

Electronically Filed  
Jan 10 2022 10:26 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

# Exhibit 3

Case No. D-18-568055-D

Docket 83354 Document 2022-01 Page 19

APPX0047



INFORMATION - ONLY

Case No. 180320005261
E-Police No.
Report No. 180320005261.1
Report Date: 3/20/2018

1

Page 1 of 3

Table with 2 columns: Subject (DV INFO), Routing

Case Report Status: A - Approved
Case Attachments: Yes
Occurred On: 3/20/2018 9:14:00 PM
Location: 4416 CINDERWOOD CT
Case Status: O - Open
Date Entered: 3/20/2018 10:39:53 PM
Reporting Officer: NL1960 - Miller, Christopher
Date Verified: 3/21/2018 12:03:02 AM
Assisted By: NL1884 - Minelli, Joseph
Disposition: Active
Reporting Agency: North Las Vegas Police Department
Means: L-111 - Single Family
Motive: 999 - Other motive not listed above

Offense Detail: Info02 - Domestic Violence

Offense Description: Info02 - Domestic Violence
Location: 20 - Residence/Home
Offense Completed?: Yes
Hate/Bias: 88 - None (No Bias)
Domestic Violence: No
Fraud Related: No
No. Prem. Entered:
Entry Method:
Type Security:
Gang Related: No

UNLAWFUL DISSEMINATION of this restricted information is PROHIBITED. Violation will subject the offender to Criminal and Civil Liability.

Rel. for: AMANDA REES
Date: 3-29-18
North Las Vegas Police Department
By: [Signature]



INFORMATION - ONLY

Case No. 180320005261  
E-Police No.  
Report No. 180320005261

2

Page 2 of 3

Other Entity: 03 - Reed, Amanda

Entity Code Q3  
Entity Type CARD - Carded

Name Reed, Amanda  
AKA  
Alert(s)

Address 4416 Cinderwood CT  
CSZ NLV, NV 89030

Email Address  
Attire

Entity Notes

Telephone Numbers  
Number Type Phone Number  
CELL - Cell 702 236-7444

DOB 9/27/1984  
Age 33  
Sex F - Female  
Race W - White  
Ethnicity N - Not of Hispanic Origin  
Ht 5' 6"  
Wt 145  
Eye Color GRN - Green  
Hair Color BRO - Brown  
Facial Hair  
Complexion LGT - Light  
Build Thin - Thin

Place of Birth  
SSN  
DLN  
DLN State NV - Nevada  
DLN Country USA - United States of America  
Occupation/Grade  
Employer/School CCSD  
Employer Address  
Employer CSZ  
Res. County Clark  
Res. Country USA - United States of America  
Resident Status R - Resident

Report Narrative On Tuesday March 20, 2018 at about 2016 hours, Officer Minelli (P1884) and I were dispatched to 4416 Cinderwood in regards to a domestic disturbance.

Upon arrival I met with the person reporting, who identified himself as [REDACTED], and he told me the following: [REDACTED] and his wife filed for divorce today. After having a verbal argument with his wife, identified as Amanda Reed, [REDACTED] went outside to his camper that was parked in the driveway. [REDACTED] said he went to the camper to keep the situation from escalating. [REDACTED] noticed that Amanda's father, identified as [REDACTED], was sitting inside his silver Ford pickup across the street. [REDACTED] said that [REDACTED] was still seated inside the truck when [REDACTED] heard [REDACTED] "cock" a gun. I asked [REDACTED] if he saw the gun, and he said it was a large silver revolver. I asked [REDACTED] if the gun was pointed at him, and he said no, he just heard it being "cocked". [REDACTED] asked [REDACTED] if he was going to shoot him, and [REDACTED] responded "Maybe". [REDACTED] got out of the truck and they met in the middle of the street. Amanda stepped between them to keep them from fighting, and [REDACTED] then called the police. I had [REDACTED] complete a witness statement.

I then spoke to [REDACTED]. I asked him if he had a gun with him, and he said he did. I asked him where it was, and he said it was inside his truck. I asked him if I could see the gun, and he gave me permission to go inside his truck. I found his black Glock 22 (VSLD57) semi automatic handgun inside the glovebox as described by [REDACTED]. There was no other firearms



INFORMATION - ONLY

Case No. 180320005261  
E-Police No.  
Report No. 180320005261.1  
Report Date: 3/20/2018

3

Page 3 of 3

inside the cab of the truck. I asked [redacted] if the gun was produced at anytime during their argument, and he said no. [redacted] said that Amanda was inside his truck when the confrontation happened. I had [redacted] complete a witness statement.

I then spoke to Amanda Reed, and she told me the following: Amanda said that they had filed for divorce today and were talking about how to settle things. While they were talking, things started to escalate so she called her father, [redacted], over to talk to. Amanda was inside [redacted] truck that was parked across the street from the home. While she was talking to [redacted], [redacted] went inside the home. Fearing that [redacted] was going to do something, Amanda went inside the home to see what he was doing. Once inside [redacted] tried talking to her again, which she refused. [redacted] then started yelling at her, claiming that [redacted] just "cocked" his gun at him. [redacted] ran outside to [redacted] truck window yelling at [redacted] in a threatening manner. Amanda stepped between the two men, and [redacted] said that he was going to call the police and say that [redacted] threatened him with the gun.

Since there was claims of a firearm being produced during this incident, I told all parties I would be taking this report for information purposes. [redacted] account of handgun being produced did not make sense, nor could he describe the gun.

[redacted]

I gave both [redacted] and Amanda blue domestic violence information cards with this case number.

I spoke to both of them in length about one of them leaving the home while the divorce was in process to minimize future problems. [redacted] was not receptive, and stated he was staying in his home regardless. Amanda admitted that she was just afraid of [redacted] hurting her pets. I spent several minutes explaining to her that the safety of their children and her were more important. Amanda agreed to go stay at her father's house.

Attachments: Three witness statements.

# Exhibit 4

Case No. D-18-568055-D

PATIENT PRESCRIPTION RECORD  
12/31/2017 THRU 03/07/2018

Date: 03/07/2018 Time: 6:08:10 PM

PHARMACY NAME: 07252 # 07252  
ADDRESS: 3655 W. CRAIG RD.  
CITY, ST, ZIP: NORTH LAS VEGAS, NV, 89032  
PATIENT KEY: 11187996017  
PATIENT NAME: REED, DEVIN  
ADDRESS: 4416 CINDERWOOD  
CITY, ST, ZIP: NORTH LAS VEGAS, NV, 89032

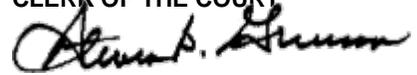
TELEPHONE: (702) 238-8710  
BIRTHDATE: 05/05/1973  
GENDER: M  
RELATIONSHIP: Spouse

STORE NO #	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT
07252	0629989	000	00378018105	ALLOPURINOL 300 MG TABLET	REDDY, GAUTHAM	01/18/2018	30.00	5.00
07252	0629989	001	00378018105	ALLOPURINOL 300 MG TABLET	REDDY, GAUTHAM	02/14/2018	30.00	5.00
07252	0625418	001	00781107905	ALPRAZOLAM 1 MG TABLET	REDDY, GAUTHAM	01/20/2018	60.00	5.00
07252	0625418	002	00781107905	ALPRAZOLAM 1 MG TABLET	REDDY, GAUTHAM	02/18/2018	60.00	5.00
07252	0624609	001	00093534356	SILDENAFIL 100 MG TABLET	REDDY, GAUTHAM	02/04/2018	5.00	20.15
07252	0630357	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	01/20/2018	20.00	39.85
07252	0632703	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	02/01/2018	45.00	14.04
07252	0638694	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	03/05/2018	30.00	59.43
07252	0625396	001	00310626060	XIGDUO XR 5 MG-1,000 MG TABLET	REDDY, GAUTHAM	02/04/2018	60.00	15.00
07252	0637782	000	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	REDDY, GAUTHAM	02/28/2018	30.00	6.80

TOTAL # OF PRESCRIPTIONS: 10 TOTAL PATIENT PAID AMOUNT: 175.27

For customers who require additional information please contact the CVS privacy office at 800-287-2414.

Private and Confidential Intended for Addressee only



AOS

**DISTRICT COURT , CLARK COUNTY  
CLARK COUNTY, NEVADA**

**DEVIN REED**

Plaintiff

CASE NO: D-18-568055-D

**vs**

HEARING DATE/TIME:

**AMANDA REED**

Defendant

DEPT NO: F

**AFFIDAVIT OF SERVICE**

ANDY PALATTO being duly sworn says: That at all times herein affiant was and is a citizen of the United States, over 18 years of age, not a party to or interested in the proceedings in which this affidavit is made. That affiant received 1 copy(ies) of the SUMMONS, COMPLAINT, JOINT PRELIMINARY INJUNCTION, on the 20th day of March, 2018 and served the same on the 9th day of April, 2018, at 20:01 by:

delivering and leaving a copy with the servee AMANDA REED at (address) 7232 EAGLE GATE, LAS VEGAS NV 89131

Pursuant to NRS 53.045

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.



EXECUTED this 09 day of Apr, 2018.

**ANDY PALATTO  
R-092486**

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

**Divorce - Complaint**

**COURT MINUTES**

May 14, 2018

D-18-568055-D      Devin Bryson Reed, Plaintiff  
vs.  
Amanda Raelene Reed, Defendant.

**May 14, 2018      12:30 AM      Minute Order**

**HEARD BY:**    Gentile, Denise L

**COURTROOM:**    Chambers

**COURT CLERK:**    Andrea Slayton

**PARTIES:**

Abby Reed, Subject Minor, not present	Harvey Gruber, Attorney, not present
Amanda Reed, Defendant, Counter Claimant, not present	Harvey Gruber, Attorney, not present
Devin Reed, Plaintiff, Counter Defendant, not present	Louis Schneider, Attorney, not present
Shawn Reed, Subject Minor, not present	

**JOURNAL ENTRIES**

- NRCP 1 and EDCR 1.10 state the procedure in district courts shall be administered to secure efficient, speedy, and inexpensive determinations in every action. Pursuant to EDCR 2.23(c) this Court can consider a motion and issue a decision on the papers at any time without a hearing.

The COURT FINDS Defendant filed a Motion on April 10, 2018. The COURT FURTHER FINDS Defendant has not filed a proof of service for the Motion.

Therefore the COURT ORDERS the Motion Hearing on May 22, 2018 shall be VACATED. Defendant may re-notice the Motion to have the matter placed back on the Court's calendar.

CLERK'S NOTE: A copy of this Minute Order was placed in Attorney Schneider and Attorney Gruber's attorney folder located in the Clerk's Office.

PRINT DATE:	05/14/2018	Page 1 of 2	Minutes Date:	May 14, 2018
-------------	------------	-------------	---------------	--------------

**Notice: Journal entries are prepared by the courtroom clerk and are not the official record of the Court.**

**INTERIM CONDITIONS:**

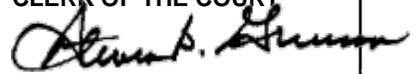
**FUTURE HEARINGS:**

*Canceled: May 22, 2018 9:30 AM Motion  
Reason: Canceled as the result of a hearing cancel, Hearing Canceled Reason: Vacated  
Gentile, Denise L  
Courtroom 03  
Slayton, Andrea*

PRINT DATE:	05/14/2018	Page 2 of 2	Minutes Date:	May 14, 2018
-------------	------------	-------------	---------------	--------------

**Notice: Journal entries are prepared by the courtroom clerk and are not the official record of the Court.**

APPX0055



1 HARVEY GRUBER, ESQ.  
2 Nevada Bar No. 6329  
3 223 Water Street, Suite C  
4 Henderson, Nevada 89015  
5 (702) 566-4099  
6 Attorney for Defendant

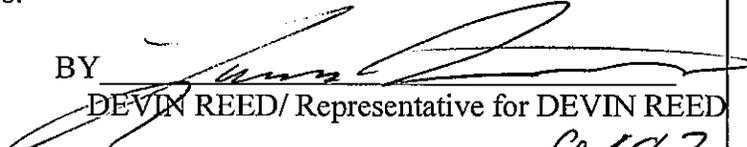
**DISTRICT COURT FAMILY DIVISION  
CLARK COUNTY, NEVADA**

7 DEVIN REED, )  
8 ) CASE NO. D-18-568055-D  
9 Plaintiff, ) DEPT. NO. F  
10 vs. )  
11 )  
12 AMANDA REED, )  
13 Defendant. )

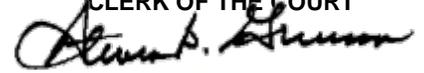
**RECEIPT OF COPY**

14  
15  
16 **RECEIPT OF COPY** of the foregoing **ANSWER AND COUNTER CLAIM** and  
17 **DEFENDANT/COUNTERCLAIMANT'S MOTION FOR EXCLUSIVE POSSESSION OF**  
18 **THE MARTIAL RESIDENCE, FOR PRIMARY PHYSICAL CUSTODY OF THE**  
19 **MINOR CHILDREN, FOR CHILD SUPPORT, FOR INTERIM SPOUSAL SUPPORT,**  
20 **TO EXTEND TEMPORARY PROTECTIVE ORDER FOR ONE YEAR, FOR AN**  
21 **ORDER TO SHOW CAUSE WHY PLAINTIFF SHOULD NOT BE HELD IN**  
22 **CONTEMPT FOR VIOLATING THE JOINT PRELIMINARY INJUNCTION AND FOR**  
23 **PRELIMINARY ATTORNE'S FEES** is hereby acknowledged this

24  
25 13 day of April, 2018.

26  
27 BY   
28 DEVIN REED/ Representative for DEVIN REED

9683



1 HARVEY GRUBER, ESQ.  
2 Nevada Bar No. 6329  
3 Mayfield, Gruber & Sheets  
4 223 S. Water Street, Ste. C  
5 Henderson, NV 89015  
6 (702) 566-4099  
7 Attorney for Defendant  
8 **REED, AMANDA**

9 **DISTRICT COURT**  
10 **FAMILY DIVISION**  
11 **CLARK COUNTY, NEVADA**

12 DEVIN REED, )  
13 Plaintiff, ) **CASE NO. D-18-568055-D**  
14 vs. ) **DEPT. NO. F**  
15 AMANDA REED, )  
16 Defendant. )

17 **EXHIBITS TO DEFENDANT/COUNTERCLAIMANT'S MOTION FOR**  
18 **EXCLUSIVE POSSESSION OF THE MARITAL RESIDENCE, FOR**  
19 **PRIMARY PHYSICAL CUSTODY OF THE MINOR CHILDREN, FOR**  
20 **CHILD SUPPORT, FOR INTERIM SPOUSAL SUPPORT, TO EXTEND**  
21 **TEMPORARY PROTECTIVE ORDER FOR ONE YEAR, FOR AN ORDER**  
22 **TO SHOW CAUSE WHY PLAINTIFF SHOULD NOT BE HELD IN**  
23 **CONTEMPT FOR VIOLATING THE JOINT PRELIMINARY**  
24 **INJUNCTION AND FOR PRELIMINARY ATTORNEY'S FEES**  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date of Hearing: \_\_\_\_\_

Time of Hearing: \_\_\_\_\_

ORAL ARGUMENT REQUESTED: Yes   X   No \_\_\_\_\_

COMES NOW Defendant, AMANDA REED, by and through her attorney of record, HARVEY GRUBER, ESQ., of Mayfield, Gruber and Sheets, hereby submits the attached documents as Exhibits to *DEFENDANT/COUNTER CLAIMANT'S MOTION FOR EXCLUSIVE POSSESSION OF THE MARITAL RESIDENCE, FOR PRIMARY PHSICAL CUSTODY OF THE MINOR CHILDREN, FOR CHILD SUPPORT, FOR INTERIM SPOUSAL SUPPORT, TO EXTEND TEMPORARY PROTECTIVE ORDER FOR ONE YEAR, FOR AN ORDER TO SHOW CAUSE WHY PLAINTIFF SHOULD NOT BE HELD IN CONTEMPTFOR VIOLATING THE JOINT PRELIMINARY INJUUNCTION AND FOR PRELIMINARY ATTORNEY'S FEES.*

Exhibit 1: Metro Incident Report dated 5/26/14

Exhibit 2: Centennial Hills Hospital records dated 5/4/17

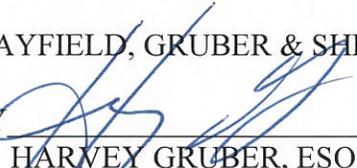
Exhibit 3: Metro Incident Report dated 3/20/18

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Exhibit 4: CVS Patient Perscription record for DEVIN REED dated  
3/7/18

DATED this 23 day May, 2018.

MAYFIELD, GRUBER & SHEETS

BY  \_\_\_\_\_

HARVEY GRUBER, ESQ.  
Nevada Bar No. 6329  
223 S. Water Street, Ste. C  
Henderson, NV 89015  
(702) 566-4099  
Attorney for Defendant  
**AMANDA REED**

# Exhibit 1

APPX0060



# Incident Details for Event:LNL140526000647

[Records View](#) [Close](#)

**DR#(s):**  
**Address:** 4416 CINDERWOOD CT  
**Apt#:**  
**Location:**  
**Caller's Name:** AMANDA REESE  
**Caller's Address:** 36:14:05N,115:12:08W  
**Caller's Phone:** 7022357444  
**Primary Unit:** 3G  
**Officer 1:** SCHWANITZ, IAN (NL1237)  
**Officer 2:** MILLER, CHRISTOPHER (NL1960)

**Initiate Date/Time:** 05/26/2014 20:47:37  
**Close Date/Time:** 05/26/2014 22:38:01  
**Inc Type:** N417  
**Inc Type Descr:** FAMILY DISTURBANCE  
**Disposition:** GOA  
**Disposition Descr:** GONE ON ARRIVAL  
**Operator #:** NL1831  
**Operator Name:** PARKER, KARMEN  
**Lic Plate / State:** /

### Comments:

Date/Time:	Comment:
05/26/2014 20:47:37	Incident Initiated By: NL/PARKER, KARMEN
05/26/2014 20:47:37	PR ADV SHE WAS IN A VERBAL WITH HER HUSB AND HE SHOOK THE BABY...PR THEN
05/26/2014 20:47:37	DISC...ON RECALL SHE ADV SHE DID NOT WANT THE POLICE...
05/26/2014 20:47:37	HUSB IS [REDACTED]...PR ADV HE IS NO LONGER THERE AND THAT NO MED
05/26/2014 20:47:37	WAS NEEDED FOR THE CHILD

### Status Changes:

Unit ID:	Date/Time:	Status:	Loc:
3G	05/26/2014 21:56:58	USD	4416 CINDERWOOD CT
3G	05/26/2014 22:06:38	UR	
3G	05/26/2014 22:24:02	USD	4416 CINDERWOOD CT
3G	05/26/2014 22:30:42	USAR	4416 CINDERWOOD CT
3G	05/26/2014 22:38:01	USAV	
3G	05/26/2014 22:38:02	D	

**UNLAWFUL DISSEMINATION** of this restricted information is PROHIBITED. Violation will subject the offender to Criminal and Civil Liability.

Rel. for: AMANDA REESE  
Date: 3-29-18  
North Las Vegas Police Department  
By: [Signature]

# Exhibit 2

APPX0062

CHH- Centennial Hills Hospital Medical Center  
6900 N. Durango Dr.  
Las Vegas, NV 89149-4409

Patient: REED, AMANDA R

Admit: 5/4/2017

MRN: VHM63398230; SHM4910190; CHH7156165

Disch: 5/5/2017

Disch Time: 01:07 PDT

DOB/Sex: 9/27/1984 / Female

FIN: CHH0008005535607

Attending: Grabert MD, Jason R

***Facesheets***

DOCUMENT NAME:

Facesheets

SERVICE DATE/TIME:

5/4/2017 00:00 PDT

RESULT STATUS:

Unauth

PERFORM INFORMATION:

SIGN INFORMATION:

**FACE SHEET REGISTRATION FORM\_20170504.pdf**

Please click on link to see image.

Medical Record

Print Date/Time 3/29/2018 15:32 PDT

Report Request ID: 297295318

Page 1 of 12

APPX0063

Patient Name: REED, AMANDA R  
Date of Birth: 9/27/1984

MRN: VHM63398230; SHM4910190; CHH7156165  
FIN: CHH0008005535607

Attachment(s): 5/4/2017 00:00 PDT FACE SHEET REGISTRATION FORM 20170504.pdf

Centennial-Read, Amanda R-Enc #8005535607-OPT-EMR-5/4/2017 FACE SHEET REGISTRATION FORM - 5/4/2017 - 1.pg

MED REC# 7156165

PT# 8005535607		PATIENT NAME REED, AMANDA R	
ADDRESS 4416 CINDERWOOD CT		COUNTY 001	
CITY NORTH LAS VEGAS		STATE NV	ZIP 890320100
PHONE (702)235-7444		PATIENT LANGUAGE ENGLISH	
AGE 32Y	DOB 09/27/1984	SEX F	RACE T
HT M	ETHNICITY N	RELIGION NON	
PT EMPLOYER CLARK COUNTY SCHOOL DISTRICT		TELEPHONE (702)799-7123	OCCUPATION TEACHER
EMPLOYER ADDRESS 2832 E FLAMINGO RD		RETIREMENT DATE //	
CITY LAS VEGAS		STATE NV	ZIP 89121
DISASTER TAG ID			
Contact Information			
NEAREST RELATIVE NAME REED, DEVIN B			
RLTH U	ADDRESS 4416 CINDERWOOD CT		
CITY NORTH LAS VEGAS		STATE NV	ZIP 890320100
PHONE (702)238-8710		EXT.	
EMERGENCY CONTACT NAME REED, DEVIN B			
RLTH U	ADDRESS 4416 CINDERWOOD CT		
CITY NORTH LAS VEGAS		STATE NV	ZIP 890320100
PHONE (702)238-8710		EXT.	
Guarantor Information			
GUARANTOR NAME REED, AMANDA R			
ADDRESS 4416 CINDERWOOD CT		PHONE (702)235-7444	RLTH S
CITY NORTH LAS VEGAS		STATE NV	ZIP 890320100
OCCUPATION TEACHER		EXT.	
GUARANTOR EMPLOYER CLARK COUNTY SCHOOL DISTRICT			
ADDRESS 2832 E FLAMINGO RD		PHONE (702)799-7123	EXT.
CITY LAS VEGAS		STATE NV	ZIP 89121
Insurance Information			
INSURANCE NAME 1 TEACHER HEALTH TRUST N12			
PLAN	PHONE (702)866-6160	POLICY# 600055640	GROUP# AUTH# AUTHORIZED BY
MAILING ADDRESS P.O. BOX 95238		CITY LAS VEGAS	STATE NV ZIP 89193
SUBSCRIBER NAME REED, AMANDA R		MAIL TO NAME TEACHERS HLTH TRUST	INS SEX F D.O.B. 19840927
DOB 1 N12	LR PHONE	EXT	INS VERIFIED SUBSCRIBER RLTH S
INSURANCE NAME 2 AETNA USH PPO			
PLAN 106	PHONE (800)566-4455	POLICY# W209910677	GROUP# 086387501000001
MAILING ADDRESS P.O. BOX 981106		CITY EL PASO	STATE TX ZIP 79998
SUBSCRIBER NAME REED, DEVIN B		MAIL TO NAME AETNA PAINTERS TRUS	INS SEX M D.O.B. 19730505
DOB 2 T06	LR PHONE (800)566-4455	EXT	INS VERIFIED SUBSCRIBER RLTH D
INSURANCE NAME 3			
PLAN	PHONE	POLICY#	GROUP# AUTH# AUTHORIZED BY
MAILING ADDRESS		CITY	STATE ZIP
SUBSCRIBER NAME		MAIL TO NAME	INS SEX D.O.B. ONM
DOB	PAYOR ID	LR PHONE	EXT
INS VERIFIED	SUBSCRIBER RLTH		
Admitting Information			
ADM DATE 05/04/2017	TIME 2348	ENC EO	PLTYP T
PRI X	ACCIDENT INFO H	05/04/2017 1800	VOLUNTARY ADM ORSN DNR ISOL PT STB ET
ATTENDING PHYSICIAN ED STAFF		ATTENDING 030999	REF SRC ADM BY
NDA PHYSICIAN FOOT PAIN		HOSP SRC EMR	DIAGNOSTIC CODE SURGERY DATE
ADMITTING PHYSICIAN ED STAFF		ADMITTING 030999	DISCHARGE DATE TIME
PROCEDURE		CLINICAL COMMENT	MODE OF ARRIVAL / ACCOMPANIED BY PCV PRIVATE VEHICLE
REFERRING PHYSICIAN NO REFERRING			
REF ID	ADV DIR	LYING WILL	LOCATION OF WILL / DIRECTIVE
FAMILY DOCTOR NO PCP		FAMILY DOCTOR # 999987	

Centennial Hills Hospital  
6900 North Durango Drive  
Las Vegas, NV 89149



EL0012

Page 1 of 1

MEDICAL  
RECORD

UHS-9002  
Rev. 01/13

Patient Identification



8005535607-7156165

REED, AMANDA R  
DOB: 09/27/1984 32Y SX: F EMR  
MRN: 7156165 ADM/REG DT: 05/04/2017  
Centennial Hills Hospital

Patient: REED, AMANDA R  
 MRN: VHM63398230; SHM4910190; CHH7156165  
 DOB/Sex: 9/27/1984 / Female  
 Attending: Grabert MD,Jason R

Admit: 5/4/2017  
 Disch: 5/5/2017  
 FIN: CHH0008005535607

<b>ED Physician Record</b>
----------------------------

DOCUMENT NAME: ED Physician Record  
 SERVICE DATE/TIME: 5/5/2017 00:12 PDT  
 RESULT STATUS: Auth (Verified)  
 PERFORM INFORMATION: Kinnunen APRN,Joshua (5/5/2017 00:16 PDT)  
 SIGN INFORMATION: Grabert MD,Jason R (5/5/2017 00:33 PDT); Kinnunen APRN,Joshua (5/5/2017 00:32 PDT)

**Foot pain-swelling**

Patient: REED, AMANDA R      MRN: CHH7156165      FIN: CHH0008005535607  
 Age: 32 years    Sex: Female    DOB: 09/27/84  
 Associated Diagnoses: None  
 Author: Kinnunen APRN, Joshua

**Basic Information**

**Time seen:** Date & time 05/05/17 00:01:00, **Provider Assignment**  
 Kinnunen APRN, Joshua assigned at 05/05/2017 00:00

**History source:** Patient

**Arrival mode:** Private vehicle.

**History limitation:** None.

**Additional Information:** Chief Complaint from Nursing Triage Note : Chief Complaint

05/05/17 00:00 PDT    Chief Complaint    Complaining of right foot pain. Coffee table fell on the right foot around 2100. .

**History of Present Illness**

The patient presents with right,

*Patient is a 32-year-old female presenting to the emergency room complaining right foot pain for the patient says she has been expressing right foot pain since earlier this evening after a table fell on her foot. Patient states the pain was worsening which prompted the visit to the emergency department. She denies any other any other injuries or complaints this time.*

. The onset was 3 hours ago. The course/duration of symptoms is constant. Type of injury: Direct blow. Location: Right foot. The character of symptoms is pain and swelling. The degree at present is moderate. There are exacerbating factors including weight bearing and walking. The relieving factor is none. The location where the incident occurred was at home. Risk factors consist of none. Prior episodes: none. Therapy today: none. Associated symptoms: none.

**Review of Systems**

**Constitutional symptoms:** Negative except as documented in HPI, no fever, no chills, no weakness, no fatigue.

**Skin symptoms:** Negative except as documented in HPI.

**Eye symptoms:** Negative except as documented in HPI.

**ENMT symptoms:** Negative except as documented in HPI.

**Respiratory symptoms:** Negative except as documented in HPI, no shortness of breath, no cough.

**Cardiovascular symptoms:** Negative except as documented in HPI, No chest pain,

**Gastrointestinal symptoms:** Negative except as documented in HPI, no abdominal pain, no nausea, no vomiting, no diarrhea.

**Genitourinary symptoms:** Negative except as documented in HPI.

**Musculoskeletal symptoms:** Negative except as documented in HPI, Right foot pain.

**Neurologic symptoms:** Negative except as documented in HPI, no dizziness, no weakness.

**Psychiatric symptoms:** Negative except as documented in HPI.

**Allergy/immunologic symptoms:** Negative except as documented in HPI.

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD, Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**ED Physician Record**

**Health Status**

**Allergies:**

Allergic Reactions (Selected)

*Severity Not Documented*

Penicillins- Airway constriction..

**Medications: Review/Insert Medication List (Selected)**

Inpatient Medications

*Ordered*

ibuprofen: 600 mg, 1 Tabs, Oral, Once

Prescriptions

*Prescribed*

HYDROcodone-acetaminophen 5 mg-325 mg oral tablet: 1 Tabs, Oral, q6H, 30 Tabs, PRN: Pain

ibuprofen 800 mg oral tablet: 800 mg, 1 Tabs, Oral, q8H, 60 Tabs, PRN: Pain

Documented Medications

*Documented*

Prenatal Multivitamins with Vitamin B Complex, Vitamin C, Minerals and L-Methylfolate oral capsule...: 1 Caps, Oral, Daily.

**Past Medical/ Family/ Social History**

**Medical history**

Cardiovascular: no coronary artery disease, no myocardial infarction, no congestive heart failure, no atrial fibrillation.

Respiratory: no asthma, no chronic obstructive pulmonary disease, no emphysema.

Endocrine: no diabetes.

Gastrointestinal: no gastroesophageal reflux.

Neurological: no cerebral vascular accident, no transient ischemic attack.

**Medical history: PMH/Problems ST**

Active Problems (2)

Gestational diabetes

Mitral valve prolapse

, Reviewed as documented in chart.

**Surgical history:** Negative.

**Family history:** Not significant

**Social history:** Alcohol use: Denies, Tobacco use: Denies, Drug use: Denies.

**Social history:** Social History ST

Social & Psychosocial Habits

**Alcohol**

05/05/2017 Use: Denies

07/02/2015

**Risk Assessment:** Denies Alcohol Use

**Substance Abuse**

05/05/2017 Use: Denies

07/02/2015

**Risk Assessment:** Denies Substance Abuse

**Tobacco**

05/05/2017 Use: Denies

Patient: REED, AMANDA R  
 MRN: VHM63398230; SHM4910190; CHH7156165  
 DOB/Sex: 9/27/1984 / Female  
 Attending: Grabert MD, Jason R

Admit: 5/4/2017  
 Disch: 5/5/2017  
 FIN: CHH0008005535607

<b>ED Physician Record</b>
----------------------------

07/02/2015 Risk Assessment: Denies Tobacco Use  
 10/12/2013 Patient Smoked Cigarettes During Last 12 Months: No  
 05/05/2017 Smoking History: Never smoker.

**Physical Examination****Vital Signs**

## Vital Signs

05/04/17 23:51 PDT	Temperature (Route Not Specified)	36.7 DegC
	Temperature Convert C to F	98.1 DegF
	Temperature Method	Oral
	Apical Heart Rate	68 bpm
	Peripheral Pulse Rate	68 bpm
	Heart Rate Monitored	68 bpm
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	127 mmHg
	Diastolic Blood Pressure	77 mmHg
	BP Site	Left arm

## Basic Oxygen Information

05/04/17 23:51 PDT	Oxygen Therapy	Room air
	SpO2	97 %

SaO2 97% on Room Air. Interp. Good.

General: Alert, no acute distress.

Skin: Warm, dry, pink, intact.

Head: Normocephalic.

Neck: Supple, trachea midline.

Eye: Pupils are equal, round and reactive to light, normal conjunctiva.

Ears, nose, mouth and throat: Oral mucosa moist

Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.

Respiratory: Respirations are non-labored.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion.

Musculoskeletal: Normal ROM, no deformity.

Gastrointestinal: Soft, Nontender.

Neurological: Alert and oriented to person, place, time, and situation, normal motor observed, normal speech observed.

Psychiatric: Cooperative, appropriate mood &amp; affect.

**Medical Decision Making**

Differential Diagnosis: Foot fracture.

Documents reviewed: Emergency department nurses' notes.

Orders Review/Insert Order Profile (Selected)

Inpatient Orders*Ordered*

ibuprofen: 600 mg, 1 Tabs, Oral, Once

*Ordered (Exam Completed)*

Foot XR Complete Right:

*Canceled*

Norco 5 mg-325 mg oral tablet: 1 Tabs, Oral, Once.

Radiology results: Radiologist's interpretation: : Imaging

05/05/17 00:15 PDT XR Foot Complete Right CHH RADIOLOGY

, IMPRESSION:

Normal foot.

Patient: REED, AMANDA R

Admit: 5/4/2017

MRN: VHM63398230; SHM4910190; CHH7156165

Disch: 5/5/2017

DOB/Sex: 9/27/1984 / Female

FIN: CHH0008005535607

Attending: Grabert MD, Jason R

**ED Physician Record**

Dictated By: KEVIN HYER MD

**Reexamination/ Reevaluation**

Time: 05/05/17 00:28:00

Interventions: PowerOrders

Patient Care:

Crutches and Crutch Training (Order): 05/05/17 00:29 PDT, Routine

Apply elastic bandage (Order): 05/05/17 00:29 PDT, Routine

Notes:

*Radiological findings were discussed the patient. She will be given an ace wrap, crutches, and instructions to follow-up with primary care. The patient agrees this course of care and discharge home at this time..*

**Impression and Plan**

Contusion of foot - ICD10-CM S90.31XA,

**Plan**

**Condition:** Improved, Stable.

**Patient was given the following educational materials:** CONTUSION, Foot

**Follow up with:** Gautham Reddy, FAM Within 1-2 days; ; Henry Osei, IMD Within 1-2 days On-call primary care provider if needed

03-Return immediately if symptoms worsen

05-Call to schedule next business day; Michael Trainor, ORT Within 1-2 days On-call orthopedics if needed

03-Return immediately if symptoms worsen

05-Call to schedule next business day.

**Counseled:** Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions, Strict return precautions given.

**Disposition:** Launch Disposition Order

**Admit/Transfer/Discharge:**

Discharge Request Pending Physician Agreement (Order): 05/05/17 00:31 PDT, Home Routine

**Addendum**

I personally interviewed and examined this patient. I discussed the findings, diagnostic studies, interventions and treatment plan with ARNP / PA. I reviewed the clinical notes and test results. I agree with the assessment, management, and disposition as presented by ARNP / PA with exceptions as documented.

*Electronically Signed By: Kinnunen, Joshua APRN*

*On: 05.05.2017 00:32 PDT*

*Electronically Signed On: 05.05.2017 00:33 PDT*

*Grabert, Jason MD*

Patient: REED, AMANDA R  
 MRN: VHM63398230; SHM4910190; CHH7156165  
 DOB/Sex: 9/27/1984 / Female  
 Attending: Grabert MD,Jason R

Admit: 5/4/2017  
 Disch: 5/5/2017  
 FIN: CHH0008005535607

**ED Triage Note**

DOCUMENT NAME: Triage Note  
 SERVICE DATE/TIME: 5/5/2017 00:02 PDT  
 RESULT STATUS: Auth (Verified)  
 PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:02 PDT)  
 SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:02 PDT)

**ED Triage RFV/Problems Entered On: 5/5/2017 0:02 PDT  
 Performed On: 5/5/2017 0:02 PDT by Garduque RN, Nathaniel**

**Reason for Visit/Medical History ED**

*Reviewed Past Medical HX with Patient :* Yes

Garduque RN, Nathaniel - 5/5/2017 0:02 PDT  
 (As Of: 5/5/2017 00:02:16 PDT)

Problems(Active)

Acute pain (SNOMED CT :410499012 )  
*Name of Problem:* Acute pain ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Nursing ; *Code:* 410499012 ; *Last Updated:* 5/29/2014 16:48 PDT ; *Life Cycle Date:* 4/6/2013 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT  
 ; *Comments:*

4/6/2013 8:46 - SYSTEM

This problem was added by Discern Expert.

At risk for falls (SNOMED CT :208683018 )  
*Name of Problem:* At risk for falls ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Nursing ; *Code:* 208683018 ; *Last Updated:* 7/3/2015 14:23 PDT ; *Life Cycle Date:* 7/3/2015 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT  
 ; *Comments:*

7/3/2015 14:23 - SYSTEM

This problem was added by Discern Expert.

Gestational diabetes (SNOMED CT :04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9 )  
*Name of Problem:* Gestational diabetes ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9 ; *Last Updated:* 7/2/2015 20:38 PDT ; *Life Cycle Date:* 7/2/2015 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Mitral valve prolapse (SNOMED CT :2471474013 )  
*Name of Problem:* Mitral valve prolapse ; *Recorder:* Garduque RN, Nathaniel; *Confirmation:* Confirmed ;  
*Classification:* Medical ; *Code:* 2471474013 ; *Contributor System:* PowerChart ; *Last Updated:* 5/5/2017 00:00 PDT ;  
*Life Cycle Date:* 5/5/2017 ; *Life Cycle Status:* Active ;  
*Vocabulary:* SNOMED CT

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD,Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**ED Triage Note**

Diagnoses(Active)

Foot pain-swelling

*Date:* 5/5/2017 ; *Diagnosis Type:* Reason For Visit ;  
*Confirmation:* Complaint of ; *Clinical Dx:* Foot pain-swelling ;  
*Classification:* Nursing ; *Clinical Service:* Non-Specified ;  
*Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:*  
89667FB9-379F-448C-A1BC-610076715BEB

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 5/5/2017 00:01 PDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)  
SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)

**ED Social History Entered On: 5/5/2017 0:01 PDT**  
**Performed On: 5/5/2017 0:01 PDT by Garduque RN, Nathaniel**

**Social History**

*Smoking History—MU :* Never smoker  
*Tobacco Use Screening :* Yes  
*Cultural Practices to be honored? :* No  
*Is Blood Transfusion Acceptable to Patient :* Yes

Garduque RN, Nathaniel - 5/5/2017 0:01 PDT

Social History

(As Of: 5/5/2017 00:01:40 PDT)

Alcohol: Denies Alcohol Use  
Denies (Last Updated: 5/5/2017 00:01:31 PDT by Garduque RN, Nathaniel)

Tobacco: Denies Tobacco Use  
Denies (Last Updated: 5/5/2017 00:01:34 PDT by Garduque RN, Nathaniel)

Substance Abuse: Denies Substance Abuse  
Denies (Last Updated: 5/5/2017 00:01:38 PDT by Garduque RN, Nathaniel)

**Tobacco Use Screening**

*Tobacco Use Last 30 Days :* No tobacco use of any form

Garduque RN, Nathaniel - 5/5/2017 0:01 PDT

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD,Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**ED Triage Note**

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 5/5/2017 00:01 PDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)  
SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)

**ED Languages Entered On: 5/5/2017 0:01 PDT  
Performed On: 5/5/2017 0:01 PDT by Garduque RN, Nathaniel**

**Languages**

*Mode of Communication for Preferred Lang :* Verbal  
*Preferred Languages :* English

Garduque RN, Nathaniel - 5/5/2017 0:01 PDT

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 5/5/2017 00:01 PDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)  
SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:01 PDT)

**ED Triage General/Screening Adult Entered On: 5/5/2017 0:01 PDT  
Performed On: 5/5/2017 0:01 PDT by Garduque RN, Nathaniel**

**General/Screenings Adult**

*Suicidal Risk Assessment :* No suicidal risk indicators identified  
*Document Fall Risk Screening :* Pass  
*Clinical Trial Participant -- MU :* None

Garduque RN, Nathaniel - 5/5/2017 0:01 PDT

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 5/5/2017 00:00 PDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:00 PDT)  
SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:00 PDT)

**ED Abuse/Neglect Adult Entered On: 5/5/2017 0:01 PDT  
Performed On: 5/5/2017 0:00 PDT by Garduque RN, Nathaniel**

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD,Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**ED Triage Note**

**Abuse/Neglect Assessment**

Threatened/Physically Hurt in past year : No  
ED DV Harm or Neglect Question : No  
Abuse and Neglect Types : None

Garduque RN, Nathaniel - 5/5/2017 0:00 PDT

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 5/5/2017 00:00 PDT  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:00 PDT)  
SIGN INFORMATION: Garduque RN,Nathaniel (5/5/2017 00:00 PDT)

**ED Triage RFV/Problems Entered On: 5/5/2017 0:00 PDT  
Performed On: 5/5/2017 0:00 PDT by Garduque RN, Nathaniel**

**Reason for Visit/Medical History ED**

Reviewed Past Medical HX with Patient : Yes

Garduque RN, Nathaniel - 5/5/2017 0:00 PDT  
(As Of: 5/5/2017 00:00:53 PDT)

Problems(Active)

Acute pain (SNOMED CT :410499012 )  
*Name of Problem:* Acute pain ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Nursing ; *Code:* 410499012 ; *Last Updated:* 5/29/2014 16:48 PDT ; *Life Cycle Date:* 4/6/2013 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:*

4/6/2013 8:46 - SYSTEM

This problem was added by Discern Expert.

At risk for falls (SNOMED CT :208683018 )  
*Name of Problem:* At risk for falls ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Nursing ; *Code:* 208683018 ; *Last Updated:* 7/3/2015 14:23 PDT ; *Life Cycle Date:* 7/3/2015 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:*

7/3/2015 14:23 - SYSTEM

This problem was added by Discern Expert.

Gestational diabetes (SNOMED CT :04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9 )  
*Name of Problem:* Gestational diabetes ; *Recorder:* SYSTEM;  
*Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9 ; *Last Updated:* 7/2/2015 20:38 PDT ; *Life Cycle Date:* 7/2/2015 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD,Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**ED Triage Note**

Mitral valve prolapse  
(SNOMED CT  
:2471474013 )

*Name of Problem:* Mitral valve prolapse ; *Recorder:*  
Garduque RN, Nathaniel; *Confirmation:* Confirmed ;  
*Classification:* Medical ; *Code:* 2471474013 ; *Contributor*  
*System:* PowerChart ; *Last Updated:* 5/5/2017 00:00 PDT ;  
*Life Cycle Date:* 5/5/2017 ; *Life Cycle Status:* Active ;  
*Vocabulary:* SNOMED CT

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	5/4/2017 23:59 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Garduque RN,Nathaniel (5/4/2017 23:59 PDT)
SIGN INFORMATION:	Garduque RN,Nathaniel (5/4/2017 23:59 PDT)

**ED Triage Primary Pain Assessment Entered On: 5/4/2017 23:59 PDT  
Performed On: 5/4/2017 23:59 PDT by Garduque RN, Nathaniel**

**Primary Pain**

*Numeric Rating :* 6  
*Primary Pain Location :* Foot  
*Laterality :* Right

Garduque RN, Nathaniel - 5/4/2017 23:59 PDT

CHH- Centennial Hills Hospital Medical Center

Patient: REED, AMANDA R  
MRN: VHM63398230; SHM4910190; CHH7156165  
DOB/Sex: 9/27/1984 / Female  
Attending: Grabert MD, Jason R

Admit: 5/4/2017  
Disch: 5/5/2017  
FIN: CHH0008005535607

**Imaging**

PROCEDURE  
XR Foot Complete Right

EXAM DATE/TIME  
5/5/2017 00:15 PDT

**Report**  
XR FOOT

HISTORY: Pain - injury

COMPARISON: None.

TECHNIQUE: Right foot, 3 views.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

Normal foot.

Dictated By: KEVIN HYER MD

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Contributor\_system, C

Dictated DT/TM: 05/05/2017 0:25 am

Transcribed DT/TM: 05/05/17 00:23:05

Electronically Signed by: Contributor\_system, CHH\_RAD\_PACS

Signed DT/TM: 05/05/2017 0:25 am

# Exhibit 3

APPX0075



# INFORMATION - ONLY

Case No. 180320005261  
 E-Police No.  
 Report No. 180320005261.1  
 Report Date: 3/20/2018

# 1

Page 1 of 3

Subject: <b>DV INFO</b>	Routing
-------------------------	---------

Case Report Status	<b>A - Approved</b>	Case Status	<b>O - Open</b>	Reporting Officer	
Case Attachments	<b>Yes</b>	Date Entered	<b>3/20/2018 10:39:53 PM</b>	NL1960 - Miller, Christopher	<b>NL1960 - Miller, Christopher</b>
Occurred On (and Between)	<b>3/20/2018 9:14:00 PM</b>	Entered By	<b>NL1960 - Miller, Christopher</b>	Date Verified	<b>3/21/2018 12:03:02 AM</b>
Location	<b>4416 CINDERWOOD CT</b>	Verified By	<b>NL1000 - Ryan, Justin</b>	Date Approved	<b>3/21/2018 1:42:38 PM</b>
Jurisdiction	<b>N</b>	Approved By	<b>NL1258 - Sotelo, Antonia</b>	Assisted By	<b>NL1884 - Minelli, Joseph</b>
Grid	<b>NG3 - 0</b>	Connecting Cases		Disposition	<b>Active</b>
Sector	<b>G</b>	Clearance Reason		Reporting Agency	<b>North Las Vegas Police Department</b>
Map		Date of Clearance		Division	<b>Patrol</b>
Census/Geo		Reporting Agency		Notified	
Call Source	<b>911</b>	Means	<b>L-111 - Single Family</b>	Other Means	<b>999 - Other motive not listed above</b>
Vehicle Activity		Motive		Other Motives	
Vehicle Traveling					
Cross Street					

## Offense Detail: Info02 - Domestic Violence

Offense Description	<b>Info02 - Domestic Violence</b>	Location	<b>20 - Residence/Home</b>	No. Prem. Entered	
IBR Code		Offense Completed?	<b>Yes</b>	Entry Method	
IBR Group		Hate/Bias	<b>88 - None (No Bias)</b>	Type Security	
Crime Against		Domestic Violence	<b>No</b>	Gang Related	<b>No</b>
Using		Fraud Related	<b>No</b>		
Tools Used					
Criminal Activity					
Weapons					

**UNLAWFUL DISSEMINATION** of this restricted information is **PROHIBITED**. Violation will subject the offender to Criminal and Civil Liability.

Rel. for: AMANDA REES  
 Date: 3-29-18  
 North Las Vegas Police Department  
 By: [Signature]

INFORMATION - ONLY

Case No. 180320005261  
E-Police No.  
Report No. 180320005261

2

Page 2 of 3

Other Entity: 03 - Reed, Amanda

Entity Code O3  
Entity Type CARD - Carded

Name Reed, Amanda  
AKA  
Alert(s)

Address 4416 Cinderwood CT  
CSZ NLV, NV 89030

Email Address  
Attire

Entity Notes

Telephone Numbers

Number Type Phone Number  
CELL - Cell 702 235-7444

DOB 9/27/1984  
Age 33  
Sex F - Female  
Race W - White  
Ethnicity N - Not of Hispanic Origin

Ht. 5' 6"  
Wt. 145  
Eye Color GRN - Green  
Hair Color BRO - Brown  
Facial Hair  
Complexion LGT - Light

Build Thin - Thin

Place of Birth  
SSN  
DLN  
DLN State NV - Nevada  
DLN Country USA - United States of America

Occupation/Grade  
Employer/School CCSD

Employer Address  
Employer CSZ  
Res. County Clark  
Res. Country USA - United States of America  
Resident Status R - Resident

Report Narrative On Tuesday March 20, 2018 at about 2015 hours, Officer Minelli (P1884) and I were dispatched to 4416 Cinderwood in regards to a domestic disturbance.

Upon arrival I met with the person reporting, who identified himself as [REDACTED], and he told me the following: [REDACTED] and his wife filed for divorce today. After having a verbal argument with his wife, identified as Amanda Reed, [REDACTED] went outside to his camper that was parked in the driveway. [REDACTED] said he went to the camper to keep the situation from escalating. [REDACTED] noticed that Amanda's father, identified as [REDACTED], was sitting inside his silver Ford pickup across the street. [REDACTED] said that [REDACTED] was still seated inside the truck when [REDACTED] heard [REDACTED] "cock" a gun. I asked [REDACTED] if he saw the gun, and he said it was a large silver revolver. I asked [REDACTED] if the gun was pointed at him, and he said no, he just heard it being "cocked". [REDACTED] asked [REDACTED] if he was going to shoot him, and [REDACTED] responded "Maybe". [REDACTED] got out of the truck and they met in the middle of the street. Amanda stepped between them to keep them from fighting, and [REDACTED] then called the police. I had [REDACTED] complete a witness statement.

I then spoke to [REDACTED]. I asked him if he had a gun with him, and he said he did. I asked him where it was, and he said it was inside his truck. I asked him if I could see the gun, and he gave me permission to go inside his truck. I found his black Glock 22 (VSLD57) semi automatic handgun inside the glovebox as described by [REDACTED]. There was no other firearms



INFORMATION - ONLY

Case No. 180320005261
E-Police No.
Report No. 180320005261.1
Report Date: 3/20/2018

3

Page 3 of 3

inside the cab of the truck. I asked [redacted] if the gun was produced at anytime during their argument, and he said no. [redacted] I said that Amanda was inside his truck when the confrontation happened. I had [redacted] complete a witness statement.

I then spoke to Amanda Reed, and she told me the following: Amanda said that they had filed for divorce today and were talking about how to settle things. While they were talking, things started to escalate so she called her father, [redacted], over to talk to. Amanda was inside [redacted] truck that was parked across the street from the home. While she was talking to [redacted], [redacted] went inside the home. Fearing that [redacted] was going to do something, Amanda went inside the home to see what he was doing. Once inside [redacted] tried talking to her again, which she refused. [redacted] then started yelling at her, claiming that [redacted] just "cocked" his gun at him. [redacted] ran outside to [redacted] truck window yelling at [redacted] in a threatening manner. Amanda stepped between the two men, and [redacted] said that he was going to call the police and say that [redacted] threatened him with the gun.

Since there was claims of a firearm being produced during this incident, I told all parties I would be taking this report for information purposes. [redacted] account of handgun being produced did not make sense, nor could he describe the gun.

[Large redacted block of text]

I gave both [redacted] and Amanda blue domestic violence information cards with this case number.

I spoke to both of them in length about one of them leaving the home while the divorce was in process to minimize future problems. [redacted] was not receptive, and stated he was staying in his home regardless. Amanda admitted that she was just afraid of [redacted] hurting her pets. I spent several minutes explaining to her that the safety of their children and her were more important. Amanda agreed to go stay at her father's house.

Attachments: Three witness statements.

# Exhibit 4

APPX0079

PATIENT PRESCRIPTION RECORD

Date: 03/07/2018 Time: 6:08:10 PM

12/31/2017 THRU 03/07/2018

PHARMACY NAME: 07252 # 07252  
 ADDRESS: 3655 W. CRAIG RD.  
 CITY, ST, ZIP: NORTH LAS VEGAS, NV, 89032

PATIENT KEY: 11187996017  
 PATIENT NAME: REED, DEVIN  
 ADDRESS: 4416 CINDERWOOD  
 CITY, ST, ZIP: NORTH LAS VEGAS, NV, 89032

TELEPHONE: (702) 238-8710  
 BIRTHDATE: 05/05/1973  
 GENDER: M  
 RELATIONSHIP: Spouse

STORE NO #	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT
07252	0629989	000	00378018105	ALLOPURINOL 300 MG TABLET	REDDY, GAUTHAM	01/18/2018	30.00	5.00
07252	0629989	001	00378018105	ALLOPURINOL 300 MG TABLET	REDDY, GAUTHAM	02/14/2018	30.00	5.00
07252	0625418	001	00781107905	ALPRAZOLAM 1 MG TABLET	REDDY, GAUTHAM	01/20/2018	60.00	5.00
07252	0625418	002	00781107905	ALPRAZOLAM 1 MG TABLET	REDDY, GAUTHAM	02/18/2018	60.00	5.00
07252	0624609	001	00093534356	SILDENAFIL 100 MG TABLET	REDDY, GAUTHAM	02/04/2018	5.00	20.15
07252	0630357	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	01/20/2018	20.00	39.85
07252	0632703	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	02/01/2018	45.00	14.04
07252	0638694	000	12496120803	SUBOXONE 8 MG-2 MG SL FILM	WOLFSON, ERIC	03/05/2018	30.00	59.43
07252	0625396	001	00310626060	XIGDUO XR 5 MG-1,000 MG TABLET	REDDY, GAUTHAM	02/04/2018	60.00	15.00
07252	0637782	000	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	REDDY, GAUTHAM	02/28/2018	30.00	6.80

TOTAL # OF PRESCRIPTIONS: 10 TOTAL PATIENT PAID AMOUNT: 175.27

For customers who require additional information please contact the CVS privacy office at 800-287-2414.

Private and Confidential Intended for Addressee only

APPX0080