

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

Exhibit 3



INFORMATION - ONLY

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

1

Page 1 of 3

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

Offense Detail: Info02 - Domestic Violence

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

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

Telephone Numbers

Number Type Phone Number
CELL - Cell 702 236-7444

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

RMS_CR.rtf v2f

Printed: March 29, 2018 - 9:49 AM

Case No. D-18-568055-D

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INFORMATION -
ONLY

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

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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]

[REDACTED]

[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

WARM SPRINGS ROAD CVS, L.L.C. # 07252

PATIENT PRESCRIPTION RECORD

12/31/2017 THRU 03/07/2018

Page 1 of 1

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

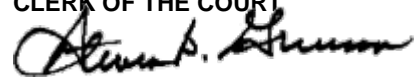
Case No. D-18-568055-D

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AOS

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

Electronically Filed
4/24/2018 1:16 PM
Steven D. Grierson
CLERK OF THE COURT



DEVIN REED

Plaintiff

vs

AMANDA REED

Defendant

CASE NO: D-18-568055-D

HEARING DATE/TIME:

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**

Junes Legal Service, Inc. - 630 South 10th Street - Suite B - Las Vegas NV 89101 - 702.579.6300 - fax 702.259.6249 - Process License #1068

EP198950 PV61670

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APPX0053

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

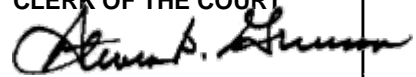
APPX0054

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
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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.)

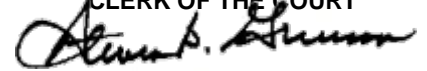
RECEIPT OF COPY

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



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

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

DEVIN REED,)	CASE NO. D-18-568055-D
Plaintiff,)	DEPT. NO. F
vs.)	
AMANDA REED,)	
Defendant.)	

EXHIBITS TO DEFENDANT/COUNTERCLAIMANT'S MOTION FOR
EXCLUSIVE POSSESSION OF THE MARITAL RESIDENCE, FOR
PRIMARY PHYSICAL 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
CONTEMPT FOR VIOLATING THE JOINT PRELIMINARY
INJUNCTION AND FOR PRELIMINARY ATTORNEY'S FEES

APPX0057

1 Date of Hearing: _____

2 Time of Hearing: _____

3
4 ORAL ARGUMENT REQUESTED: Yes X No _____

5
6
7 COMES NOW Defendant, AMANDA REED, by and through her attorney
8 of record, HARVEY GRUBER, ESQ., of Mayfield, Gruber and Sheets, hereby
9 submits the attached documents as Exhibits to *DEFENDANT/COUNTER*
10 *CLAIMANT'S MOTION FOR EXCLUSIVE POSSESSION OF THE MARITAL*
11 *RESIDENCE, FOR PRIMARY PHYSICAL CUSTODY OF THE MINOR*
12 *CHILDREN, FOR CHILD SUPPORT, FOR INTERIM SPOUSAL SUPPORT, TO*
13 *EXTEND TEMPORARY PROTECTIVE ORDER FOR ONE YEAR, FOR AN*
14 *ORDER TO SHOW CAUSE WHY PLAINTIFF SHOULD NOT BE HELD IN*
15 *CONTEMPT FOR VIOLATING THE JOINT PRELIMINARY INJUNCTION AND*
16 *FOR PRELIMINARY ATTORNEY'S FEES.*
17
18
19
20

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

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

23 Exhibit 3: Metro Incident Report dated 3/20/18
24
25
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27
28

1 Exhibit 4: CVS Patient Perscription record for DEVIN REED dated
2 3/7/18
3
4

5
6 DATED this 23 day May, 2018.
7

8 MAYFIELD, GRUBER & SHEETS

9 BY 

HARVEY GRUBER, ESQ.

10 Nevada Bar No. 6329

11 223 S. Water Street, Ste. C

12 Henderson, NV 89015

13 (702) 566-4099

14 Attorney for Defendant

15 **AMANDA REED**
16
17
18
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22
23
24
25
26
27
28

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: J. Miller

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

FIN: CHH0008005535607

DOB/Sex: 9/27/1984 / Female

Attending: Grabert MD, Jason R

<i>Facesheets</i>

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

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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

PT# 8005535607		PATIENT NAME REED, AMANDA R	
ADDRESS 4416 CINDERWOOD CT		CITY NORTH LAS VEGAS	
STATE NV ZIP 890320100		PHONE (702)235-7444	
PATIENT LANGUAGE ENGLISH		RELIGION NON	
AGE 32Y DOB 09/27/1984 SEX F RACE M ETHNICITY N		PREVIOUS NAME	
PT EMPLOYER CLARK COUNTY SCHOOL DISTRICT		TELEPHONE (702)799-7123	
EMPLOYER ADDRESS 2832 E FLAMINGO RD		OCCUPATION TEACHER	
CITY LAS VEGAS		STATE NV ZIP 89121	
RETIREMENT DATE //		DISASTER TAG ID	
Contact Information			
NEAREST RELATIVE NAME REED, DEVIN B			
RELTH U ADDRESS 4416 CINDERWOOD CT			
CITY NORTH LAS VEGAS			
STATE NV ZIP 890320100			
PHONE (702)238-8710			
EXT.			
EMERGENCY CONTACT NAME REED, DEVIN B			
RELTH 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			
RELTH S ADDRESS 4416 CINDERWOOD CT			
CITY NORTH LAS VEGAS			
STATE NV ZIP 890320100			
OCCUPATION TEACHER			
PHONE (702)235-7444			
EXT.			
GUARANTOR EMPLOYER CLARK COUNTY SCHOOL DISTRICT			
PHONE (702)799-7123			
EXT.			
GUARANTOR ADDRESS 2832 E FLAMINGO RD			
CITY LAS VEGAS			
STATE NV ZIP 89121			
Insurance Information			
INSURANCE NAME 1 TEACHER HEALTH TRUST N12			
PLAN PHONE (702)866-6160			
POLICY# 000055640			
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			
REL SEX F DOB 08/40927			
OEM			
COR PAYOR ID UR PHONE			
EXT			
INS VERIFIED			
SUBSCRIBER RELTH			
INSURANCE NAME 2 AETNA USH PPO			
PLAN PHONE (800)566-4455			
POLICY# W209910677			
GROUP# 086387501000001			
AUTH#			
AUTHORIZED BY			
MAILING ADDRESS P.O. BOX 981108			
CITY EL PASO			
STATE TX ZIP 79998			
SUBSCRIBER NAME REED, DEVIN B			
MAIL TO NAME AETNA PAINTERS TRUS			
REL SEX M DOB 19730505			
OEM			
COR PAYOR ID UR PHONE			
EXT			
INS VERIFIED			
SUBSCRIBER RELTH			
INSURANCE NAME 3			
PLAN PHONE			
POLICY#			
GROUP#			
AUTH#			
AUTHORIZED BY			
MAILING ADDRESS			
CITY			
STATE ZIP			
SUBSCRIBER NAME			
MAIL TO NAME			
REL SEX DOB			
OEM			
COR PAYOR ID UR PHONE			
EXT			
INS VERIFIED			
SUBSCRIBER RELTH			
Admitting Information			
ADM DATE 05/04/2017			
TIME 2348			
SRC EO			
PL TYPE T			
PRI X			
ACCIDENT INFO H			
05/04/2017 1800			
VOLUNTARY ADM			
ORGAN DONR			
ISOL			
PT STB ET			
ATTENDING PHYSICIAN ED STAFF			
ATTENDING 030999			
REF SRC			
ADM BY			
PRV ADM DATE			
PREVIOUS FACILITY			
ADM PHYSICIAN FOOT PAIN			
HOSP SRC EMR			
DIAGNOSTIC CODE			
SURGERY DATE			
BLDLESS N			
RMSD			
EMR			
EMR			
ADMITTING PHYSICIAN ED STAFF			
ADMITTING 030999			
DISCHARGE DATE			
TIME			
DISCHARGE DISP			
PREVIOUS DISCHARGE DATE			
PROCEDURE			
CLINICAL COMMENT			
MODE OF ARRIVAL / ACCOMPANIED BY			
POV PRIVATE VEHICLE			
REFERRING PHYSICIAN NO REFERRING			
REFERRING 999870			
REL OF REF			
ADV DIR			
LYING WILL			
LOCATION OF WILL / DIRECTIVE			
FAMILY DOCTOR NO PCP			
FAMILY DOCTOR #			
DIP			

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

ED Physician Record

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.

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

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

ED Physician Record

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 & 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.

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

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

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

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)	<i>Name of Problem:</i> Acute pain ; <i>Recorder:</i> SYSTEM; <i>Confirmation:</i> Confirmed ; <i>Classification:</i> Nursing ; <i>Code:</i> 410499012 ; <i>Last Updated:</i> 5/29/2014 16:48 PDT ; <i>Life Cycle Date:</i> 4/6/2013 ; <i>Life Cycle Status:</i> Active ; <i>Vocabulary:</i> SNOMED CT <i>Comments:</i> 4/6/2013 8:46 - SYSTEM This problem was added by Discern Expert.
At risk for falls (SNOMED CT :208683018)	<i>Name of Problem:</i> At risk for falls ; <i>Recorder:</i> SYSTEM; <i>Confirmation:</i> Confirmed ; <i>Classification:</i> Nursing ; <i>Code:</i> 208683018 ; <i>Last Updated:</i> 7/3/2015 14:23 PDT ; <i>Life Cycle Date:</i> 7/3/2015 ; <i>Life Cycle Status:</i> Active ; <i>Vocabulary:</i> SNOMED CT <i>Comments:</i> 7/3/2015 14:23 - SYSTEM This problem was added by Discern Expert.
Gestational diabetes (SNOMED CT :04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9)	<i>Name of Problem:</i> Gestational diabetes ; <i>Recorder:</i> SYSTEM; <i>Confirmation:</i> Confirmed ; <i>Classification:</i> Medical ; <i>Code:</i> 04CB7FE6-0FA5-4B66-8184-C0E09DFDEAC9 ; <i>Last Updated:</i> 7/2/2015 20:38 PDT ; <i>Life Cycle Date:</i> 7/2/2015 ; <i>Life Cycle Status:</i> Active ; <i>Vocabulary:</i> SNOMED CT
Mitral valve prolapse (SNOMED CT :2471474013)	<i>Name of Problem:</i> Mitral valve prolapse ; <i>Recorder:</i> Garduque RN, Nathaniel; <i>Confirmation:</i> Confirmed ; <i>Classification:</i> Medical ; <i>Code:</i> 2471474013 ; <i>Contributor System:</i> PowerChart ; <i>Last Updated:</i> 5/5/2017 00:00 PDT ; <i>Life Cycle Date:</i> 5/5/2017 ; <i>Life Cycle Status:</i> Active ; <i>Vocabulary:</i> SNOMED CT

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

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

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

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

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

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

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

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:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Triage Note
5/4/2017 23:59 PDT
Auth (Verified)
Garduque RN, Nathaniel (5/4/2017 23:59 PDT)
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:	DV INFO	Routing	
Case Report Status	A - Approved	Case Status	O - Open
Case Attachments	Yes	Date Entered	3/20/2018 10:39:53 PM
		Entered By	NL1960 - Miller, Christopher
Occurred On	3/20/2018 9:14:00 PM	Date Verified	3/21/2018 12:03:02 AM
(and Between)		Verified By	NL1000 - Ryan, Justin
		Date Approved	3/21/2018 1:42:38 PM
Location	4416 CINDERWOOD CT	Approved By	NL1258 - Sotelo, Antonia
Jurisdiction	N	Connecting Cases	
Grid	NG3 - 0	Disposition	Active
Sector	G	Clearance Reason	
Map		Date of Clearance	
Census/Geo		Reporting Agency	North Las Vegas Police Department
Call Source	911	Division	Patrol
		Notified	
Vehicle Activity		Means	L-111 - Single Family
Vehicle Traveling		Other Means	
Cross Street		Motive	999 - Other motive not listed above
		Other Motives	

Offense Detail: Info02 - Domestic Violence

Offense Description	Info02 - Domestic Violence	Location	20 - Residence/Home	No. Prem. Entered
IBR Code		Offense Completed?	Yes	Entry Method
IBR Group		Hate/Bias	88 - None (No Bias)	Type Security
Crime Against		Domestic Violence	No	Gang Related
Using		Fraud Related	No	No
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 REED
Date: 3-29-18
North Las Vegas Police Department
By: [Signature]

APPX0076

INFORMATION - ONLY

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

2

Page 2 of 3

Other Entity: 03 - Reed, Amanda

Entity Code **03**
Entity Type **CARD - Carded**

Name **Reed, Amanda**
AKA
Alert(s)

Address **4416 Cinderwood CT**
CSZ **NLV, NV 89030**

Email Address
Attire

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**

Entity Notes

Telephone Numbers

Number Type **Phone Number**
CELL - Cell 702 235-7444

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.

[REDACTED]

[REDACTED] conducted a records check of Amanda's information, which revealed she had one prior arrest for Possession of a Firearm.

[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

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

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