michael Aler, and C/O Robert Coble went to the cell door of inmate Vaniel. Stand #63376 was asked if he wanted to shower. He yelled in a very loud voice, "I'm cleaning, am I really going to get a shower." C/O Coble placed the cuffs on Vaniel sitting with the leash as he kept telling them they may not get the cuffs back. Vaniel started yelling about the leash from the time they left the cell door all about half way to the shower where he stopped dropped his shoelaces towel and kicked it and told the officers to pick it up and to let it move. 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 Vaniel sat down on the bench and sat with his back to the shower door. He said the cuffs and leash were bad. I then called Sergeant Thomas Prince of the situation and Sergeant Ronald Bryant and C/O Miller from mental health refused to talk to Vaniel. 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 C/O Prince returned to the cell. At approximately 8:59AM, the officers and Vaniel were then moved to the infirmary. Officer Stand #63376 and three CO's returned to the unit and Vaniel then cooperated with the



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

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

DATE OF SERVICE: 2-25-08 TIME OF SERVICE: 9:00 AM Primary Hearing Officer (Original)  
PRINTED NAME OF HEARING OFFICER: Jerry G. Anderson Charging employee (Copy)  
SIGNATURE OF HEARING OFFICER: Jerry G. Anderson  
SIGNATURE OF INMATE: [Signature] 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 Description |
|-------|---------------------------------------|----------|----------------------|
| 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 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 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.

*1-2-F-4-5*

Reference Name: NOTIS-RPT-OR-0061

Page 1 of 2

Report Name: NVRNOC

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

NDOCIFILE00340

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AA05693



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] [Signature]  
 DATE OF SERVICE: 7-14-08 TIME OF SERVICE: 11:00 AM Primary Hearing Officer (Original)  
 PRINTED NAME OF HEARING OFFICER Lee, B. A. - 4-02 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

AA05694

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#: 1633716 CURRENT LOCATION: ESP Unit Three B39A

## 2. VIOLATION INFORMATION (PRINT)

CHARGING EMPLOYEE NAME: Joni DeRathas 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 6-7 III 6-18 IV MJ-25 V MJ-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 concerned about the behavior of Inmate VANISI, SIAOSI; BACKGROUND 1633716 TO STRIP OUT FOR UNCLE BEN'S, SEARCH TO RETURN THE INMATE BACK TO CELL 3B39A FROM YARD. He had been out THERE SINCE 7:47 A.M. Inmate VANISI Refused to Remove CONTACTS. At 10:26 approximately, Sergeant Paul Hunt and Officer Darrin Gargan Enter Building Sally Port, Sgt Hunt started him to Take off outerwear and has him to Come off yard. He began to Resist and Charge and Refused officer Gargan's order to off the yard. He Refused to leave. I sent for another officer JONI DE RATHAS to assist him off the yard. He Refused to leave and was being escorted by Officer Barbara Munk. Officer Munk (Munk) to Come off yard. He Refused. Officer Gargan approached the Rec. Yard door to see if he could get him out of the 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 1:30 AM Officer Patrick Peterson HOLLERED at me from the Gun Port that Inmate VANISI had just HUNG HIS RIGHT where he was sitting and was now laying down facing the back wall of the Rec. 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 some and restrain him and he would go to 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. He finished Feeding. At approximately 4:50 p.m. Sgt Hunt returned with Officer Gargan to help

## 4. SIGNATURE OF CHARGING EMPLOYEE AND SUPERVISOR

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

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

(Denotes Review/Approval of Completed Notice; Cell Area Initials of Record in NDCS)

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

DATE OF SERVICE: 4-17-04

TIME OF SERVICE: 6:33 a

PRINTED NAME OF HEARING OFFICER: P. Hunt

SIGNATURE OF HEARING OFFICER: P. Hunt

INMATE SIGNATURE: Siaosi 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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AA05695

246

PG 2 of 2

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: SEE Page #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)

Hi if Inmate Vanisi decide to do a proper STRIP OUT AND RESTRAIN HIM  
AND THE OFFICER'S WOULD FEED HIM. Inmate Vanisi propose 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 dress 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. Diabes - SUI BX246 ESP.  
SIGNATURE OF SHIFT SUPERVISOR: \_\_\_\_\_  
(Denotes Review/Approval of Completed Notice; Confirms Initiation of Report in NCIS)

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

DATE OF SERVICE: 4-17-24 TIME OF SERVICE: 6:27 A  
PRINTED NAME OF HEARING OFFICER: P. Hunt  
SIGNATURE OF HEARING OFFICER: P. 25  
INMATE SIGNATURE: Inmate 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 EMPLOYER

DOC - 3017/REV 7/011

NDOCIFILE00139

00000171

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| 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>Siddi</u> ID #: <u>63376</u> CURRENT LOCATION: <u>9414</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><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">PLEA<br/>GUILTY NOT GUILTY</th> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">PLEA<br/>GUILTY NOT GUILTY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">I <u>61</u></td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td style="text-align: center;">III <u>613</u></td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td style="text-align: center;">V</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;">VII</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">II <u>614</u></td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td style="text-align: center;">IV</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;">VI</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;">VIII</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   | COUNTCHARGE              | PLEA<br>GUILTY NOT GUILTY | COUNTCHARGE | PLEA<br>GUILTY NOT GUILTY | COUNTCHARGE | PLEA<br>GUILTY NOT GUILTY | COUNTCHARGE | PLEA<br>GUILTY NOT GUILTY | I <u>61</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> | III <u>613</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> | V                        | <input type="checkbox"/> <input type="checkbox"/> | VII                                 | <input type="checkbox"/> <input type="checkbox"/> | II <u>614</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"/> |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| COUNTCHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLEA<br>GUILTY NOT GUILTY                                    | COUNTCHARGE              | PLEA<br>GUILTY NOT GUILTY                                    | COUNTCHARGE                         | PLEA<br>GUILTY NOT GUILTY                         | COUNTCHARGE              | PLEA<br>GUILTY NOT GUILTY                         |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| I <u>61</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <input checked="" type="checkbox"/> | III <u>613</u>           | <input type="checkbox"/> <input checked="" type="checkbox"/> | V                                   | <input type="checkbox"/> <input type="checkbox"/> | VII                      | <input type="checkbox"/> <input type="checkbox"/> |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| II <u>614</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>I'll wait till the committee to plea.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>5. HEARING OFFICER ACTION</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">REDUCE TO:</th> <th style="text-align: center;">DISMISS</th> <th style="text-align: center;">RESOLVE</th> <th style="text-align: center;">REFER</th> <th style="text-align: center;">COUNTCHARGE</th> <th style="text-align: center;">REDUCE TO:</th> <th style="text-align: center;">DISMISS</th> <th style="text-align: center;">RESOLVE</th> <th style="text-align: center;">REFER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">I <u>61</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">V</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">II <u>614</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">VI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">III <u>613</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">VII</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">IV</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">VIII</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   | COUNTCHARGE              | REDUCE TO:                | DISMISS     | RESOLVE                   | REFER       | COUNTCHARGE               | REDUCE TO:  | DISMISS                   | RESOLVE     | REFER                                                        | I <u>61</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>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>613</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| COUNTCHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REDUCE TO:                                                   | DISMISS                  | RESOLVE                                                      | REFER                               | COUNTCHARGE                                       | REDUCE TO:               | DISMISS                                           | RESOLVE                  | REFER                     |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| I <u>61</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>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>613</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input checked="" 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><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">COUNT</th> <th style="text-align: center;">SANCTION</th> <th style="text-align: center;">COUNT</th> <th style="text-align: center;">SANCTION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">I</td> <td style="text-align: center;">V</td> <td style="text-align: center;">V</td> <td style="text-align: center;">V</td> </tr> <tr> <td style="text-align: center;">II</td> <td style="text-align: center;">VI</td> <td style="text-align: center;">VI</td> <td style="text-align: center;">VI</td> </tr> <tr> <td style="text-align: center;">III</td> <td style="text-align: center;">VII</td> <td style="text-align: center;">VII</td> <td style="text-align: center;">VII</td> </tr> <tr> <td style="text-align: center;">IV</td> <td style="text-align: center;">VIII</td> <td style="text-align: center;">VIII</td> <td style="text-align: center;">VIII</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   | COUNT                    | SANCTION                  | COUNT       | SANCTION                  | I           | V                         | V           | V                         | II          | VI                                                           | VI             | VI                                                           | III                      | VII                                               | VII                                 | VII                                               | IV                       | VIII                                                         | VIII                     | VIII                                              |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SANCTION                                                     | COUNT                    | SANCTION                                                     |                                     |                                                   |                          |                                                   |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
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| IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VIII                                                         | VIII                     | VIII                                                         |                                     |                                                   |                          |                                                   |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <b>7. EVIDENCE RELIED UPON; COMMENTS</b><br><u>Written Report not Guilty Plea entered for 5/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 NCN RECORD UPDATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>DATE: _____ BY WHOM: _____<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NAME</th> <th style="text-align: center;">NUMBER</th> <th style="text-align: center;">LOCATION</th> <th style="text-align: center;">NAME</th> <th style="text-align: center;">NUMBER</th> <th style="text-align: center;">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                  |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| 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>X</u> (FOR INMATE SIGNATURE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                          |                                                              |                                     |                                                   |                          |                                                   |                          |                           |             |                           |             |                           |             |                           |             |                                                              |                |                                                              |                          |                                                   |                                     |                                                   |                          |                                                              |                          |                                                   |               |                                                   |                          |                                                   |                                     |    |                          |                          |                          |                          |                |                          |                          |                          |                                     |     |                          |                          |                          |                          |    |                          |                          |                          |                          |      |                          |                          |                          |                          |
| <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: Vanisi FIRST NAME: Siasi  
 ID#: 63376 CURRENT LOCATION: Unit 9 (Infirmary) Cell #14

**2. VIOLATION INFORMATION (PRINT)**

CHARGING EMPLOYEE NAME: Ronald Bryant TITLE: Correctional Officer  
 DATE OF INCIDENT: April 11, 2004 DATE CHARGES WRITTEN: April 11, 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 ☒ 6-14 III ☒ 6-18 IV ☐ 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 OF SHIFT SUPERVISOR: \_\_\_\_\_

(Denotes Review/Approval of Completed Notice; Confirmation of Record in NCES)

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

DATE OF SERVICE: 4-11-04 TIME OF SERVICE: 6:00 AM

PRINTED NAME OF HEARING OFFICER: P. Hunter

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

INMATE SIGNATURE: Siassi 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

DOC - 3017 (REV. 7/01)

NDOCIFILE00146

00000173

AA05698

Vanisi Siqosi #3374

# 6. PRISON PRESENTATION

Inmate Vanisi #63374 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: Ch Bryants 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 & 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

| COUNTCHARGE    | REDUCE TO:               | GUILTY                              | NOT GUILTY               | DISMISS                             | COUNTCHARGE | 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 retribution for any cost arising from this incident. Until the amount of retribution 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>(SUSPENDED 30 DYS CLEAN CONDUCT)</u> |          |
| B.           |               |                                         |          |
| C.           |               |                                         |          |
| D.           |               |                                         |          |
| E.           |               |                                         |          |

STAT FORTFEITURE 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:
- DISC/SEG SANCTION REQUIRES REVIEW BY DIRECTOR: ☐ YES ☒ NO
- NCIS RECORD COMPLETED: DATE 15 JUL 2004 BY WHOM: C. P. Davis

## 10. SIGNATURE OF COMMITTEE

CHAIRMAN: Dhr Shaulis [Signature]  
MEMBER: [Signature]  
MEMBER: [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 outnumbered. 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 cursive script, appearing to read "Olisi Lui", is written over a horizontal line.

Olisi Lui

Exhibit 111

Exhibit 111




### **Declaration Of Peter Finau**

I, Peter Finau, declare as follows:


1. My name is Peter Finau and I currently reside in Salt Lake county, Utah. Siaoisi Vanisi is my first cousin as my father, Esei Finau-Tafuna, was the eldest brother of Siaoisi's mother, Luisa Tafuna. I have known Siaoisi since the time that he came to the United States from the Kingdom of Tonga as a child during the 1970's. My aunt Luisa gave Siaoisi away to her sister, Toeumu, when Siaoisi was a baby. Siaoisi grew up around aunt Toeumu in the home of my late uncle Moli Tafuna and his wife Lose, but Siaoisi was always around his biological mom, Luisa.
2. Siaoisi's step-dad, Mr. Uluave, physically abused Luisa, sometimes in the presence of her children and others in the family. Uluave once beat Luisa when they were driving in a car with myself, Siaoisi and his eldest brother Sitiveni. This incident occurred in the late 1970's, so they were all kids and powerless to help aunt Luisa. Sitiveni was yelling at Uluave to stop hitting his mother.
3. Domestic violence was commonplace within our family, and almost all of the men in the family, including my father, beat their wives. My dad, Esei Finau, used to beat my mom in front of me and his siblings at times. My uncle Maile Tafuna, who was an LDS Bishop and Church Patriarch, used to beat his wife, Mele, in front of me and the other children in the family.
4. Besides spouse abuse, I also believe that there was child abuse within the family. Whenever children in the family were disciplined the beatings were brutal. There was no such thing as child abuse in the family's vocabulary, and any uncle was free to beat you for misbehavior or not following rules.
5. In Tongan culture, the first born male is made the leader of the family and everyone has to follow his directives. When my dad, Esei, left Tonga in the 1950's and moved to New Zealand, he left a hole in the family's leadership because he was the first born male amongst his siblings. My dad's twin brother, uncle Saia, wasn't interested in family politics so Maile became the default leader of the family.
6. When my dad, Esei, moved his family to the United States in the 1970's, we first stayed with Maile in California for about six months. Maile tried talking my father into taking over as the family's leader, but my dad turned his offer down. Maile became furious with my father for neglecting his cultural duty and blamed my mother Gaynor, a Caucasian New Zealander,



for turning my father against his traditions. Maile used to say, "That's what happens when you marry a Palangi." - Palangi is a Tongan term which means a white person. Maile was prejudiced and always against the idea of anyone in the family marrying outside of our race and nationality. Maile's negative attitudes played a large part in my father's decision to move our family to Arizona. My father originally was going to stay in California, but uncle Maile helped to change his mind.

7. Even though my father left California to avoid having to deal with Maile on a regular basis, they remained in contact with one another and my dad participated with family gatherings and functions. My father also sent Maile money any time that Maile requested that the siblings give him money to assist with his various causes. Uncle Maile was well known and respected for helping countless families in the Tongan community.
8. Maile had a very loving and generous side to his personality. When I married my ex-wife, Rose, Maile showed up unannounced and uninvited with his sons. Even though Rose and I had everything that we needed for the celebration, Maile purchased a huge amount of meat and various kinds of food. Maile was always there for the family.
9. Maile had a nasty disposition and he was verbally abusive towards many people within the family. Everyone tolerated Maile because they believed that his heart was in the right place. Whenever Maile verbally attacked people in the family, they usually just let him talk and did their best to ignore him.
10. I believe that uncle Maile, aunt Luisa, Siaosi's sister, Sela, and others in the family may have suffered from undiagnosed mental health problems. They all suffered from extreme moods swings and sometimes snapped in bursts of anger. Of everyone in the family, Maile and Luisa suffered from the most severe moods swings. I always tried to avoid them whenever I was around them at family functions and gatherings.
11. ~~I believe that our family's mental health issues may be rooted in our ties to the island of Uliha, Ha'Api, the Tafua family's place of origin. Uliha is well known for having people with various mental illnesses, as well as prostitution.~~ 
12. I knew about Siaosi's failed LDS mission in 1990, and I believe that Siaosi was deeply effected by this experience. Siaosi was a different person after he came home from the mission. Siaosi became obsessed with the idea that he was going to become a huge movie star and make it big. This was all that he talked about. Siaosi also began distancing himself from Tongan culture and associating more with American culture. It seemed like Siaosi was trying to run away from his identity and become someone else.



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13. I was not around when Siaoasi left San Bruno around 1990, and I don't recall interacting with Siaoasi for the first year or two that he was living in Los Angeles. The next time that I saw Siaoasi was in Mesa, Arizona, <sup>early 1992</sup> around 1992, when Siaoasi and my younger brother, Mike Finau, were living together for the first time.
  14. In 1992, I saw Siaoasi in Arizona on at least four or five separate trips that I made out there. My mom was living in the Mesa area at that time and I used to travel there a few times a month to visit her. I have no recollection of Siaoasi attending college while he was in Arizona, but I recall that he used to hang out around the community college campus.
  15. Siaoasi dated unattractive and obese women while he lived in Arizona, and they all supported him financially. These women gave Siaoasi money for his rent, food, utility bills, clothes and other things.
  16. Whenever I saw Siaoasi around Mesa he was usually wearing business suits. Siaoasi used to tell everyone that he was a stock broker even though he didn't even have a job. Siaoasi also began using the name Perrin Vanacey at that time. Siaoasi's talk of being a stock broker, changing his name and dressing in business suits seemed like it was all part of some fantasy that he created in his mind.
  17. To pass time, Siaoasi enjoyed playing volley ball at a nearby LDS sports facility in the Mesa area. Siaoasi did not drink alcohol or abuse any substances while he was living in Arizona, as far as I knew.
  18. After being laid-off by American Airlines in 1996, I relocated from Hawaii to Salt Lake City and began working with Delta Airlines. It was around this time that I first traveled to the Los Angeles area to stay with Siaoasi and my brother, Mike Finau, in Redondo Beach, California. This was the first of at least five to six trips that I made to Los Angeles to visit Siaoasi and Mike. I usually stayed with them for a couple nights around weekends. Siaoasi's wife had already left him by the time of my first visit in 1996.
  19. Siaoasi was acting very strange during all of my visits to Redondo Beach. Siaoasi wore strange costumes, mismatched clothing, and weird looking hats. Siaoasi used to tell his children strange things that made no sense, and I once saw Siaoasi smoking marijuana in front of his sons. As Siaoasi smoked the marijuana he told his sons, "This is the real stuff...you need to do this when you're older." I told Siaoasi that he was losing his mind and needed to seek psychological help.
  20. Siaoasi acted like a child when he was living in Redondo Beach and it seemed like he was not interested in being an adult anymore. It was all about having fun for Siaoasi and he had no



sense of responsibility whatsoever. My brother Mike also told me that Siaoosi had become addicted to the weight loss drug Phen-Fen, and he wondered if this drug affected Siaoosi's mental state of mind.

21. I was never contacted by anyone who represented Siaoosi during the time of his trial or while his case was in state post-conviction proceedings. Herbert Duzant of the Federal Public Defender office was the first person to discuss Siaoosi's case and background with me. I would have provided Siaoosi's past attorneys with all of the information 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 5<sup>th</sup> 2011 in Salt Lake county, Utah.

  
Peter Finau

Exhibit 112

Exhibit 112

### Declaration Of David Kinikini

I, David Kinikini, declare as follows:

1. My name is David Kinikini, I am 37 years old and I currently reside in Salt Lake county, Utah. I am the cousin of Siaoisi Vanisi and we have known one another since we were children.
2. I was about 10 years old when I first began having meaningful interactions with Siaoisi. We saw one another frequently throughout our childhood. Siaoisi and I normally saw each other throughout each year at holidays, weddings, funerals, and various family and LDS church events. Siaoisi sometimes spent summers in Salt Lake City and I also went to San Bruno to do the same. Whenever I was in San Bruno I usually stayed with Siaoisi and Toeumu at his Uncle Moli's house. Whenever Siaoisi was in Salt Lake City, he usually stayed at my family's home. Whenever we were in the same place Siaoisi and I were always together.
3. Siaoisi was a very generous person from the time he was a child. Siaoisi was a very neat and clean person, and he enjoyed wearing nice clothes. Whenever Siaoisi noticed that I, or other cousins in Salt Lake City, were admiring his clothing and other belongings he freely gave his clothing and belongings away to us. Whatever Siaoisi had he wanted others to have as well, and he usually said that it wasn't a problem because he could buy more back in the Bay area. Siaoisi always showed a lot of love to the family and he was one of the favorite cousins of almost our relatives. The family was always first and foremost in everything that Siaoisi did. If he knew that you wanted something he gave it to you, and if he didn't have it he'd try his best to obtain it.
4. Siaoisi knew everything there was to know about current events, sports and other areas, and he frequently talked about subjects that no one knew about. Siaoisi seemed to enjoy talking above everyone's understanding, and he had something to say about every topic. I didn't always believe everything that Siaoisi said because it often seemed like he was exaggerating or making things up as he went along. I used to call Siaoisi the BS Philosopher.
5. When Siaoisi had discussions, as a teen, he usually spoke rapidly and frequently changed the topic of the conversation to unrelated areas without an explanation. It was sometimes difficult to hold conversations with Siaoisi because of the fast way that he talked and changed topics.
6. It was difficult for Siaoisi to make friends in the communities where our family members lived in Salt Lake City. Many of the kids thought that Siaoisi was weird because of the way that he spoke, and the strange things that he talked about. The local Salt Lake City peers also didn't like Siaoisi because he did crazy dance moves at LDS church dances and received a lot of attention from girls. The local kids were jealous of Siaoisi and sometimes exchanged heated words with him. No one usually tried to harm Siaoisi because he was always



surrounded by several cousins. There was one occasion where a scuffle broke out at one of the dances and Siaoasi's first concern was to make sure that I was alright. Siaoasi pushed me into a car of another family member and made me go home for my own safety. I did not see Siaoasi fighting with anyone during this occasion.

7. Although some of the neighborhood kids didn't like Siaoasi, he was never a push over or ran away from confrontations, especially when it came to protecting his cousins. If someone had a problem with Siaoasi's relative, that person also had a problem with Siaoasi.
8. Siaoasi was devoted to the LDS church and he always tried to influence me and our other cousins to do the right thing. Siaoasi never used foul language and he never allowed any of us to use curse words or talk in a rude manner to our elders. Siaoasi once disciplined me for speaking in a rude manner towards my older sister by smacking me in the back of my head and telling me to never to do it again.
9. I was present at the police stop where me, Siaoasi and other cousins were pulled over while riding in a vehicle. Siaoasi and the other older cousins were handcuffed during the stop while me and the other younger cousins were made to sit on the ground. Even though Siaoasi was handcuffed, he had absolutely no fear of the police and was mouthing off at them. Siaoasi kept asking the officers why he and his cousins were handcuffed, why they stopped them in the first place and whether we were being racially profiled. Siaoasi also repeatedly asked the officers for their names and badge numbers. The officers never responded to any of Siaoasi's questions and they kept telling him to keep his mouth closed. Siaoasi was the only one in the group who was making any comments at the time. Siaoasi was like the smart guy in the group who knew his rights. The officers eventually let everyone go without charging anyone with anything or even issuing a traffic ticket.
10. Siaoasi did not visit with me or our other family members while he was in Salt Lake City attending the LDS Mission Training Center when he was 19 years old. Nevertheless, the news traveled quickly around the family when he was sent home after it was discovered that he impregnated a girl back home in San Bruno.
11. Not long after being sent home from his mission, Siaoasi came to Salt Lake for a visit. Siaoasi showed up with a white male friend, his hair was done up in a spiky punk rock style with the sides shaved off, he was dressed in strange colorful clothes, he lost a lot of weight and for the first time in his life he did not stay with the family during this trip. I had no idea where Siaoasi stayed and I assumed that he either stayed in a hotel or in the home of his white friend's relatives. Siaoasi did not make the normal rounds to visit the homes of various relatives. My granny was always fond of Siaoasi and enjoyed hearing him sing at family functions because he had such a wonderful singing voice. My grandmother wanted to know why Siaoasi did not come to see her as he had always done in the past. When Siaoasi finally went over to visit my grandmother, Le'o Kinikini, he did not seem like he was remorseful for being sent home from his mission and he had no intention of ever returning to his



mission. No one in the family questioned Siaosi about the situation at all. However, when Grandma Le'o saw Siaosi's strange appearance she asked him what happened to him. She wanted to know why his hair and clothes looked strange, and why he lost so much weight. I don't recall what Siaosi said in response but he didn't say much.

12. Siaosi's conversational speech issues were ten times worse when he came to Salt Lake after his failed mission. Siaosi came across as a bigger know-it-all and he frequently changed topics and spoke off subject. Siaosi now spoke much louder and he totally dominated conversations because he almost never allowed anyone to get a word in during conversations. Siaosi almost seemed like he was carrying on a conversation with himself most of the time.
13. Siaosi began cursing when he talked for the first time in his life. This was very unusual for Siaosi because he was always so religious and he never approved of such language.
14. I was preparing to go on an LDS mission of my own at the time, but Siaosi said a few negative things about the practice of going on missions for the LDS church. Siaosi never tried to directly dissuade me from going on my mission, but he didn't have one encouraging word for me and he didn't express any happiness for my plans like everyone else in the family. This was totally unusual for Siaosi because he was always so supportive of everything that the family members did.
15. Life at the LDS Mission Training Center is very difficult mentally and spiritually speaking, but very rewarding. Before anyone is allowed to embark on a church mission, he or she is required to go to the Mission Training Center to receive preparatory training to learn all that is required of them while conducting their mission. There are usually anywhere between five and ten thousand students at the Mission Training Center in Salt Lake City at any given time. There are only three LDS church Mission Training Centers worldwide but the one in Salt Lake is the largest.
16. Before a student comes to the Mission Training Center, they're given a checklist of things that they have to bring and things that aren't allowed. They are also given a list of rules and expectations of what they are required to accomplish and how they are to conduct their behavior. The Mission Training Center looks just like a college campus with several dorms and classrooms that are large and small. Besides learning about everything that is required of you while conducting a mission, virtually every language in the world is taught for the center for students whose missions carry them abroad to various foreign lands.
17. The normal time that it takes to complete the Mission Training Center's preparation process is about three to six weeks for English only instruction, and two to three months for foreign language training. There are three classes each day that usually last for two or three hours a piece, and there are three meal breaks.
18. Every student is paired up with at least one or two other students, of the same sex, and they





stay together throughout their time at the training center. Students are usually not allowed to be alone at anytime.

19. The Mission Training Center is a very spiritual place and the students are required to stop what they're doing six or seven times a day to pray and commune with the heavenly father. The environment encourages each student to be very introspective and to evaluate their relationship with God and the church. The faculty and staff at the Mission Training Center are dedicated and spiritually in-tune. I always felt a sense that the staff at the Mission Training Center could see right through you and see into your soul when they interact with the students.
20. An undisciplined and ill-prepared person will have a difficult time at the Mission Training Center. All students are required to achieve a basic mastery of the scriptures and key biblical concepts. Going to bed on time each night is important because everyone has to wake up early each morning to begin their routine. Students are encouraged to discuss their feelings and be open about any temptations so that the staff members can counsel them and get them back on the right path. It's a rigorous experience that is not for the faint of heart.
21. My mission took me to the Los Angeles, California area from January 1993 to January 1995. I spent the first year of my mission working in the ghettos of South Central Los Angeles until I was reassigned to the Manhattan Beach by my elder in 1994.
22. Shortly after arriving in Manhattan Beach, I received a call from Bishop David Hales, of the Manhattan Beach ward, and he requested that I visit and counsel a young Tongan man and his wife who attended the church. When I went to the house where this young couple lived, I met DeAnn and she began talking about her husband. This meeting occurred while DeAnn was still pregnant with their first son, Forest. I didn't recognize her husband's name at the time because he was going by Perrin Vanacy, but I saw a picture of him and told DeAnn that he looked like my cousin from the Bay area. As DeAnn talked more about her husband I realized that she was talking about Siaoisi. Just as I made the connection in my mind, I began hearing Siaoisi's heavy footsteps walking up the staircase of their apartment building, and he was singing a tune. When Siaoisi came through the door, he and I locked eyes, he dropped everything that he had in his hands and we began hugging and crying with one another for several minutes. This was the first time in about two or three years that me and Siaoisi had seen each other, and we both were overcome with emotions. DeAnn made dinner that evening and I sat talking with Siaoisi for hours.
23. Siaoisi was a totally different person from the cousin that I previously knew a few years earlier. Siaoisi had gained more than one-hundred pounds., he was dressed in clothes that were dirty and looked like he had worn them for days. Siaoisi's hair was long and disorderly. Siaoisi was not the physically fit and well groomed person that he had previously been.
24. I had to step in <sup>to bless his</sup> ~~and lay hands on~~ Siaoisi's son, Forest, at the time of his Blessing Ceremony

not long after he was born. This is something that is usually done by the father, but Siaosi was not in good standing with the church at the time. I had the impression that Siaosi was on probation with the LDS church for not being in right relationship with the priesthood after he had been sent home from his mission for fathering a child out of wedlock. I did not know that Siaosi was excommunicated at that time.

25. An excommunication can be devastating to a church member and he or she may be ostracized by the church community or their families if the word ever got out. For this reason, excommunications are usually private matters which are kept between the excommunicated member and the church leaders. Privacy is kept to prevent damaging the reputations of excommunicated members while they're working their way back into the priesthood.
26. Once a person is excommunicated within the LDS church, their records are removed from the church's archives and they are officially no longer considered members of the church. It is like erasing the fallen member's history in the church. However, in most cases the excommunicated member will be given a path to have their membership and records restored.
27. Excommunicated members are encouraged to continue attending church services, but he or she can only sit and listen, and nothing else. Their input is not welcomed, encouraged or allowed during church meetings of any kind. Excommunicated members are not allowed to participate in various church activities or ceremonies, like Fast Testimony Sunday. During Fast Testimony Sundays members fast, donate money to the poor and share their testimonies with the congregation. Excommunicated members cannot take part in gospel discussions, and they cannot serve in the leadership of any church projects. However, the excommunicated member can continue tithing.
28. It's a long process for an excommunicated member to regain full membership in the church. It normally takes between two and five years for an excommunicated member to be readmitted to the priesthood. The higher the position that the person once held, the longer it takes to get back in. The idea here is that a person who held a high position in the church should know better, and it takes longer for them to get back in because they are held to a higher standard. Adults who have been admitted into the Melchizedek priesthood are held to a higher standard than teenagers or young adults who have only been a part of the Aaronic Priesthood.
29. The most common reasons for excommunication are adultery, incest and other crimes against children. Another reason can be for repeated violations of the terms of a probationary period.
30. Confession of sins is an important part of the process to regain membership within the priesthood. The church Bishops are the heavenly father's representatives on earth, and they

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have the power to forgive someone for their sins and wipe the slate of their soul clean on God's behalf. This is very important, because once you're forgiven you never have to discuss or answer for that sin again. If Siaosi was forgiven for any past sins but still brought them up when he spoke with his Bishop it was only because of his own sense of guilt that he's continuously carrying around in his mind.

31. The LDS church believes that true and actual forgiveness comes from the heavenly father above, and it is completely separate from the church's process of forgiveness and reconciliation here on earth. The excommunicated member still has to go through the process of fulfilling everything that's required by the church to regain membership within the priesthood. A person may be completely transformed and believe that he has been forgiven for his sins before completing the process of renewing their membership in the church. Other times, an excommunicated member may have fulfilled all of the requirements to rejoin the priesthood, yet not feel like they're back in good relationship with God. A fallen member may still suffer from worldly thoughts, urges and temptations and feel that God has not forgiven them. In this situation, the member will receive additional counseling but there's nothing to stop him or her from participating in all church activities and ceremonies because the church here on earth has forgiven them. The important thing is that the person's behaviors remain in compliance with the church's beliefs.
32. I had several opportunities to observe Siaosi's strange behaviors during the time of my mission in Manhattan Beach between 1994 to 1995. When I completed my mission in January 1995, I returned to the Los Angeles area shortly afterwards and lived there for a while. I had at least two full years to interact with Siaosi and witness his odd behaviors firsthand. Siaosi treated me with a lot of respect while I was on my mission, but Siaosi was much more relaxed around me during my second stay in L.A. after my mission was complete.
33. Siaosi had different identities that had their own individual names, ways of dressing, hats, hair styles, mannerisms, ways of speaking and other characteristics. Siaosi might be a dancer one day and then a reggae guy with fake dread locks the next. Siaosi used to take me for drives around the Manhattan Beach area and he made stops at various clubs, restaurants and social spots. When Siaosi walked into a location with one outfit and wig he used one name, and then left me at that location and returned later in a different outfit and wig and he'd use another name. Siaosi also spoke differently. Siaosi then took me to another spot and did the same thing all over again. Siaosi kept various clothes, wigs and hats in his old Volkswagen van and he changed outfits in his vehicle. Siaosi often changed his outfits and identities several times a night and I found this behavior to be very disturbing. Siaosi was always broke, yet he acted like he had money. I stopped going out with Siaosi after a while, because I did not feel comfortable around him in social settings.
34. Siaosi spoke very rapidly and his conversations were all over the place. Siaosi constantly changed subjects when he spoke with me and talked about things that were totally unrelated to each other. I often had a difficult time following Siaosi's thought process during



conversations.

35. Siaoosi often spoke about wanting to be a model and a movie star, and he always dropped the names of famous people in the film industry and talked about them as if they were his personal friends and associates. Siaoosi was well known by many people at the places that he frequented, and he acted like he believed he was a well known celebrity in town. However, I never saw Siaoosi interacting with anyone famous, and the people who usually recognized him were bouncers, bartenders, waitresses and other low level staff members of the establishments. Siaoosi never spoke with any club managers, he never sat in the VIP sections and he was never given anything complimentary. I never saw anything that Siaoosi claimed to do in the film industry and he never had any money. I used to ask Siaoosi why he was struggling financially if he was so well connected in Hollywood, but Siaoosi never could provide me with an answer that made any sense. Siaoosi was out of touch with reality, and living in a world of his own making.
36. I was playing football at the time of my return to Los Angeles in 1995, and Siaoosi told me that he wanted to play football as well but he needed to drop some weight. Siaoosi told me that he was taking Fen-Phen diet pills to lose weight. Besides taking the diet pills, Siaoosi hardly ever ate meals and he kept lots of diets drinks in his van. Siaoosi drank these drinks all day and night. Siaoosi's wife, Deann, once told me that Siaoosi suffered from bulimia because he often went on eating binges that were followed by Siaoosi forcing himself to vomit up the food he had just ingested. No matter what Siaoosi did it seemed like he could not lose much weight.
37. Siaoosi never went to Polynesian events or had any Polynesian friends while I was around him in Los Angeles. Siaoosi also changed his name to Perrin Vanacey, because it sounded less Tongan. Siaoosi seemed like he was trying to run away from who he was. When I laid hands on Siaoosi's son, Forest, during his blessing ceremony I used the correct name, Vanisi, for Forest's last name. Siaoosi was upset with me for using Vanisi, and he insisted that I had to do it over again after the ceremony was already completed. I explained to Siaoosi that it didn't make a difference because the Lord knows who Forest is and that's all that mattered. Siaoosi eventually calmed down and took my word for it that everything was okay.
38. Siaoosi had a lot of difficulties with holding down jobs during my time in Los Angeles. Siaoosi was totally dependant on his wife DeAnn's income to support the family. Siaoosi always said he was waiting for a big acting role to come his way and earn him enough money to turn his whole life around, but it never happened. Siaoosi also did not seem like he was motivated or doing anything to work towards making his acting dreams come true. It was like he was expecting success to just fall into his lap without putting in a good effort.
39. The only time that I heard Siaoosi speak about "Lester" is when we were children. Lester was what Siaoosi and other kids in the family called a Polynesian person who acted like a geek or a white person. Siaoosi used to walk up to complete strangers and say, "Hey Lester, is that




you?" Everyone then fell out laughing.

40. In January 1998, when Siaoosi first came to Salt Lake City the first stop he made was at the home of our cousin, Miles Kinikini. Miles then brought Siaoosi to my house where Siaoosi met up with my younger brother, Vainga Kinikini. I was in class at the time, but Vainga called me to let me know what was going on. Vainga didn't recognize Siaoosi at first because he hadn't seen him for several years at that time. Vainga also told me to come home because Siaoosi was acting really weird and he had a gun, which was totally not like him.
41. Siaoosi looked messy when he came to Salt Lake in January 1998. Siaoosi's clothes looked worn out and dirty. His overall appearance was not groomed and he looked scruffy. Siaoosi also looked like he had been up for days without getting any sleep. Siaoosi also had a body odor that smelled like he hadn't bathed for days.
42. When I returned home we all went to a local Arby's for lunch. Miles got his food and left after Siaoosi began arguing with the cashier over how little meat was placed on his sandwich. Siaoosi was upset because his sandwich did not look like the sandwich in their advertisement picture. The cashier ended up giving Siaoosi a new sandwich with much more meat on it to calm him down.
43. I then took Siaoosi and Jerry, my adopted son, to a local community center to play ball. This is when I made contact with the police. The police didn't want to arrest Siaoosi at the community center, so they told me to get Siaoosi back to my home and to get everyone else out so that they could make the arrest there. When I returned to the center, I told Jerry to walk to my sister Aileen's home.
44. When Siaoosi and I got back to my house, we were alone and Siaoosi was acting very paranoid. Whenever the phone rang or I walked in or out of the room Siaoosi became suspicious and wanted to know who I was talking to on the phone and where I was going. I knew that Siaoosi was armed but he never displayed or pointed the weapon at me. I believe that Siaoosi respected me because of my involvement in the church and because he knew that I was never involved with street activity like my brother Vainga and our cousin Miles who were both former members of the Tongan Crip Gangstas gang.
45. At one point when the phone rang, it was the police and they wanted to know what was going on. When I confirmed that the house was clear, the officers demanded that I exit the house right away. I had to talk in codes the entire time to make sure that Siaoosi didn't know that I was speaking with the police.
46. After I got off the phone with the police, I told Siaoosi that I was going to cook some food but I needed to throw away a bag of garbage. Siaoosi became extremely suspicious at this point and began insisting that I stay in the house. When I persisted in telling Siaoosi that I needed to put the garbage out, Siaoosi became agitated. Siaoosi's voice, facial expression and



demeanor instantaneously changed. Siaoasi looked and acted like he was a completely different person who did not know me. Siaoasi looked like he was no longer there, and someone else took over his body. Siaoasi then said in a deep and unfamiliar voice, "Put the garbage down", "...you ain't going nowhere." As Siaoasi said these words to me he had an empty look in his eyes and he started reaching towards his waistband like he was going for a weapon. I sensed that he was in danger and that I needed to act quickly, so I told Siaoasi that I needed to show him something. I then pulled out family photo albums and began walking Siaoasi down memory lane. I started showing Siaoasi various photos and asking him if he remembered what we were doing and who we were with at the time they were taken. After a few minutes, I observed Siaoasi's unfamiliar voice, facial expression and demeanor slowly melt away and he turned back into his normal self. Siaoasi then began laughing as he talked about what he and the family were doing in the photographs. Siaoasi was so engrossed in looking at the photo albums that he was no longer paranoid and didn't care when I told him that I was going to leave the room to cook. When I asked Siaoasi what he wanted to eat, Siaoasi just waved his hand and said whatever as he continued laughing and going through the photos. Siaoasi didn't even look my way at that point. This is when I walked into the kitchen and exited the house through the rear door.

47. As soon as I left the house, I was tackled by the police officers and then taken to the mobile command post. The first thing I did upon entering the command post was to plead with the officers not to kill Siaoasi. I also told the police that Siaoasi was not in his right mind, but I believed that he could be talked into giving himself up.
48. I knew many of the officers who responded to the scene because I was a ~~corrections officer~~ <sup>Correctional Counselor</sup> at the time. The officers also had respect for my family because we were one of the first three Tongan families to move to Slat Lake City and we are well known as being upstanding, respectful and Godfearing citizens of the community. I am currently a Bishop in the LDS church and there are many other church officials within our family. 
49. I was very impressed with the restraint that the Salt Lake police authorities showed during the standoff and arrest of Siaoasi. I recall seeing Siaoasi waving his gun at the police on a few occasions during the standoff and the police had several opportunities to shoot him but they did not until the very end, and it wasn't lethal. I still can't believe that Siaoasi made it out of the house alive, but I'm extremely thankful to the officers who responded to the scene.
50. I never knew Siaoasi to abuse drugs or alcohol before his arrest. I saw no signs that Siaoasi was abusing drugs or alcohol during his trip to Salt Lake in January 1998. I never observed Siaoasi ingesting any drugs or alcohol, and he never had the scent of marijuana or liquor on his clothing or breath. It was approximately 8 to 10 hours between the time that Siaoasi first came to town and his arrest.
51. I was never interviewed by anyone on Siaoasi's trial defense team by phone or in person. They never so much as wrote me a letter. I also had no recollection of anyone from Siaoasi's

defense team coming out to Salt Lake to interview anyone in the family. Siaosi's defense team also made no efforts to speak with me when I was brought into Reno for the preliminary hearing, nor during both trials.

52. During a break, while I was testifying, I tried to speak with one of Siaosi's defense counsel but his attorney told me, "Not right now!", and walked away. I just wanted to ask Siaosi's attorneys to request that the bailiffs treat Siaosi with more respect in front of the family because it was disturbing for our elderly relatives to see how roughly he was being handled in their presence. While I always believed that the family of the victim should be respected, I also felt like our family should have been shown some measure of respect especially because we were all in a state of emotional shock at the time. The officers were squeezing his handcuffs on tightly, pushing him around as they walked him in and out of the courthouse, and just manhandling him all of the time. Their animosity towards Siaosi was obvious to everyone in the courthouse but no one cared to do anything about what was going on. It seemed like Siaosi's trial attorneys did not care how Siaosi was being treated in the courthouse and they made no effort to stop what was occurring.
53. I was never interviewed by anyone who worked on Siaosi's behalf during his state post-conviction proceedings. Herbert Duzant of the Federal Public Defender office was the first person working on Siaosi's behalf to ever speak with me.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 5 2011 in Salt Lake county, Utah.



David Kirikini

# Exhibit 113

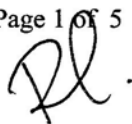
# Exhibit 113



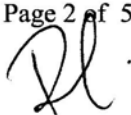
### **Declaration Of Renee Peaua**

I, Renee Peaua, declare as follows:

1. My name is Renee Peaua, I am 30 years old and I currently reside in Salt Lake county, Utah. I am the cousin of Siaosi Vanisi and I have known Siaosi since my childhood. Siaosi is ten years older than me but I grew up interacting with him at family gatherings and functions.
2. I stayed at Siaosi's home in Los Angeles around the mid-1990's when I was on my way to Tonga for enrollment in school there. I was having behavioral problems at the time and my parents felt that it was best for me to go to Tonga to attend school and become reacquainted with my culture and traditions. This was the first time that I had seen Siaosi in a few years at that time, and I noticed a huge change in his appearance and personal hygiene. Previously, Siaosi was always physically fit, well dressed, clean cut and stylish, but at this time he was really overweight, dressed sloppy and had poor hygiene. Siaosi didn't look clean and he allowed his head and facial hairs to wildly grow out. I was very shocked by Siaosi's appearance.
3. Besides the change in Siaosi's personal appearance, his home was a complete mess. I saw piles of garbage laying all over the floor in every room of his apartment. There were countless empty plastic bottles, fast food wrappers and other random items all over the place. Siaosi tried to explain why he was holding on to all of the garbage around his house, but his explanations never made any sense to me.
4. Siaosi painted his bedroom completely black and he put purple lights around the room. Siaosi also wrote various things on all of the walls of his apartment with magic markers and spray paint. The writings and scribble on his walls were all gibberish that didn't make any sense.
5. Siaosi was the same sweet, thoughtful and generous cousin in the way that he treated me during this trip. I was traveling with my brother, Manamoui, at the time of this visit and Siaosi showed us around town and did everything that he could to ensure that we had an enjoyable stay. I was only supposed to stay with Siaosi for one day but ended up spending two or three days with him.
6. When Siaosi came to Reno in January 1998, I spent the most time around Siaosi during that week leading up to the incident at UNR. Everyone was initially happy to see Siaosi and spent time with him, but as the week went on it became clear that Siaosi was not in his right mind and everyone, except for me, began avoiding him. Siaosi split his time between my immediate family's residence and the residence of our cousin Maria Losa Louis. However, Siaosi spent more time at my house.

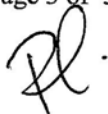


7. Siaosi seemed like he had different personalities inside of his head during the week leading up to the incident. Siaosi was dressing up with different wigs and weird clothing, and he used different names whenever he wore these wigs and outfits. Siaosi's different personalities had different characteristics, but I don't remember them all in detail. I only recall that Siaosi acted like his normal self whenever I saw him without any wigs on his head or wearing strange outfits. Whenever Siaosi had on a wig I knew that he was going to be in crazy mode.
8. Siaosi frequently spoke like he was meeting me and other people in the family for the first time when we found him with a wig on and he was in a new personality. Siaosi introduced himself using his different names and identities, and he asked me and others for our names as if he never met us before in his life. Siaosi used about three different names, that I knew of, while he was in Reno that week and each identity had it's own separate personality.
9. One of Siaosi's personalities was a Crocodile Dundee type of character with an Australian accent. Siaosi also used the name Sonny Brown for another character, but I don't recall exactly who Sonny was supposed to be.
10. Another personality was the reggae rasta-man, the identity he took on when he wore the wig with the dread-locks. When Siaosi was the rasta reggae man he listened to a lot of reggae music, sang reggae songs, talked with a Jamaican accent and he sometimes stopped all of a sudden to do a reggae skank dance for no reason.
11. The only substance that I saw Siaosi use during that week of the incident in Reno was marijuana and alcohol, and I smoked and drank with him. Siaosi and I drank alcohol together at least three to five times that week, and we smoked marijuana almost everyday. Drinking wasn't really Siaosi's thing and I never saw him drink to the point where he was intoxicated. When we smoked marijuana, it was never laced with any other drugs and I never saw Siaosi act too crazy afterwards. As far as I could tell, alcohol and marijuana did not have a real effect on Siaosi. If Siaosi was not wearing any wigs, he was fine before and after smoking weed or drinking alcohol. If Siaosi was wearing his wigs, he was weird before and after smoking weed or drinking alcohol. Siaosi's wig wearing was the best indicator of when Siaosi was not in his right mind.
12. I saw Siaosi in the possession of a glass pipe, but I never saw him use it in my presence and he didn't mention what he used it for. In the years following Siaosi's arrest, I saw someone with the same type of glass pipe and the person told me that it was used to smoke Crystal Meth.
13. During that week before the incident, Siaosi seemed like he was obsessed with money and the idea of becoming rich. Siaosi constantly told me that he needed money or that we both needed to make some money. Although Siaosi had no plan to get there, he wanted to be rich so the he could help everyone in the family. Siaosi spoke in detail about the various things



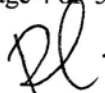
he wanted to do to help his uncles, aunts, cousins, close friends, and his son Forest. Siaosi's discussions of money all seemed like fantasy talk and not based in reality. Siaosi once told me that after we became rich he intended to buy several walkie-talkies so that he could communicate directly with me and everyone in the family. Siaosi really liked walkie talkies.

14. Siaosi went out walking my family's dog, Doobie, at all hours of the night and early morning hours. Siaosi also stayed up late watching television through the nights. Siaosi had a constant look of tiredness on his face and he seemed like he needed rest.
15. When Siaosi spoke he often rambled, talked rapidly and spoke incoherently, especially when he wore his wigs. Siaosi usually rambled about topics such as outer space, aliens in the universe, a person named Lester, money and other weird topics. Siaosi also rambled about the Laminite people and the Stripling warriors mentioned in LDS church doctrines, and other random religious topics. Siaosi sometimes sat in the dark and talked to himself. I didn't understand what Siaosi was saying during these episodes.
16. Siaosi frequently held long conversations with my family dog, Doobie. I found Siaosi speaking with Doobie alone in rooms on a few occasions for long periods of time. Siaosi wasn't just speaking to Doobie, because he claimed that he actually heard Doobie talk back to him and give him answers to various questions that he had. Siaosi's conversations with Doobie increased as time went on because no one else in the family was talking to him. Everyone in the house thought that he was out of his mind. I was the only person in the family who continued to interact with Siaosi.
17. In the latter part of the week, just before the incident, Siaosi began referring to Doobie as "The Almighty," and he told me that he worshipped Doobie. Siaosi began treating Doobie extra special, like he had a religious reverence for the dog. Siaosi took Doobie out for long walks every day without fail. No one else in the family ever walked Doobie before this time. Siaosi didn't allow Doobie to eat normal food because it wasn't good enough for Doobie. Instead, Siaosi personally cooked large gourmet style meals for Doobie to eat. Doobie really loved Siaosi because no one else in the family gave him such attention. Doobie was a mostly white mixed mutt that had black fur around one eye and a black nose. Doobie would have made an excellent witness if he could really talk because Siaosi told him many things during their conversations.
18. Everyone in the household was very disturbed by Siaosi's behavior and avoided him at all possibility. Even my mom, Alisi Peaua, used to say that Siaosi was "Fakasesele", which means insane or crazy in Tongan.
19. My older brothers, Tavake and Manamoui were peers of Siaosi and they were very close to him when they all were growing up. When Siaosi first came to Reno, Tavake and Manamoui took Siaosi out to social gatherings but quickly stopped because of the bizarre behaviors that he was exhibiting. After Siaosi embarrassed them in public they didn't want to hang out with



him after the first day or two. This is why I started spending time with Siaosi at the home of our cousin Maria Losa Louis.

20. My late father, Mani Peaua, used to organize dances for the Tongan youths in the community at nearby Paradise Park, and Siaosi came to a dance that week of the incident. Siaosi was wearing a straight hair wig, he had a hatchet and he was dancing around like a Native American. Siaosi was chanting strange sounds, making vocal noises with his hand over his mouth and yelling cries like a Native American as he was swinging his hatchet around recklessly. Siaosi's actions were scaring the other people at the dance and everyone began moving away from him. My father had to tell Siaosi to put the hatchet down, and Siaosi did so but continued dancing wildly and yelling. I did not see Siaosi drinking alcohol or smoking marijuana on that evening.
21. I never saw or heard of Siaosi spending time around UNR's campus, even though it was close and within walking distance of my family home. My older brothers, Sione and Tavake, used to attend UNR at the college level a few years before Siaosi's arrest, and I attended UNR's Upward Bound College Prep course during the summer of 1995 while I was in high school. I did not know of officer Sullivan and I am not aware whether Siaosi or anyone else in the family ever had any run-ins with Sullivan or any other UNR police officers.
22. I heard that the UNR police were not always nice to youths of color. I have a female friend who used to complain about the way that the UNR police officers treated Polynesian youths. My friend always mentioned that she believed that UNR's officers engaged in racial profiling.
23. Siaosi wrote me several bizarre letters after he was arrested in 1998 and was awaiting trial in Reno. The letter that stands out the most was a three page letter that Siaosi wrote about ants. The letter was all about ants, their colonies and their lifestyle, and nothing else. I wasn't able to follow what Siaosi was trying to say in his letters because they made no sense.
24. Siaosi's first child, Kolina Lavake, lives in Oram, Utah with her mother's family, but she interacts with me and other family members of Siaosi. Others in the family, as well as myself, believe that Kolina suffers from some form of mental health problem. Kolina has severe and unexplained mood swings. Kolina will be laughing and in a good mood at one moment and then, all of a sudden, she becomes sad, and starts crying or gets angry and begins yelling in a complete rage. I suffer from similar mood swings, but nothing as severe as Kolina. Kolina is about 20 years old now.
25. I met with the prosecutors and police officials on a few occasions before the trial began. The prosecutors tried to put words in my mouth, especially regarding the issue of Siaosi wanting to kill a white cop. The prosecutors gave me a storyline and kept asking me, "Isn't that true?"... "It was like that, right?" as they explained what they thought about Siaosi's actions.



leading up to and after the murder. Although the story line wasn't accurate, I felt intimidated and I repeatedly said yes to everything that they were saying just to finish the conversation and get out of the room. I was young and easily influenced back then, and afraid. I never heard Siaoosi say that he wanted to kill a white cop but I recall telling the prosecutor's yes when they asked if I did.

26. I only spoke with Siaoosi's defense trial investigator, Crystal Calderon, but no one else on her team. I also never met with the attorneys who represented Siaoosi in his state post-conviction proceedings. I would have told Siaoosi's former representatives everything that I have said 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 "Renee Peaua", written over a horizontal line.

Renee Peaua

EXHIBIT 114

EXHIBIT 114

### **Declaration Of Heidi Bailey-Aloi**

I, Heidi Bailey-Aloi, declare as follows:

1. My name is Heidi Bailey-Aloi, I currently reside in Salt Lake county, Utah, and I am a former friend of Siaosi Vanisi. Siaosi and I first met in 1991 at the LDS Church Institute that was located across the street from El Camino College in Los Angeles. I was attending El Camino college at the time, but Siaosi was not. However, Siaosi spent a lot of time around the campus with me and others in our circle of friends.
2. When I first met Siaosi, he was living with his cousins John and Jeff Finau. Siaosi never worked much and he was pretty much a freeloader who lived in various places and moved whenever the people he was living with had enough of him. When Siaosi had places of his own he usually rented random rooms and apartments that were located near beaches in sketchy neighborhoods.
3. When Siaosi and I first met, he told me that his name was George Tafuna, he was born in Tonga and raised in San Bruno, California. As time went on, Siaosi unofficially changed his name to Perrin Vanacey and he insisted that everyone call him by this name. I don't recall why he decided to change his name.
4. Siaosi spoke like he had been on a successful LDS mission when I first met him, however, in time he admitted to me that he did not complete his mission. Siaosi spoke about his failed mission like it was one of his greatest disappointments in life.
5. Kimmy Grandbois was a girl who Siaosi dated for a long period of time before he met and later married DeAnn. Kimmy was desperately in love with Siaosi and she did everything for him. Kimmy gave Siaosi money, let him drive her car, bought him food and paid his bills. Siaosi was totally dependant upon Kimmy financially but he never seemed like he was in love with her.
6. Siaosi was attending an LDS Singles Ward for young adults somewhere in Los Angeles when I first met him. He later attended the Manhattan Beach Ward around 1994 when he was with his ex-wife DeAnn. I never witnessed or heard that Siaosi ever abused alcohol or any substances at all.
7. I had the impression that Siaosi was mentally disturbed from the time that we met. When Siaosi spoke with people his conversations were all over the place, he rambled a lot and spoke rapidly. I wasn't always able to follow everything that Siaosi said because he spoke incoherently at times. Siaosi also frequently made himself laugh at strange and inappropriate times when he spoke with people. I often had no idea what Siaosi was laughing about.



8. Siaosi was inappropriately friendly with people who he barely knew and even complete strangers. For example, when Siaosi met people at dances he often allowed them to give him a ride home even though he didn't know them. Our friends and I used to tell Siaosi that he needed to be more careful about just going off with total strangers, but he didn't see any problems with it.
9. When my father was beaten by a Mexican gang and sent to the ICU at a local hospital in 1991, Siaosi walked into my father's room and began talking very loudly and saying, "What's Up!," "Looking good!" and other inappropriate outbursts that didn't fit the situation. My father was in critical condition and very fragile at the time but it seemed like Siaosi was oblivious to the gravity of the situation.
10. I began my LDS mission in 1992 and did not return to the Los Angeles area until January 1994. I had no contact with Siaosi during the time while I was away on my mission. When I returned to L.A., Siaosi was living with DeAnn and she was pregnant with their first child, Forest. I lived near Siaosi and DeAnn and we all attended the same church at the Manhattan Beach Ward. DeAnn and I became close friends and she confided in me about her relationship with Siaosi. DeAnn said Siaosi physically abused her at times, but I never saw DeAnn with bruises about her face or body.
11. Siaosi developed identity issues by the time of my return in 1994. Siaosi stopped telling people that he was Tongan, and began saying he was born in Africa, or that he was half Black and half Chinese. Siaosi never talked with me about his family's background at any point during our friendship.
12. I never knew when Siaosi was serious or not. Siaosi sometimes said the strangest things that made everyone laugh but he often looked at everyone with a serious expression on his face like he wasn't joking and had no idea why we all found his comment to be funny. Siaosi had a flat puzzled look on his face at everyone's response during these occasions.
13. Siaosi talked to himself a lot in the presence of other people, but I couldn't figure out what he was talking about. Siaosi seemed to be oblivious to the presence of others when he spoke to himself, or he just didn't care.
14. Siaosi began wearing weird and inappropriate outfits in public. Siaosi enjoyed dressing up like a super-hero in electric blue waist tights and a cape. Siaosi had no reservations about walking around the community with this outfit on, and he didn't seem to care about anyone's reaction. It seemed like any kind of attention was good attention for Siaosi because he seemed to believe that people were actually recognizing him as being a star or a famous person. Siaosi displayed various other weird and inappropriate behaviors that suggested to me that he was not mentally stable. Siaosi was never right in his mind and his condition only grew worse as time went on.

HA



15. Siaosi was excommunicated from the LDS church while he was attending the Manhattan Beach Ward, and I vaguely remember DeAnn telling me about it. I don't recall the circumstances that led to Siaosi's excommunication.
16. I was never contacted by Siaosi's trial or state post-conviction attorneys. Herbert Duzant of the Federal Public Defender office was the first person to ever discuss Siaosi's case and background with me. I would have provided Siaosi's previous lawyers with all of the information 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 ~~11~~<sup>14</sup> 2011 in Salt Lake county, Utah.

  
Heidi Bailey-Aloi



Exhibit 115

Exhibit 115

**Declaration Of Herbert Duzant's**  
**Interview with Tony Tafuna**

I, Herbert Duzant, declare as follows:

1. I am employed as an investigator with the Law Offices of the Federal Public Defender. I have been assigned to work on the federal habeas corpus petition of Siaosi Vanisi. As part of my responsibilities regarding Mr. Vanisi's case I interviewed members of his family.
2. On December 16, 2010, I spoke with Mr. Vanisi's maternal first-cousin, Mr. Tony Tafuna, at his place of residence, 1939 W. 900 North, Salt Lake City NV 89116. Mr. Tafuna is the son of Mr. Vanisi's maternal uncle, Maile Tafuna, and he has known and interacted with Mr. Vanisi since the time that Mr. Vanisi came to the United States from the Kingdom of Tonga as a child during the 1970's. Mr. Tafuna provided me with the following details:
3. Mr. Tafuna moved to the United States with his immediate family in 1968, two years prior to Mr. Vanisi's birth. Mr. Tafuna's father, Maile Tafuna, went to the U.S. about a year beforehand and sent for the rest of our immediate family the following year. Mr. Tafuna was accompanied by his younger brother, Tufui Tafuna, when he immigrated to the U.S. in 1968.
4. Mr. Tafuna was 11 years old when he first met Mr. Vanisi in 1976, after Mr. Vanisi and his immediate family moved to San Bruno to join the rest of the family. Mr. Tafuna's first impression of Mr. Vanisi was that he was a nice and likeable child. Mr. Vanisi was never a trouble maker and he obeyed all of the family elders. Due to the five year difference in their ages, Mr. Vanisi and Mr. Tafuna never spent time in the same circle of family and friends within their community. However, Mr. Tafuna frequently saw and interacted with Mr. Vanisi at family and church gatherings and events. Mr. Vanisi was introverted and spent a lot of time keeping to himself when he was a boy.
5. Mr. Tafuna's father, Maile Tafuna, was the leader of the family and he was at the center of all decisions involving its members. Since Mr. Vanisi and his siblings were all abandoned by their fathers, with the exception of his youngest brother Tupou Uluave, my dad took a more active role in their lives than he did with his other nieces and nephews. Maile Tafuna was Mr. Vanisi's main male role model and father figure throughout his childhood and early adult life.
6. Mr. Tafuna's father, Maile, was not a subtle man and he never sugar coated anything that he had to say. Maile always spoke his mind irrespective of how it made people feel, and he had the capability of making people feel very small or even hurting their feelings at times. Maile was overbearing at times and he was always a lot harder on the children within the family than those outside. Maile was the type of person who freely gave away thousands of dollars

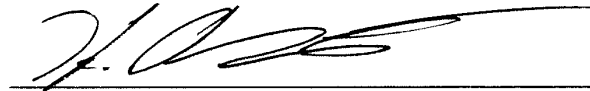
to people within the Tongan community, but Mr. Tafuna and his siblings had to beg their father, Maile, to give them as little as five dollars.

7. Mr. Tafuna's dad, Maile, had a vision for all of the children in the family. Maile wanted them all to be successful and achieve things that he was not able to accomplish in his own life. Maile was previously a successful businessman in Tonga. Maile was also the first Tongan Bishop in the LDS Church in Tonga, and he later became a church Patriarch after moving to San Bruno, California. Maile was well known and deeply respected for everything that he did to help the Tongan community throughout the western United States.
8. Mr. Tafuna spent a lot of time being upset with the way his father treated him and the other children in the family when they were growing up. Nevertheless, Mr. Tafuna believes that his father, Maile, gave him the drive to become educated, fiscally responsible, and self-sufficient. However, Mr. Tafuna also understands how Mr. Vanisi could have been negatively impacted by the way that Maile treated him when he was growing up, especially if Mr. Vanisi didn't understand that Maile wanted the best for him.
9. Mr. Tafuna's father, Maile, was adamant about letting everyone in the family know his feelings on interracial relationships. Maile was totally against the idea of anyone in the family marrying non-Tongans, or non-Polynesians. Maile wanted the family to carry on their traditions, even though they were living in the U.S., and preserve their heritage. Maile believed that interracial marriages were difficult to maintain because of the cultural conflicts that inevitably arises. Maile believed that interracial marriages could cause family members to turn away from their culture and raise their children with non-traditional values.
10. When Mr. Tafuna was dating a white girl as a teenager, he brought her to a function that was attended by his parents and other family members. Mr. Tafuna wanted to introduce the girl to his parents so he went around looking for them. As soon as he spotted his parents and began walking towards them, Maile looked at him with an expression of disgust and walked away to avoid having to interact with Mr. Tafuna and his girlfriend. Mr. Tafuna's mother knew how his father felt about the situation so she did the walked away as well. Mr. Tafuna was so embarrassed that he never brought the girl around his family again.
11. The Tafuna family held talent shows at family functions throughout Mr. Tafuna and Mr. Vanisi's childhood. The contestants were children within the family and they displayed various talents like singing and dancing. Aunt Toeumu, Mr. Vanisi's adopted mom, used to dress him up as a girl and make him dance in front of everyone. Toeumu placed wigs on his head, dressed him in hula skirts, and put lipstick and blush on his face with a flower necklace around his neck. Mr. Vanisi then danced and sang in front of the family as everyone laughed. Mr. Tafuna never knew how this affected Mr. Vanisi because he just smiled as everyone called him Umu's little girl.

12. Mr. Vanisi was always very eager to please everyone in the family, and he always tried to match the accomplishment of other children in the family especially when it came to athletics. Mr. Vanisi's brother, Tevita Siu, was an excellent football player and there were other sports stars in the family, but Mr. Vanisi did not have the skills to match their accomplishments.
13. Mr. Vanisi had a few jobs as a teenager when he lived in San Bruno, but never for long periods of time. Everything that Mr. Vanisi did was short-lived and he didn't stick to anything.
14. Mr. Tafuna was present at the wedding of Mr. Vanisi's sister, Sela, in late 1997 in San Bruno. This was the first time that Mr. Tafuna had seen Mr. Vanisi since about 1991, and Mr. Tafuna thought he was acting in a very disturbed manner. Mr. Vanisi spoke like he was out of his mind and out of touch with reality. Mr. Vanisi was dressed oddly and speaking with a southern drawl and accent. Mr. Vanisi was taking photographs of the wedding and climbing on top of speakers and other things to get various angles for shots, and in doing so he was being very disruptive. Mr. Vanisi was also very disrespectful towards the Royal Tongan family members who attended the wedding. Mr. Vanisi was putting the cameras close to their faces, saying inappropriate things to them and walking behind them, which is a sign of disrespect in Tongan royal traditions. At first Mr. Tafuna thought that Mr. Vanisi was joking, but as the evening went on realized that something was seriously wrong with him.
15. When Mr. Tafuna and his other relatives were having a conversation with Mr. Vanisi at some point during the wedding celebration, Mr. Vanisi stood up all of a sudden and began talking to himself while assuming a baseball hitting stance. Mr. Vanisi seemed like he was holding an invisible bat in front of an imaginary home plate, and he began saying, "It's the bottom of the 9<sup>th</sup>, the scores are tied, here comes the first pitch" and then he swung while saying "strike one." When Mr. Vanisi then said "here comes the second pitch", Mr. Tafuna and their other cousins told Mr. Vanisi to shut up and go somewhere else. Mr. Vanisi responded by just looking at them like he was puzzled and then he walked away. Mr. Vanisi never smiled or acted like he was joking during this entire incident.
16. Mr. Vanisi spoke about acting in various Hollywood movies and several other odd and random topics during the wedding. Mr. Tafuna didn't recall everything that Mr. Vanisi said that evening because he tried to ignore him.
17. Mr. Tafuna moved to Salt Lake City, Utah, from Hawaii, in late 1997 not long after Sela's wedding. Mr. Vanisi came out to Salt Lake around that time for a visit and he was looking to meet up with Mr. Tafuna. Mr. Vanisi wanted to stop by Mr. Tafuna's home for some reason, but he never made it.

18. Mr. Tafuna was never contacted by Mr. Vanisi's trial or state post-conviction attorneys. I was the first person to ever discuss Mr. Vanisi's case and background with Mr. Tafuna. Mr. Tafuna said that he would have provided Mr. Vanisi's previous lawyers with all of the information in this declaration had he been asked.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 17<sup>th</sup>, 2011 in Clark county, Nevada.

A handwritten signature in black ink, appearing to read 'H. Duzant', is written over a horizontal line.

Herbert Duzant

Exhibit 116

Exhibit 116

### Declaration Of Terry Williams

I, Terry Williams, declare as follows:

1. My name is Terry Williams, I am 37 years old and I currently reside in Los Angeles county. I am a former friend of Siaoisi Vanisi and we first met one another almost twenty years ago.
2. I met Siaoisi in 1993 through our common friend, Greg Garner, when Siaoisi and Greg were living together in Redondo Beach, California. At first, Siaoisi was great to be around because he had a really good sense of humor, he was polite, and dedicated to his friends. Siaoisi's size was intimidating to people who didn't know him, but not his personality. Siaoisi was not a trouble maker.
3. Siaoisi was very helpful to friends and to complete strangers as well. Siaoisi helped distressed motorists whose cars were disabled and women who were being harassed by men. When someone needed something, Siaoisi was the type of person who would give you the shirt off his back if he had to.
4. Siaoisi was not a major abuser of any substances during our friendship. Siaoisi hardly ever drank alcohol and he occasionally smoked marijuana, but he never used any harder substances. I don't recall ever seeing Siaoisi in an intoxicated state.
5. Noticeable changes occurred in Siaoisi's behavior after he began taking large amounts of a weight loss drug called Fen-Phen around 1994. Siaoisi's behavior patterns worsened when he began having difficulties with his marriage around 1995.
6. Siaoisi had several personalities and each of them had their own names, ways of talking, ways of dressing and behaving. The names of Siaoisi's identities were Sonny Brown, Giacomo, Lester, and others that I can't now recall. I knew Siaoisi as Perrin throughout our friendship and didn't learn his real name until after he was arrested in 1998. Altogether, Siaoisi had at least five to ten distinct personalities.
7. Siaoisi's personality, Sonny Brown, was the famous cool guy. Lester was the creepy guy that made everyone feel uncomfortable. When Siaoisi was in some of his personalities, he often acted like he didn't know me or our other friends, and he introduced himself and talked as if it was the first time we ever met.
8. Siaoisi wore various costumes and weird outfits around his home and in public. Siaoisi wore various wigs, weird hats and strange mismatched clothes. Siaoisi had a super-hero personality, and he wore tights, women's leggings and a cape around the neighborhood when he was in this character.





9. Siaoosi was a cross-dresser and often wore women's clothes. Siaoosi wore loose dresses and skirts with wigs, stockings, high heels and make-up. Siaoosi wore this and his other outfits to bars, restaurants, supermarkets and other stores, and just while he was walking around the neighborhood. When people saw Siaoosi coming their way, they avoided him and looked at him like he was crazy, but Siaoosi didn't seem to notice the reactions of people around him.
10. I never had an idea what was going on inside of Siaoosi's head, and his behaviors were always unpredictable and erratic. Siaoosi might be laughing and having a good time one minute, but then he became angry for no reason and looked at you like he wanted to kill you. However, Siaoosi never became violent with me or any of our friends.
11. On almost a weekly basis, I found Siaoosi standing in the corner of a room in his apartment with all of the lights off and crying in the dark. Siaoosi never explained why he was crying. On other occasions, Siaoosi stood silently in the dark posing like he was a statue for long periods of time.
12. Siaoosi hung christmas lights around his apartment and he sometimes turned off all of the regular lights and sat in the living room with the Christmas lights twinkling. Siaoosi then seemed like he didn't know that anyone else was around and acted like he was someone else.
13. Siaoosi enjoyed drinking a Polynesian beverage called "Kava," and he said the drink cleansed his soul. Siaoosi only drank Kava when he was alone in his bedroom and never in front of me or anyone else.
14. Although Siaoosi never mistreated or abused his children, he was never a responsible parent. Siaoosi gave his children, Forest and Moleni, cake, candy and other junk foods for breakfast, lunch and dinner. Siaoosi gave them so much junk food that they didn't want to eat any more at a certain point. Siaoosi also allowed them to run around his apartment complex without shoes and even naked on many occasions. When Siaoosi was watching the kids while DeAnn was away, the children were free to do whatever they wanted. Siaoosi never tried to instill any sense of discipline in his children. Siaoosi had a very childish mentality and it seemed like his kids were his peers.
15. In 1995 or 1996, I had a Halloween party at my apartment and Siaoosi came dressed like he was a Jungle Tracker. Siaoosi had a hatchet with him and he was swinging it around and scaring my guests at the party. I had to speak to Siaoosi and tell him to put the hatchet away. Siaoosi then went outside and chopped down a tree that was in my building's courtyard. I was angry with Siaoosi and had to go outside to talk to him again. When I asked Siaoosi what he was doing, he told me that he was cutting down the tree of life. I had absolutely no idea what he was talking about.
16. Siaoosi was living on Dufour Street in Redondo Beach after DeAnn left him in 1996. Siaoosi used to practice throwing his hatchet into his bedroom closet door for long periods of time

TH

by himself.

17. Siaosi never liked a friend of mine, named Jeff, because Jeff frequent borrowed money from me and never paid me back. Jeff was a drug addict at the time and down on his luck. One day Siaosi had enough of Jeff's mooching ways and started yelling, "Pay up toad!" several times and then he wrote "Pay up toad" across a wall in his apartment. Siaosi then started swinging his hatchet at Jeff and coming within inches of Jeff's throat. Siaosi then snatched Jeff by his collar and pinned him against a wall and told me, "Just say the word and I'll finish him." Everyone was horrified and I had to calm Siaosi down and convince him not to harm Jeff. Siaosi had a strange connection to his friends that seemed very unusual. Siaosi always took on the problems of his friends in a very personal way, and their problems became his as well. Siaosi was overly protective and defensive of his friends.
18. Siaosi wrote random things over all the walls in his apartment. Siaosi's walls were covered with poems, quotations, and random phrases that didn't always make sense. Siaosi drew several creepy images that were sexual in nature. One particular piece that stands out in my memory was an image of Satan, with long horns, having sex with a woman.
19. Siaosi often said he was an alien from another planet in another galaxy. Siaosi spoke a lot about metabolic physics, and he used to tell me, "I'm here Terry, but I'm not really here." Siaosi also said that he was building a space ship so that he could go back to his home galaxy.
20. Siaosi often spoke about having invisible alien friends who no one else could see but him. Siaosi also used to say these invisible friends were going to accompany him when he travels back to the his galaxy. Siaosi was going to take these invisible friends on a mission to see whose god was the greatest. Siaosi usually had a serious look on his face when he spoke about these and other delusional matters.
21. Siaosi spoke about his internal conflicts with being Mormon. Siaosi did not like the Mormon church, and said that he'd have nothing to do with it if it weren't for his family. Siaosi was critical of their beliefs.
22. Siaosi hardly ever slept, and he frequently wandered the streets at all hours of the day and night. Siaosi used to show up to my apartment in the middle of the night, often around 2:00 - 3:00AM, and begin pounding heavily on my door. Siaosi's pounding sometimes woke me and my wife up in a panic because we didn't know what was going on or if there was some type of an emergency. When I answered the door Siaosi usually said, "It's just me," and then he'd walk into my apartment and begin talking with me about insignificant things. Siaosi was wide awake and acted like he was paying me a visit in the middle of the afternoon. Siaosi's behaviors were so disturbing to my wife that she stopped going over to Siaosi's apartment and she avoided being around him in any circumstance.





23. I was under the impression that Siaoasi was a successful actor from the way that he discussed his work. Siaoasi was always talking about being in several movies and commenting that his agent had some new project lined-up for him. I never saw any of the movies that Siaoasi claimed to be in. I only saw Siaoasi in one super-bowl beer commercial.
24. Siaoasi always challenged and tested the patience of the police for no reason whenever they made contact with him, no matter how minor the circumstances. I recall an incident where the police approached Siaoasi, Greg, my brother Tim, and I as we were all sitting in Tim's car in front of "Scooner's Bar" in Redondo Beach. When they police told us to exit the car, everyone complied with the officers' directive except Siaoasi. Siaoasi refused to exit the car, he rolled up his window as he sat in the front passenger seat, locked his door and refused to remove his seat belt. The officers called for reinforcements and the situation turned into a stand off between Siaoasi and about fifteen police officers. The officers ended up breaking his window, cutting his seatbelt, beating Siaoasi and dragging him out of the car through the broken window. Siaoasi never struck any of the officers, but they severely beat him and his face was a bloody mess. I do not recall why the police wanted us to get out of the car, but it may have been connected to something that happened inside of the bar. Whatever it was, Siaoasi's actions were unnecessary and served no purpose other than to inflame the situation.
25. I heard that Siaoasi began smoking meth within a couple weeks of leaving for Reno in late 1997. I never witnessed Siaoasi smoking meth firsthand, but our common friends told me about it. I am familiar with the smell of meth smoke and I recalled that Siaoasi sometimes wreaked of that scent but I never confronted him about it. I believe that Siaoasi may have been dipping into the supply of his cousin, Mike, who was known to be a meth smoker.
26. Siaoasi was having sex with an elderly female neighbor in exchange for money, and Siaoasi became extremely paranoid when she died of natural causes, a heart attack, in 1997. Siaoasi was so disturbed that he left town and went to Reno. Even though no one suspected that Siaoasi did anything wrong and there was never any talk of foul-play, Siaoasi was paranoid and nervous. Siaoasi had become so overwhelmed with paranoia for the police that he believed the authorities were going to accuse him of something even though he didn't do anything. Siaoasi told me that he was going to stay with some relatives in Reno for a while and then return to Los Angeles.
27. From the time that I met Siaoasi in 1993 until the time he left California for Reno in late 1997, his mental state continually worsened and spiraled out of control. It was like Siaoasi was in a mental free fall.
28. Siaoasi used to tell me that his mother was a prostitute and that he was born a bastard. Siaoasi became emotional when he discussed his family background and I tried to avoid talking about it. It was a sore and touchy subject for Siaoasi.
29. I was never contacted by Siaoasi's trial or state post-conviction attorneys. Herbert Duzant of



the Federal Public Defender office was the first person to ever discuss Siaosi's case and background with me. I would have provided Siaosi's previous lawyers with all of the information 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 10 2011 in Los Angeles county, California.

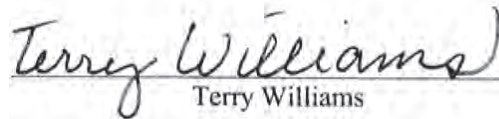
  
Terry Williams



Exhibit 117

Exhibit 117



### Declaration Of Tim Williams

I, Tim Williams, declare as follows:

1. My name is Tim Williams and I currently reside in Los Angeles county. I am a former friend of Siaosi Vanisi and we first met one another almost twenty years ago.
2. I first met Siaosi through our common friend, Greg Garner, around 1993. Siaosi, Greg, my brother Terry and I worked together at the Olive Garden restaurant in Manhattan Beach, California.
3. Siaosi was a good guy and fun to be around during that earlier time period. Siaosi always seemed a little strange, but his behavior wasn't as bizarre in 1993 as it became in the following years.
4. Siaosi was not a drinker and he did not abuse drugs when I first met him. Siaosi was a Mormon and substance abuse was against the beliefs of his faith.
5. Siaosi was never a trouble maker but he was very protective of his friends. Whenever Siaosi did become involved in a physical altercation it was only because he was defending a friend.
6. Siaosi told me that his mother had abandoned him at birth and that he had had a very bad childhood. Siaosi also mentioned that he was sexually abused when he was a child, but I don't recall the details of what he said happened.
7. Siaosi never spent time around Polynesian people and he had no Polynesian friends. All of Siaosi's friends were white or non-Polynesian people.
8. Siaosi and his wife, DeAnn, frequently argued about various things. I don't recall the details of their arguments.
9. Siaosi was not a good caretaker when it came to his children. Siaosi allowed his children to wander the streets unattended as babies, he fed them lots of junk food, the children often walked around with dirty diapers for extended periods of time, and everyone in his family, Siaosi, DeAnn and their children, were all overweight.
10. Siaosi was not a good provider for his family because he was frequently unemployed and DeAnn was usually the only bread winner. The LDS church used to send food for Siaosi and his family at times. Greg Garner and I sometimes brought Siaosi and his family meals when they didn't have much to eat.

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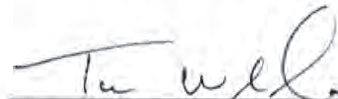
11. Siaoosi's wife, DeAnn, ended up leaving him in 1996 when she couldn't deal with the problems of their marriage anymore. Siaoosi's mental health seemed to deteriorate faster after his wife left him, and he began exhibiting stranger behaviors. Siaoosi was beginning to unravel before DeAnn left him, but he took a turn for the worse when she left Siaoosi and took their children.
12. From 1995 until the time of his arrest in 1998, Siaoosi did not seem like he was in his right mind. I had many opportunities to observe the way that Siaoosi behaved during this time period.
13. During conversations, Siaoosi spaced out and unexpectedly changed personalities. Siaoosi started out being his normal self, but then he'd develop a dazed or distant look in his eyes. Siaoosi's voice, facial expressions and demeanor then changed and he'd talk about something way off the topic of our discussion. During one episode, Siaoosi told me, "Timmy, I will protect you," in a weird deep voice and with a strange look on his face. This statement was completely out of place and had nothing to do with the subject at hand. Shortly afterwards, Siaoosi snapped back into his normal self and continued carrying on the conversation like nothing happened. Siaoosi was not using drugs or drinking alcohol at this time, as far as I knew. This kind of thing occurred frequently when talking to Siaoosi.
14. Siaoosi often used different names and each name had its own personality and character traits. Each personality also had their own way of dressing. Siaoosi wore strange clothes and outfits and walked around the community in them. One of his characters was a Super-Hero, and Siaoosi always dressed up in tights and a cape when he was in this personality.
15. Whenever I spoke with Siaoosi, he always spoke rapidly and he frequently changed subjects and spoke off topic for no reason. I sometimes had a difficult time trying to follow what Siaoosi was trying to say.
16. Siaoosi also spoke about delusional ideas and thoughts. Siaoosi used to talk about building a spaceship to travel to a different galaxy. Siaoosi used to talk about hearing things that no one else heard and seeing things that no one else could see.
17. I once caught Siaoosi sitting in a corner of his livingroom in the dark with a spotlight shining on him while he was sobbing and crying out for his mother. Siaoosi had long tears streaming down his face and he seemed quite disturbed. When Siaoosi realized that I was in the room, he suddenly snapped out of it, began composing himself, and then he told me that he was just practicing for a part. Siaoosi never provided me with any details of his role or the film project that he was supposedly studying for.
18. At some point, Siaoosi obtained a Machete and started walking around with it. I used to



see Siasoi twirling his machete and playing around with it. Siasoi used the machete to hack into furniture around his apartment. Siasoi never explained why he was carrying the machete. Siasoi later began carrying a smaller knife, and then a hatchet. Siasoi sometimes walked around wearing a long dark trench coat with the hatchet concealed underneath. Siasoi used that hatchet to cut down a tree in his brother Terry's apartment complex during a Halloween celebration.

19. Siasoi sometimes wore native Polynesian clothing, like the "Lava Lava" wraps and straw Hawaii Hula type skirts. Siasoi sometimes did Tongan warrior dances for no reason at all.
20. As time went on, Siasoi began using various substances. Siasoi first started drinking alcohol from time to time, and getting a slight buzz. I never saw Siasoi drunk or walking about uncoordinated. Siasoi then began using marijuana from time to time, and later cocaine. Not long before he left for Reno, in 1997, Siasoi began smoking Meth. I believe that he was getting the meth from his cousin, Mike Finau.
21. I never observed an instance where Siasoi's behaviors were severely affected by any substances that he consumed. Siasoi acted just as crazy when he was using drugs as he did when he was completely sober. As far as I saw, substances were not the determining factor when Siasoi was acting like he was out of his mind.
22. Siasoi never became strung out on any drugs or seemed like he was a fiend. Siasoi simply used drugs whenever it was around because he never had enough money to regularly support a habit.
23. I heard about the problems that Siasoi had in his interactions with the police. I heard that he used to laugh when police officers beat him at times.
24. Siasoi began using the diet drug, "Fen-Phen," at some point and his behavior became more bizarre at that time while he was using it.
25. I was never contacted by Siasoi's trial or state post-conviction attorneys. Herbert Duzant of the Federal Public Defender office was the first person to ever discuss Siasoi's case and background with me. I would have provided Siasoi's previous lawyers with all of the information 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 10 2011 in Los Angeles county, California.



Tim Williams





EXHIBIT 118

EXHIBIT 118

### **Declaration Of Mele Maveni-Vakapuna**

I, Mele Maveni-Vakapuna declare as follows:

1. My name is Mele Maveni-Vakapuna. I am 30 years old and I currently reside in Washoe County, Nevada. I met Siaosi in church through his cousin Renee Peaua, who was also a good friend of mine. He was known to me as Pe, which means baby in Tongan, and would only identify himself as Pe. I never met or interacted with Siaosi, at any time before he came to Reno in January 1998. I saw Siaosi approximately three times during that particular week around New Years.
2. Siaosi had been very quiet at church and kept to himself. I did not observe any unusual behavior at that time.
3. I recall Siaosi usually behaved very differently when he had the wig on. With the wig on, he rambled and used big words and a fake accent as if he were trying to sound Caucasian or like a gangster. He was more outgoing. He acted crazy. With the wig on, is when he talked about killing a cop.
4. With the wig off, Siaosi was very quiet and to himself. He seemed spaced out. I remember asking Renee if there was something wrong with him because he appeared withdrawn and his tone was very mello. Renee told me that Siaosi never slept and he would stay up all the time. I only remember seeing Siaosi one time without the wig on.
5. I do not remember seeing Siaosi drink or do any drugs the week I saw him.
6. I went out with Siaosi one time after church. Rene, our friend Leta, Siaosi, and myself were driving around town. Siaosi started talking while we were driving in the van. He began rambling and talking to himself. I recall Siaosi appeared confused and he was talking aloud to himself about things that didn't make sense to me. I did not understand a lot of what he was saying. He was in and out of conversations with himself. I remember asking Renee, what's up with your cousin?. Before Renee could answer me, Siaosi told me to shut up. I felt he was being serious and not joking around at this point.
7. While driving around, we stopped at a Kmart store. Siaosi had his wig on and he was rambling a lot and talking to himself, not making a lot of sense. I did not understand much of his conversation. I recall Siaosi wanted to buy a gun while we were at the store and I explained to Siaosi that he needed a license to purchase a firearm. Siaosi became nervous and agitated in the store. After realizing he could not purchase a gun, Siaosi began looking at hatchets. Siaosi said that he was going to get a hatchet and then he bought one before leaving the store.



8. While we were driving around we passed a police station, and Siaosi wanted us to drop him off at the police station. He was still acting crazy, not making much sense, and rambling about wanting to kill a police officer. No one took Siaosi seriously and we all ignored him. We then returned to Renee's house and parted ways, and I never saw Siaosi again after that day.
9. Siaosi only stated that he wanted to kill a cop, but he never explained why. Renee told me she thought Siaosi's wife left him for a cop. I think this was just a rumor and never confirmed.
10. Siaosi's defense team met with me only one time. I recall meeting with Crystal, the investigator, and his attorneys from the public defender's office. They only asked me questions in regards to Siaosi's statements about wanting to kill a cop. They did not ask me any questions regarding Siaosi's behavior, personality or mental state. If they had asked me about my observations of Siaosi's behavior, I would have provided them with the information contained in this declaration. I don't think his trial attorney's really got into his case.
11. On the other hand, the prosecutors were very aggressive in their approach to the case. I met with the district attorneys office several times. They asked me various questions about Siaosi and appeared to be more prepared than the defense team. However, the prosecutors also never asked for my observations regarding Siaosi's patterns of behavior during the week leading up to the incident. Had the prosecutors asked, I would have told them everything that I have stated in this declaration as well.
12. 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 state of mind during those 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.

  
\_\_\_\_\_  
Mele-Maveni-Vakapuna

EXHIBIT 119

EXHIBIT 119

### **Declaration Of Priscilla Endemann**

I, Priscilla Endemann declare as follows:

1. I name is Priscilla Endemann, I am 32 years old and I currently reside in Washoe county, Nevada. I am the former girlfriend of Siaoosi's cousin, Metuisela Tauveli, who was also known as Laki. I was also good friends with Siaoosi's cousin, Maria Losa Louis. I never met or interacted with Siaoosi at any time before he came to Reno in January 1998, just a week before the incident. Siaoosi was a weird person and I recalled that he always hung around people who were younger than him. I had a few opportunities to observe and interact with Siaoosi during the week leading up to Officer Sullivan's death.
2. I first met Siaoosi at the home of his cousin, Maria Losa Louis, on the week before Officer Sullivan's death. Everyone present that evening were Siaoosi, Losa, Losa's sister Corrina, my ex-boyfriend Laki and myself. We were all sitting and talking in Losa's livingroom as we drank alcohol and listened to music. Siaoosi was the only one in the group who was not drinking. Everyone was smiling, laughing and having a good time except for Siaoosi. Siaoosi was withdrawn and quietly sat on the floor by himself slouching with his back against a sofa. Siaoosi's head was hung low, he was steering off to the distance and he was not taking part of the discussion. At times when we laughed loudly, I recall seeing Siaoosi raise his head momentarily to look at us with a blank expression on his face before putting his head back down.
3. The only thing that Siaoosi said that evening was that he wanted to kill a cop, and he repeated this a few times. Siaoosi never addressed anyone directly and he interrupted our group conversation during the few times that he blurted it out. Siaoosi face still appeared blank and empty looking when he repeated his statement about wanting to kill a cop. No one engaged Siaoosi about his comment and we all just dismissed it as nonsense. Siaoosi never said anything about wanting to specifically kill a white police officer.
4. The second time that I saw Siaoosi was at a LDS church dance that was held at Paradise Park on the Friday or Saturday before the incident. Siaoosi was already there by the time of my arrival and he was dressed in a very strange manner. Siaoosi was wearing a black shoulder length wig with a Rambo style bandana tied around his head and a checkered flannel outfit. I had no idea that it was Siaoosi until Laki told me that it was him. Siaoosi dancing in a circle like a Native American and spinning around with something that looked like a hatchet in his hand. Siaoosi was dancing alone and he had very joyful expressions on his face.
5. Many of the people who attended the party were drinking alcohol and smoking marijuana outside of the party, but Siaoosi never did either. I did not see Siaoosi take one drink or a puff of marijuana the entire time.
6. The third time that I remember seeing Siaoosi was at the LDS Church, on 11<sup>th</sup> street near



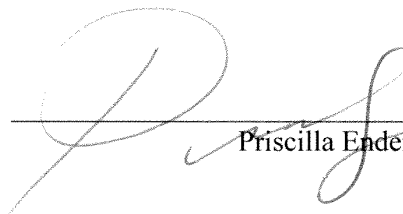
UNR, on the Sunday before the incident. After the church services, Siaosi and I drove to a nearby park smoked marijuana in my van. The marijuana and pipe belonged to Siaosi, and it was definitely not laced with anything. I found the marijuana to be very weak and te high only lasted for about two or three minutes.

7. The marijuana seemed to have a calming effect of Siaosi. After smoking it he looked more relaxed and he was very quiet. Siaosi was not talking about wanting to kill a police officer and he was dressed normally, in a shirt with a tie and slacks.
8. I did not see Siaosi on Monday, the day before the incident, because I had to take my son to an appointment that day.
9. The next time that I recall seeing Siaosi was at Losa's house on Tuesday, January 13<sup>th</sup>, after Officer Sullivan was killed. Siaosi and Laki were both asleep in the room of Losa's younger brother, William. I saw earlier that day that Siaosi was wanted for the death of the Officer and that there was a manhunt going on for his arrest. I tried to awaken Laki to get him out of the room to tell him what was going, and I recall that Siaosi was heavily snoring on the other bed at the time. Just as Laki woke up a news flash about the murder with a composite sketch of Siaosi came on the television in the room. Siaosi's eyes were still closed but he was no longer snoring. Just as we were about to sneak out of the house, along with Losa, Corrina, and William, Siaosi came into the livingroom and asked where we were going. We told Siaosi that we were going to the church ear UNR to play volleyball and partake in other activities. Siaosi came along with us and we never told him that he knew the police were looking for him.
10. As we were driving pass UNR, we saw police activity and Siaosi seemed like he became bothered. As soon as we reached the church, we all entered the building and left Siaosi by himself. This is when we left the building from another exit and ran back to our car and drove away.
11. When we returned to Losa's house later that evening we were met there by the police and taken in squad cars to a local police station. I was interviewed separately and I recall the police showing me photos of Siaosi robbing gas stations. The police also mentioned that witnesses saw Siaosi chopping away at a tree with a hatchet. I believe that these witnesses were Losa's neighbors. The police also search Losa's house while we were all being detained at the police station. We told the police everything that could and were released after a few hours.
12. On the following day, I found a white bag in Losa's kitchen that contained items belonging to Officer Sullivan. I then handed the bag to Losa and told her to call the police and deal with it because I didn't want to be involved in her family's affair. I then broke up with Siaosi's cousin, Laki, and I never returned to Losa's house afterwards. I have cut all ties with Siaosi's family and I have not interacted with them since the time of his arrest.



13. I was never contacted by Siaosi's defense team during the time of his trial. Had I been contacted by his attorneys I would have provided them with all of my observations of Siaosi's behavior which are contained in this declaration.
14. 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 my observations of Siaosi's behavior.

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.



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Priscilla Endemann

# Exhibit 120

# Exhibit 120




Declaration of Mapa Puloka, M.D.

I, Dr. Mapa Puloka, hereby declare as follows:


1. My name is Dr. Mapa Puloka, and I am the only authorized Psychiatrist in the Kingdom of Tonga working and I run the country's only psychiatric ward. My practice is based out of Vaiola hospital on the main island of Tongatapu and I've been in practice since January 1989.
2. My predecessor was the late Dr. Palu Lasalo, who was the first psychiatric practitioner in Tonga's history and he was my mentor. Dr. Lasalo was certified as a medical registrar in New Zealand and he began working at Vaiola Hospital during the mid-1970's in a non-psychiatric capacity. Dr. Lasalo chose to focus on a psychiatric concentration and returned to New Zealand to receive specialist training for five years during the 1980's. Dr. Lasalo began his psychiatric practice at Vaiola Hospital, here in Tonga, during the late 1980's, while he was studying to pass his certification exams in New Zealand. Dr. Lasalo traveled to New Zealand twice to take his certification exams, and he failed them both times. While preparing to take the examination a third time, Dr. Lasalo died unexpectedly in 1990. I was asked to replace Dr. Lasalo in 1990 right after his death, even though I did not have the necessary requirements at that time. Although I was a general practitioner in those days, I was the only physician in Tonga with a psychiatric interest. I was known to worked closely with Dr. Lasalo at times, so I was asked to step in and fulfill his role. I then completed post-graduate training in the area of mental health in Australia and New Zealand.
3. After practicing psychiatry in Tonga for the better part of twenty years, I find that we still lack the resources to properly care for our mentally ill patients. My program is always underfunded, but we do our best to make every effort to assist our patients even on our shoestring budget. Mental health has never been a priority in Tonga so public funds are usually channeled elsewhere.



4. During the 1970's, and earlier, there were almost no resources available in Tonga for individuals suffering with mental illnesses, and the situation was far worse than it is now. In those days, patients who suffered from severe mental illness and posed a threat to themselves, and others, were taken to the local prison where they were housed in an asylum like fashion and attended to by non-psychiatric general practitioners. There were no psychiatrists in the country during that time period nor any facilities available that specialized in treating people with mental illnesses.
5. The less severe mentally ill were primarily cared for by relatives who usually had no understanding about the disorders and no way to treat them effectively. Many families had no idea what to do with their mentally ill relatives and simply hid them away. The mentally ill were made to stay in the their family's home or within the confines of the family's property. Today, patients are only referred to my office after they have become a danger to themselves or others. The early warning signs of mental illness routinely go unrecognized by most Tongan families until their loved ones lives becomes unmanageable and ~~they~~ patients become a threat to themselves and others.
6. Several superstitious beliefs shaped the views of mental health issues within Tongan culture. The mentally ill were often believed to be bothered or possessed by spirits of the deceased. Many families still seek the advice and assistance of traditional healers before coming into my office for professional help, even now. The traditional healers usually gave the mentally ill various potions and herbal bath mixtures.
7. During my practice, in Tonga, I have come across a culturally predominant phenomenon that is diagnostically known as "Dissociative Disorder Not Otherwise Specified." The onset of this disorder occurs during a child's teenage years and it is more prevalent amongst girls, although boys suffer from it as well. During the manifestation of this disorder, subjects usually ran out into the middle of cemeteries and began screaming. They also ran out to the sea or into the bushes to scream at



times as well. The families of these children often believed that they were possessed by spirits, and they employed various superstitious remedies in attempts to help their loved ones. The effected children were usually first taken to the local traditional healer for suggestions which included herbal baths, pouring hot water over the subject or just severely beating the subject in attempts to force the spirits to come out.

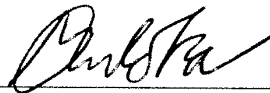
- effective* ————— 
8. Bipolar disorder, delusional disorders, schizo-~~effect~~ disorder and schizophrenia are very common diagnoses amongst many of my patients here in Tonga, and I've frequently found that they are inherited disorders which run throughout the patients' blood relations. However, I've also found that these diagnoses can occur sporadically in patients with no family histories of mental illness.
  9. I'm currently treating sixty patients who are deportees who have been sent home from around the world. Most of them, over 50%, were sent home from the United States, and most suffer from a dual mental health diagnosis, including substance abuse.
  10. Most deportees are sent back home from Australia, New Zealand and the U.S. The American deportees tend to have much higher rates of mental illness, substance abuse, cultural identity issues and problems adapting to their new environment in Tonga. Whenever Australia and New Zealand send deportees back to Tonga, it's usually because the Tongan national overstayed the time permitted by their visa. Whenever the U.S. deports people back home it's normally for serious criminal offenses. The U.S. is the only one of the three countries which doesn't have a formal referral system to ensure that their deportees receive medical and social assistance upon their return. Deportees from the U.S. are simply dropped off in Tonga with little regard to the process of re-assimilation. Most deportees also return home without ever receiving any treatment for their mental health issues while they were in the states.
  11. While the state of mental health treatment in Tonga has improved over the years, it



is still not where I would like it to be. I continuously fight to obtain additional resources to do the things that I need to do for my patients, because no one else will.

12. I was the only psychiatrist working in Tonga at the time of Siaosi Vanisi's trial in 1999. I was never contacted by anyone working on Siaosi's behalf during the time of his trial or at any time afterwards. Herbert Duzant and Ben Scroggins of the Federal Public Defender's office, District of Nevada, were the first people who ever spoke with me about Mr. Vanisi's case. Had I been contacted previously, I would have provided all of the information that was included in this declaration.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on January 24<sup>th</sup>, 2011 in Nukualofa, Tonga.



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Dr. Mapa Puloka



# Exhibit 121

# Exhibit 121

### Declaration of Limu Havea

I, Limu Havea, hereby declare as follows:

1. My name is Limu Havea and I currently live in the village of Longo Longo, on the Island of Tongatapu, in the Kingdom of Tonga. I was born on \_\_\_\_\_ in Neiafu, Vava'u I am Siosaia Vanisi's paternal aunt as I am the oldest sister of his father, Makaafa Vanisi, who I always called Afa. Afa and I were both the children of Kuli Vanisi, but we had different mothers. I am my father's oldest daughter, a position known in Tonga as the fahu. Under Tongan tradition the fahu is in charge of all of her siblings and they are required to obey her.
2. As the fahu I was in charge of naming all of my brothers' children. I named Siosaia after my oldest brother who shared the same mother as I did. My brother Siosaia was a good natured, sociable and hard working man, but he had difficulty with domestic responsibilities. He liked to drink with his friends on occasion and was somewhat of a womanizer. One time when he was younger he didn't come home when he was supposed to and so I went looking for him. There are no addresses in Tonga, so you find people and places you are looking for by asking people on the street. I walked around asking about my brother's whereabouts and finally found him drinking alcohol with some girls and his friends. I picked up the biggest stick that I could find and told him that if he did not go home I was going to smash him across the face with it. Someone in his group said something to me and I told the person that if she did not shut up I would smash her face too. Because I was the oldest sister my brother went home with me.
3. On another occasion, after Siosaia had moved to the United States and married and had children he came back to Tonga for a visit. While he was in Tonga he went back to his old ways and began chasing women. When it was time for him to go home to his family he refused to go home. His wife called me and asked me to help her as she and her children needed him back home. I bought a one way ticket to the United States and tricked him into going to the airport by telling him that I needed him to help me pick up a package that had arrived for me at the airport. When we got to the airport I gave the ticket to the people working at the airport and forced him to get on the plane. He protested, but because I was his fahu he obeyed my command. I did not leave until the plane doors had shut and I knew he could not get off.
4. Afa, the youngest of all his siblings, was spoiled by his mother and father. He was

*L.H. /m*

always lazy and irresponsible. His parents lived in Nukualofa, Tonga, which is the capital of Tonga and the largest town. Our father Kuli was a police inspector and Afa never had to farm in the bush country like most Tongans do. In Tonga, people like Afa who live in town and do not have to farm are called "town boys."

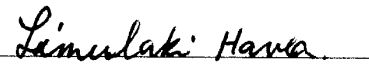
5. I was more than ten years older than Afa. My husband was an educator, and when Afa was 10 or 11 years old my father Kuli sent Afa to live with my husband and me for two years so that Afa could attend the Methodist school that my husband was teaching at. He seemed like a normal, happy boy at that time, but he was very lazy. I could tell that he hated working in the bush country where my husband and I lived and wished that he could be back and live in town. Afa preferred to hang out in the streets with his friends and did not like to do chores. When I told Afa to do something to help the household he would obey me, but did not like to do it. To get out of doing work, Afa would avoid me whenever he thought that I was going to tell him to do something. When he was given specific chores he would do them a few times as he was supposed to and then would just stop doing them.
6. When Afa grew up he remained irresponsible and undependable. He was very immature and it was as if he never really grew up. He remained like a child the entire time he was in Tonga. He did not like to work and preferred hanging out with his friends. It was known in Tonga that he would drink with his friends.
7. Afa's wife, Luisa's, brother Maile Tafuna gave Afa a job as a bus driver with his transportation company. Like everything else in his life Afa was very unreliable in his job. He would go to work for a few days and then decide he didn't feel like working and would just stay home or find his friends to hang out with.
8. His entire life in Tonga he would depend on his family or his wife's family to take care of him. While Luisa was pregnant with Siaoisi Afa abandoned her and their children and moved to the United States. Luisa was a good woman. What I consider to be a good woman is a woman who does not gossip. She never talked about people's wives the way many Tongan women do. She never said anything negative about Afa to me or her children. She was always happy and outgoing. She liked to go to social events and dances and she socialized with men.
9. After Afa left Luisa both the Vanisi family and her family, the Tafunas, pitched in to support her and her children. Members of the family would take turns bringing her food and household items and would also take turns paying her bills. This is one of

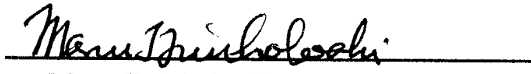
*L. H. / MD*

the reasons that it is good to be a Tongan. In our culture it is expected that families will come together to help those who may be in need, and it was no different in Luisa's case.

10. No one working on Siaosi's behalf ever contacted me to discuss his case. The first people to ever discuss his case with me were Assistant Federal Public Defender Benjamin Scroggins and interpreter Manu Tu'uholoaki. If anyone had ever contacted me about this case I would have provided the information contained herein and would have been willing to testify on Siaosi's behalf.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on January 24 2011 in Tongatapu, Kingdom of Tonga.

  
LIMU HAVEA

  
Manu Tu'uholoaki, Interpreter



# Koe fakamatala ā Limu Havea.

P.D. L.M.

1. Ko e ngaahi meā ni ne fakapapaui ē Limu Havea.

① Ko hoku hingoa ko Limu Havea

<sup>30</sup> [redacted] i Neiafu, Vavāu puleānga Tonga. Ōku ou  
lotoānga nofo i Longolongo ihe motu Tongatapu, ihe  
Puleānga Tonga. Ko e mehikitanga pe fahu au ā  
Siaosi Vanisi pea ko e tuofefine lahitaha ō e  
tamai ā Siaosi, ko Makaāfa Vanisi, ā ia naāku  
ui pē ē au ko 'Afa. Ko au mo 'Afa ko e fanau  
kimaua ā Kulī Vanisi, ka ōku 'ikai ke ma faē  
taha. Ko e ōfefina fika uluaki au ēku tamai,  
ā ia ko e fahu au kihe fanau ā hoku  
fanga tuongaāne. Ihe ēman ulungaanga  
faka Tonga ko e fahu ōku pule fakaaoa  
kihe kotoa ōhono fanga tuongaāne mo  
fakatokouapea kuopau ke nau talangofua  
ki ai.

② Ko hoku lākanga fahu ko ia ai ko au  
ōku ou fakahingoa ā e fanau ā hoku fanga  
tuongaāne. Naē fakahingoa ā Siaosi ki hoku

tuongaane lahitaha a e oku ma fae taha! (p.2) 2.4  
hoku tuongaane lahi taha a Sidosi ko e tangata  
natula lelei, ngane lahi mo faa fakafesohi ka oku  
iai pe hono ki i ulungaanga he anga e nifo! Naa  
ne manako ke inu kavamalohe mo fakafesohi mo  
hono kaunga tangata mo manako fefine foki. Na e  
iai e taimi e taha lolotonga e ne kei tahou  
ange na e ikei foki ki api o hanga ko e taimi  
tofonu ke ne foki mai ai. Na ku a lu okumi.  
Ko ia i he ika iha fika o e api naa ku fakafesohi  
he hala mo e kakai ke ilo pe oku i fe hoku  
tuongaane peer naa ku mau ia fakataha mo  
hono kaunga tangata oku faa ena inu  
kava malohe mo e kakai fefine. Naa ku too atu  
a e vaakau foloa taha naa ku mau kapau  
he ikei he foki mai mo au kapau ke tahi  
aki hono mata aki a e vaakau. Na e iai e  
toko taha hono ngahi kaumea na e ika ika  
mai pea u talanga ki ai ke longo naa ku  
hapoi aki a e vaakau hono mata oona.  
Koeuhi ko au a e tuofefine lahitaha kapau  
ke fanongo mai ki a au hoku tuongaane.

[3] Nāe 'ai e taimi ē taha kuo ōsi hiki ā Siasia (P.13) nofo muli i Amelika pea ōsi mali mo ēne fānaupēa nāe hāu ēne ēa mai ki Tonga'ni. Ihe ēne i Tonga'ni nāe foki ki hono ulungaanga motua ko e tuli ki he kalai fefine. I he hoko ā e taimi ke foki nāe 'ikai fie foki ia ki āpi. Nāe tā mai hono haa ō kole mai kiate au ōfa mai ō fakafoki mai ki hono haa mo e fānau. Nāa ku fakatauleva ā e tikite foki ki Amelika pea fakahekehekei ke ālu ōave au ki Mala'e vakapuna pea u talanga ki ai ke ma ō ke hiki mai ēku kofukofu ōku ōmi he mala'e vakapuna. Ihe ēma au nāa ku talanga ki he kau ngāne, i mala'e vakapuna ke fakahēka ki he vakapuna. Pea u ānge ēne tikite ki he kau ngāne ō fakamālōhi ke heka ki he vakapuna. Nāe 'ikai te ne fie tali ka ko ēuhi ko hono tuofefine lahi tahi au nāa ne talangafua kiate au. Nāe 'ikai keu foki mai kae ōua kuo tāpani ā e vakapuna ōpuna.

[4] Ko ēuhi ko āfa ko e siisiitaha he fānau nāe āka ole olei pē ē he tama'imo e fa'e. Nāe fāa faka-pikopiko mo 'ikai loko tokanga kihamea. Ko ēne mātua nāe nofo i Nukunaloa, ā ia ko e kolomua ia o Tonga pea ko e siisiitaha ia. Ko ēman tama' ko Kuli

Vanisi na'e inisipēkita polisi pea na'e tēeki ai ke tō <sup>P.4</sup>  
ngoue ā Afa ia ō hangē ko e tokolahi ō e kakai Tonga. I Tonga  
ni ko e kakai hangē ko Afa ōku nofo Kolomua pē mo ikai  
tō ngoue ko e kām "tangata kolomua."

[5] ōku ou mei lahi āki ia Afa ā e tāu 'ehongofulu.  
Kohoku husepaniti ko e tokotaha fa'ako pea i he  
tāu lōpe 11 nai ā Afa na'e ōmi; ē heēmau tama'ko  
Kuti Vanisi ā Afa ke mau nofo. he tāu ē na ke  
ako i he ako sīi ā e siasī- Uesiliana. Na'e fuu  
fie fa pē hangē ko e tamaiki honofai ka ko e  
tama fakapikopiko 'upito. Na'e lava pē keutala na'e  
ikai saia ia he nofo i ūta na'e mahako pē ke  
nofo i kolo. Na'e manako pē ke fakataimāiki kae  
lāki pē ēne tufakava ke fa'i. I he ēku tala ha  
mea kīa Afa ke fa'i hangē ko e tokoni lolotonga ō e  
fakamaau fale mo e alamea pehē. Na'e talangofua  
pē he ta'imi ni'ihī ka na'e ikai te ne fie fa'i ia ēia.  
I he ilo pē ē Afa ōku i ai e pūiten talange na'e  
fakamamao ōtoi meiate au telia na'ku pūi ange.  
Ka ōange hano lākanga ke fa'i te ne fa'i pē he  
ta'imi siisii pea tulū ia ē ia ō ikai hokohoko  
atu.

[6] ko e tamasii angaanga noaia ā Afa pea fa'a  
fakafalala pē ki he famili'kotoa. Na'e ikai

ke fai a e anga fēanga mo hono tau. Naē ulunga <sup>P.5</sup> pē hangē ha tamasiiale. Naē anga pehē pē heēne kei i Tonga'ni. Naē ikai ke fie ngāne pea naē iloa pē i Tonga'ni ōku ne inu mo hono kaungāmea.

[7] Naē ōange ē Maile Tafuna kia Afa ke faka'uli heērau pasi fakafāmilī. He naē mali mo Luisa hono tuofetine. Naē ne fai pē meā tatau. Naē faka'uli pē he taimi nihihi pea ko ēne fie nofo pē pea alu ia ō ēva kae tuku e faka'uli ia. Kae fai ēne fakakaungātamaiki āna.

[8] Ko e taimi kotoa ēne i malini. Naē mo'ui faka falala pē ki hono fāmilī pē ko e fāmilī ō honohoi. Ihe lolotonga pē ēna nofo mo Luisa mo e fāranu' tūe hake ia ō alu kae liāki ā e hoa mo e fāranu' lolotonga ā hono feifama'i ā Siaosi Vanisi. Naē hiki ia ki Amelika. Ko Luisa ko e fefine lelei. Ko e fefine lelei ōku ikai ke ngatu lau. Teēki ketalanoa mai kiate au ōfekauāki mo e kakai mo hono ngahi mali. Teēki talanoa kovi mai kiate au kia Afa pē ko ēna fāranu'. Ko e fefine fiefia mo faa fefi. Naē ne marako ke fakafefi, tau'olunga mo fakafefi mo e kakai i he kominihi.

[9] Ihe hili ā e hiki ā Afa kae liāki ā Luisa naē toloni ā e fāmilī Vanisi mo e fāmilī Tafuna ke

tokonii ā e kii fāmili'ni. Nāē tautau fetongi ā e (P.6)  
ongo fāmili' he ōmi meāka mo totongi ēhau pila vai  
pē ūhila. Koe taha ia e ūhinga lelei ke ke Tonga. I  
homan' ūlunga fakafohū kuopau ke mau fetokoniki  
mo vahe vahe kiate kihantolu ōku fiema' tokoni. Pea  
koe meā pē ia nāē hoko kia Luisa mo hono fāmili'.

II] Nāē ~~ene~~ tēeki fetu'utaki mai hataha kiate au ō  
talanon mai ō kau kia Siaosi mo ēne tautā. Koe  
e'uluaki taimi eni ke fetu'utaki mai ā e loea mei  
tafa'aki malui ā e Federal ko Benjamin Scroggins  
mo e fakatonulea' ko Manu Tu'uholoaki. Kapau nāē  
fetu'utaki mai hataha kiate au ki muā nāaku fiefia  
ke tokoni ke sii tokoni ki sii Siaosi mo ēne  
sii kavenga'ni.

Ōku ou fuakava koe totonu eni mo e mo'ohi  
pea ōku ou fai ia he āho 24, Sanuali 2011 i  
Tongatapu, Puleānga Tonga.

Limulaki Havea  
Limu Havea

Manu Tu'uholoaki  
Manu Tu'uholoaki, Fakatonulea

Exhibit 122

Exhibit 122

### Declaration of Sione Pohahau

I, Sione Pohahau, hereby declare as follows:

1. My name is Sione Pohahau, I was born in            and I currently live in the village of Niutoua, on the Island of Tongatapu, in the Kingdom of Tonga. I am a cousin of Siaosi Vanisi's.
2. I lived in the home of Siaosi's uncle, Maile Tafuna, for one year in 1989. During that time, I attended Cappucino high school with my cousin, Siaosi Vanisi. I was a freshman when Siaosi was a senior. Because we were cousins I sometimes visited Siaosi at his home. We watched television together or played games.
3. Siaosi usually stayed to himself whenever I saw him around the family and at school. He used to sit in rooms by himself doing nothing even when people were over to visit. Siaosi never spent much time outside of his family home as far as I knew.
4. Sometimes when we were watching television Siaosi talked to himself and would laugh for no reason. I never understood what he was talking about and I never knew why he was laughing. Siaosi's speech often seemed like gibberish to me. When I asked him what he was talking about he would just laugh and never give an explanation.
5. Siaosi often had a blank look on his face and he frequently stared off into space. I had to call his name several times to get his attention whenever this happened. Siaosi often walked around the neighborhood with this blank stare and look as if he didn't see me, even when I said hello. During these episodes it seemed like nothing around him was registering in his mind.
6. The few friends that Siaosi at school and in the community were all white and black kids. Siaosi never had Polynesian friends, as far as I saw, even though they were around. Siaosi never seemed like he wanted to associate with Polynesians.
7. During the time of Siaosi's arrest and trial, I was still living in the states. I was never contacted by Siaosi's trial attorneys nor the attorneys who represented him at any time after the trial. Hebert Duzant and Ben Scroggins were the first people to ever





discuss Siaosi's case with me. Had I been contacted by Siaosi's previous counsel I would have provided them with all the information that is contain within this declaration.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on January 22, 2011 in Nioutoua, Tongatapu, Tonga.

  
SIONE POHAHAU

# Exhibit 123

# Exhibit 123

### Declaration of Tavake Peaua

I, Tavake Peaua, hereby declares as follows:

1. My name is Tavake Peaua, my date of birth is \_\_\_\_\_, and I currently live in the village of Fuaamotu, Tonga. I am the maternal cousin of Siaosi Vanisi, as our mothers are first cousins.
2. I was born in the Kingdom of Tonga but left with my family at the age of three. My family and I moved to American Samoa and then Hawaii before finally settling in Reno, Nevada, during the late 1970's.
3. Although I saw Siaosi at family functions throughout our childhood, after my family and I settled in Reno, I didn't get to know Siaosi until his older brother Tevita Siu Vanisi died in the later 1980's at sixteen or seventeen years old. I actually knew Tevita Siu better than I did Siaosi because Tevita Siu made more trips to Reno to visit my family and other cousins in the area than Siaosi did. Tevita Siu abused drugs and various chemicals like glue, paint and aerosol cans. Tevita Siu died from sniffing whiteout liquid paper. Siaosi and Tevita Siu were close to one another and Siaosi was emotionally devastated by the loss of his brother.
4. Siaosi and I were teenagers and attended highschool when I came to know him better. Siaosi was always kind of weird and I thought of him as being an eccentric person. Siaosi dressed in preppie fashions, wore strange hairstyles, and seemed like he was trying to be more like a Caucasian.
5. Siaosi often said things that made no sense and seemed to be based on his wild imaginations that were not rooted in reality. Siaosi often made up elaborate stories about things that weren't real.
6. When speaking to Siaosi, I noticed that he often changed the subject and spoke about things that were totally outside of the scope of the conversation.
7. Siaosi's father was never a part of his life, so his maternal uncle Maile Tafuna became his main role model. Maile was a good and well-intentioned person but did not always convey these things in the way that he communicated with people. Maile never sugar coated his words and he often yelled and spoke harshly to people in the family. Maile could give people the impression that he did not love them by the way that he spoke to them, but that was just his normal way of speaking and most people understood that he meant nothing by it. I believe that a person could have been deeply impacted by the way that Maile treated him or her, especially if that person took Maile's words and demeanor seriously.



8. Siaoosi left San Bruno, California for Los Angeles, California during the early 1990's and he lost contact for a couple years. However, I reconnected with Siaoosi around 1995 when I visited Los Angeles on a business trip. My family and I then visited Siaoosi and his family about three times during 1995 through 1997, and we even took our children to Disney Land together. Siaoosi and his family were living on Dufour Street in Redondo Beach at the time of my visits.
9. Siaoosi's behavior patterns had worsened by the mid-1990's, and he went from seemingly being eccentric to outright insane. Siaoosi unofficially changed his name from Siaoosi Vanisi to Perrin Vanacey because he hated his original name and wanted to anglicize it. Siaoosi also used to deny his Tongan heritage and claimed that he was half African-American and half Chinese.
10. Siaoosi had various identities and each of them had their own personality and characteristics. Each personality had it's own name, way of dressing, way of talking and interests. The names that I recall Siaoosi using during the various manifestations of his personalities were Giacomo, Sonny Brown, a super-hero character and a few others. Siaoosi was always introducing himself as different people at the clubs where we hung out at around Los Angeles and he acted weird. When Siaoosi was in the super-hero personality he dressed in women's tights and a cape.
11. Siaoosi was an aspiring actor during the time when he was suffering from his personality issues, but none of his personalities had anything to do with any roles that he was pursuing. Siaoosi never indicated that he was studying for any roles, or described his behaviors as being a part of a film project that he was interested in starring in, and he never asked anyone to critique the way that he was acting. I initially thought that Siaoosi's personality issues and weird behaviors were just a part of his acting career. However, when it became clear to me that Siaoosi's behavior had nothing to do with his desire to be an actor I became uncomfortable around him.
12. Siaoosi was very childlike and he seemed more like a child whenever he interacted with them. I saw Siaoosi playing with his children like he was one of them. Siaoosi built forts around the house out of chairs and other things around the house and hid out like a child normally would do.
13. Siaoosi often did bizarre things for no reason which often caught me off guard. I recall being in a supermarket with Siaoosi and my wife on one occasion when Siaoosi began acting weird. Siaoosi was acting normal when we first entered the store when all of a sudden it seemed like he snapped and became a different person. Siaoosi sat down in one of the supermarket's motorized carts and began acting like he was blind and crippled. Siaoosi sat with his hands bent at the wrists like he didn't have full use of his hands, and he was running his cart into people and various items around the supermarket like he couldn't see. Siaoosi then drove the cart around in a circle in the



middle of the supermarket for about 10 minutes straight. I tried to get Siasosi to stop and I kept asking him what was wrong, but Siasosi seemed like he didn't hear me and continued bumping into things and people. Siasosi had a blank look on his face at the time like something was seriously wrong with him and he did not smile, laugh or make any indication that he was joking around throughout this incident. After a while I walked away from Siasosi because he was embarrassing me and I didn't want people to think that I was with him. When we left the store Siasosi snapped back into his regular personality and acted like nothing had happened. Siasosi's odd behaviors came and went like a light switch.

14. There was a dramatic change in Siasosi's hygiene and personal appearance between the time when he was a teenager and when he was in his mid-twenties during the mid-1990's. Siasosi went from dressing preppie to dressing in very raggedly in clothes that looked dirty. Siasosi often walked around in a long trench coat with no shirt on and his naked belly sticking out. Siasosi went from being an athlete who was in excellent shape to being obese with a large gut. Siasosi went from being very clean and neat to going a day or more at a time without bathing and having problems with body odor. Siasosi went from being very clean cut to allowing his hair to grow wildly and not shaving his facial hairs. Siasosi had totally let himself go and it seemed like he didn't care about himself anymore.
15. While Siasosi was living in Los Angeles he often complained about being harassed by the police. Siasosi felt like he was a constant target of racial profiling and he believed that he was being unfairly treated.
16. Siasosi spoke militantly about what western governments had taken from the Polynesian people, and about how the police discriminate and illegally profiled Polynesians. Siasosi also spoke about wanting to see Polynesian youths rise up to reclaim their warrior heritage to fight their western oppressors.
17. Siasosi's home in Los Angeles was a complete mess, and the opposite of the neat way that he used to be. There was a lot of trash and various items that needed to be discarded around his home. Siasosi kept a lot of empty plastic bottles around his house.
18. Siasosi drew various letters, words, phrases and pictures all over the walls of his apartment. The drawings were large and small, and he used pencils, magic markers, crayons and spray paint.
19. Siasosi was heavily using a weight loss drug called Fen-Phen during the mid to late 1990's and he often complained about how the drug made him feel. Siasosi told me that he needed to stop taking it because it kept him up at night, made him feel edgy and he thought that the drug was making him lose his mind. I remember seeing Siasosi



look haggardly, like he was not getting any sleep at that time.

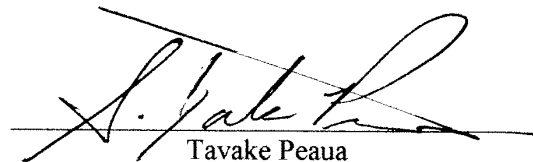
20. Between 1995 and 1997, Siaosi also spoke about seeing people who weren't visible to anyone else, and hearing voices and other sounds that no one else could hear. Siaosi also spoke about supernatural subjects and Biblical concepts from the Book of Mormon. When Siaosi talked about these things I did my best to ignore him and tune out everything that he was saying because I was uncomfortable.
21. Siaosi's wife at the time, DeAnn, was a very loving, accepting and naive wife. My wife, Kathleen, and I couldn't understand how DeAnn managed to put up with Siaosi for as long as she did. After DeAnn left Siaosi our cousin, Mike Finau, and Siaosi's friend, Greg Garner, moved into Siaosi's Dufour apartment in Redondo Beach.
22. My wife and I were visiting Los Angeles in late 1997 during the time when Siaosi's elderly woman friend died of natural causes. Even though there were no signs of foul play and it was clear that the woman died of natural causes, Siaosi became very paranoid and began acting weird. Siaosi found it creepy that someone he knew so closely just dropped dead, and he was deeply bothered. Siaosi felt like the police were going to try to find some way to blame her death on him because he believed that the police were all after him. Siaosi also complained of feeling that everyone was watching him and against him, and he seemed like he was trapped in a cage by all of his paranoias. Siaosi also spoke about his failed relationship with his wife and his regrets over not being as close with the family as he would have liked. Siaosi seemed like the walls in his life were all closing in on him and he was losing himself to all of his worries and fears.
23. There were physiological manifestations of Siaosi's deteriorating mental condition. Siaosi had confused and distant expressions on his face. Siaosi's eyes frequently shifted and moved around rapidly. Siaosi often stared off in the distance with a blank look on his face, with empty looking eyes. Siaosi spoke rapidly and his words were more incoherent than I had ever heard at any prior time period. Siaosi also completely lost his silly childlike exterior.
24. After seeing Siaosi's deteriorating condition in the days following the loss of his friend, I suggested to Siaosi that he should return to Reno with me and my wife so that he could reconnect with the family, take a break from his life in Los Angeles and mentally reset himself. My wife, Kathleen, was working at America West airlines at the time and she booked Siaosi on my return flight so that we could travel together.
25. Siaosi told me that he could only stay for two weeks because he had to be back in Los Angeles to work on a film set as a grip. Siaosi stayed with me and my family on Sterling street, which was located near UNR's campus, and the night that we got in to Reno was the last time that I saw him because of my busy work schedule at that



time. I have no recollection of spending any time with Siaosi in Reno after that first evening.

26. I was shocked when I learned that Siaosi was accused of killing a UNR police officer because Siaosi was never a violent person. Siaosi was crazy but I never saw him do anything to harm anyone.
27. I was surprised to learn that the victim in Siaosi's crime was Officer Sullivan because I knew him from the days when I attended UNR around 1995 and 1996. Although I feel terrible about what happened to Officer Sullivan and my heart goes out to his family, I wondered whether Officer Sullivan may have done or said something to Siaosi that might have provoked an inappropriate response that was based on Siaosi's unstable mental state. Officer Sullivan, and a couple of others on the UNR police force, were known for being overly enthusiastic in their work. I had a few experiences with Officer Sullivan around the campus where he acted a little over zealously and gave me the impression that he was not treating me fairly. I recall Officer Sullivan making me move my car even when I was parked in the proper spaces and was not in violation of any rules. While I do not believe that Officer Sullivan did anything to contribute to his death, I've always wondered if his over enthusiasm could have clashed with Siaosi's deteriorated mental state. I've always wondered if Officer Sullivan was just in the wrong place at the wrong time because he wasn't aware that Siaosi was not in his right mind especially given his severe paranoia of police officers at that point.
28. I was never contacted by anyone working on Siaosi's behalf during the time of his trial or at any other time in the past. Herbert Duzant of the Federal Public Defender's Office, District of Nevada, was the first person who ever spoke with me about Siaosi's case. Had I been contacted previously, I would have provided all of the information that was included in this declaration. I also would have been willing to testify to these facts and to ask the jury to spare my cousin's life.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on January 21 2011 in Fuaamotu, Tonga.

  
Tavake Peaua

# Exhibit 124

# Exhibit 124



### Declaration of Totoa Pohahau

I, Totoa Pohahau, hereby declares as follows:

1. My name is Totoa Pohahau, I was born in the year , and I currently live in the village of Nukunuku on the island of Tongatapu, in the Kingdom of Tonga. I am the cousin in-law of Siaosi Vanisi, as my paternal aunt, Mele Pohahau-Tafuna, was married to his maternal uncle, Maile Tafuna. I currently live in the Kingdom of Tonga, and I am a Bishop in the LDS church at the Nuitua Ward.
2. I was born in the Kingdom of Tonga in 1969, but moved to San Bruno, California with my family in 1987, at the age of 17. When my family and I moved to San Bruno, we moved into the home of my uncle Maile and my aunt Mele. My family and I lived with Maile and Mele for two years, and Siaosi was living with us in the same home during that entire period. Siaosi and I attended Cappucino high school together, were in the same grades during our junior and senior years, and we graduated together. Siaosi and I also played for the school's football and track runner teams. Siaosi and I also shared the same room, along with four other male cousins, during that entire two year time period.
3. Also living in our home were Maile and Mele's sons Tufui and Saia, Siaosi's biological mother, Luisa, and his siblings Sela and Tupou, our cousins Sefa and Walter Cocker, as well as my parents, Walter and Ma'ata Pohahau, and my brothers, Sione and Finau, and my five sisters. Altogether there were about twenty people living in Maile's home during that two year period, 1987 to 1989. Maile's home had about four bedrooms on the first floor and five bedrooms on the second floor, and all rooms were shared.
4. When I first met Siaosi in 1987, he seemed like a nice guy but it was obvious to me that he was suffering from some kind of mental disturbances. I had a chance to observe Siaosi every day in school and every night at home for two straight years and I saw him acting in a very bizarre manner on countless occasions.
5. While walking to school with Siaosi each day, I never knew what he was going to do because his strange behaviors were so unpredictable. Siaosi and I had conversations one minute, and then he began yelling and shouting strange things for no reason the next. Whenever he did this, my friends and I looked around to see if something was going on around us and then we'd ask Siaosi what happened. In response Siaosi just smiled, he said nothing and then continued talking like nothing had happened. It was like a switch went off and on in his head .
6. Siaosi had a severe blinking and eye squinting problem throughout the entire two years that we lived together. Siaosi blinked and squinted his eyes almost non stop,

no matter what he was doing, and he said that he had no control over it.

7. Siaosi often mumbled and talked to himself in various settings. These events occurred while walking to school in the morning, during classes, during sports practice, at movie theaters, while he was at the family's home and just about everywhere else. The mumbling and talking to himself was usually accompanied by smiling and laughing. Whenever I asked Siaosi why he was laughing, he just looked at me and smiled. I often tried to listen to the things that he was saying to himself, but I never could figure out what he was trying to say because he frequently changed subjects, spoke out of sequence and his words were not coherent.
8. Siaosi exhibited strange behaviors during our football practices and games. After the team was finished practicing and were heading to the locker room, Siaosi ran back onto the field and ran head-first into the rubber tackle bag. This happened a few times a week, and everyone was puzzled by his actions.
9. After football games and practices when everyone else on the team was exhausted, Siaosi was always still full of energy, running around and acting very hyperactively. No one could figure out where his energy was coming from because everyone else was so tired.
10. While the coach was giving instructions to the team, during practices and games, Siaosi frequently spoke over the coach and gave instructions of his own. No one listened to Siaosi or paid him any mind whenever he did this, but it was very disruptive. The coach always had to tell Siaosi to close his mouth and pay attention.
11. I remember an occasion where we were practicing for an upcoming game, and the coach gave us all specific instructions to lightly tackle one another because we were within days of the game and the coach didn't want anyone to get hurt. As soon as Siaosi got on to the field he rushed the person holding the ball and recklessly tackled him. The other teammate was so hurt that he had to go to the hospital to receive treatment. After this incident, it seemed like Siaosi lost interest in the game although he continued to play with the team. Siaosi began isolating himself more than usual and stopped hanging around the team outside of practices. Whenever the team entered the locker room to get dressed, Siaosi just sat on the benches, stared off to the distance and had to be reminded to get dressed for practice. Siaosi also lost his motivation for playing the game and it seems like his mind wasn't in it anymore. Siaosi went from being a starter to not playing in games regularly.
12. Siaosi frequently isolated himself throughout the entire two years that I lived with him. Siaosi might be laughing and talking with me one minute, and the next minute he'd abruptly stop talking and walk away to be by himself. Siaosi also did this at school and in the community when he was around friends and classmates. When we

were all standing and speaking under a tree outside the school yard, Siaosi often stopped speaking with us and went to another tree to sit down by himself and stare off in the distance. It was like a switch went off in his mind which made him disengage from the conversation unexpectedly and without any reason..

13. Siaosi had an inappropriate and hyperactive way of acting familiar with people who he didn't know at all. Siaosi often walked down the hallways of our high school loudly telling people "hello", "what's up man?", "long time no see" and stretching out his hand to give the high-fives, which are over the head hand slaps. Most of the kids in the hallways usually looked at Siaosi like he was crazy, moved away from him and did not stretch out their hands for any high-five hand slaps. Siaosi always had a look of excitement and he was overly hyper when he greeted these unknown schoolmates, and he seemed oblivious to the fact that almost everyone ignored him.
14. Siaosi sometimes began doing the "Sipitau", the ancient warrior dance of Tonga, all of a sudden and without any reason while we walked to school, in the school hallways and classrooms, during football practice and just about anywhere he went. People around school often laughed at him and commented that they thought something was wrong with his head.
15. Whenever I asked Siaosi why he did all of the strange things that I saw him doing, he never had an explanation. Siaosi also told me that he did not know why he did these things and he complained not being able to control himself. Siaosi said he couldn't stop himself from mumbling, laughing and talking to himself. Siaosi said he couldn't stop blinking and squinting his eyes uncontrollably. Siaosi said that he couldn't stop shouting and blurting out random things for no reason at all, and he had no control over his hyperactive nature. Siaosi was always in an excited state with a high level of energy. Siaosi said he felt like he sometimes just snapped. Siaosi also said at times that his behavior may seem odd to me, but to him it was normal.
16. Siaosi often stared off in the distance in a trance like state. It was like his eyes were fixed in one place and he had an empty blank look on his face. Siaosi's body was there but his mind seemed like it was far away. Sometimes I found Siaosi like this, and other times it happened all of a sudden while we were talking, or doing various things. This even occurred while we were in classrooms together. Whenever Siaosi was in a trance like state and just staring off in the distance, he usually didn't respond whenever people called his name repeatedly. Someone usually had to walk up to Siaosi and touch him to bring him back to reality.
17. Siaosi's strange behavior became so well known throughout the school that many students called him "Crazy Pe" and "Crazy George". Pe was Siaosi's Tongan nickname and it means baby. George is what Siaosi translates to in English, and he used the name George while he was attending school.

18. Siaosi seemed like he suffered from identity issues because he was never comfortable with his Tongan heritage throughout the two years that we lived together. While I was attending school I spent a lot of time around a circle of friends who were Tongan and Samoan. We came together a few times a week to speak our language and catch up on with how things were going with one another. Siaosi only spent time with us once in a while, and when he stopped by it was only for a couple minutes. Whenever we planned to organize cultural events, Siaosi also turned down our invitations and said that he was not a Tongan. When the group of Polynesian friends invited Siaosi to go to the mall, he often turned them down and said he had other matters to attend to. When my Polynesian friends and I then went to the mall without Siaosi, we often saw Siaosi at the mall with his white friends. Siaosi only hung out with American friends and they were predominantly white. Siaosi had a white girlfriend when we were in school and he never showed any interest in Tongan or Polynesian girls. Some of the Polynesian kids used to tell Siaosi to go off with his white friends and that he was "Fea Palangi," which is a Tongan phrase that meant that he was pretending to be white, but Siaosi didn't care about their opinions.
19. Siaosi suffered with difficulties in falling asleep throughout the two years that we shared a room together at uncle Maile's house. I often found Siaosi quietly sitting up on the edge of his bed and staring at the walls in our room in the dark when I got up in the middle of the night to use the bathroom at 2AM, 3AM and other times during the night. When I first started noticing this, I asked Siaosi what was wrong. Siaosi just told me that he frequently had trouble falling asleep many nights, but I don't recall if he ever explained why. I was usually so tired during these brief discussions that I couldn't retain whatever he told me.
20. Siaosi may have dabbled with substance abuse while we were living together. I was once out with Siaosi and his Caucasian best friend, Jason, and I saw them roll leaves in a paper and smoke it. It didn't smell like a cigarette and I assumed that it was marijuana. Later that day, Siaosi and Jason met up with a white girl and they began sniffing a white powdery substance. I never saw this in Tonga, but I assumed that it was cocaine. After Siaosi sniffed the cocaine, I noticed a big shift in his behavior. Siaosi went from talking non-stop, as he always did, to being absolutely quiet. Siaosi stopped blinking and squinting his eyes non-stop. Siaosi did not mumble, talk to himself or blurt out any random words like he usually did. When I spoke to Siaosi he responded in a normal way and then he stopped talking again. It seemed like the cocaine completely calmed him down and made him act more normal.
21. I only saw Siaosi use drugs in my presence on one occasion, but I suspected that he and Jason continued using drugs whenever they were alone together. Siaosi and Jason hung out every day after school, and when Jason dropped Siaosi off in the evenings he was calm, just like when I saw him do cocaine in front of me. When Siaosi came home after being with Jason, he did not act unusual at all and he never


had any problems sleeping. Siaosi sometimes didn't eat dinner and went straight to bed early and slept, uninterrupted, throughout the night. Nothing disturbed him while he was sleeping and woke him up. However, when Siaosi woke up the next morning he went back to being as crazy as he ever was.

22. I only saw Siaosi drink until he was intoxicated on one occasion, when we were out celebrating our high school graduation with friends. We got together with a group of classmates and rented seven rooms at a nearby motel so we wouldn't have to worry about driving home drunk. During the celebration we all became drunk and passed out. While we were all recalling the events of the previous evening, on the following day, Siaosi was the only one in the group who complained about not being able to remember anything. Siaosi said that he only recalled going to the bathroom and that's it. The rest of the night was totally blacked out in his memory.
23. Siaosi was always very religious and an avid reader of the Bible and the Book of Mormon. In fact, Siaosi always kept a pocket edition of the Book of Mormon on his person at all times. Siaosi never missed church services and bible study meetings at the local Tongan LDS Ward that the family attended in San Bruno, and Siaosi was so advanced that he never studied with his own age group. Siaosi only studied with the adult group and he frequently debated the meaning of various stories and texts. Siaosi often preached to his fellow classmates and people around the community about the Mormon gospel, even while he was living in ways that the church would disapprove of. Many people in the family were certain that Siaosi was going to go on a mission and be very involved in the LDS church in a meaningful way. I had no idea that Siaosi went on a mission and was sent home around 1990 because my family and I had moved out of Maile's home and were living in San Francisco by that time.
24. Uncle Maile was an LDS Bishop and a church Patriarch, and the head of the family. Although Maile did many great things in the church and for the Tongan community, he was always a controlling person and overbearing to everyone in the house. Maile was a demanding person and he often belittled Siaosi and other people in the family.
25. Maile and Siaosi had a strained relationship because Maile constantly scolded him for various things. Maile always reminded Siaosi that he lived in his house, that Maile was in charge and told Siaosi that he was disobedient and bad. Siaosi never spoke back to Maile during the occasions when Maile verbally abused him, he just went into his room and isolated himself for hours at a time.
26. The person who Maile treated the worst in his home was my aunt Mele, his wife. Maile constantly cursed at Mele and put her down over insignificant things. When Maile crossed the line and spoke to my aunt in ways that are considered taboo in our culture, my father, Walter, could no longer remain silent and he spoke up. My father

told uncle Maile that he was tired of standing by in silence as he watched Maile verbally abuse his sister each day, and he was also tired of Maile treating everyone in his house like slaves. My parents were saving money for a down payment on a home of their own at the time, so this incident motivated them to save additional money so that they could move out ahead of schedule. My parents continued visiting Maile's home after we moved out in 1989, but it was mainly to check in with my aunt Mele and to make sure that she was alright.

27. Siaosi never discussed with me why he decided to leave San Bruno for Los Angeles, but I believe that it was to get away from Maile and to escape the daily scoldings. I also believe that Siaosi had to be negatively impacted by uncle Maile's treatment because he was around Maile all of his life. My family and I only had to deal with Maile for two years. The last time that I saw Siaosi was during a church holiday barbeque event at the Tongan LDS Ward in the San Bruno area, in 1990.
28. I always had the feeling that Siaosi suffered from some kind of mental problems, but no one in the family ever addressed his issues. Whenever Siaosi acted strangely people just ignored him or told him to be quiet. In Tongan culture there is a huge stigma attached to mental illness. It is a taboo subject and there is a tendency to avoid seeking treatment for fear that people in the community will ostracize you. Whenever I've seen mental illness in Tongan families it is normally hidden.
29. I was living back home in Tonga at the time of Siaosi's arrest in 1998 and trial in 1999. I was never contacted by anyone working on Siaosi's behalf during the time of his trial or at any other time in the past. Herbert Duzant of the Federal Public Defender's Office, District of Nevada, and his interpreter, Manu Tu'uholoaki, were the first people who ever spoke with me about Siaosi's case. Had I been contacted previously, I would have provided all of the information that was included in this declaration. I also would have been willing to testify to these facts and to ask the jury to spare my cousin's life.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on January 23, 2011 in Nukunuku, Tonga.

  
Manu Tu'uholoaki, Interpreter

  
Totoa Pohahau

Takamatala a Toota Pohahau (P.1)

1. Ko au Toota Pohahau na'e enaku a e ngaahi mea'ni;

[1] Ko hoku hingoa ko Toota Pohahau na'e fa'ele'i au i he [REDACTED] pea oku ou lolotonga nofo i Nukunuku i he motu Tongatapu, he Pule'anga Tonga. Ko hoku tokoua fakakao a Siasosi Vanisi i he tafa'aki eku tamai. Ko Mele Pohahau-Tafuna hoku mehikitanga, tuofefine eku fa'e na'e mali ia kia Maile Tafuna fa'e tangata a Siasosi Vanisi. Oku ou lolotonga nofo i Tonga'ni, pea ko e lisope au a e Siasosi Mamonga pe Sisū Kalaisi Ngaahi Aho Ki mui i Niutonga.

[2] Na'e fanau'i au heni i Tonga he 1969 pea na'a mau hiki fakataha mo homau fa'mili ki Amerika he 1987, i hoku ta'u 17. Na'a mau hiki mei Tonga'ni ki San Bruno pea na'a mau nofo mo Maile mo hoku mehikitanga ko Melehe ta'u eua. Pea na'e nofo a Siasosi Vanisi mo mau'olu he taimi koia i he Epi tatau. Na'a ku nofo mo Siasosi i a'pi pea ma o fakataha ki he ako he'e ku kalasi 11 mo e 12. Na'a ma ako fakataha mo kalasi fakataha mo Siasosi i Cappucino ako ma'olunga pea ma fakasosi ako fakataha pea nema fakapulu mo lele fakataha he track<sup>ti'ipi</sup> a e ako!

Nāā ma loki mohe fakataha mo Siaso; pea moē <sup>(p.2)</sup>  
tokoua ē fa kehe he tāu ē ua koia.

[3] Ihe taimi ko ia nāā mau nofo fakataha mo  
Maile mo hona fanga foha ko Tufui, Saia, fa ē ā  
Siaso; Luisa pea mo hono tuofefine ko Sela mo  
hono tokoua ko Tupou. Ko hoku tokoua ko Sifi,  
mo Uota Koka. pea mo ēku mātua. Ko Uota  
mo Maāta Pohahau pea mo hoku ongo tehina  
ko Sione mo Finau, pea mo hoku tuofefine ē nima.  
Mahaloki he meimei toko 20 nāē nofo he fale o  
Maile Tafuna he tāu ē ua ko ēni 1987-1989.  
Ko e fale o Maile ko e fale mohe ē 4 ihe  
funga vaka ūluaki pea loki mohe ē 5 ihe funga  
vaka hono ua. Pea ko e kotoa o ē ūloki nāe  
fe vahevahe āki ā e kau mohe.

[4] Ihe ēku ūluaki fetaulaki mo Siaso ihe 1987  
nāā ku fakatokangai ko e tamasi i lelei kaha  
ku o si ilo pē ē au ōku ngalingali nāē i ai ha  
meā ōku fe hālaaki i hono āfamai. Nāā ku fohi  
mo Siaso i āpi mo āpi alco mo e ngaahi feitupe kehe  
pea u fakatokangai nāē i ai pē ēne tama kii



toonga na'e ngali kehe o ta tu'olahi.

(p.3)  
77

[5] Hange ko'eni lolotonga emau fononga kiheako na'e ikai ke i lo pē koe ha e mea te ne fai he oku tupa'koso pē mo faka'ohovale. Lolotonga pē emau talanoa' kuo kamata ke keila ta'eta'e u'inga. Oka kaikaila a Siasi lolotonga emau lue kihe ako na'a mau sio takai mo vakaii pea koe ha e mea kuo hoko. Ihe emau eke onge kua Siasi na'e malimali pē a Siasi pea ikai haane tati kae faka talanoa mai hange pē na'e ikai kaikaila. Na'e hange pē ha mea kamosi i hono ulu koe kamosi ke ava pea ta'apuni faka'ofokita i hono ulu.

[6] Na'e matakuikui mopete lahi a upito he tau hono ua ne mau nofo fakatata mo ia. Na'e fa'a kuikui pe pete ta'etuku hono mata' pea na'a ne fa'a talamai oku ikai te ne lava ia o ta'ofa.

[7] Na'e fa'a laulau pē ia kiate ia pē he ngaahi feitu'u lahi. Na'e fa'a hoko lolotonga emau lue ki he ako he pongipongi, pea moe lolotonga va'inga si'ofa, he emau o o si'ofaiva he fa'etaiva pea ihe api faka'femili mo ha ngaahi feitu'u kehe. Ko'ene laulau tokotaha kiate ia mo faka'osi aki enekata mo malimali

1 ne teimi kotapē naaku ēke ai pea koe hā<sup>(P.4)</sup>  
mea nāe hōo nāa kata pē mosio mai kiate au mo  
malimali ka nāe ikai ke mahūinga mālie kiate au  
koe ūhi koe ngaahi kaveinga nāe talanoa ki ai ōku  
ne liliu māa pē ō ikai ke hōohōo totou pē  
mahūinga mālie ki hōo hōohōo totou. Ōku  
fua taētaē ūhinga āupito.

[8] Nāa ne fakaāliāli ē Siaso ā e anga tehe lolotonga  
ēman vāinga ākapulu. Ka ōsi ēman fakamādhisino  
pea kamata kēman hē ki he loka kuo mau hēla  
kotoa ēhorale pē kuo lele ā Siaso ia ōtui  
ā e tangai teta fakamādhisino pea kei iivi iia  
lolotonga ōku mau hēla ia kotoa kimauddu. Ne  
toutu fai lolotonga ā e uike pea ōku mau  
pehe loto pē pe koe ha ōku pehē ai ā  
Siaso.

[9] Koe lava lelei ō e faka mādhisi nolahi  
ā e timi pea kuo mau fiemāu ā e mālōlō.  
Nāe kei fonu ivi pē ā Siaso he lele takei  
mo taē hēla ia he punapuna takei. Teēki iai  
ha taha te he lava ō fakafuofua pē koe  
ivi fua mei fē ōku māu ē Siaso he kuo mau

osi ta vaivai katoa kimautdu.

(p. 5)

[10] I he taimi nihi na'e fakamatala ai a'e fariako  
vainga kuo toe fakamatala mai pe e Siasi ene mea  
ana pea le'olahi ia he fariako he taimi nihi. Pea  
oku'ikai ha taha e fanongo ki ai oku folefale  
heleleu ki'ate kimautdu. Na'e talange ehe  
fariako kia Siasi ke lono hono ngatu o folefale ki  
he'ene fariako!

[11] Oku ou manatu a'e aho taha na'a mau  
fakamādhisino pea tala mai; ehe fariako'ke  
fakalolo e mau tui ke oua e lavea hatataki  
he vainga hoko. Koe au atu pe a Siasi o  
sio ki he toketaha oku'iai e pulu'pea ai  
ene tui tui o lavea a'e palangi o lele  
ake i ki Fale mahakike fiteo. Koe hili pe a'e  
lavea a'e tama palangi na'e vainga pe moe timi  
ka kuo kamata ke fakavaivai ehe 'akapulu'  
o'ikai toe loko no'o mai moe timi he tuku a'e  
'akapulu'. Koe taimi pe oku omi ai ki he loka  
ke fetongi kuo tangutu pe a Siasi he sea pea  
mou sio noa pe kae oua ke fakamanatu atu e taha  
ke folefale hono teunaa.

Pea kamata ke fakaliēliāki ā e tokonga ki he Vāing  
Ēkapulu. Pea foki hifo mei he kamata tangata he timi  
ki he nofo pē o talitaki i tuā he Vāinga. (P. 6)

[12] Ōku ou faā fakatokongaipē he tāmē uanaā  
ku nofo ai mo Siaso. Ene nofo mavahe fakalumumi  
na. Naā ke kata he miniti ētaha pē talanoa maikā  
u he miniti ētaha. Pea i he taimi hoko' kuo lue atu  
namao ke nofo tokotaha. Naē fai eni ē Siaso i  
āpi, he ako moe ngaahi feituū lahi, i he lotoloto  
hono kaungā meā. Pea i he man tūe takai mo  
talanoa he labo ākau o e āpi ako. Naē ikai ke  
fiekau mai ā Siaso ia kae lue ia ki he fū  
ākau hoko o tangata pea siotakamamaū. Naē  
hangē pē ha meā kamos ōku pulei mei hono ākau.  
Pea ōku fakatohovale pē ā e tāēuhinga ā etabhuā.

[13] Naē tāēuhinga pē ā ēne tōōnga ki he  
Kakai ōku ikeri te ne ilo. Hangē ko e Vakaā hō  
o e ako' naā ne lue atu ki he kau ako ōku ikai  
te ne maheni mo kinantū o tāmima mo lea  
faka-fēihaki kiate kinantū. Pea ne pekē "fefe haka"  
ko e kō meā ōku hoko? "Fuoloa ēku tāē siokikoe"  
mo talō atu hono nima ke tā nima.

Koe lahitaha o e fānan ako naā nau siōi ā Siasosi<sup>(p. 7)</sup>  
Pea i kai ke nau tāmīna mai ki ai ka nau siōpē  
pen nam fakamawāhe mei ai. Pea nau siō mofakaf  
tokanga naā ōku fāpehē koe mau mau he moūi  
fakaātamai. Ka naā i kai tokanga ki ai ā Siasosi  
Kae sekisekin pē mo fiefia he ēne fetanlaki moe  
tamaiki alio ōku i kai te ne i to. Pea i kai ke  
tokanga aye ha fōi fākotaha ia kiate ia.

[14] Taimi ē nihi kuokamata ke fakapatu mo  
tanōlunga ā e "šipitan", koe aye o e šipigatan  
ā Tonga he kuonga onoāho. Fakafokifa pē faēiai  
hono ūhinga i he lotolotonga o e kau ako he hōi  
i āpiako pe taimi feohi moe kungā meā pea  
lotolotonga o e mau fakamālohī sino ākapulupe  
ha feitu pē. Pea koe kakei i āpiako naā nau  
fakatokanga naā nau kata mo nau pehē ōku  
i ai e meā ōku fetalaaki i hono ūlu!

[15] Koe taimi naā ku seke ai kua Siasosi  
naā i kai ke lavaia o faka matala mai kiate  
ia. Pea naā ne pehē ē ia ōku i kai ke ne lava  
ia o tāofi fakataha pē mo e petepete hono mata!  
Pea pēhē folu ēne fakamatala ko hono natula ōku  
i kai o ne ala pulei ia ē Siasosi hono sino ōna!

Ko Siaosi na'e fonu fonu i'i mo fiefia, sekisekin (p. 18)  
rangē pē ōku i'i i'i he taimi kotoapē. Na'a ne fa'a  
pehē pē ōku fupukoso pē pea ne fa'a talomai kiate  
nu ōku faikehe ki he ōku sio ka ōku lelei pē meā  
sotoa kiate ia.

[16] Ōku i'ai ā e fa'ahing sio fakamamān pe  
sio fakamatai vale. Hange ōku sio fakamamān  
ki he potu pē taha pea mousioa hono mata'. Ko  
hono sino ai ka ko hono atamai ōku fua mamao.  
Taimi ē nihi ōku ou mān ōku he pehē pea taimi  
lahi ōku hoko fakafokifā he ōku lolotoa talanoa  
ange kiate ia pe ko e ngaahi taimi kehe pē,  
Hoko he taimi nihi he lokiako. Pea ko e  
taimi ko ia ōku ikai fanongo ia kapau ōku te  
talanoa atu k'ai. Kuopu ke te fa'a atu  
hono nima pe pā atu k'ai ke foki mai ēne  
manatu mo e tokanga ki he taha ōku  
lea atu.

[17] Na'e iloa ēne to'onga he ako pea na'au  
ui ko "To'onga kehe pe" pē "Siaosi Ngali'kehe." Ko Pe  
ko Siaosi hinga faka tenetene faka Tonga. Aia ko

fakakonga pē o pēpē, George ko e fakapalangia ia <sup>P.9</sup>  
o e Siaso fakatonga. Aia naa ne manatoka  
ui aki ia kae tuku e Siaso fakatonga. I he ako!  
18 Naa ku fakatokanga'i na'e palopalema a Siaso  
mo ene Tonga. Na'e ikei ke fie Tonga he ta'u e ua  
naa ma feohi. Ko e lolotonga a e ako' naa ku faka  
mahe'i ki he kau Tonga' mo Haamo'i. Naa man  
faa fakataha o potalanoa otalanoa he'e man'lea'  
mo feohi. Naa man faa fakataha he lolotonga  
uika mo fe'ako'aki mo fakamahi. Ikei ke fie  
kau mai a Siaso he'e man'feohi ta'atataha pea  
ko e miniti si'ipe'ea'lu ia. Kaman palani  
haa man mea ke fai fakapolinisia ihe'e man  
fakafaei ke kau naa ne talamai e ia ia  
oku ikei koha Tonga ia. Kapan kaman o o  
eva fakanga tuku a e ako naa ne talamai  
e ia oku mo'a. Pea ihe'e man o atu ki he Mo'o  
oku o si'ia ia mo hono kauramea Papalangia. Ko  
hono kauramea ko e ta'ahine Palangia pea te'e kien  
fakatokanga'i ha'e ne tokanga pē'lea kihan ta'ahine  
Tonga. Pea talanga e he fakafaei kei'ulu o

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muimui hoō kaurā tanga palangi mo e "fie palangi"  
Koe lea fakatonga ia kike fie palangi pe kili hinehina  
ka naē i kai tokanga kici ā Siasia.

[19] Siasia naā ne faingataāia he mohe he pōuli.  
lolotonga ā e tām ē ka naā ma hofo ai moia.  
he āpi o Maile. Naā ku faā maā Siasia ōku  
tengutu fakalongolongo pē hono mohenga fakapōuli.  
ōku i kai ulō ā e ūhila. Naā ku oho hake ke āku  
ci fale mābō he 200 pōngi pe 300 pōngi. pe  
ko e taimi kehe pē he pōuli. Ihe ūhahiteimi  
naā ku faka tokanga pea u ēke ake kia Siasia  
pea ne talamai ōku i kai kelava ia o mohe  
lelei he pōuli. I kai ken manatu pē naā ne  
talamai hono ūhinga. Naā ku fūhela mo  
fiemoheā pea taimi noumou pē kou toe mohe  
pea i kai ken manatu pē koehā naā ne tala  
mai he pōko ia.

[20] Ko Siasia naā ne āhiāhi ā e meā konatapu  
he taimi naā mau hofo ai. Ōku ou manatu  
tūtoha naā ku siō kia Siasia mo hono kaurā  
palangi ko Jason naā ne taketakei ā e laia kau.  
e pepa o tiki ifi. Koe naman ōku i kai ke tatan



hono kaumea palangi tangata motefine pea nan<sup>(p.11)</sup> mihini  
ā e panta hihetika. Naē teeki ten sio ai i Tonga,  
naaku mahalo pē ko e Kokeini! Ihe hilipe ā e  
mihini ē Siasosi ā e Kokeini kuo lilu eke tōnga mei  
talanua faē mālolo kike longolongo mate pea tuu  
mo e petepete hono mata. Hange ōku nonga hono  
ū fakailonga. Naē ikai ke toe hohā pē sekisekisi  
ō fakalongolongo. Hange hange ko e Kokeini ōku  
tokoni ke fakafie mālie mo fakamokomoko kia  
Siasosi.

[21] Naē tuu faka pē ōku sio kia Siasosi ōku ne  
mān ā e faitō koratapu ka naaku mahalo  
pē naa na hohohoko atu ā e ihunganga ni heeae  
leohi mo hono kaumea palangi ko Jason. Koe tuku  
ē alio naē faa fakatata ai ā Siasosi mo Jason  
meimei he āho kotoa pē, pea ko e toki ōmwe  
Jason ā Siasosi he efiafi ōku ne fakalongolongo  
mo nonga hange ko ēku sio tuutaka kiai. Ko ēne  
folu mai pē mo Jason ikai te ne toe fahi hamea  
ka ko e mohe kakato he pō koiā. Taimi mihini ikai  
ke kai efiafi kae hān pē mo Jason ō mohe leoa.  
Ka ko ēne ofo pē ā Siasosi he pōgipongi naē  
toe folu pē kike anga tatan. Hange pē ōku fikele  
ēne tōnga.

(P. 12)  
[22] Ko e faimisi na'aku si'osi na'e inu kova mālohia  
ā si'osi na'a na inu pē ke konā. Ko e manafaka  
fiefa ā e fakaōsiako. Na'a man nō ai ā e ū loki  
ē fitu mo homa ngaahi kau ngāmeā fakaōsiako  
fakafaka. Ke man inu pē pea man mate ke ōa  
faka tu'utemaki ki ha taha. Na'a man inu lahi  
aupito pea man mate kotoa he konā. I he man  
ofo e man mate konā ko ma'utolu kotoa na'a  
man manatu ā e meā na'e hoko ki muiā pea  
man tohi mate konā. Ko si'osi na'e itakai ke ne  
manatu ha meā kehe pē ēne manatu ēne  
ālu ki fale mālohia. Itakai te ne manatu ha meā  
ē hoko he pō ko ia.

[23] Ko e tamasi'i fokanga kike lotu molau ā e  
tohi tapu mo e tohi molomona. Pea na'e itai man  
pē ēne tohi Molomona honoleato he fa'amilotoa pē.  
Na'a ne ālu man pē ki he lotu ā e si'asi' i he  
uoti San Bruno faka Tonga. Pea manako man  
pē ke talanoa mo e kakai ōku lahi a i faka  
āki mo e tohi molomona. Pea ne talanoa ki hono  
to'utupu āki ā e fakafeline faka Molomona. Pea  
ne ogo na'e itakai ke loto ki'ai ā e kau ngāmeā.  
Pea na'e amanaki pē ā e kakai i he uoti ko si'osi  
ē ālu o Misona pea ngāne fakafaka he si'asi'.

Na'e ikei kēu i lōi na'e ālu ā Siaso; ki he <sup>(P113)</sup> Misone  
pea fakafoki mai he 1990 ko ēuhi ne ōsi hiki  
homam fa'mili' ō fakatam homam āpi'i San Francisco

[24] Ko Maile ko Pisope ā e Siaso Māōni'oni'ō e  
ngaahi āho kinu'ini. Pea ko e Peteli'ake foki ā  
e Siaso. Pea ko e Ulumotuā foki ā e famili.  
Neongo ko e tangata talatala ā Maile ki  
he Kominniti ka ko e tangata ta'e fieauna  
mo fakamālohi ki he tokotaha kotoa pē'i  
he āpi'. Ko e tangata kēkēila pea mo  
itangi, ka kovi'i ā Siaso mo e kam nofo hono  
āpi'. Pea kē tahā pē ēne lea'iti he kakei  
kotoa pē he famili.

[25] Koe tōōpa ā Maile kīa Siaso na'e ta'e  
faka fiemālie he ko ēne tafulu'i ōku tōāhu  
i he ngaahi ēhinga kehekehe. Fakamanatu na'e  
pē ē Maile ko Siaso ōku nofo hono āpi'. Pea kōia  
ōku ne pulēi pea ko e tangata talatala motovii  
Na'e ikei ke tangatu ā Siaso kīa Maile kaehili  
hono tafulu'i na'e ālu ā Siaso ō nofo tokotaha pē  
i loki ō fakamumino'a ai.

126/ Koe taha o e tokotaha na'e ta'e faka'apa'apa<sup>(p.14)</sup>  
ki ai a Maile ko hoku Mehikitanga ko Mele, a homa  
mai. Na'e kape'i e Maile mo tuku kilato i he  
ngaahi mea kulu noa pē. Na'e i ai a e aho'e  
taha na'e kolosi ai a Maile o fua'anga  
ta'e faka'apa'apa a e veitapu'i a e tuongane  
mo e tuofetane he i'ungana faka Tonga. Ko  
Uota eku tamai na'e i kai ke toe faka'atongole  
kae lea atu. Na'e tala'ape he eku tamai ki  
Maile o ku i kai ke ne kei kaitaki e ne to'aga  
ki hono tuofetane he a ho kotoa pea o ku ne  
fo'i he tauhi ki he toko taha kotoa pē hangē  
na popula'. Na'e lolotonga faka hao pē e man  
pa'anga ke fakatani haman a pi ka man hiki.  
Na'e fakavavevave lea eku mātua talu a e  
aho koia ke fakatani homan a pi ka man  
hiki. Na'e fa'a'ahi mai eku mātua ki he a pi  
o Maile he 1989 koe ai pē ke vakai'i hoku  
falu ko Mele pea o ku fefē?


[27] Teēki ai kēu talanōa mo Siasosi pē koe <sup>(p.115)</sup> hānāi  
hiki ai ki LA. ka ōku ou tui koe ūhi ke māvahe mei  
a Maile mo ēne fāā tafulu! Nāāku tui pē ne  
uesra ā e moŋi ā Siasosi he fāāhinga tui fāākom  
fefeka ā ēne fāāfanga ko Maile. Koe ūhi nā  
ne mofo mo Maile he kōpa lahi ā ēne moŋi.  
Ko au mo hoku fāmili nā mān fefamalakī  
pē mo Maile he fāā pē ē ua. Ko e faimi  
fakaōsi nāāku sio ai kiā Siasosi koe kaimeāi  
ā e uoti Tonga i San Bruno he āho Mā/ōlō  
he 1990 pea talu ia teēki kēu tōe sio kiā  
Siasosi.

[28] Nāāku ongōi mān pē ko Siasosi ōku i ai  
emeā ōku fefamalakī i hono ātama. Ka nāā i kai  
ha taha he fāmili tene fie tokoni ki he pāpāpā.  
Ihe faimi ōku tōōga kehe ai ā Siasosi ōku  
ikai fāu ha talanōa kiāi pea faka longolongo  
pē e mīhi. Talanga he fāāhinga ē mīhi ke  
faka longolongo. Pea ōku māāi ā e mān mān ā  
ātameri ē he hāāhi fāmili/pea fūtū nāā lau  
mai e kakei ōku i ai ha hako faka se Bele. Pea  
fakamavahēi ē he kakei. Ka i ai ha taha ōku  
pūke hono ātama kuaŋu ke fūtū mānē. Ko fāmili!

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[29] Na'e ku o si i Tonga i hono fakatū ā Siaso  
i he 1998 pea moe fakamaui he 1999. Na'e  
teeki ke fetuutaki mai hataha ki he  
fahi ā Siaso he kuohili. Ko Herbert Duzant  
fakatoto lo ā e Federal Ofisi Puleānga i Nevada mo  
e fakatonulea, Mann Tūhoholaki; na'e na  
uluaki fetuutaki mo au o faka'aki mo Siaso  
Kapan na'e fetuutaki mai hataha ki mu'a na'e  
ku faka matala totomu ke tokoniki hoku  
tokona ke faka haofi mei he taua matea.

Oku ou faka papau mo tala totomu ko Etenberi  
eni i he mo'oni mo e totomu i Samaki 23 2011,  
in Nukunuku, Tongatapu, Tonga.

  
Totoa Pohahau

Mann Tūhoholaki

Mann Tūhoholaki, Fakatonulea

Exhibit 125

Exhibit 125

RDeclaration of Siaosi Vuki Mafileo

I, Siaosi Vuki Mafileo, hereby declare as follows:

1. My name is Siaosi Vuki Mafileo, my date of birth is \_\_\_\_\_, and I currently live in Honolulu, Hawaii. Maka'afa Vanisi, the father of Siaosi Vanisi, was my cousin as our grandfathers were brothers. I am two years older than Maka'afa and we were raised together in Tonga from the time that we were small children. Maka'afa lived with his immediate family in Fasi, Tongatapu and I lived in neighboring Kolofo'ou. Maka'afe and I attended the same Government Primary School, but we attended different high schools. When we were teenagers we were both a part of a circle of friends who were known as the Kolofo'ou stars, and I still have the star tattooed on my hand which signified our friendship in this group.
2. Maka'afa was never focused as a child, or at any time during his life, and he did not have any responsibilities. Maka'afa never had a job while he was in Tonga and he survived by living off various members of the family. Maka'afa depended on his parents, aunts, uncles and cousins for food, money and shelter. Maka'afa never lived independently at any time in his life. Maka'afa had a short attention span and a lot of difficulties with completing tasks.
3. Maka'afa started drinking alcohol when he was about 15 years old and he quickly developed a bad drinking habit. Maka'afa frequently made a Tongan fermented beverage called Hopi and he used to hide it in swamps and other secluded areas. Maka'afa drank until he was intoxicated almost everyday.
4. Maka'afa was a violent drunk because he usually became angry when he drank alcohol and started problems with random people. Whenever Maka'afa became drunk he often picked on people and tried to start fights. I recall at least two occasions where I had to hit Maka'afa to stop him from starting fights with others and I warned him to change his ways.
5. Whenever Maka'afa drank alcohol he usually talked to himself. Maka'afa rambled during these occasions and his words made no sense to me. Maka'afa spoke about random topics that were not in a particular order and he sometimes mentioned a few names of people. I was never able to follow what he was trying to say.
6. Maka'afa frequently did the Tongan warrior dance and bragged about his family being from the island of Vava'u. If anyone laughed at Maka'afa or teased him while he was doing the warrior dance, Maka'afa attacked the person.
7. Throughout Maka'afa's life, I frequently saw him sitting down by himself and gazing off to the distance. During these occasions it seemed like his body was there but his