

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

VENETIAN CASINO RESORT, LLC;
AND LAS VEGAS SANDS, LLC,

Petitioners,

vs.

THE EIGHTH JUDICIAL DISTRICT
COURT OF THE STATE OF
NEVADA, IN AND FOR THE
COUNTY OF CLARK; AND THE
HONORABLE KATHLEEN E.
DELANEY, DISTRICT JUDGE,

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

Electronically Filed
Dec 09 2021 08:38 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 14
(Nos. 2578–2797)**

Sean K. Claggett, Esq.

Nevada Bar No. 8407

William T. Sykes, Esq.

Nevada Bar No. 9916

Geordan G. Logan, Esq.

Nevada Bar No. 13910

Micah S. Echols, Esq.

Nevada Bar No. 8437

David P. Snyder, Esq.

Nevada Bar No. 15333

CLAGGETT & SYKES LAW FIRM

4101 Meadows Ln., Ste.100

Las Vegas, Nevada 89107

(702) 655-2346 – Telephone

(702) 655-3763 – Facsimile

micah@claggettlaw.com

david@claggettlaw.com

Keith E. Galliher, Jr., Esq.

Nevada Bar No. 220

THE GALLIHER LAW FIRM

1850 East Sahara Ave., #107

Las Vegas, Nevada 89104

(702) 735-0049 – Telephone

(702) 735-0204 – Facsimile

kgalliher@galliherlawfirm.com

Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/04/2018)	Vol. 1, 1–229 Vol. 2, 230–459 Vol. 3, 460–689
Plaintiff Joyce Sekera's First Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/20/2018)	Vol. 3, 690–703
Plaintiff Joyce Sekera's Second Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/28/2018)	Vol. 4, 704–917
Transcript of October 11, 2018 Deposition of Joseph Larson	Vol. 4, 918–954
Plaintiff Joyce Sekera's Third Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/31/2018)	Vol. 5, 955–973
Plaintiff Joyce Sekera's Fourth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 12/17/2018)	Vol. 5, 974–1058
Transcript of March 14, 2019 Deposition of Joyce P. Sekera	Vol. 6, 1059–1258 Vol. 7, 1259–1475

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Fifth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 03/20/2019)	Vol. 8, 1476–1497
Transcript of April 17, 2019 Deposition of Maria Consuelo Cruz	Vol. 8, 1498–1560
Transcript of April 22, 2019 Deposition of Milan Graovac	Vol. 8, 1561–1609
Plaintiff Joyce Sekera's Sixth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/17/2019)	Vol. 8, 1610–1623
Plaintiff Joyce Sekera's Seventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/21/2019)	Vol. 8, 1624–1642
Plaintiff Joyce Sekera's Eighth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/27/2019)	Vol. 8, 1643–1658
Plaintiff Joyce Sekera's Ninth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/10/2019)	Vol. 8, 1659–1699

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019)	Vol. 9, 1700–1722
Plaintiff Joyce Sekera's Eleventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/25/2019)	Vol. 9, 1723–1759
Plaintiff Joyce Sekera's Twelfth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/13/2019)	Vol. 9, 1760–1777
Plaintiff Joyce Sekera's Thirteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/23/2019)	Vol. 9, 1778–1796
Plaintiff Joyce Sekera's Fourteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/03/2019)	Vol. 9, 1797–1815
Answer to First Amended Complaint (filed 09/20/2019)	Vol. 9, 1816–1820

<u>DOCUMENT DESCRIPTION</u>		<u>LOCATION</u>
Plaintiff Joyce Sekera's Fifteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/11/2019)		Vol. 9, 1821–1840
Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 04/15/2020)		Vol. 10, 1841–1860
Exhibits to Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
40	Medical and Billing Records from SimonMed	Vol. 10, 1861–1866
41	Medical and Billing Records from Desert Institute of Spine Care	Vol. 10, 1867–1919
42	Medical Records from Desert Chiropractic & Rehab/Core Rehab	Vol. 10, 1920–1943
43	Medical and Billing Records from Las Vegas Neurosurgical Institute	Vol. 10, 1944–2024
44	Medical and Billing Records from Pain Institute of Nevada	Vol. 11, 2025–2144
45	Medical and Billing Records from Radar Medical Group	Vol. 12, 2145–2341

<u>DOCUMENT DESCRIPTION</u>		<u>LOCATION</u>
Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/13/2020)		Vol. 13, 2342–2361
Exhibits to Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
45	Medical and Billing Records from Radar Medical Group	Vol. 13, 2362–2382
46	Pharmacy records from PayLater Pharmacy	Vol. 13, 2383–2390
47	Declaration page Pain Institute of Nevada	Vol. 13, 2391–2395
48	Declaration page and billing from Desert Radiologists	Vol. 13, 2396–2398
Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 11/04/2020)		Vol. 13, 2399–2418
Exhibit to Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
49	Worker's Compensation file	Vol. 13, 2419–2577

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Exhibit 38 to Fifth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 01/04/2019)	Vol. 14, 2578–2797 Vol. 15, 2798–3017 Vol. 16, 3018–3237
Exhibit 56 to Eleventh Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 05/13/2019)	Vol. 17, 3238–3256
Exhibit 81 to Sixteenth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 07/22/2019)	Vol. 17, 3257–3277

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1311V-5502 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) CONT'D		
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe		ESTIMATED LOSS VALUE \$ 0.00
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TYPE OF LOCATION REST <input type="checkbox"/> SECTOR <input type="checkbox"/>		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX ROs, Mary		
OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CODE 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Gizelbach, Eve		
OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CODE 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Meier, Ryan		
OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-Registered Guest of Suite 32-312 claimed he slipped and fell in front of the Grandlux Cafe.		
VEHICLE MAKE/MODEL _____ LICENSE (NO AND STATE) _____ YEAR _____ MAKE _____ MODEL _____ BODY TYPE/DOOR OR _____ VIN _____ MAKE/VEHICLE# _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TONS/4,000 LBS _____ DAMAGE NAME AND PHONE _____ REGISTERED OWNER _____ SU ADDRESS _____ YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
SUSPECT(S)/ ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE _____ OF _____ NAME - LAST, FIRST, MIDDLE, SUFFIX _____ ADDRESS 1 _____ PHONE 1 _____ RACE _____ SEX _____ HT _____ WT _____ HAIR _____ EYES _____ AGE _____ DOB _____ ADDRESS 2 _____ PHONE 2 _____ OCCUPATION _____ ADDRESS 3 _____ PHONE 3 _____		
SEARCHED/INDEXED/FILED/NOTED _____ ARRESTED/ARRESTED/ARRESTED _____ RELEASE LOCATION _____ ARREST DATE/TIME _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STATE _____ ARRESTED _____ BOOKING # _____ WARRANT _____ CITATION # _____ CIB _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CHARGES _____		
ADMINISTRATION		
VOUCHER/ISSUED/PROSECUTION _____ FOLLOW-UP _____ COPIES TO _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PAT _____ DET. _____ CA _____ COURT _____ PROBATION _____ OTHER _____		
BY OFFICER _____ DATE/TIME _____ APPROVED BY _____ J. Lopez 000031497 11/28/13 05:57 Shawn Capparelli 000013652		
OFFICER _____ UNIT/SHIFT _____ ASSIGNED TO _____ 11/27/13 CASE STATUS Closed		

CR-1 Lopez0031497 Entered by: Just Lopez

APPX (Rev 08/10/16) Print Date: 10/09/2018

VEN 269

2578

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 131V-5502 PAGE 1 OF 1
OFFENSE(S) PH - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday -o 11/24/13 05:40 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
DOOR GU 1 OF 1 NAME, LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		ID NO. <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
OCCUPATION		Unknown Refused to prov
RACE F	SEX M	AGE 57
DOB <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	ADDRESS 1	PHONE 1
STATE EUGENE42303	ADDRESS 2	PHONE 2
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 11/26/13 05:57	APPROVED BY Shawn Capparella 000013652
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 11/27/13
		GRASP STATUS Closed

APDC (Rev 02/18/14) Print Date: 10/09/2018

VEN 270

2579

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-5502 PAGE 1 OF 1
Case MO		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(CE) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday TO 11/24/13 05:40 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION OR NAME	TYPE OF LOCATION
		HEAT
		SECTOR
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No weapon involved <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No No <u>Incident Information</u> Area Checked No Prosecution Desired Photos Taken Shp & Fall No Video Available	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> FAX <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WARP <input type="checkbox"/> OTHER	
BY OFFICER J. Lopez 000031497 OFFICER	DA TIME 11/26/2013 05:57 REVISION#	APPROVED BY Shawn Capparelli 000013652 ASSIGNED TO
		DATE APPROVED 11/27/13 CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

APDC (Rev. 06/16/06) Print Date: 10/09/2018

VEN 271

2580

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-5502 PAGE 1 OF 1
Person Profile		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday TO 11/24/13 05:40 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CODE SO	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Gizelbach, Eve	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CODE SO	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Meyer, Ryan	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em;"></div>	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div> This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION		
<u>Base Line Vitals & History</u> Normal Breathing Skin Color Normal Skin Condition Normal Pupils are PEARL <u>Build</u> Thin <u>Complexion</u> Clear Light <u>Complexion</u> Calm Polite	<u>Eyes</u> Normal <u>Facial Hair</u> Unknown <u>Facial Hair Color</u> Unknown <u>Glasses</u> None <u>Hair Length</u> Short <u>Hair Style</u> Straight <u>Medical Supplies</u> Flashlight or Penlight Disposable Gloves	<u>Odor of Intoxicants</u> Moderate <u>Patient Assessment</u> Patient is Alert Breathing Adequate Patient has a Trauma/Injury Tondomoss <u>Speech</u> Normal
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 11/26/13 05:57	APPROVED BY Shawn Capparelli 000013652
BY OFFICER _____	DATE/TIME _____	APPROVED BY _____
		DATE APPROVED 11/27/13
		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 272

2581

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-5502
Narrative Report		Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
NARRATIVE		
<p>On 11/24/2013, at 0526 hours, I was dispatched to Grand Lux Cafe for registered guest [REDACTED] of Suite 32-312, who claimed he was involved in a slip and fall. Emergency Medical Technician Gizelbach, Eve TM#31617 and security Officer Meier, Ryan TM#16946 were already on scene. Upon my arrival [REDACTED] was ambulatory with no obvious life threats.</p> <p>[REDACTED] informed me he slipped and fell in the area in front of the Grand Lux Cafe. I asked [REDACTED] if he would let me assess him, to which [REDACTED] complied.</p> <p>[REDACTED] neck denied pain. [REDACTED] denied numbness and tingling in his extremities I conducted a rapid trauma assessment. Upon palpation of his neck [REDACTED] denied pain however, he informed me he had pain on his lower back. I advised [REDACTED] he should be put in cervical spine immobilization (C-Spine) and be transported to a hospital for further evaluation. [REDACTED] refused stating "I don't want to miss my flight back home". [REDACTED] denied loss of consciousness and denied hitting his head. [REDACTED] refused to be put in C-Spine and refused a Paramedic. [REDACTED] denied other trauma. Gizelbach advised [REDACTED] he should seek further medical assessment as soon as possible. [REDACTED] stated "I don't need to go to the hospital right now, I don't want to miss my flight".</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume. [REDACTED] presented with pain to his lower back which presented with tenderness and had no deformities, crepitation, penetration, punctures, burns, lacerations, or swelling. At this time [REDACTED] refused further medical assessment and refused medical treatment. [REDACTED] refused further assessment by a Paramedic.</p> <p>[REDACTED] refused to review and complete a medical acknowledgement, medical authorization and guest accident report. [REDACTED] refused to complete a voluntary statement. Photographs were taken of the scene and of [REDACTED]. Photographs were taken of [REDACTED] foot wear.</p> <p>[REDACTED] departed the scene with no further incident. An accident scene check was conducted by facilities engineer Reyes, Wesley TM#39141. Reyes annotated no defects in his report.</p> <p>Initial vital signs are as follows: Skin-warm, pink and dry; pupils-equal and reactive to light; and Respirations 19 per minute. Due to [REDACTED] refusal for further medical assessment no</p>		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 11/26/2013 05:57	APPROVED BY Shawn Capparelli 000013652
OFFICER	DISPATCHER	DATE APPROVED 11/27/13
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1311V-5502 Page 2 of 2
OFFENSE(S): PHI - TIM Protected Health Information		OFFENSE(S) CONT'D
DATE TIME AND DAY OF OCCURRENCE 11/24/13 05:27 Sunday 11/24/13 05:40 Sunday		DATE AND TIME REPORTED 11/24/13 05:27
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION DEPT SECTION
NARRATIVE other vital signs were obtained. Video coverage of the area does not show the alleged incident. [REDACTED] departed the area with no further incident. Risk Management Dunning, Amanda TM# 26049 notified of the incident via voicemail at extension 44445. Front Desk notified Manager Ros, Mary TM#20855 was notified. Attached Items: Accident Scene Check Photograph Photograph Photograph Photograph Photograph		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 11/26/2013 05:57	APPROVED BY Shawn Capparelle 000013652
OFFICER	UNIT/AREA	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE# 131 IV-5588 PAGE 1
CR-1		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ESTIMATED LOSS VALUE \$ 0.00
TYPE OF LOCATION BEAT 1 SECTOR		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX O'Brien, Devon 29630	ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3
OCCUPATION Manager	RACE SEX AGE DOB DL STATE SSN INJURIES	
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Mosler, Christopher J	ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3
OCCUPATION Asst Security Manager	RACE SEX AGE DOB DL STATE SSN INJURIES	
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3
OCCUPATION [REDACTED]	RACE SEX AGE DOB DL STATE SSN INJURIES	
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information. Guest of Suite 11-315. [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MAKE OF YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER NO ADDRESS		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE [REDACTED] OF	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3
RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION INJURIES		
SCARS / MARKS / TATTOOS AKA'S ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME		
DL STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT CITATION # SEX CIW		
CHARGES		
CODE [REDACTED] OF	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3
RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION INJURIES		
SCARS / MARKS / TATTOOS AKA'S ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME		
DL STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT CITATION # SEX CIW		
CHARGES		
ADMINISTRATION		
WITNESS/CHARGE PROMOTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COPIES TO: PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WARD <input type="checkbox"/> OTHER:		
BY OFFICER G. Rescigno 000034137 OFFICER	DATE/TIME 11/25/13 09:20 UNIT/ID#	APPROVED BY Christopher Mosler 000026118 ASSIGNED TO
		DATE APPROVED 11/25/13 CASE STATUS Closed

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APTX7 (Rev. 08/16/16) Print Date: 05/23/2017

VEN 275

2584

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles		CASE # 131TV-5588 PAGE 1 OF 1	
OFFENSE(S) PHI - TM Protected Health Information			OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday to 11/24/13 14:35 Sunday			DATE AND TIME REPORTED 11/24/13 13:54		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 1	BEAT 1
ADDITIONAL OFFENSE(S)			ADDITIONAL OFFENSE(S) cont'd		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other					
CODE TM 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Magnuson, David 4653		ADDRESS 1		PHONE 1
OCCUPATION Facilities	RACE	SEX	AGE	DOB	PHONE 2
DL	STATE	SSN	INJURIES	ADDRESS 2	PHONE 3
ADMINISTRATION					
BY OFFICER G. Rascigno 000034137		DATE/TIME 11/25/13 09:20 UNIT/ID		APPROVED BY Christopher Mosier 000026118 ASSIGNED TO	
DATE/TIME		DATE/TIME		DATE/TIME APPROVED 11/25/13 CASE STATUS Closed	

APDC (Rev. 02/18/14) Print Date: 05/23/2017

VEN 276

2585

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-8588
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION BEAT 1 SECTOR
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Dry Marble Flat <u>Weather Conditions</u> Cloudy Cool
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VVAP <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/2013 09:20	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 11/25/13
		CASE STATUS Closed

CR-1 Rescigno034137 Entered by: Gary Rescigno

APDC (Rev 06/16/06) Print Date: 05/23/2017

VEN 277

2586

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 131W-5588 PAGE 1 OF 2			
OFFENSE(S): PHI - TM Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE: 11/24/13 13:54 Sunday TO 11/24/13 14:38 Sunday DATE AND TIME REPORTED: 11/24/13 13:54					
LOCATION OF OCCURRENCE: 1 Grand Hall	LOCATION NAME: Grand Hall	TYPE OF LOCATION: 1			
PERSONS Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE: 1 OF 2 MN	NAME - LAST, FIRST, MIDDLE, SUFFIX: O'Brien, Devon 29630	DOB: This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING:					
CODE: 2 OF 2 MN	NAME - LAST, FIRST, MIDDLE, SUFFIX: Mosier, Christopher J	DOB: This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING:					
CODE: 1 OF 1 GU	NAME - LAST, FIRST, MIDDLE, SUFFIX: [REDACTED]	DOB: [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
NO INFORMATION					
<table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear </td> <td style="vertical-align: top;"> Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling </td> <td style="vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear	Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear	Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling	Speech Normal			
CLOTHING:					
Sneakers, blue jeans					
ADMINISTRATION					
BY OFFICER: G. Rescigno 000034137	DATE/TIME: 11/25/13 09:20	APPROVED BY: Christopher Mosier 000026118			
OFFICER:	UNEMPLOYED:	ASSIGNED TO:			
		DATE APPROVED: 11/25/13			
		CASE STATUS: Closed			

CR-I Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 278

2587

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1311V-5588 PAGE 2 OF 2
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) CONTINUED
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:36 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
PERSONS <small>Codes: V = Victim, W = Witness, S = Suspect, A = Arrestee, D = Detainee, C = Complainant, R = Party, O = Other</small>		
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Magnuson, David 4653	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/13 09:20	APPROVED BY Christopher Mosler 000026118
OFFICER	UNIT/SHIFT	ASSIGNED TO Closed

CR-1 Rescigno034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 279

2588

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-5588
Narrative Report		Page 1 of 2
OFFENSE(B) PH - T/M Protected Health Information		OFFENSE(B) cont'd
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday to 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
NARRATIVE		
<p>On November 24, 2013 at 13:54 Security Dispatch asked me to respond to the Concierge by the Front Desk, for a report of a guest who slipped and fell. I obtained my Basic Life Support (BLS) Bag and responded.</p> <p>Upon arrival at the aforementioned location, I was met by guest of suite 11-315 who identified herself as [REDACTED]. [REDACTED] stated to me she had slipped on some apple cider that is given out by elves who are employed by us and she was not happy. I noticed no scuff type or wet marks upon Ms. Feyk's jeans, upon my initial contact. I asked Ms. Feyk to follow me to the pay phones by the front desk for some privacy. As we made our way to the pay phones, I did notice [REDACTED] did have a slight limp in her gait.</p> <p>Once we reached the pay phones, I asked [REDACTED] to have a seat. [REDACTED] was breathing with normal respirations recorded by me at 18 per minute with equal rise and fall, she had good color about her person and was alert to person, place, time and event. I asked [REDACTED] if she wanted medical attention. [REDACTED] stated she did not. I asked [REDACTED] if I could look at her left knee. [REDACTED] rolled up her jeans on the left leg and exposed her knee. I did not notice any contusion, laceration, deformity, abrasion upon her left knee. [REDACTED] was positive for Pulse, Motor, Sensory (PMS) upon her left knee. I asked [REDACTED] to point to where her knee was hurting. [REDACTED] pointed to the lateral and medial aspect of the patella. When I palpated this area, [REDACTED] did state she had some tenderness. I asked [REDACTED] to describe the pain. [REDACTED] stated the pain was sharp and ached. She placed the pain at a 5 out of 10, with 10 being the worst. [REDACTED] stated she was upset because she is in need of a knee replacement and had just had a cortizone injection into the left knee and was afraid this fall would ruin the injection results.</p> <p>I asked [REDACTED] once again if she wanted further medical assistance. [REDACTED] again stated no. However she did ask me for compensation. I explained to [REDACTED] I could not give out any compensation. I continued to explain to [REDACTED] she needed to talk to a Hotel Manager in regards to any and all compensation. I advised [REDACTED] I could wrap her left knee for support and give her an ice bag. [REDACTED] agreed. As I was wrapping [REDACTED] left knee with co-flex I asked her to explain what had happened. [REDACTED] stated as she was walking towards the casino from the front desk area and as she reached the area of the grand hall adjacent to the luggage store, she slipped on some spilled apple cider. I asked [REDACTED] if</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 00034137	DATE/TIME 11/25/2013 09:20	APPROVED BY Christopher Mosier 00026116
OFFICER	UNIT/UNIT	DATE APPROVED 11/25/13
ASSIGNED TO		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1311V-5588 Page 2 of 2
OFFENSE(S) PHI - TMI Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday to 11/24/13 14:35 Sunday		
DATE AND TIME REPORTED 11/24/13 13:54		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION/ROOM Grand Hall	TYPE OF LOCATION 1
NARRATIVE <p>she had seen the apple cider before hand. [REDACTED] stated no. I noticed at this time [REDACTED] was wearing sneakers. [REDACTED] added , just after she had fallen an unknown employee cleaned up the spilled fluid.</p> <p>After [REDACTED] completed the paperwork and I wrapped her left knee, I noticed she did not sign the medical authorization. I asked [REDACTED] to sign the authorization and she replied she did not feel comfortable doing so. I asked [REDACTED] if she could show me the exact area of the slip and fall. [REDACTED] stated " no, it makes no difference, the spill is cleaned up". [REDACTED] at this time stated, its in the hallway, adjacent to the luggage store. I asked [REDACTED] if there was anything else I could help her with. [REDACTED] stated I could give her some compensation. I again explained I could not and advised her to talk to a Hotel Manager. I advised [REDACTED] there are Emergency Medical Technicians (EMT's) on duty 24 hours and if she needs any further assistance, she could call security dispatch , I also advised her of the nearest quick care location. I then exited the area. An accident scene check was completed by facilities team member Magnuson, David Tm # 4653.</p> <p>I made contact with Front Desk Manager O'Brien, Devon Tm # 29630 and explained what happened. Surveillance advised they have coverage of the incident. Risk Management was notified.</p> <p>This report contains the following: Photograph # 1 is of [REDACTED] left knee. Photograph # 2 is of [REDACTED] sneaker. Photograph # 3 is of [REDACTED] Scan of Guest Accident Report. Scan of Medical Release. Scan of Medical Authorization. Scan of Accident Scene Check. Scan of Folio.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/2013 09:20	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 11/25/13
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE# 131 IV-5588 PAGE 1
CR-1		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall		MORE CHARGED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME Grand Hall		TYPE OF LOCATION BEAT 1 SECTOR
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MM 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX O'Brien, Davon 29630	ADDRESS 1 PHONE 1
OCCUPATION Manager	RACE SEX AGE DOB ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
CL STATE INJURIES	ADDRESS 1 PHONE 1	ADDRESS 2 PHONE 2
CODE MM 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Mosier, Christopher J	ADDRESS 1 PHONE 1
OCCUPATION Asst Security Manager	RACE SEX AGE DOB ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
CL STATE INJURIES	ADDRESS 1 PHONE 1	ADDRESS 2 PHONE 2
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1
OCCUPATION [REDACTED]	RACE SEX AGE DOB ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
CL STATE INJURIES	ADDRESS 1 PHONE 1	ADDRESS 2 PHONE 2
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information. Guest of Suite 11-315. [REDACTED]		
VEHICLE (USED OR NOT) YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF <input type="checkbox"/> LICENSE (NO AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN MICRO VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DAMAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME	ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME	
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION #	DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION #	
CHARGES		
CODE OF NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 PHONE 1		
RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 2 PHONE 2		
OCCUPATION INJURIES ADDRESS 3 PHONE 3		
SCARS/MARKS/TATTOOS ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME		
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION #		
CHARGES		
ADMINISTRATION		
VICTIM DEWIFES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> POL. CIVILIAN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COPIES TO: PAT. <input type="checkbox"/> DET. <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WARD <input type="checkbox"/> OTHER:		
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/13 09:20	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 11/25/13 CASE STATUS Closed

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 05/23/2017

VEN 282

2591

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 131W-5588 PAGE 1 OF 1
OFFENSE(S) PHI - TM Protected Health Information		
OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday to 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS <small>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</small>		
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SURF X Magnuson, David 4853	ADDRESS 1 PHONE 1
OCCUPATION Facilities	RACE SEX AGE DOB ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
DL STATE SSN INJURIES		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/13 09:20	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 11/25/13
ASSIGNED TO		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 05/23/2017

VEN 283

2592

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-5588
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case Involves a Hate Crime</u> No <u>Case Involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security State (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Dry Marble Flat <u>Weather Conditions</u> Cloudy Cool
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> DET. <input type="checkbox"/> TM <input type="checkbox"/> CHIEF <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWAP <input type="checkbox"/> OTHER
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/2013 09:20	APPROVED BY Christopher Mosier 000028118
OFFICER	UNIT/SHIFT	ASSIGNED TO
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 06/16/06) Print Date: 05/23/2017

VEN 284

2593

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASH # 131TV-5588 PAGE 1 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd			
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday TO 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54			
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrested D = Detainee C = Complainant R = Party O = Other					
CODE MIN	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Obrien, Devon 29630	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE MIN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Mosier, Christopher J	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MEDICAL INFORMATION					
<table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear </td> <td style="vertical-align: top;"> Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Order of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling </td> <td style="vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear	Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Order of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Tanned Demeanor Angry Eyes Clear	Glasses Wire Frames Hair Length Shoulder length Hair Style Wavy Medical Supplies Soft Roller Bandage Cold Packs Disposable Gloves Order of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness Swelling	Speech Normal			
CLOTHING Sneakers, Blue Jeans					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/13 09:20	APPROVED BY Christopher Mosier 000026111			
OFFICER	WATCH/SHIFT	STATUS Closed			

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 285

2594

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1311V-5588 PAGE 2 OF 2
OFFENSE(S): PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 11/24/13 13:54 Sunday to 11/24/13 14:35 Sunday		DATE AND TIME REPORTED 11/24/13 13:54
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
PERSONS <small>Code: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Family O = Other</small>		
CODE TM 1 OF 1	NAME - LAST FIRST, MIDDLE, SUFFIX Magnuson, David 4653	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 11/25/13 09:20	APPROVED BY Christopher Mosier 000029110
OFFICER	VISITOR	ASSIGNED TO
		CASE STATUS Closed

CR-1 Resc1/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 286

2595

Accident Report - Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]
Home Address: [REDACTED] Social Security #: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Your Occupation: Teacher
By Whom Employed: Alta Loma School District
Are You a Guest of The Venetian or The Palazzo? yes Suite #: 11-315
Local Address or Hotel if not a Venetian or Palazzo Guest: [REDACTED]

Please state, in your own words, what you were doing and what happened to cause your accident.

While walking in passageway my right heel slid on
some spilled cider in main hallway big post causing my
right leg to slide out from under me - my left knee bent
hit marble floor. The left knee hurt really bad on bare foot a shot
Date of Accident: 11/20/13 Time of Accident: 1:45pm
Location of Accident (Please be specific): Hallway main 3rd floor wing
Whom do you consider to blame: Hotel - extra cider which spilled on floor
If you consider The Venetian or The Palazzo responsible, please state why: yes impossible
to see because of the shiny floor, wet
the liquid was encountered.

What, if any, injuries did you sustain? (b) knee - more swollen
What, if any, property damage did you suffer? no

Number of Guests in Your Party at Time of Accident: 1
Dated this 24th Day of November 2013
Signature of Guest: [REDACTED]

Security Officer: [Signature] TM #: 34127
Guest Checkout Date: [REDACTED]

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

☒ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): [REDACTED]
 Signature: [REDACTED]
 Address: [REDACTED]
 Date of Birth: [REDACTED] Social Security #: [REDACTED]
 Phone: [REDACTED]
 Witness: [REDACTED] *My daughter*
 Witness: [REDACTED] *at least 6 other people stopped no names*
 Date: *11/24/13* Time: *1:45 pm*
 Refused to Sign: [REDACTED]
 Venetian/Palazzo EMT: [REDACTED] ID#: *34177*
 AGE: *58* Male / Female *cc: HWS Lt. Lewis*

Pulse -	Hx -	Pain -
Resp -		O -
BP -	Allergies -	P -
Eyes -		Q -
Lungs -	Meds -	R -
LOC -		S -
Skins -	Last oral intake -	T -
BGL -	Hydration -	CCFD -
		MedicWest -
		Transport -

FORM NO. 000-000-0000



13114 - 5588

Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.

This Medical Authorization ("Authorization") is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC dba The Venetian/The Palazzo ("Hotel") a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their directors, officers, employees, agents, and representatives (collectively "The Venetian Resort-Hotel-Casino and The Palazzo Resort-Hotel-Casino").

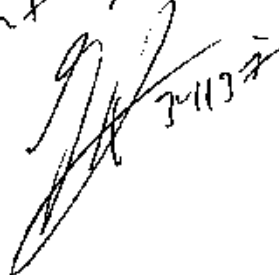
1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including MRIs, myelograms, and x-rays for independent examination, providing that same are returned to the Guest within thirty (30) days from the date of their release. It is further agreed that a photocopy of facsimile of this authorization is to have the same force and effect as the original.

3) Guest certifies that he/she has read and understands the contents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name: _____ Guest's Suite #: _____

Signature: _____ Today's Date: _____

Revised
to sign.
on 11-24-13
at 14:05.
 3/11/14

FOLIO 001-11-2014-1242

VEN 289

2598



Incident Report Number: 13110-5588

Accident Scene Check - Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 2:15 pm Date: 11-24-13 Guest Suite #: 11-315

Defects Noted (Explain in detail): NONE, closed - flat - Dry

Actions Taken: Call 22 FCC. Acc. Damage - ECU 599.

Lighting Normal? (If no, explain): Normal.

Outside Diagram? ☐ Yes ☐ No

Checked by Security Officer (Name): R. Scigun San TM #: 37127

Engineer

Time: 2:13 pm Date: 11-24-2013 Guest Suite #: _____

Defects Noted (Explain in detail): NONE (WET SPILL)

Actions Taken: NONE (ALL BODY CLEANED UP)

Checked by Engineer (Name): DAVID MAGNUSON David Magnuson TM #: 4653

GM1G 11/24/2013 VENETIAN RESORT & CASINO 02:21 PM GINFO
 CMD RESERVATION CHANGE 415878367957
 AR 112313 Sat DP 112513 Mon A/C 1 RP GVPKWIV GP PYCW13A RB
 STATUS I INHSE ACT C/S ETA 0-44764/5+ NOT NO POS
 WG TYPE ROOM# R/C RATE A/C
 VE RENX 11315 109.00 1
 E OVRID NET N PRT Y TRN NRG
 LAST FIRST TITLE GTYP RMK
 COMPANY ATTN RESNET TYP H/B H
 ADRI/2
 CITY STATE/PROV ZIP COUNTRY US X LNG REQ
 ADDL NAMES CPN
 PHONE X VIP PC SRC EP RSN VE PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH EYS NBR HIST ID
 CRDY LMT
 DEP REQ AMT
 DEP REC AMT
 ADV CODE F X
 CAS# 465625
 RESERVATIONS WWWUSER 11/10/13 15:38 ResNet
 CHECK IN FDRMACM 11/23/13 13:56
 CHECK OUT
 LAST MODIFIED FDRMACM 11/23/13 14:00
 LAST CONFIRMATION 11/10/13 LAST NUMBER 1
 ^Swipe or F1 Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

Devin O'Brien

29630

13110-5558

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE# 140TV-5339 PAGE 1
CR-1		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 01/26/14 00:28 Sunday TO 01/26/14 01:35 Sunday		DATE AND TIME REPORTED 01/26/14 00:28
LOCATION OF OCCURRENCE 1 Lobby 1		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME		TYPE OF LOCATION
BEAT		SECTOR
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Klaver, Connie	ADDRESS 1 PHONE 1
OCCUPATION LL	RACE SEX AGE DOB STATE INJURIES	ADDRESS 2 PHONE 2
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 3 PHONE 3
OCCUPATION OL	RACE SEX AGE DOB STATE INJURIES	ADDRESS 4 PHONE 4
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Barrett, Joe	ADDRESS 5 PHONE 5
OCCUPATION Facilities Senior Watch	RACE SEX AGE DOB STATE INJURIES	ADDRESS 6 PHONE 6
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - [REDACTED] of suite 11-115		
VEHICLE INFORMATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> OF YEAR MAKE MODEL BODY TYPE COLOR VIN		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE REGISTERED OWNER R/A ADDRESS		
SUSPECT(S)/ ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX WT HT HAIR EYE AGE DOB	ADDRESS 1 PHONE 1
OCCUPATION DL	RACE SEX HT WT HT HAIR EYE AGE DOB STATE INJURIES	ADDRESS 2 PHONE 2
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AKA'S ARRESTEE DISPOSITION	RELEASE LOCATION ARREST DATE/TIME
DL STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # 33#
CHARGES		
CODE OF		
NAME - LAST, FIRST, MIDDLE, SUFFIX WT HT HAIR EYE AGE DOB	ADDRESS 1 PHONE 1	
OCCUPATION DL	RACE SEX HT WT HT HAIR EYE AGE DOB STATE INJURIES	
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AKA'S ARRESTEE DISPOSITION	
DL STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CITATION # 33#		
CHARGES		
ADMINISTRATION		
NOT/WHO DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT. <input type="checkbox"/> OCT. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAMP <input type="checkbox"/> OTHER
BY OFFICER L. Sivrais 000038582	DATE/TIME 01/26/14 23:57	APPROVED BY Jacob Johnson 000025575
OFFICER	ASSIGNED TO	DATE APPROVED 01/27/14 CASE STATUS Closed

CR-1 Sivrais/038582 Entered by: Lynn Sivrais

APDC (Rev. 08/16/16) Print Date: 10/09/2018

VEN 292

2601

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1401V-5339 PAGE 1 OF 1
Case MO		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 01/26/14 00:28 Sunday TO 01/28/14 01:35 Sunday		DATE AND TIME REPORTED 01/26/14 00:28
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case No weapon involved <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken No Video Available Wet Surface	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPIES TO: <input type="checkbox"/> MAIL <input type="checkbox"/> INFO <input type="checkbox"/> QA <input type="checkbox"/> COURT <input type="checkbox"/> PREPARATION <input type="checkbox"/> WMAH <input type="checkbox"/> OTHER
BY OFFICER L. Sivra 000038582	ENTRY TIME 01/26/2014 23:37	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 01/27/14 CASE STATUS Closed

CR-1 Sivra/038582 Entered by: Lynn Sivras

APDC (Rev. 05/16/06) Print Date 1/30/2018

VEN 293

2602

ARTIST: <input type="checkbox"/> CRIME: <input type="checkbox"/> NON-CRIMINAL: <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 140TV-5339 PAGE 1 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 01/26/14 00:28 Sunday TO 01/26/14 01:35 Sunday					
DATE AND TIME REPORTED 01/26/14 00:28					
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION BEAT			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Klaver, Connie	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING Front Desk Manager					
CODE GU	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION <table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Clear </td> <td style="vertical-align: top;"> Demeanor Calm Polite Eyes Clear Glasses Unknown Type Hair Length Short Hair Style Straight Medical Supplies Soft Roller Bandage Cold Packs Order of Intoxicants None Patient Assessment Patient is Alert; Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions Tenderness Swelling </td> <td style="vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Clear	Demeanor Calm Polite Eyes Clear Glasses Unknown Type Hair Length Short Hair Style Straight Medical Supplies Soft Roller Bandage Cold Packs Order of Intoxicants None Patient Assessment Patient is Alert; Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions Tenderness Swelling	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Clear	Demeanor Calm Polite Eyes Clear Glasses Unknown Type Hair Length Short Hair Style Straight Medical Supplies Soft Roller Bandage Cold Packs Order of Intoxicants None Patient Assessment Patient is Alert; Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions Tenderness Swelling	Speech Normal			
CLOTHING					
ADMINISTRATION					
BY OFFICER L. Sivrals 000038582	DATE/TIME 01/26/14 23:57	APPROVED BY Jacob Johnson 000025575			
OFFICER	(Print Name)	DATE APPROVED 01/27/14			
CASE STATUS Closed					

CR-1 Sivrals038582 Entered by: Lynn Sivrals

APDC (Rev 01/22/13) Print Date: 10/09/2018

VEN 294

2603

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1401V-5339
Person Profile		PAGE 2 OF 2
CPFR0000 PHI - T/M Protected Health Information		
OFFENSE(S) count		
DATE, TIME AND DAY OF OCCURRENCE 01/26/14 00:28 Sunday		DATE AND TIME REPORTED 01/26/14 00:28
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
SEAT		
SECTION		
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE TM	NAME - LAST, FIRST, MIDDLE SUFFIX 1 or 1 Barrett, Joe	DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
ADMINISTRATION		
REPORTED BY L. Sivras 000038582	DATE OF REPORT 01/26/14 23:57	APPROVED BY Jacob Johnson 000025575
OFFICER	REPORTED TO	DATE APPROVED 01/27/14
		CASE STATUS Closed

CR-1 Sivras038582 Entered by: Lynn Sivras

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 295

2604

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1401V-5339
Narrative Report		Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE AND TIME OF OCCURRENCE 01/26/14 00:28 Sunday TO 01/26/14 01:35 Sunday		DATE AND TIME REPORTED 01/26/14 00:28
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
DEPT.		
SECTION		
NARRATIVE		
<p>On 01-26-2014 at 0028 hours, I was dispatched to the casino floor by guest elevators for a slip and fall.</p> <p>Upon my arrival I met with guest of suite 11-115 [REDACTED] [REDACTED] stated that she was walking on the marble and there was water on the floor and she slipped and fell in the water.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume, and had a palpable pulse at the left dorsal site. [REDACTED] was complaining of left ankle pain to left ankle which presented with contusions and swelling. [REDACTED] had no deformities, crepitation, abrasions, penetration, punctures, burns, tenderness, lacerations to the left ankle.</p> <p>Initial vital signs are as follows: pulse - 68 beats/minute, strong and regular at the left dorsal site; respirations - 24 breaths/minute, full and effective, pupils are equal and reactive to light; skins - pink, normal, warm.</p> <p>[REDACTED] departed property in taxi to Freemont medical center.</p> <p>Front Desk manager Klaver, Connie TM# 26018 was notified of this incident</p> <p>Risk Management was notified of this incident.</p> <p>Accident scene check was done by engineer Barrett, Joe TM# 34759 to find there was no defects in the artea. I found at my arrival that there was water that was spilled on the floor and PAD was on scene cleaning waiting to clean it up.</p> <p>Attached Items Accident Report Medical Authorization Acknowledgement Form Accident Scene Check Billing Folio</p>		
ADMINISTRATION		
BY OFFICER L. Sivrnia 000036582	DATE/TIME 01/26/2014 23:57	APPROVED BY Jacob Johnson 000025575
OFFICER	DISPATCHER	REQUESTED TO
CASE STATUS Closed		CASE NUMBER

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1401V-5339
Narrative Report		Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 01/26/14 00:28 Sunday TO 01/28/14 01:35 Sunday		DATE AND TIME REPORTED 01/26/14 00:28
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION BEAT SPT (ILP)
NARRATIVE Photograph (Body [REDACTED]) Photograph (Left Ankle) Photograph (Area) Photograph (Close up of area) Photograph (Close Up of area) Photograph (Area)		
ADMINISTRATION		
BY OFFICER L. Sivra 000038582	DATE/TIME 01/26/2014 23:57	APPROVED BY Jacob Johnson 000025575
OFFICER	SPT/SHIFT	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1405V-0423 PAGE 1																																																												
OFFENSE(S) OFFENSE(S) CONT. PHI - T/M Protected Health Information																																																														
DATE, TIME AND DAY OF OCCURRENCE DATE AND TIME REPORTED MORE CHARGES ESTIMATED LOSS VALUE 05/02/14 18:42 Friday 05/02/14 17:07 Friday YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ 0.00 LOCATION OF OCCURRENCE LOCATION NAME TYPE OF LOCATION SEAT SECTOR 1 Grand Hall, Las Vegas 1 																																																														
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">1 OF 1</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX Arguello, Manny</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:30%;">PHONE 1</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>SSN</td> <td>INJURIES</td> <td>ADDRESS 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">1 OF 2</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]</td> <td style="width:20%;">HOME</td> <td style="width:30%;">PHONE</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>SSN</td> <td>INJURIES</td> <td>ADDRESS 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">2 OF 2</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:30%;">PHONE 1</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>SSN</td> <td>INJURIES</td> <td>ADDRESS 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> </table>			CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Arguello, Manny	ADDRESS 1	PHONE 1	OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2	DL	STATE	SSN	INJURIES	ADDRESS 3					PHONE 3	CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME	PHONE	OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2	DL	STATE	SSN	INJURIES	ADDRESS 3					PHONE 3	CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1	PHONE 1	OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2	DL	STATE	SSN	INJURIES	ADDRESS 3					PHONE 3
CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Arguello, Manny	ADDRESS 1	PHONE 1																																																										
OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																										
DL	STATE	SSN	INJURIES	ADDRESS 3																																																										
				PHONE 3																																																										
CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME	PHONE																																																										
OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																										
DL	STATE	SSN	INJURIES	ADDRESS 3																																																										
				PHONE 3																																																										
CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1	PHONE 1																																																										
OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																										
DL	STATE	SSN	INJURIES	ADDRESS 3																																																										
				PHONE 3																																																										
CASE SUMMARY / VEHICLE INFORMATION																																																														
SUMMARY Protected Health Information Registered Guest [REDACTED] Suite #30-125																																																														
VEHICLE USED IN CRIME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OF <input type="checkbox"/> LICENSE NO. AND STATE <input type="checkbox"/> YEAR MAKE MODEL BODY TYPE COLOR VIN <input type="checkbox"/> MORE VEHICLES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																																														
POWERPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CLARAGE, MAKE AND P-358H REGISTERED OWNER R/O ADDRESS																																																														
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">OF</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:30%;">PHONE 1</td> </tr> <tr> <td colspan="2">RACE SEX HT WT HAIR EYE AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">SCARS / MARKS / TATTOOS</td> <td>ARREST DISPOSITION</td> <td>RELEASE LOCATION</td> <td>ARREST DATE / TIME</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>BOOKING #</td> <td>WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">OF</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:30%;">PHONE 1</td> </tr> <tr> <td colspan="2">RACE SEX HT WT HAIR EYE AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">SCARS / MARKS / TATTOOS</td> <td>ARREST DISPOSITION</td> <td>RELEASE LOCATION</td> <td>ARREST DATE / TIME</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>BOOKING #</td> <td>WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> </table>			CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	RACE SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2		OCCUPATION		INJURIES	ADDRESS 3	PHONE 3	SCARS / MARKS / TATTOOS		ARREST DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME	DL	STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CHARGES					CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	RACE SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2		OCCUPATION		INJURIES	ADDRESS 3	PHONE 3	SCARS / MARKS / TATTOOS		ARREST DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME	DL	STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CHARGES				
CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																																										
RACE SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2																																																											
OCCUPATION		INJURIES	ADDRESS 3	PHONE 3																																																										
SCARS / MARKS / TATTOOS		ARREST DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME																																																										
DL	STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>																																																										
CHARGES																																																														
CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																																										
RACE SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2																																																											
OCCUPATION		INJURIES	ADDRESS 3	PHONE 3																																																										
SCARS / MARKS / TATTOOS		ARREST DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME																																																										
DL	STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>																																																										
CHARGES																																																														
ADMINISTRATION																																																														
NOT IN DEGREE PROSECUTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>																																																														
COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WRAP <input type="checkbox"/> OTHER:																																																														
BY OFFICER R. Marquez 000016346 DATE/TIME 05/02/14 17:29 APPROVED BY 05/02/14 OFFICER 000016346 UNIT/SHIFT 17:29 ASSIGNED TO CASE STATUS Closed																																																														

CR-1 Marqu:016346 Entered by: Roberto Marquez

APPC (Rev. 08/16/16) Print Date: 05/23/2017

VEN 298

2607

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1405V-0423 PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 05/02/14 16:42 Friday TO 05/02/14 17:07 Friday		DATE AND TIME REPORTED 05/02/14 16:42
LOCATION OF OCCURRENCE 1 Grand Hall, Las Vegas	LOCATION NAME	TYPE OF LOCATION 1
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) CONT'D
PERSONS <small>Codes: V = Victim, W = Witness, C = Complainant, P = Parent, G = Guardian, R = Party, O = Other</small>		
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Boyko, David	ADDRESS 1 PHONE 1
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SSN	INJURIES	ADDRESS 3 PHONE 3
ADMINISTRATION		
NY OFFICER R. Marquez 000016344	DATE/TIME 05/02/14 17:28	APPROVED BY DATE APPROVED 05/02/14
OFFICER	ASSIGNED TO	CASE STATUS Closed

APDC (Rev. 02/13/14) Print Date: 05/23/2017

VEN 299

2608

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1405V-0423
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S); cont'd
DATE, TIME AND DAY OF OCCURENCE 05/02/14 18:42 Friday TO 05/02/14 17:07 Friday		DATE AND TIME REPORTED 05/02/14 18:42
LOCATION OF OCCURENCE 1 Grand Hall, Las Vegas	LOCATION NAME	TYPE OF LOCATION
		BEAT 1
MO DATA		
<u>Incident Information</u> Area Checked Associate Medical No Prosecution Desired Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Wet Surface	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VIKAP <input type="checkbox"/> OPI/IR	
BY OFFICER R. Marquez 000016346	DATE/TIME 05/02/2014 17:29	APPROVED BY
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/02/14
		CASE STATUS Closed

CR-1 Marqu/016346 Entered by: Roberto Marquez

APLDC (Rev. 06/16/06) Print Date: 05/23/2017

VEN 300

2609

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1405V-0423 PAGE 1 OF 2
OFFENSE(S): PHI - TMI Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 05/02/14 16:42 Friday to 05/02/14 17:07 Friday		DATE AND TIME REPORTED 05/02/14 16:42
LOCATION OF OCCURRENCE 1 Grand Hall, Las Vegas	LOCATION NAME	TYPE OF LOCATION 1
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Amenity D = Detainee C = Complainant R = Party Q = Other</small>		
CODE MM	NAME - LAST, FIRST, MIDDLE, SUFFIX Arguello, Manny	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CODE GU	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
PHYSICAL INFORMATION:		
Build Medium Complexion Clear Demeanor Calm Polite Eyes Normal Glasses None Hair Length Shoulder length	Hair Style Wavy Medical Supplies Cold Packs Disposable Masks Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness	Speech Normal
CLOTHING:		
ADMINISTRATION		
BY OFFICER R. Marquez 000016346	DATE/TIME 05/02/14 17:29	APPROVED BY
OFFICER	APPROVED BY	DATE APPROVED 05/02/14
ASSIGNED TO		CASE STATUS Closed

CR-1 Marqu/016346 Entered by: Roberto Marquez

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 301

2610

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1405V-0423
Person Profile		PAGE 2 OF 2
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 05/02/14 16:42 Friday TO 05/02/14 17:07 Friday		DATE AND TIME REPORTED 05/02/14 16:42
LOCATION OF OCCURRENCE 1 Grand Hall, Las Vegas	LOCATION NAME	TYPE OF LOCATION 1
PERSONS		
Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party Q = Other		
CODE GU	2 OF 2	NAME - LAST, FIRST AND/OR SURNAME <div style="background-color: black; width: 100px; height: 1em;"></div>
DOB <div style="background-color: black; width: 100px; height: 1em;"></div>		
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
PHI INFORMATION		
Build Heavy	Facial Hair Goatee	Odor of Intoxicants None
Complexion Clear	Facial Hair Color Brown	Speech Normal
Demeanor Calm Polite	Glasses None	
Eyes Normal	Hair Length Short	
	Hair Style Straight	
CLOTHING		
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
ADMINISTRATION		
BY OFFICER R. Marquez 000016346	DATE/TIME 05/02/14 17:29	APPROVED BY
OFFICER	UNIT/AREA	ASSIGNED TO
		DATE APPROVED 05/02/14
		CASE STATUS Closed

CR-I Marqu016346 Entered by: Roberto Marquez

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 302

2611

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1405V-0423 Page 1 of 1
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 05/02/14 16:42 Friday TO 05/02/14 17:07 Friday		DATE AND TIME REPORTED 05/02/14 16:42
LOCATION OF OCCURRENCE 1 Grand Hall, Las Vegas	LOCATION NAME	TYPE OF LOCATION 1
BEAT 1		
SECTOR		
NARRATIVE <p>On May 2, 2014 at approximately 4:42 pm, I was dispatched to the Venetian Front Desk area for a guest who had slipped and fell. Upon my arrival, I met with Registered Guest [REDACTED] who was seated in a stool in the Grand Hall. [REDACTED] stated that she had slipped and fell due to a liquid on the marble flooring of the hall. [REDACTED] stated that she fell forwards onto both of her knees, injuring her right knee. [REDACTED] was concerned due to her having a knee replacement of said knee in the recent past. As I assessed the injured area, [REDACTED] complained of mild tenderness to the area with no further signs of trauma present. [REDACTED] was able to place weight onto the extremity while standing; and full sensation, circulation, and movement were present distal to the injured area.</p> <p>[REDACTED] was offered a cold pack to place over the injury area, to which she accepted. I then offered [REDACTED] the opportunity to fill out an Accident Report regarding the incident, to which she complied. I then provided [REDACTED] with all of the appropriate forms to fill out. Upon completion of all of the appropriate forms, [REDACTED] departed the area with no further interaction. An Accident Scene Check was performed with the assistance of Facilities Team Member Boyko, David TM#1833; to which no defects were noted to the area. [REDACTED] did state that the liquid on the flooring was cleaned by P.A.D. prior to my arrival.</p> <p>Photographs of the area of the incident, [REDACTED] injury area on her knee, and the shoes that she was wearing at the time of the incident were all obtained and attached along with this report. Video coverage of the incident is available and on file with Surveillance. All of the appropriate forms have been attached along with this report. Hotel Manager Arguello, Manny TM#15669; Security Management; and Claims Unit were all notified of the incident.</p>		
ADMINISTRATION		
BY OFFICER R. Marquez 000016346	DATE/TIME 05/02/2014 17:29	APPROVED BY
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/02/14
		CASE STATUS Closed

Medical Authorization - Security

PLEASE READ CAREFULLY AND SIGN BELOW

This Medical Authorization (Authorization) is executed by the commandant General (collectively "Guest") in favor of The Venetian Casino Resort LLC (the CASINO) and its subsidiaries (collectively "The Venetian Casino Resort LLC") and its subsidiaries (collectively "The Venetian Casino Resort LLC") and its subsidiaries (collectively "The Venetian Casino Resort LLC") and its subsidiaries (collectively "The Venetian Casino Resort LLC").

1) Guest authorizes his/her medical records to provide the Hotel, solely or in whole as they request all information regarding Guest's condition, including history, findings, tests, diagnosis and prognosis as to substance or future development and to photocopy such records as the Hotel may require.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including X-rays, myelograms, and CT scans for independent examination, provided that same are provided to the Guest within sixty (60) days from the date of their release. It is further agreed that a photocopy of a copy of this authorization is to have the same force and effect as the original.

3) Guest agrees to have his/her read and understands the contents of this authorization and has signed and agrees to the terms and conditions contained herein.

Print Name:

Signature:

Guest's Date:

Today's Date:

80-125
3/3/13

Doc ref: 1405V-0423

Name: 1405V-0423.Med Auth.1.jpg

Photo Date/Time:

Case/Booking #:

VEN 304

2613

THE VENETIAN PALAZZO Incident Report Number 1405V-0423

Accident Scene Check - Security

Please type or print clearly

Event Name: [REDACTED]

Security Officer: [REDACTED]

Date: 5-2-14 Time: 4:55pm Case Number: 90-125

Did you find anything suspicious? None at the time of my inspection. Video on mobile was checked prior to my arrival by P.D.

Actions Taken: Met Front Facilities

Lighting: Sufficient? Yes

Check Diagram? ☒ Yes ☐ No

Checked by Security Officer Name: Robert Plazano ID: 16386

Engineer: Joe Date: 5-2-14 Signature: [Signature]

Officer Name/Officer in Charge: Det. Daniels 1405V-0423

Actions Taken: None

Checked by Engineer Name: Det. Daniels ID: 1833

Name: 1405V-0423.Acc. Scene Chk.1.jpg

Photo Date/Time:

Case/Booking #:

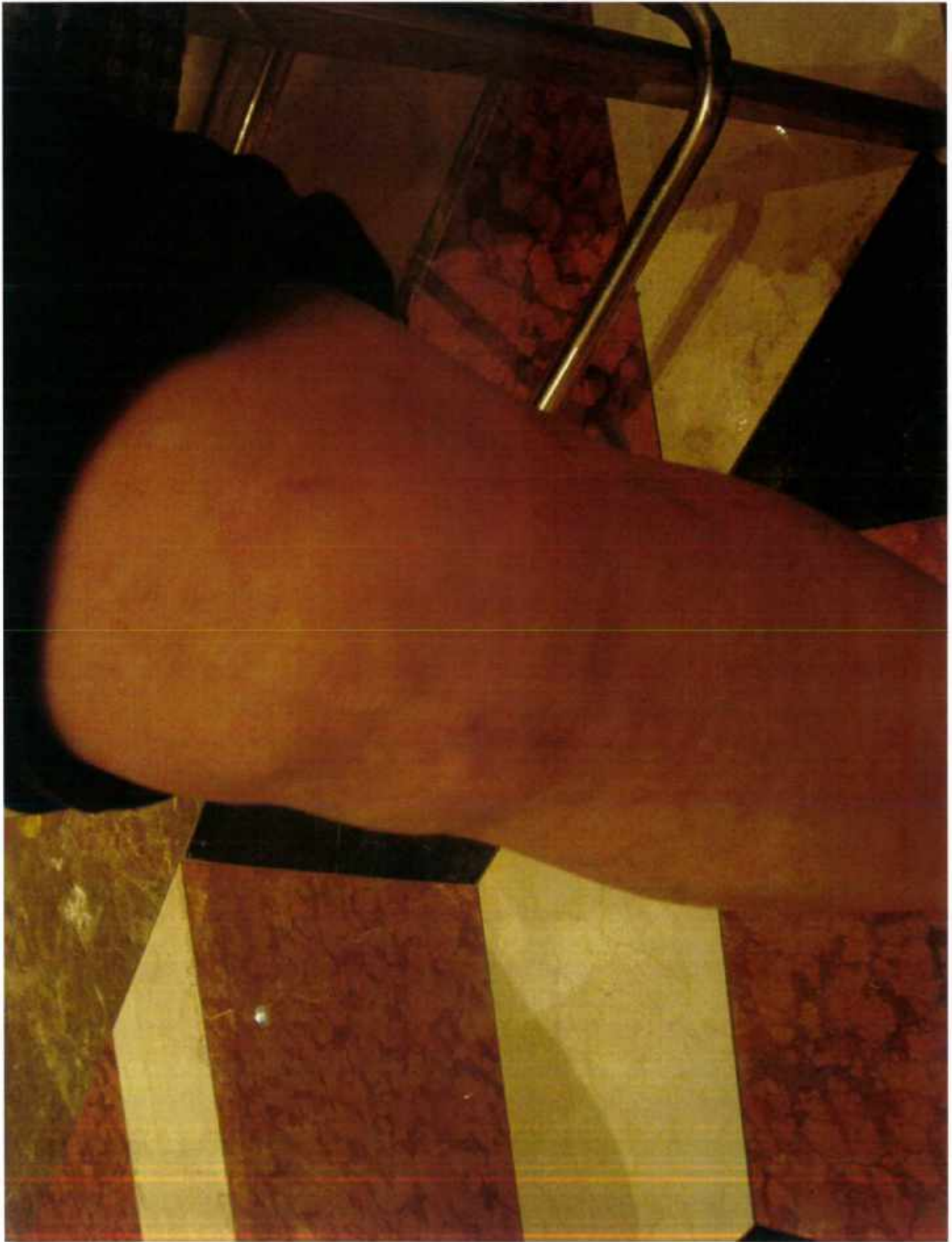
VEN 305

2614



VEN 306

2615



VEN 307

2616



VEN 308

2617

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1405V-0687 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 15:36 Saturday TO 05/03/14 15:57 Saturday		
DATE AND TIME REPORTED 05/03/14 15:36		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION OF OCCURRENCE 1 Grand Hall		
LOCATION NAME 1 Grand Hall		
TYPE OF LOCATION 1		
BEAT 1		
SECTOR 1		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE R 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL STATE INJURIES		
CODE SO 1 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Harris, Thomas		
OCCUPATION Security Officer		
DL STATE INJURIES		
CODE SO 2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Rescigno, Gary		
OCCUPATION Security/EMT		
DL STATE INJURIES		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected health information. Non-guest [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE (IND. AND STATE) [REDACTED]		
YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED]		
MORE YES NO <input checked="" type="checkbox"/>		
FROM REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
REGISTERED OWNER [REDACTED]		
R/O ADDRESS [REDACTED]		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OP NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL STATE INJURIES		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE/TIME [REDACTED]		
DL STATE INJURIES		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATION # [REDACTED]		
CHARGES [REDACTED]		
CODE OP NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL STATE INJURIES		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE/TIME [REDACTED]		
DL STATE INJURIES		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATION # [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM DECLINED PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> TEL <input type="checkbox"/> ISA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER		
BY OFFICER T. McPate 000033912		
DATE/TIME 05/04/14 13:35		
APPROVED BY George Valley 000013454		
DATE APPROVED 05/04/14		
CASE STATUS Closed		

CR-1 McPate0033912 Entered by: Tyler McPate

APDC (Rev. 08/10/16) Print Date: 05/23/2017

VEN 309

2618

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1405V-0687 PAGE 1 OF 1
OFFENSE(S) PH - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 15:36 Saturday TO 05/03/14 15:57 Saturday		DATE AND TIME REPORTED 05/03/14 15:36
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION BEAT 1 SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX Sanfilippo, Derek	ADDRESS 1 PHONE 1
OCCUPATION Facilities	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
CL STATE SSN	INJURIES	ADDRESS 3 PHONE 3
ADMINISTRATION		
BY OFFICER T. McFate 000033812	DATETIME 05/04/14 13:35	APPROVED BY George Valley 000013454
OFFICER	UNIT/NUMBER	DATE APPROVED 05/04/14 CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 05/23/2017

VEN 310

2619

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Case MO	CASE # 1405V-0887 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 15:36 Saturday TO 05/03/14 15:57 Saturday		DATE AND TIME REPORTED 05/03/14 15:36
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION
		BEAT 1 SECTION
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Non-Guest Slip & Fall Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security State (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery	<u>Weather Conditions</u> Clear Cool
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> CLERK <input type="checkbox"/> PROBATION <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER	
BY OFFICER T. McFate 000033912	DATE/TIME 05/04/2014 13:35	APPROVED BY George Valley 000013454
OFFICER	UNIT/SHIFT	DATE APPROVED 05/04/14
		CASE STATUS Closed

CR-1 McFate/033912 Entered by: Tyler McFate

APDC (Rev. 06/16/06) Print Date: 05/23/2017

VEN 311

2620

Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1405V-0687	
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Page 1 of 2	
Narrative Report			
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) (By name)	
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 15:36 Saturday		DATE AND TIME REPORTED 05/03/14 15:36	
LOCATION OF OCCURRENCE 1 Grand Hall	OCCASION NAME	TYPE OF INCIDENT	SECTOR 1
NARRATIVE			
<p>On 5-3-2014 at 1536 hours, EMT/Rescigno and I were dispatched to the Grand Hall for a report of a guest slip and fall. Security Officer Harris, Thomas #24006 working at the Charlie 11 Post was the reporting party, however he did not witness a slip and fall.</p> <p>Rescigno and I responded to the Grand Hall area and made contact with three females. One female, later identified as [REDACTED] reported to have slipped and fallen due to a wet spill on the floor. [REDACTED] was standing and ambulatory. [REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately. Rescigno and I assisted [REDACTED] to a wheelchair. [REDACTED] complained of sharp right knee pain just below the patella. [REDACTED] rated the pain at a 6 out of 10 and the knee throbbed occasionally.</p> <p>[REDACTED] presented with redness on her knee and no crepitation or swelling was found. [REDACTED] experienced no difficulty during flexion and extension of the right knee and she did not have a decrease in range of motion. [REDACTED] reported she slipped in a wet area on the floor, fell forwards towards the ground landing on her right knee. [REDACTED] denied head, neck and/or back pain.</p> <p>[REDACTED] reported a medical history of diabetes and diabetic nerve pain in her feet. [REDACTED] normally feels tingling in her feet often prior to the accident. I applied an ice pack to the [REDACTED] right knee. Rescigno obtained photographs of the accident scene and [REDACTED]. I applied a Co-flex wrap to the right knee and continued to apply the ice pack. [REDACTED] complained of tingling and numbness in her right phalanx, however she stated it was normal for her toe to be numb and tingling. [REDACTED] declined further medical attention, however she was advised of the ways to seek further medical attention. [REDACTED] and her two friends were non-guests of the hotel. [REDACTED] completed a medical release and medical authorization.</p> <p>Facilities Engineer Santillan, Derek #14357 and Rescigno performed an accident scene check of the accident area. Rescigno reportedly observed a small amount of fluid on the floor as shown in Photographs 4. PAD arrived and cleaned the area. Santillan found no defects. [REDACTED] was provided with the contact information for Claims Unit and the incident report number. Rescigno and I escorted [REDACTED] and her two friends to Main Valet where they</p>			
ADMINISTRATION			
BY OFFICER T. McFate 000033912	DATE/TIME 05/04/2014 13:35	APPROVED BY George Valley 000013454	DATE APPROVED 05/04/14
OFFICER	INCIDENT	ASSIGNED TO	CASE STATUS Closed

Aerial <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1405V-0687 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 15:36 Saturday to 05/03/14 15:57 Saturday		DATE AND TIME REPORTED 05/03/14 15:36
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION 1
BEAT 1		
BECTOR		
NARRATIVE <p>departed property via taxi.</p> <p>Surveillance reported of positive video coverage of [REDACTED] slip and fall under report number V05-14-009. Surveillance reported [REDACTED] to slip and fall in the Grand Hall. Surveillance reported seeing [REDACTED] get up and walk around slowly and occasionally point at the ground in the area she fell.</p> <p>Claims Unit was notified.</p> <p>Attached: Medical Release 1 [REDACTED] Medical Authorization 1 [REDACTED] Accident Scene Check 1 Photographs 1 to 4 (area of accident) Photographs 5 to 7 [REDACTED]</p>		
ADMINISTRATION		
BY OFFICER T. McFate 000033912	DATE/TIME 05/04/2014 13:35	APPROVED BY George Valley 000013454
OFFICER	DISPATCH	ASSIGNED TO
CASE STATUS Closed		DATE APPROVED 05/04/14

Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1:50 Date: 5-3-14 Guest Suite #: Now-Guest

Defects Noted (Explain in detail): Drugs at a table in Floor
in Grand Hall

Actions Taken: P.A.D. cleaned up. First-Aid given.

Lighting Normal? (If no, explain): Yes.

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Rosignoli Gary TM #: 34137

Engineer

Time: 3:58 PM Date: 5/3/14 Guest Suite #:

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Derek Santillan TM #: 14337



Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.

1405V 0687

This Medical Authorization ("Authorization") is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC dba The Venetian/The Palazzo ("Hotel") a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their directors, officers, employees, agents, and representatives (collectively "The Venetian Resort-Hotel-Casino and The Palazzo Resort-Hotel-Casino").

1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including MRIs, myelograms, and x-rays for independent examination, providing that same are returned to the Guest within thirty (30) days from the date of their release. It is further agreed that a photocopy of facsimile of this authorization is to have the same force and effect as the original.

3) Guest certifies that he/she has read and understands the contents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name:

Signature:

Guest's Suite #

Today's Date:

5/3/14

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

Pos. Coverage: SURV

- ☒ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.
- ☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): _____
 Signature: _____
 Address: _____
 Date of Birth: _____ Social Security #: _____
 Phone: _____
 Witness: _____
 Date: 5-3-14 Time: 15:50
 Refused to Sign: _____
 Venetian/Palazzo EMT: _____ ID#: 34127

Age: _____ Gender: M () F () Chief Complaint: () CP () SOB () Abd Pain () Nausea () Vomiting () Diarrhea () Weakness () Dizziness () Headache () Blurred vision Pain Scale: 6 out of 10 A/O x 4 Trauma: _____	Medical Hx: 1. DIABETIC HYPERGLYCEMIA 2. DIABETES 3. _____ 4. _____ 5. _____ 6. _____ 7. _____	Notes: See Report # 1405-14-009 _____ _____ _____ _____ _____ _____ _____
Treatment: () Advice only () Vital signs taken () Oxygen: _____ LPM via _____ () Other: _____ IPE / COMBAT WARD	Medications: 1. GLUCAGON 1mg 2. _____ mg 3. _____ mg 4. _____ mg 5. _____ mg 6. _____ mg 7. _____ mg 8. _____ mg Medication(s) taken today: Y/N	Vital Signs: Temp: _____ F 1 2 3 B/P: 1 1 1 Pulse: _____ Resp: _____ Pupils: () PERRL () Unequal () Equal () Nonreactive Lungs: () Clear () Wheezing () Rales () Rhonchi Skin: () Pink () Warm () Dry () Flushed () Cyanotic () Jaundiced () Ashen
Dispatched: _____ hours CCED: Res/Eng _____ Arrival _____ MediWest / AMR: _____ Arrival _____	Alerts: () NKDA 1. _____ 2. _____ 3. _____ 4. _____	Transport: Hospital via: () None () Self Transport () MediWest / AMR () _____ Cab # _____



VEN 317

2626



VEN 318

2627



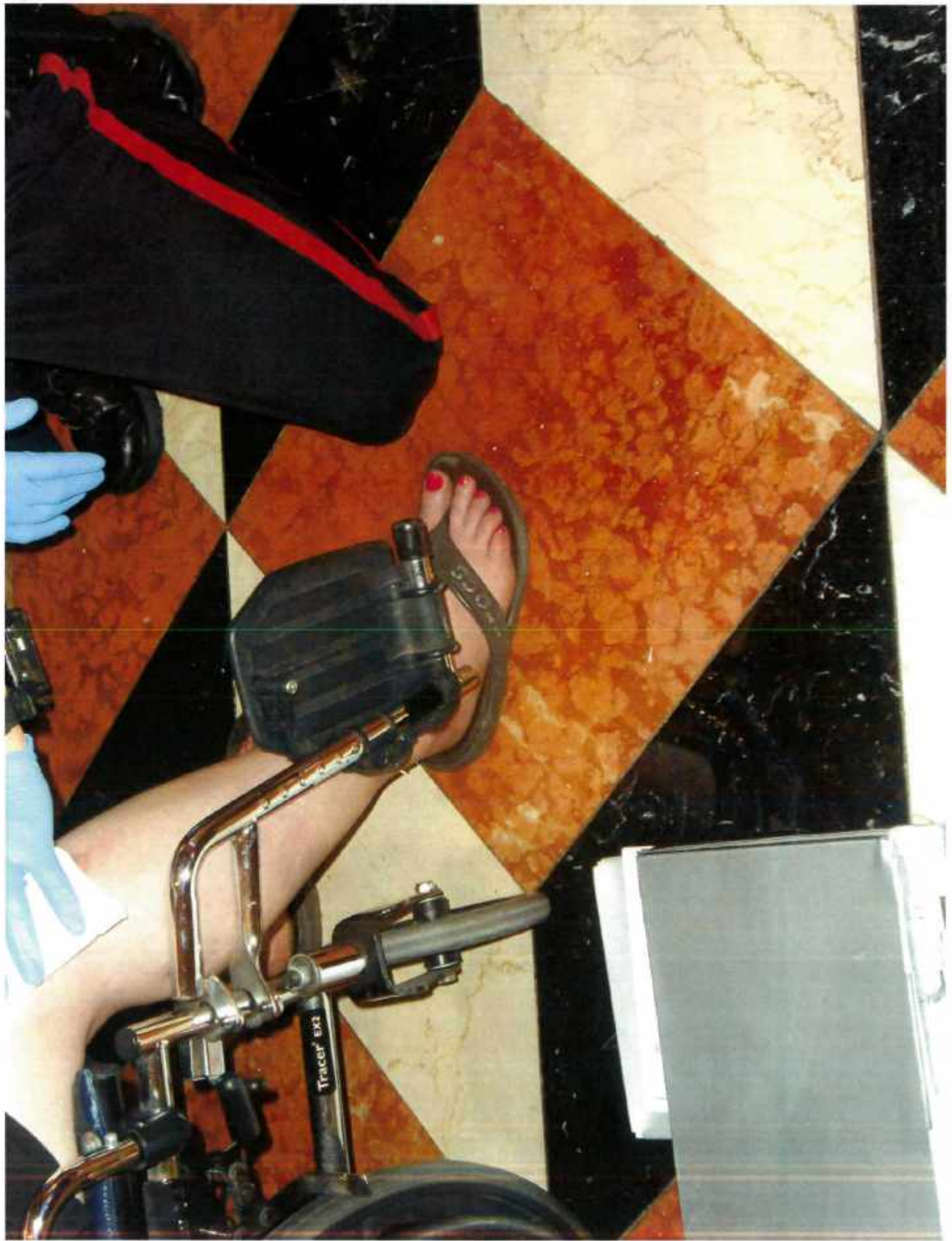
VEN 319

2628



VEN 320

2629



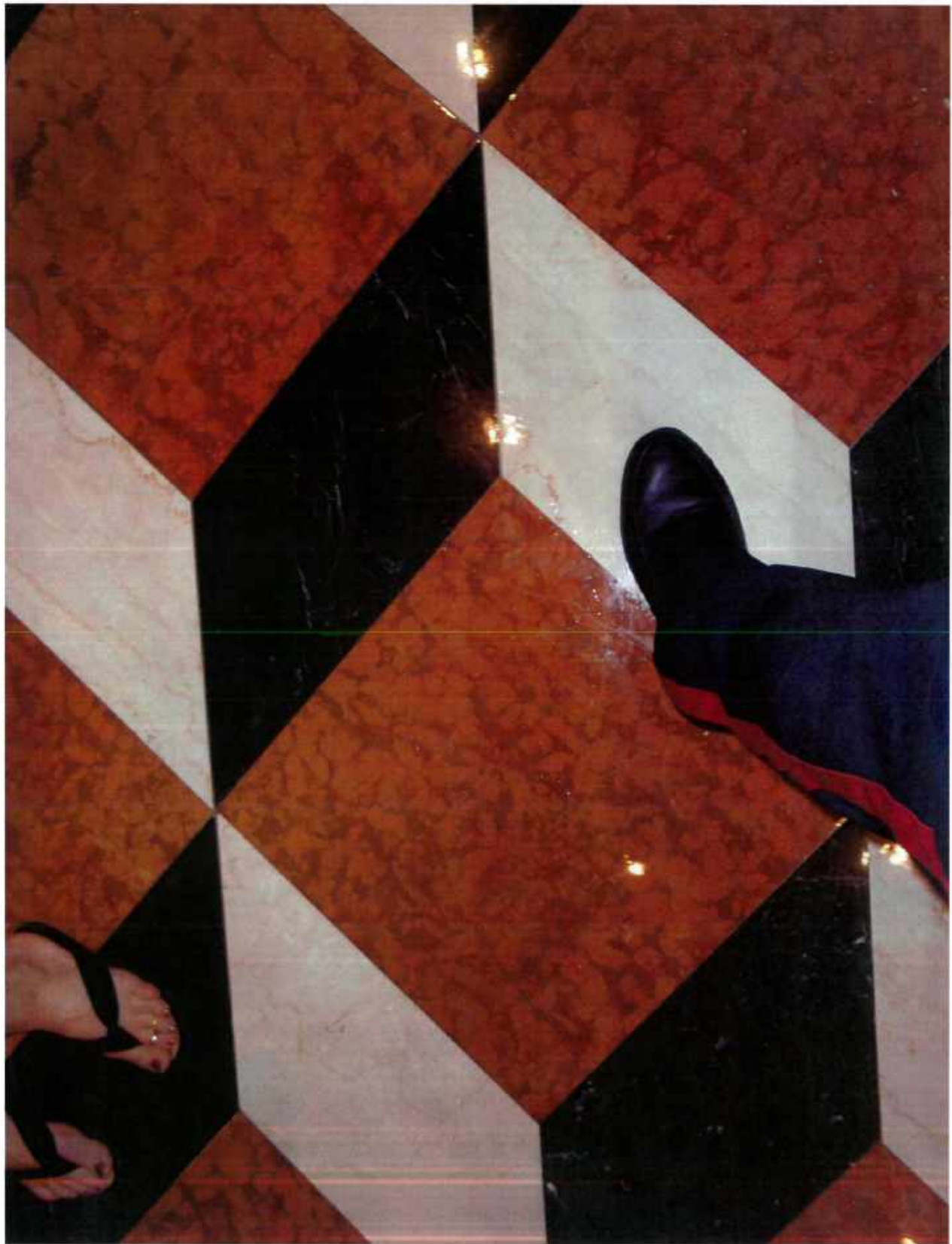
VEN 321

2630



VEN 322

2631



VEN 323

2632

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1405V-0704 PAGE 1 OF 1			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 18:47 Saturday					
LOCATION OF OCCURRENCE 1 Lobby 1					
PERSONS Codes: V = Victim W = Witness S = Suspect A = Amalgam D = Detainee C = Complainant R = Party O = Other					
CODE: C 1 OF 1 NAME (LAST, FIRST, MIDDLE, SUFFIX) [REDACTED] DOB [REDACTED]					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Baseline Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Build Medium Thin Complexion Clear Tanned </td> <td style="width:33%; vertical-align: top;"> Demeanor Calm Angry Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Straight Odor of Intoxicants Mild </td> <td style="width:33%; vertical-align: top;"> Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal </td> </tr> </table>			Baseline Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Build Medium Thin Complexion Clear Tanned	Demeanor Calm Angry Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Straight Odor of Intoxicants Mild	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal
Baseline Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Build Medium Thin Complexion Clear Tanned	Demeanor Calm Angry Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Straight Odor of Intoxicants Mild	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal			
CLOTHING					
CODE: MN 1 OF 1 NAME (LAST, FIRST, MIDDLE, SUFFIX) Daniels, Christopher DOB [REDACTED]					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE: TM 1 OF 1 NAME (LAST, FIRST, MIDDLE, SUFFIX) Santillan, Derek DOB [REDACTED]					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER [REDACTED]	DATE/TIME 05/03/14 18:35	APPROVED BY Craig Montalbano 000031577			
OFFICER [REDACTED]	INCIDENT [REDACTED]	ASSIGNED TO [REDACTED]			
		DATE APPROVED 05/03/14 CASE STATUS Closed			

CR-1 Merga/038731 Entered by:

APDC (Rev. 01/22/13) Print Date: 06/03/2016

VEN 324

2633

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1405V-0704 Page 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/03/14 16:47 Saturday		
DATE AND TIME REPORTED 05/03/14 16:47		
LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION
1 Lobby 1		
NARRATIVE <p>On May 3, 2014 at approximately 1650 hours, I was dispatched to the first floor Guest Elevator Lobby for injured guest who slipped and fell. Upon arrival, I met with non-registered guest [REDACTED]. [REDACTED] was complaining she slipped and fell after exiting the mid-rise elevator due to a water spill. [REDACTED] stated she was carrying a glass cup when she fell and the glass had cause lacerations to her left leg. Upon examination, [REDACTED] had a few pieces of broken glass on her leg, but no injuries. [REDACTED] had no deformity, contusion, abrasion, puncture, or laceration. [REDACTED] refused all medical attention after she realized she had no injuries. [REDACTED] was more concerned about her cell phone. [REDACTED] stated when she fell, her brand new iPhone 5 valued at \$700 got wet and damaged the screen. It looked like water got into the screen. There was no visible crack or damage to the phone, but water got inside the screen.</p> <p>[REDACTED] was alert and oriented person, place, time, and event with a patent airway and was breathing adequately. [REDACTED] denied loss of consciousness and no head, neck, or back pain. [REDACTED] had no visible injuries and had no complaint of any injuries.</p> <p>Photos and video coverage available of the incident. Security Manager Daniels, Chris TM# 30634 was notified of the incident. Accident Scene Check was completed by Facilities Santillan, Derek TM# 14357. [REDACTED] completed the medical paperwork and is attached.</p>		
ADMINISTRATION		
BY OFFICER	DATE/TIME	APPROVED BY
	05/03/2014 18:36	Craig Montalbano 000031577
OFFICER	DATE/TIME	APPROVED BY
		DATE APPROVED
		05/03/14
		CASE STATUS
		Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1 OFFENSE(S) <input type="checkbox"/>	CASE# 1405V-5900 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/24/14 21:49 Saturday		
DATE AND TIME REPORTED 05/24/14 21:48		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION OF OCCURRENCE 1 Lobby 1		
LOCATION NAME 1 Lobby 1		
TYPE OF LOCATION 1 Lobby 1		
BEAT 1 Lobby 1		
SECTOR 1 Lobby 1		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE C 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] ADDRESS 1 [REDACTED] PHONE 1 [REDACTED]		
OCCUPATION [REDACTED] RACE H SEX F AGE 31 DOB [REDACTED] ADDRESS 2 [REDACTED] PHONE 2 [REDACTED]		
DL [REDACTED] STATE [REDACTED] INJURIES [REDACTED] ADDRESS 3 [REDACTED] PHONE 3 [REDACTED]		
CODE MN 1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Sidhu, Karan 22352 ADDRESS 1 [REDACTED] PHONE 1 [REDACTED]		
OCCUPATION Front Desk Manager RACE [REDACTED] SEX [REDACTED] AGE [REDACTED] DOB [REDACTED] ADDRESS 2 [REDACTED] PHONE 2 [REDACTED]		
DL [REDACTED] STATE [REDACTED] INJURIES [REDACTED] ADDRESS 3 [REDACTED] PHONE 3 [REDACTED]		
CODE MN 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Alfonellos, Tim ADDRESS 1 [REDACTED] PHONE 1 [REDACTED]		
OCCUPATION Security Shift Manager RACE [REDACTED] SEX [REDACTED] AGE [REDACTED] DOB [REDACTED] ADDRESS 2 [REDACTED] PHONE 2 [REDACTED]		
DL [REDACTED] STATE [REDACTED] INJURIES [REDACTED] ADDRESS 3 [REDACTED] PHONE 3 [REDACTED]		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information, Registered Guest suite 27-124 [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MAKE [REDACTED] MODEL [REDACTED] BODY TYPE [REDACTED] VIN [REDACTED] MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TO WHOM FOR [REDACTED] REGISTERED OWNER [REDACTED] R/O ADDRESS [REDACTED]		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE [REDACTED] OF [REDACTED] NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] ADDRESS 1 [REDACTED] PHONE 1 [REDACTED]		
RACE [REDACTED] SEX [REDACTED] HT [REDACTED] WT [REDACTED] HAIR [REDACTED] EYE [REDACTED] AGE [REDACTED] DOB [REDACTED] ADDRESS 2 [REDACTED] PHONE 2 [REDACTED]		
OCCUPATION [REDACTED] INJURIES [REDACTED] ADDRESS 3 [REDACTED] PHONE 3 [REDACTED]		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARMS [REDACTED] ARRESTEE DISPOSITION [REDACTED] RELEASE LOCATION [REDACTED] ARREST DATE/TIME [REDACTED]		
DL [REDACTED] STATE [REDACTED] ARRESTED [REDACTED] BOOK NO [REDACTED] WARRANT [REDACTED] CITATIONS [REDACTED] SEM [REDACTED] CIM [REDACTED]		
CHARGES [REDACTED]		
CODE [REDACTED] OF [REDACTED] NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] ADDRESS 1 [REDACTED] PHONE 1 [REDACTED]		
RACE [REDACTED] SEX [REDACTED] HT [REDACTED] WT [REDACTED] HAIR [REDACTED] EYE [REDACTED] AGE [REDACTED] DOB [REDACTED] ADDRESS 2 [REDACTED] PHONE 2 [REDACTED]		
OCCUPATION [REDACTED] INJURIES [REDACTED] ADDRESS 3 [REDACTED] PHONE 3 [REDACTED]		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARMS [REDACTED] ARRESTEE DISPOSITION [REDACTED] RELEASE LOCATION [REDACTED] ARREST DATE/TIME [REDACTED]		
DL [REDACTED] STATE [REDACTED] ARRESTED [REDACTED] BOOKING # [REDACTED] WARRANT [REDACTED] CITATIONS [REDACTED] SEM [REDACTED] CIM [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> DFL <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WARD <input type="checkbox"/> OTHER		
BY OFFICER T. Morgan 000038731 DATE/TIME 05/25/14 16:26 APPROVED BY Tim Alfonellos 000003460 DATE APPROVED 05/25/14		
OFFICER [REDACTED] ASSIGNED TO [REDACTED] CASE STATUS Closed		

CR-1 Morgan/038731 Entered by: Tim Morgan

APLC (Rev. 08/10/16) Print Date: 10/09/2018

VEN 326

2635

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1405V-5900 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 05/24/14 21:48 Saturday		DATE AND TIME RECORDED 05/24/14 21:49
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Patient G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Pemberton, Sean	
OCCUPATION Engineer	RACE SEX AGE DOB	ADDRESS 1 ADDRESS 2 ADDRESS 3
STATE CEN	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
ADMINISTRATION		
BY OFFICER T. Morgan 000038731	DATE/TIME 05/25/14 16:26	APPROVED BY Tim Alvonellos 000003460
OFFICER	UNIT/SECTION	ASSIGNED TO
		CASE STATUS Closed

APDCT (Rev. 02/18/14) Print Date 10/09/2018

VEN 327

2636

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1405V-5900
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) 00110
DATE, TIME AND DAY OF OCCURENCE 05/24/14 21:49 Saturday		DATE AND TIME REPORTED 05/24/14 21:49
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Incident Information</u> Photos Taken PH - Hotel Guest Slip & Fall Video Tape of Incident Available	<u>Security State (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET. <input type="checkbox"/> DS <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> W/M <input type="checkbox"/> OTHER
BY OFFICER T. Morgan 000038731	DATE/TIME 05/25/2014 16:26	APPROVED BY Tim Alvarado 000003460
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/25/14 CASE STATUS Closed

CR-1 Morga038731 Entered by: Tim Morgan

APPC (Rev. 06/16/06) Print Date 10/09/2018

VEN 328

2637

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1405V-5900 PAGE 1 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 05/24/14 21:49 Saturday					
DATE AND TIME REPORTED 05/24/14 21:49					
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE C	1 OF 1 NAME - LAST, FIRST, MIDDLE, INITIAL [REDACTED]	DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION <table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Build Large Heavy </td> <td style="vertical-align: top;"> Complexion Tanned Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Curly Order of Intoxicants None </td> <td style="vertical-align: top;"> Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Swelling Speech Crying Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Build Large Heavy	Complexion Tanned Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Curly Order of Intoxicants None	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Swelling Speech Crying Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Build Large Heavy	Complexion Tanned Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Long Hair Style Curly Order of Intoxicants None	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Swelling Speech Crying Normal			
CLOTHING					
CODE MN	1 OF 2 NAME - LAST, FIRST, MIDDLE, INITIAL Sidhoo, Karan 22352	DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE MN	2 OF 2 NAME - LAST, FIRST, MIDDLE, INITIAL Alvonellos, Tim	DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER T. Morgan 000038731	DATE/TIME 05/25/14 16:26	APPROVED BY Tim Alvonellos 000003460			
OFFICER	DISPATCH	ASSIGNED TO			
		CASE STATUS Closed			

CR-I Morgan/038731 Entered by: Tim Morgan

APDC (Rev. 01/22/13) Print Date: 10/03/2018

VEN 329

2638

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1405V-5900 PAGE 2 OF 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/24/14 21:49 Saturday		
DATE AND TIME REPORTED 05/24/14 21:49		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT		SECTION
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE TM	1 OF 1 Pemberton, Sean	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING <input type="checkbox"/>		
ADMINISTRATION		
BY OFFICER T. Morgan 000036731	DATE/TIME 05/25/14 16:26	APPROVED BY Tim Akonellis 000003460
OFFICER	JUDGE	CASE STATUS Closed

CR-J MORGAN/038731 Entered by: Tim Morgan

APDC: (Rev. 01/22/13) Print Date: 10/09/2018

VEN 330

2639

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1405V-5900 Page 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/24/14 21:49 Saturday		
DATE AND TIME REPORTED 05/24/14 21:49		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTION		
NARRATIVE <p>On May 24, 2014 at approximately 2149 hours, I was dispatched to the escalators by Grand Lux Caf for an injured guest during a slip and fall. Upon arrival, I met with registered guest [REDACTED] suite 27-124. [REDACTED] stated she was walking toward the guest elevator lobby area and didn't notice the wet spill and slipped and fell injuring her left knee. [REDACTED] stated she had surgery 2 months prior to her left knee and was unable to move her left leg due to the pain. [REDACTED] stated she wanted paramedics. I contacted Security Dispatch to notify paramedics.</p> <p>[REDACTED] was alert and oriented to person, place, time, and event with a patent airway and breathing adequately. [REDACTED] has a history of left knee surgery 2 months prior. [REDACTED] has swelling to the left knee with no discoloration or deformity. [REDACTED] had tenderness to the slightest touch, but had good pulse, motor, and sensory bilaterally. [REDACTED] denied hitting her head or loss of consciousness. [REDACTED] denied head, neck, or back pain.</p> <p>At 2212 Clark County Fire Department Rescue 918 and Medic West Ambulance unit 618 arrived on scene. I gave report and control of scene to paramedics. Medic West transported [REDACTED] to Sunrise Hospital for further evaluation.</p> <p>Front Desk Manager Sidhoo, Karan TM# 22352 and Security Manager Alvonellos, Tim TM# 3460 were notified.</p> <p>Accident Scene Check was conducted and found no defects.</p> <p>Photos and video coverage available of the incident and area.</p>		
ADMINISTRATION		
BY OFFICER T. Morgan 000038731	CATCHING 05/25/2014 16:26	APPROVED BY Tim Alvonellos 000003460
OFFICER	DISPATCH	DATE APPROVED 05/25/14
STATUS		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE# 1406V-6937 PAGE 1
CR-1		
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday TO 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10
LOCATION OF OCCURRENCE 1 Grand Lux Cafe		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME		ESTIMATED LOSS VALUE \$ 0.00
TYPE OF LOCATION		SEAT
SECTION		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MIN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Kluver, Connie	ADDRESS 1
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2
CL STATE	SSN	ADDRESS 3
NAME - LAST, FIRST, MIDDLE, SUFFIX Coronado, Nicholas	ADDRESS 1	PHONE 1
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2
CL STATE	SSN	ADDRESS 3
NAME - LAST, FIRST, MIDDLE, SUFFIX Florandino, Andres	ADDRESS 1	PHONE 1
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2
CL STATE	SSN	ADDRESS 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-registered Guest of Suite 3-105 slip and fall on a wet floor.		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE NO. AND STATE		
YEAR MAKE MODEL BODY TYPE COLOR VIN		
TOWREPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE		
REGISTERED OWNER		
NO ALTERNATES		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE S	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2	PHONE 2
OCCUPATION	ADDRESS 3	PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRESTEE'S POSITION	RELEASE LOCATION
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #	ARREST DATE / TIME
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #
STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING #
CHARGES	WARRANT	

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1406V-6937 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday TO 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		BEAT
ADDITIONAL OFFENSE(S) cont'd		SECTOR
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	NAME [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	HOME [REDACTED]
DL CA 722942	STATE SSN INJURIES [REDACTED]	ADDRESS 1 [REDACTED]
CODE SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Burnett, John	ADDRESS 1 [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
STATE SSN INJURIES [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 06/30/14 05:16	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIFORM	ASSIGNED TO
		DATE APPROVED 07/01/14
		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date 10/09/2018

VEN 333

2642

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1406V-6937
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday - 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No weapon involved <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Intoxicated Person No Prosecution Desired PHI - Hotel Guest Slip & Fall Video Tape of Incident Available No Video Available Wet Surface	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BY OFFICER J. Lopez 000031497 OFFICER	COMET TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> BA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMA? <input type="checkbox"/> OTHER DATE/TIME 06/30/2014 05:16 APPROVED BY Nicholas Coronado 000032415 ASSIGNED TO DATE APPROVED 07/01/14 CASE STATUS Closed	

CR-1 Lopez/031497 Entered by: Jose Lopez

APTDC (Rev. 06/16/06) Print Date: 10/09/2018

VEN 334

2643

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1406V-8937 PAGE 1 OF 1			
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) CONT.			
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday TO 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10			
LOCATION OF OCCURRENCE ↑ Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE R	NAME - LAST, FIRST, MIDDLE, SURNAME 1 OF 1	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE MM	NAME - LAST, FIRST, MIDDLE, SURNAME 1 OF 2	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE MM	NAME - LAST, FIRST, MIDDLE, SURNAME 2 OF 2	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE SO	NAME - LAST, FIRST, MIDDLE, SURNAME 1 OF 1	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE GU	NAME - LAST, FIRST, MIDDLE, SURNAME 1 OF 1	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
NO INFORMATION					
<table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Normal Pulse Rate Regular Pulse Skin Color Normal Skin Condition Normal Pupils are PEARL Build Thin Complexion Clear Light Demeanor Calm Polite </td> <td style="vertical-align: top;"> Eyes Normal Facial Hair Unknown Facial Hair Color Unknown Glasses None Hair Length Shoulder length Hair Style Straight Medical Supplies Flashlight or Penlight Cold Packs Disposable Gloves </td> <td style="vertical-align: top;"> Odor of intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Swelling Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Normal Pulse Rate Regular Pulse Skin Color Normal Skin Condition Normal Pupils are PEARL Build Thin Complexion Clear Light Demeanor Calm Polite	Eyes Normal Facial Hair Unknown Facial Hair Color Unknown Glasses None Hair Length Shoulder length Hair Style Straight Medical Supplies Flashlight or Penlight Cold Packs Disposable Gloves	Odor of intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Swelling Speech Normal
Base Line Vitals & History Normal Breathing Normal Pulse Rate Regular Pulse Skin Color Normal Skin Condition Normal Pupils are PEARL Build Thin Complexion Clear Light Demeanor Calm Polite	Eyes Normal Facial Hair Unknown Facial Hair Color Unknown Glasses None Hair Length Shoulder length Hair Style Straight Medical Supplies Flashlight or Penlight Cold Packs Disposable Gloves	Odor of intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Swelling Speech Normal			
CLOTHING					
ADMINISTRATION					
BY OFFICER J. Lopez 000031497	DATE/TIME 06/30/14 05:16	APPROVED BY Nicholas Coronado 000032415			
OFFICER	UNIT/POST	ASSIGNED TO			
		CASE STATUS Closed			

CR-1 Lopez/031497 Entered by: Jose Lopez

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 335

2644

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1406V-8937
Narrative Report		Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday TO 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	PERSON LOCATION RPT SECTOR
NARRATIVE <p>On 6/28/14 at 0210 hours, I was dispatched to the area in front of the Grand Lux Cafe restrooms for registered guest [REDACTED] of Suite 8-109 who slipped on a wet floor. Field Training Officer Burnett, John ID#37807 was already on scene. Public Area Department arrived on scene prior to my arrival and placed wet signs in the area. Upon my arrival [REDACTED] was ambulatory with no life threats.</p> <p>[REDACTED] informed me as she was walking in the area without footwear; she slipped and fell on a wet floor in front of the restroom.</p> <p>[REDACTED] denied neck and back pain. [REDACTED] denied numbness and tingling in her extremities. [REDACTED] denied pain upon palpation of his neck and spine. [REDACTED] denied pain or numbness with cervical spine range of motion. [REDACTED] denied loss of consciousness and denied hitting her head. [REDACTED] requested a wheel chair and was provided one. [REDACTED] stated "I want a wheel chair because I do not want to slip and fall on another wet floor". [REDACTED] refused medical treatment until arrival to her suite.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume, and had a palpable pulse at the right pedal site. [REDACTED] presented redness and swelling over her right tibia tuberosity. [REDACTED] had no deformities, contusions, crepitation, abrasions, penetration, punctures, burns, tenderness, or laceration to her right leg. [REDACTED] had full range of movement with her right leg and denied other trauma.</p> <p>[REDACTED] requested a wheel chair escort to her suite and requested medical treatment upon arrival to the suite. [REDACTED] requested an ice bag and was given one. [REDACTED] refused further medical treatment at this time.</p> <p>Initial vital signs are as follows: Skin-warm, pink and dry; pupils-equal and reactive to light; pulse-strong and regular taken at the right pedal sight. Due to a focused trauma assessment no other vital signs were taken.</p> <p>[REDACTED] requested the information for Risk Management and was provided it.</p>		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 06/30/2014 05:15	APPROVED BY Nicholas Coronado 000032415
OFFICER	APPROVED	DATE APPROVED 07/01/14
OFFICER	APPROVED	STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1406V-6937
Narrative Report		Page 2 of 2
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) CONTINUED
DATE, TIME AND DAY OF OCCURRENCE 06/28/14 02:10 Saturday TO 06/28/14 03:20 Saturday		DATE AND TIME REPORTED 06/28/14 02:10
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
NARRATIVE <p>Risk Management was notified via voice mail.</p> <p>An Accident Scene Check was conducted by Facilities Engineer Florentino, Andres TM#20423. Florentino annotated no defects in his report. Photographs were taken of the scene. [REDACTED] refused for photographs to be taken of her injury and person. There is positive video under surveillance file V06-14-099. The video shows [REDACTED] slipping on a wet floor and going down to her right leg.</p> <p>Front Desk Manager Kluver, Connie TM#26018 was notified.</p> <p>Attached Items: Medical Acknowledgement (under med release 3) Medical Authorization (under med release 2) Accident Scene Check (under med release 1) Guest Accident Report Photograph Photograph</p>		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 06/30/2014 05:16	APPROVED BY Nicholas Coronado 000032415
SUPERVISOR	DISPATCHER	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-1121 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/05/14 18:05 Saturday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 07/05/14 18:05		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION NAME 1 Lobby 1		
TYPE OF LOCATION BEAT		
SECTOR		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE C 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
RACE F SEX [REDACTED] AGE [REDACTED] DOB [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CODE MN 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany		
OCCUPATION Front Desk Mgr		
RACE [REDACTED] SEX [REDACTED] AGE [REDACTED] DOB [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CODE TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Pemberton, Sean		
OCCUPATION Engineer		
RACE [REDACTED] SEX [REDACTED] AGE [REDACTED] DOB [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-Pham-Tung		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE (NO AND STATE) [REDACTED]		
YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED]		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
DAMAGE NAME AND PHONE [REDACTED]		
REGISTERED OWNER [REDACTED]		
R/O ADDRESS [REDACTED]		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE S NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE/TIME [REDACTED]		
STATE [REDACTED]		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATION # [REDACTED]		
SS# [REDACTED]		
SIGN [REDACTED]		
CHARGES [REDACTED]		
CODE S NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE/TIME [REDACTED]		
STATE [REDACTED]		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATION # [REDACTED]		
SS# [REDACTED]		
SIGN [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM DEFERS PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> INT. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> INSURANCE <input type="checkbox"/> VVAP <input type="checkbox"/> OTHER		
BY OFFICER L. Sivrta 000038582		
DATE/TIME 07/05/14 22:52		
APPROVED BY Tim Alvonellos 000003450		
ASSIGNED TO [REDACTED]		
DATE APPROVED 07/05/14		
CASE STATUS Closed		

CR-1 Sivrta/038582 Entered by: Lynn Sivrta

APDC (Rev. 08/10/16) Print Date: 10/09/2018

VEN 338

2647

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-1121
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/05/14 18:05 Saturday		
DATE AND TIME REPORTED 07/05/14 18:05		
LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION
1 Lobby 1		
BEAT	SECTION	
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Note: Guest Slip & Fall Statement/s Taken Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security Status (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> UNIT <input type="checkbox"/> LIA <input type="checkbox"/> COURT <input type="checkbox"/> PRECATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER		
BY OFFICER	DATE/TIME	APPROVED BY
L. Sivrals 000038582	07/05/2014 22:52	Tim Avonellos 000003480
OFFICER	UNIT/SHIFT	ADDITIONAL TO
		DATE APPROVED
		07/05/14
		CASE STATUS
		Closed

CR-1 Sivrals038582 Entered by: Lynn Sivrals

APDC (Rev. 06/16/06) Print Date 10/09/2018

VEN 339

2648

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-1121 PAGE 1 OF 1			
OFFENSE(S) PHI - T/M Protected Health Information					
OFFENSE(S) cont'd					
DATE, TIME AND DAY OF OCCURRENCE 07/05/14 18:05 Saturday		DATE AND TIME REPORTED 07/05/14 18:05			
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION			
		DEPT			
		SECTOR			
PERSONS Codes: V = Victim W = Witnesses S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE C	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]			
		DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION					
<table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Pupils are PEARL Build Heavy Complexion Clear Demeanor Calm Polite </td> <td style="width:33%; vertical-align: top;"> Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Odor of Intoxicants None </td> <td style="width:33%; vertical-align: top;"> Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Pupils are PEARL Build Heavy Complexion Clear Demeanor Calm Polite	Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Odor of Intoxicants None	Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Pupils are PEARL Build Heavy Complexion Clear Demeanor Calm Polite	Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Odor of Intoxicants None	Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Speech Normal			
CLOTHING Shorts-t-shirt and flip flops					
CODE MN	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany			
		DOB			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE TM	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Pemberton, Sean			
		DOB			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER L. Sivrais 000038582	DATE/TIME 07/05/14 22:32	APPROVED BY Tim Alvonellos 000003460			
OFFICER	UNIT/SHIFT	ASSIGNED TO			
		DATE - APPROVED 07/05/14			
		CASE STATUS Closed			

CR-1 Sivrais/038582 Entered by: Lynn Sivrais

APDC (Rev. 01/22/13) Print Date 10/09/2018

VEN 340

2649

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-1121 Page 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/05/14 18:05 Saturday		DATE AND TIME REPORTED 07/05/14 18:05
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
NEXT		
SECTION		
NARRATIVE		
<p>On 07-05-2014 at 6:05 Pm, I was dispatched to in front of the escalators by the Grand Lux Cafe for a slip and fall.</p> <p>Upon my arrival, I met with registered guest of suite 25-318 [REDACTED] [REDACTED] stated he was walking and slipped in some liquid that was on the floor. [REDACTED] stated he landed on his left knee on the floor.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume. [REDACTED] complained about left knee and leg pain and denied chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, fatigue, dizziness, headache.</p> <p>[REDACTED] stated that he had fallen yesterday see report 1407V-0807 for details.</p> <p>Initial vital signs are as follows: respirations - 18 breaths/minute, full and effective, pupils are equal and reactive to light; skins - pink, normal, warm. [REDACTED] refused all medical and refused to have me call for paramedics. [REDACTED] completed paperwork.</p> <p>[REDACTED] departed the area toward the elevator lobby.</p> <p>Accident scene check was done by engineer Pemberton, Sean TM# 24333 and I to find no defects in the area. There was a liquid on the floor that PAD had cleaned up.</p> <p>Front Desk manager Peck, Brittany was notified of this incident.</p> <p>Surveillance has positive video coverage of this event.</p> <p>All paperwork and photographs are attached to this report.</p>		
ADMINISTRATION		
BY OFFICER L. Sivalis 000038582	DATE-TIME 07/05/2014 22:52	APPROVED BY Tim Alvanellos 000003480
OFFICER	INTERVIEW	RESIGNED TO
		DATE APPROVED 07/05/14
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-2272 PAGE 1																																																																											
OFFENSE(S) PHI - TMI Protected Health Information																																																																													
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 13:09 Thursday TO 07/10/14 13:41 Thursday																																																																													
LOCATION OF OCCURRENCE 1 Grand Lux Cafe																																																																													
DATE AND TIME REPORTED 07/10/14 13:09																																																																													
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
ESTIMATED LOSS VALUE \$0.00																																																																													
TYPE OF LOCATION BEAT SECTOR																																																																													
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other																																																																													
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">1 OF 1</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:10%;">HOME</td> <td style="width:40%;">PHONE 1</td> </tr> <tr> <td>C</td> <td></td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td></td> </tr> <tr> <td colspan="5">OCCUPATION</td> </tr> <tr> <td></td> <td></td> <td>RACE SEX AGE DOB</td> <td>HOTEL ROOM</td> <td>PHONE 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td>MGM Grand,</td> <td></td> </tr> <tr> <td colspan="5">DL STATE SSN INJURIES</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 1</td> </tr> <tr> <td colspan="5">ADDRESS 1</td> </tr> <tr> <td colspan="5">PHONE 1</td> </tr> <tr> <td colspan="5">ADDRESS 2</td> </tr> <tr> <td colspan="5">PHONE 2</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 3</td> </tr> </table>			CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1	C		[REDACTED]	[REDACTED]		OCCUPATION							RACE SEX AGE DOB	HOTEL ROOM	PHONE 2				MGM Grand,		DL STATE SSN INJURIES					ADDRESS 3					PHONE 1					ADDRESS 1					PHONE 1					ADDRESS 2					PHONE 2					ADDRESS 3					PHONE 3									
CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1																																																																									
C		[REDACTED]	[REDACTED]																																																																										
OCCUPATION																																																																													
		RACE SEX AGE DOB	HOTEL ROOM	PHONE 2																																																																									
			MGM Grand,																																																																										
DL STATE SSN INJURIES																																																																													
ADDRESS 3																																																																													
PHONE 1																																																																													
ADDRESS 1																																																																													
PHONE 1																																																																													
ADDRESS 2																																																																													
PHONE 2																																																																													
ADDRESS 3																																																																													
PHONE 3																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">1 OF 2</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:10%;">HOME</td> <td style="width:40%;">PHONE 1</td> </tr> <tr> <td>SO</td> <td></td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td colspan="5">OCCUPATION</td> </tr> <tr> <td></td> <td></td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">DL STATE SSN INJURIES</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 1</td> </tr> <tr> <td colspan="5">ADDRESS 2</td> </tr> <tr> <td colspan="5">PHONE 2</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 3</td> </tr> </table>			CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1	SO		[REDACTED]			OCCUPATION							RACE SEX AGE DOB	ADDRESS 2	PHONE 2						DL STATE SSN INJURIES					ADDRESS 3					PHONE 1					ADDRESS 2					PHONE 2					ADDRESS 3					PHONE 3																			
CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1																																																																									
SO		[REDACTED]																																																																											
OCCUPATION																																																																													
		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																																									
DL STATE SSN INJURIES																																																																													
ADDRESS 3																																																																													
PHONE 1																																																																													
ADDRESS 2																																																																													
PHONE 2																																																																													
ADDRESS 3																																																																													
PHONE 3																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">2 OF 2</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:10%;">HOME</td> <td style="width:40%;">PHONE 1</td> </tr> <tr> <td>SO</td> <td></td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td colspan="5">OCCUPATION</td> </tr> <tr> <td></td> <td></td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">DL STATE SSN INJURIES</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 1</td> </tr> <tr> <td colspan="5">ADDRESS 2</td> </tr> <tr> <td colspan="5">PHONE 2</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 3</td> </tr> </table>			CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1	SO		[REDACTED]			OCCUPATION							RACE SEX AGE DOB	ADDRESS 2	PHONE 2						DL STATE SSN INJURIES					ADDRESS 3					PHONE 1					ADDRESS 2					PHONE 2					ADDRESS 3					PHONE 3																			
CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1																																																																									
SO		[REDACTED]																																																																											
OCCUPATION																																																																													
		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																																									
DL STATE SSN INJURIES																																																																													
ADDRESS 3																																																																													
PHONE 1																																																																													
ADDRESS 2																																																																													
PHONE 2																																																																													
ADDRESS 3																																																																													
PHONE 3																																																																													
CASE SUMMARY / VEHICLE INFORMATION																																																																													
SUMMARY Protected Health Information - Non Guest - [REDACTED]																																																																													
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS																																																																													
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim																																																																													
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">OF</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:10%;">ADDRESS 1</td> <td style="width:40%;">PHONE 1</td> </tr> <tr> <td></td> <td></td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td colspan="5">RACE SEX HT WT HAIR EYE AGE DOB</td> </tr> <tr> <td colspan="5">ADDRESS 2</td> </tr> <tr> <td colspan="5">PHONE 2</td> </tr> <tr> <td colspan="5">OCCUPATION</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 3</td> </tr> <tr> <td colspan="5">SCARS / MARKS / TATTOOS</td> </tr> <tr> <td colspan="5">AKA's</td> </tr> <tr> <td colspan="5">ARRESTEE DISPOSITION</td> </tr> <tr> <td colspan="5">RELEASE LOCATION</td> </tr> <tr> <td colspan="5">ARREST DATE / TIME</td> </tr> <tr> <td colspan="5">DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB</td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> </table>			CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1			[REDACTED]			RACE SEX HT WT HAIR EYE AGE DOB					ADDRESS 2					PHONE 2					OCCUPATION					ADDRESS 3					PHONE 3					SCARS / MARKS / TATTOOS					AKA's					ARRESTEE DISPOSITION					RELEASE LOCATION					ARREST DATE / TIME					DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB					CHARGES				
CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																																																									
		[REDACTED]																																																																											
RACE SEX HT WT HAIR EYE AGE DOB																																																																													
ADDRESS 2																																																																													
PHONE 2																																																																													
OCCUPATION																																																																													
ADDRESS 3																																																																													
PHONE 3																																																																													
SCARS / MARKS / TATTOOS																																																																													
AKA's																																																																													
ARRESTEE DISPOSITION																																																																													
RELEASE LOCATION																																																																													
ARREST DATE / TIME																																																																													
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB																																																																													
CHARGES																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:5%;">OF</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:10%;">ADDRESS 1</td> <td style="width:40%;">PHONE 1</td> </tr> <tr> <td></td> <td></td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td colspan="5">RACE SEX HT WT HAIR EYE AGE DOB</td> </tr> <tr> <td colspan="5">ADDRESS 2</td> </tr> <tr> <td colspan="5">PHONE 2</td> </tr> <tr> <td colspan="5">OCCUPATION</td> </tr> <tr> <td colspan="5">ADDRESS 3</td> </tr> <tr> <td colspan="5">PHONE 3</td> </tr> <tr> <td colspan="5">SCARS / MARKS / TATTOOS</td> </tr> <tr> <td colspan="5">AKA's</td> </tr> <tr> <td colspan="5">ARRESTEE DISPOSITION</td> </tr> <tr> <td colspan="5">RELEASE LOCATION</td> </tr> <tr> <td colspan="5">ARREST DATE / TIME</td> </tr> <tr> <td colspan="5">DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB</td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> </table>			CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1			[REDACTED]			RACE SEX HT WT HAIR EYE AGE DOB					ADDRESS 2					PHONE 2					OCCUPATION					ADDRESS 3					PHONE 3					SCARS / MARKS / TATTOOS					AKA's					ARRESTEE DISPOSITION					RELEASE LOCATION					ARREST DATE / TIME					DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB					CHARGES				
CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																																																									
		[REDACTED]																																																																											
RACE SEX HT WT HAIR EYE AGE DOB																																																																													
ADDRESS 2																																																																													
PHONE 2																																																																													
OCCUPATION																																																																													
ADDRESS 3																																																																													
PHONE 3																																																																													
SCARS / MARKS / TATTOOS																																																																													
AKA's																																																																													
ARRESTEE DISPOSITION																																																																													
RELEASE LOCATION																																																																													
ARREST DATE / TIME																																																																													
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SSN CIB																																																																													
CHARGES																																																																													
ADMINISTRATION																																																																													
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																													
COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER:																																																																													
BY OFFICER J. Larson 000025821																																																																													
DATE/TIME 07/10/14 14:55																																																																													
APPROVED BY Christopher Mosier 000026118																																																																													
DATE APPROVED 07/11/14																																																																													
CASE STATUS Closed																																																																													

CR-1 Larson/025821 Entered by: Joseph Larson

APDC (Rev. 08/10/16) Print Date: 05/31/2018

VEN 342

2651

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-2272 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURENCE 07/10/14 13:09 Thursday TO 07/10/14 13:41 Thursday		
DATE AND TIME REPORTED 07/10/14 13:09		
LOCATION OF OCCURENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
ADDITIONAL OFFENSE(S)		
ADDITIONAL OFFENSE(S) cont'd.		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	ADDRESS 1
OCCUPATION Facilities	RACE SEX AGE DOB	PHONE 1
REL. STATE SSN	ADDRESS 2	PHONE 2
ADDRESS 3	ADDRESS 3	PHONE 3
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATETIME 07/10/14 14:55	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 05/31/2018

VEN 343

2652

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Case MO	CASE # 1407V-2272 PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) confid.
DATE, TIME AND DAY OF OCCURENCE 07/10/14 13:09 Thursday TO 07/10/14 13:41 Thursday		DATE AND TIME REPORTED 07/10/14 13:09
LOCATION OF OCCURENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Non-Guest Slip & Fall No Video Available Wet Surface	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COMES TO: <input type="checkbox"/> PAY <input type="checkbox"/> DET. <input type="checkbox"/> ON <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> SWAP <input type="checkbox"/> OTHER	
BY OFFICER J. Larson 000025821	DATE/TIME 07/10/2014 14:55	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 07/11/14
		CASE STATUS Closed

CR-1 Larso/025821 Entered by: Joseph Larson

APDC (Rev. 06/16/06) Print Date: 05/31/2018

VEN 344

2653

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-2272 PAGE 1 OF 1
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 13:09 Thursday TO 07/10/14 13:41 Thursday		
DATE AND TIME REPORTED 07/10/14 13:09		
LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION
1 Grand Lux Cafe		
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES: YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE: C 1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB
	[REDACTED]	
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
MO INFORMATION		
<u>Build</u> Medium <u>Complexion</u> Medium <u>Demeanor</u> Polite Nervous <u>Eyes</u> Normal <u>Glasses</u> None	<u>Hair Length</u> Shoulder length <u>Hair Style</u> Wavy <u>Medical Supplies</u> Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness	<u>Speech</u> Normal
CLOTHING		
CODE: SO 1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB
	[REDACTED]	
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE: SO 2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB
	[REDACTED]	
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE: TM 1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB
	[REDACTED]	
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/10/14 14:55	APPROVED BY Christopher Mosler 000026118
DATE/TIME	UNIT/SHIFT	DATE APPROVED 07/11/14
OFFICER	UNIT/SHIFT	ADJUDICATED TO Closed

CR-1 Larso/025821 Entered by: Joseph Larson

APDC (Rev. 01/22/13) Print Date: 05/31/2018

VEN 345

2654

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-2272 Page 1 of 2
OFFENSE(S) PHI - TIM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 13:09 Thursday to 07/10/14 13:41 Thursday		
DATE AND TIME REPORTED 07/10/14 13:09		
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
SEAT	SECTOR	
NARRATIVE <p>On July 10th 2014 at 1:09pm, I was dispatched to the area outside of the Grand Lux Cafe for report of a guest who had slipped and fallen. Emergency Medical Technician [REDACTED] TM#33912 and I arrived on scene and met with Security Officer [REDACTED] TM# [REDACTED] who had made first contact with the guest. The incident had occurred in the elevator lobby near the shoe shine stand down the hall from the front of the Grand Lux. I observed a female seated on the marble flooring, leaning against a wall who appeared in pain, but no immediate distress. [REDACTED] initiated patient contact and I assessed the area of incident.</p> <p>I noted that there were spatters of standing water across the floor and across the lower section of the wall between the elevator doors. I assessed the ceiling and found no active leaks or signs of water damage. Lennon assisted with keeping the wet area clear as guests entered and exited the area. PAD arrived on scene shortly after and cleaned the area after I was done taking photographs. I noted that her sandals were off and to the side to which photographs were taken.</p> <p>McFate identified the female as non-guest [REDACTED] who was staying at the MGM Grand with her family who were currently on scene. [REDACTED] was alert and oriented to person, place, time and events, had a patent airway and was breathing adequately. [REDACTED] stated that she and her family were entering an elevator (later identified as P23), she slipped in fluid on the marble flooring and caused her to twist her left leg. She then fell backwards onto her buttocks onto the floor. She denied any head, neck or back pain, any weakness or dizziness and denied any loss of consciousness. She only reported pain to the left knee to which McFate checked for distal circulation, motor function and sensory function which were all found intact. Visualization was attempted, but her pants were unable to be moved up past the knee due to pain. She rated her current pain at a 10 on a 1-10 pain scale and stated it was a sharp pain localized to the medial meniscus.</p> <p>[REDACTED] stated that she had recently had a surgery done on her left knee which was done to repair torn ligaments. The surgery was in January 2014 and she was in rehabilitation until April 2014. [REDACTED] reported an additional history of diverticulitis. [REDACTED] options were discussed with her to which she opted for ambulance transport to a hospital. A paramedic request was made and a cold pack was applied to her left knee in the meantime.</p>		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/10/2014 14:55	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIFORM	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-2272 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 13:09 Thursday to 07/10/14 13:41 Thursday		
DATE AND TIME REPORTED 07/10/14 13:09		
LOCATION OF OCCURRENCE 1 Grand Lux Cafe	LOCATION NAME	TYPE OF LOCATION
BEAT	SECTOR	
NARRATIVE Clark County Fire Department 218 arrived on property at 1:26pm and MedicWest 725 arrived on property at 1:30pm. [REDACTED] was assessed, assisted onto the gurney and was transported to Valley Hospital at 1:41pm without further incident. Facilities Engineer Anderson, Merrick TM#18500 arrived on scene and completed the Accident Scene Check which found no defects in the area of incident. No video coverage is available in the area of incident. Claims Unit was notified. 13 Attached Items 1 Scan of the Medical Release 1 Scan of the Accident Scene Check 1 Photograph of the area of incident 2 Photographs of [REDACTED] shoes (top and bottom) 4 Photographs of the area with water present 2 Photographs of the ceiling 2 Photographs from the elevator the family was entering at the time of incident		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/10/2014 14:55	APPROVED BY Christopher Mosier 000026118
OFFICER	NARRATIVE	CASE STATUS Closed



VEN 348

2657



VEN 349

2658



VEN 350

2659



VEN 351

2660



VEN 352

2661



VEN 353

2662



VEN 354

2663



VEN 355

2664



VEN 356

2665



VEN 357

2666



VEN 358

2667

☒ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Signature: L. V. VANCE

Date of Birth: [REDACTED] Social Security #: N/A

Witness: _____

Witness: _____

Date: 7.10.2014 Time: 1322

Refused to Sign: _____

Venetian/Palazzo EMT: T. McFATE ID#: 33912

[illegible]

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1325

Date: 7/10/14

Guest Suite #: _____

Defects Noted (Explain in detail): MARBLE FLOORING WAS WET WITH SPLASHES OF STANDING WATER THROUGHOUT THE LOBBY. WATER WAS FOUND ON ADJACENT WALL. SOURCE WAS NOT FOUND AND NO LEAKS WERE NOTED FROM THE CEILING. PAD ON SCENE TO CLEAN THE AREA.

Actions Taken: CONTACTED FACILITIES FOR AN ACCIDENT SCENE CHECK

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): LARSON, JOE

TM #: 25821

Engineer

Time: 1:26PM

Date: 7-10-14

Guest Suite #: _____

Defects Noted (Explain in Detail):

NONE

Actions Taken: NONE

Checked by Engineer (Name):

Mark Anderson

TM #: 18502

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-2142 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 00:30 Thursday TO 07/10/14 01:00 Thursday		
LOCATION OF OCCURRENCE 1 Grand Hall		
DATE AND TIME REPORTED 07/10/14 00:30		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
TYPE OF LOCATION 1		
BEAT 1		
SECTION 1		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Han, Sang Jean		
OCCUPATION Front desk manager		
RACE SEX AGE DOB ADDRESS 1 PHONE 1 DL STATE SSN INJURIES ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
CODE GU 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
RACE SEX AGE DOB ADDRESS 1 PHONE 1 DL STATE SSN INJURIES ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
CODE MW 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Medic West, 706		
OCCUPATION [REDACTED]		
RACE SEX AGE DOB ADDRESS 1 PHONE 1 DL STATE SSN INJURIES ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - Reg Guest 6-102 [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OR LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER PO ADDRESS		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE SV 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
OCCUPATION INJURIES ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> AKAS ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME IL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # INJURY CITATION SSN DSI		
CHARGES		
CODE SV 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
OCCUPATION INJURIES ADDRESS 1 PHONE 1 ADDRESS 2 PHONE 2 ADDRESS 3 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> AKAS ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME IL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # INJURY CITATION SSN DSI		
CHARGES		
ADMINISTRATION		
VICTIM/ARREST PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> FAX <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> CLERK <input type="checkbox"/> PROSECUTOR <input type="checkbox"/> UNK <input type="checkbox"/> OTHER		
BY OFFICER E. Giselbach 000031617		
DATE/TIME 07/10/14 03:26		
APPROVED BY Richard Davies 000028074		
DATE APPROVED 07/10/14		
CASE STATUS Closed		

CR-1 Gisel/031617 Entered by: Eve Giselbach

APDC (Rev. 08/10/16) Print Date: 05/23/2017

VEN 361

2670

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-2142 PAGE 1 OF 1
Case MO		
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 00:30 Thursday TO 07/10/14 01:00 Thursday		DATE AND TIME REPORTED 07/10/14 00:30
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION
		BEAT 1 SECTOR
NO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security State (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Dry Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DE* <input type="checkbox"/> QA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> CH 121	
BY OFFICER E. Giselbach 000031817	DATE/TIME 07/10/2014 03:26	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	DATE APPROVED 07/10/14 CASE STATUS Closed

CR-1 Gisel/031817 Entered by: Eve Giselbach

APDC (Rev. 06/16/06) Print Date: 05/23/2017

VEN 362

2671

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-2142 PAGE 1 OF 1			
OFFENSE(S): PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 00:30 Thursday TO 07/10/14 01:00 Thursday					
DATE AND TIME REPORTED 07/10/14 00:30					
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION			
BEAT 1		SECTOR			
PERSONS <small>Codes: V = Victim, W = Witness, S = Suspect, A = Arrestee, D = Detainee, C = Complainant, R = Party, O = Other</small>					
CODE MN	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Han, Sang Jeon	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION					
<table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL </td> <td style="vertical-align: top;"> Build Medium Complexion Light Demeanor Calm Eyes Normal Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Crew cut Medical Supplies Disposable Gloves </td> <td style="vertical-align: top;"> Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build Medium Complexion Light Demeanor Calm Eyes Normal Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Crew cut Medical Supplies Disposable Gloves	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build Medium Complexion Light Demeanor Calm Eyes Normal Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Crew cut Medical Supplies Disposable Gloves	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Speech Normal			
CLOTHING Blue t-shirt, blue shorts and crocs					
CODE MW	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Medic West, 706	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
ADMINISTRATION					
BY OFFICER E. Gizebach 000031617	DATE/TIME 07/10/14 03:26	APPROVED BY Richard Davies 000028074			
OFFICER	UNIT/POST	ASSIGNED TO			
DATE APPROVED 07/10/14		CASE STATUS Closed			

CR-1 Gizebach/031617 Entered by: Eve Gizebach

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 363

2672

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1407V-2142	
Narrative Report				Page 1 of 2	
OFFENSE(S) PHI - T/M Protected Health Information			OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 00:30 Thursday			DATE AND TIME REPORTED 07/10/14 00:30		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME		TYPE OF LOCATION	
				SEAT 1	SECTOR
NARRATIVE					
<p>On July 10, 2014 at 12:30am, I was dispatched by Venetian Security Dispatch to the Front Desk area for a report of a guest slip and fall. I was informed the guest was waiting near the area of the incident.</p> <p>Upon arrival, I met with Registered Guest of 6-102 [REDACTED] (verbally identified). [REDACTED] was seated and stated he was in pain. [REDACTED] was alert and oriented to person, place, time and event. [REDACTED] stated he did not fall only his foot slipped and he twisted his back. I asked if he required medical attention, which he stated he felt pain in his back but wasn't sure what to do about it. I did not observe any obvious injuries. [REDACTED] declined head pain and tingling in his extremities. [REDACTED] stated he felt extreme pain in his back that was radiating down to his right leg. Due to [REDACTED] stating he was in 10 out of 10 pain on a scale of 1-10, I notified Venetian Security Dispatch to contact Paramedics to the scene.</p> <p>While waiting for Paramedics, I obtained medical history from [REDACTED]. [REDACTED] stated he had Post Traumatic Stress Disorder (PTSD) and was shot in the neck in November 2013. [REDACTED] was currently taking Norco for pain and klonopin for anxiety. [REDACTED] had no known drug allergies.</p> <p>Medic West Unit 706 arrived at 12:49am and assumed medical care of [REDACTED]. Initial vitals from Medic West are as follows: Blood pressure 158/100, Pulse 66, and skin signs within normal range. After their assessment Medic West advised [REDACTED] to accept transport to the hospital for further evaluation. [REDACTED] accepted and was assisted to the gurney.</p> <p>Medic West transported [REDACTED] to Valley Hospital without further incident. Due to rapid treatment and transport no medical paperwork was completed.</p> <p>Due to [REDACTED] request, no photographs of [REDACTED] or his footwear were obtained. [REDACTED] was wearing crocs type shoes.</p> <p>An Accident Scene check was completed due by Engineer Rivas, Wilson TM#25216 and noted no defects. A visual inspection of the area was conducted by me and no defects were observed.</p>					
ADMINISTRATION					
BY OFFICER E. Gizelbach 000031617		DATE/TIME 07/10/2014 03:26		APPROVED BY Richard Davies 000028074	
PARTICIPANTS		UNIT/SHIFT		ASSIGNMENT TO	
				CASE STATUS Closed	

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1407V-2142	
Narrative Report				Page 2 of 2	
OFFENSE(S) PHI - T/M Protected Health Information			OFFENSE(S) CONT.		
DATE, TIME AND DAY OF OCCURRENCE 07/10/14 00:30 Thursday			DATE AND TIME REPORTED 07/10/14 00:30		
LOCATION OF INCIDENT 1 Grand Hall		LOCATION NAME		TYPE OF LOCATION	
				BEAT 1	SECTION
NARRATIVE <p>Video coverage is available but is a long shot per Surveillance. The video is saved under V07-14-037. Surveillance stated that prior to [REDACTED] slipping, there was a group of unknown males with a "yard" type drink that spilled on the floor.</p> <p>Risk Management was notified of the incident.</p> <p>Front Desk Manager Han, Sang TM#36160 was advised</p> <p>Attachments are as follows Accident Scene Check Accident Area as Photographs 1-3</p>					
ADMINISTRATION					
BY OFFICER E. Gizelbach 000031617		DATE/TIME 07/10/2014 03:26		APPROVED BY Richard Devian 000028074	
OFFICER		UNIT/SHIFT		CASE STATUS Closed	



VEN 366

2675



VEN 367

2676

GHI6 07/10/2014 VENETIAN RESORT & CASINO 01:14 AM GINPO
 CMD RESERVATION CHANGE 417501033018 PC
 NR 70114 Tue DP 71614 Wed A/C 2... RP KR189... GP GUNESIA RD
 STATUS I THNGB ACT C/S... ETA COMP RSPAC/O NOT SEE F1111
 WG TYPE ROOM RATE A/C
 VE RT 6102 219.00 2... OVRID NET N PRT Y TRN NRG
 E CARD LEVEL Grazie B/P
 LAST FIRST TITLE MR... GTYP
 COMPANY ATTN 2 SERV DGSS TYP E/B X
 ADDR1/2
 CITY STATE/PROV ZIP COUNTRY US LAG REQ
 ADDL NAMES EXT CFM
 PHONE X 4206942 VIP PC D SRC FR RSN VE PRM NST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MEN FDS NBR HIST ID
 CRDT LNF
 DEP REQ AMT
 DEP REC AMT
 ACV CODE X X
 CAS# 753278
 *Swipe or F1 Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

AGENT	DATE	TIME
RESERVATIONS	4/22/14	11:42
CHECK IN	7/01/14	9:09
CHECK OUT		
LAST MODIFIED	7/08/14	14:23
LAST CONFIRMATION	5/22/14	LAST NUMBER 1

1407N-2142

Sang Hwa
38160

1 Zillean
1c 44 Funt

V07-14-037

VEN 368

2677

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 0130

Date: 7/10/14

Guest Suite #: Grand Hone

Defects Noted (Explain in detail):

Dry Flat MARBLE Floor

Actions Taken: none

Lighting Normal? (If no, explain): YES, COS-20

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): B. ZORBAH

TM #: 31417

Engineer

Time: 0135

Date: 7-10-14

Guest Suite #: _____

Defects Noted (Explain in Detail): UPON ARRIVAL AT SCENE NO DEFECTS

FOUND

Actions Taken: NONE

Checked by Engineer (Name): WILSON RIVAS

TM #: 25216

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-3057 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 07/13/14 08:02		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
TYPE OF LOCATION Lobby 1		
BEAT Lobby 1		
SECTOR Lobby 1		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	ADDRESS 1 [REDACTED]
OCCUPATION Asst Sec Manager	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
DL [REDACTED]	SSN [REDACTED]	ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]	ADDRESS 4 [REDACTED]
PHONE 3 [REDACTED]	ADDRESS 5 [REDACTED]	PHONE 4 [REDACTED]
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany	ADDRESS 1 [REDACTED]
OCCUPATION Front Desk Mgr	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
DL [REDACTED]	SSN [REDACTED]	ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]	ADDRESS 4 [REDACTED]
PHONE 3 [REDACTED]	ADDRESS 5 [REDACTED]	PHONE 4 [REDACTED]
CODE SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX McFate, Tyler	ADDRESS 1 [REDACTED]
OCCUPATION EMT Security Officer	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
DL [REDACTED]	SSN [REDACTED]	ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]	ADDRESS 4 [REDACTED]
PHONE 3 [REDACTED]	ADDRESS 5 [REDACTED]	PHONE 4 [REDACTED]
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information. Guest of suite [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE (NO. AND STATE) [REDACTED]		
YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED]		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE [REDACTED]		
REGISTERED OWNER [REDACTED]		
NO ADDRESS [REDACTED]		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRESTEE DISPOSITION [REDACTED]	RELEASE LOCATION [REDACTED]
DL [REDACTED]	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARREST DATE / TIME [REDACTED]
STATE [REDACTED]	BOOKING # [REDACTED]	CITATION # [REDACTED]
CHARGES [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CS# [REDACTED]
CODE [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRESTEE DISPOSITION [REDACTED]	RELEASE LOCATION [REDACTED]
DL [REDACTED]	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARREST DATE / TIME [REDACTED]
STATE [REDACTED]	BOOKING # [REDACTED]	CITATION # [REDACTED]
CHARGES [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CS# [REDACTED]
ADMINISTRATION		
WCTM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> FWT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WMAP <input type="checkbox"/> OTHER		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER [REDACTED]	UNIT/SHIFT [REDACTED]	DATE APPROVED 07/14/14
CASE STATUS Closed		PRINT DATE 05/31/2011

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 05/31/2011

VEN 370

2679

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-3057 PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd.
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	Phone [REDACTED]
OCCUPATION [REDACTED]	BIRTH DATE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
DL AZ D06613725	STATE SSN INJURIES [REDACTED]	ADDRESS 3 PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Fairbairn, Ron	ADDRESS 1 PHONE 1
OCCUPATION Facilities supervisor	RACE SEX AGE DOB W M	ADDRESS 2 PHONE 2
DL STATE SSN INJURIES [REDACTED]	ADDRESS 3 PHONE 3	
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 05/31/2018

VEN 371

2680

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-3057
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAND <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

CR-I Resc/034137 Entered by: Gary Rescigno

APDC (Rev. 06/16/06) Print Date: 05/31/2018

VEN 372

2681

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-3057 PAGE 1 OF 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday to 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>		
CODE MN	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em;"></div>	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div> This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE MN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div> This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SO	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX McFate, Tyler	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div> This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIFORM	ASSIGNED TO
		DATE APPROVED 07/14/14 CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/31/2018

VEN 373

2682

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-3057 PAGE 2 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday					
DATE AND TIME REPORTED 07/13/14 08:02					
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR			
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE GU	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION <table style="width:100%;"> <tr> <td style="vertical-align: top;"> <u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Angry Nervous <u>Eyes</u> Clear </td> <td style="vertical-align: top;"> <u>Hair Length</u> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Soft Roller Bandage Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Contusions Tenderness Swelling </td> <td style="vertical-align: top;"> <u>Speech</u> Excited </td> </tr> </table>			<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Angry Nervous <u>Eyes</u> Clear	<u>Hair Length</u> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Soft Roller Bandage Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Contusions Tenderness Swelling	<u>Speech</u> Excited
<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Angry Nervous <u>Eyes</u> Clear	<u>Hair Length</u> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Soft Roller Bandage Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Contusions Tenderness Swelling	<u>Speech</u> Excited			
CLOTHING Shorts, shirt and flip flops					
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Fairbairn, Ron	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:59	APPROVED BY Jacob Johnson 000025575			
OFFICER	SWEETSPOT	DATE APPROVED 07/14/14			
ADMINISTERED TO:		CASE STATUS Closed			

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/31/2018

VEN 374

2683

Arrest: <input type="checkbox"/> Crime: <input type="checkbox"/> Non-Criminal: <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-3057 Page 1 of 3
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION AGENT SECTION
NARRATIVE <p>On July 13, 2014 at 08:02 am Security Dispatch asked Emergency Medical Technician (EMT) McFate, Tyler Tm # 33912 to respond to the low rise guest entrance/exit (lobby 1) elevator lobby for a report of a female who had slipped and fallen. EMT Mcfate and I responded.</p> <p>Upon our arrival at the low rise elevator bank, we noticed a [REDACTED] who was standing on her own accord next to yellow caution signs, holding her black in color flip flop type sandals. The marble floor by the signs was being moped by a Public Access Department (PAD) team member. I noticed within the caution signs, there were some droplet of clear fluid. This female who was later identified as [REDACTED] advised she had fallen in front of the caution signs that were not there. The sign and fluid were in front of elevator P4.</p> <p>Ms. [REDACTED] was conscious and alert to person, place, time and event. Ms. [REDACTED] was breathing normally and equally without any challenges and upon talking to her, denied hitting her head or loosing consciousness. I noticed no penetrations, lacerations, abrasions, deformities or any immediate life threats to Ms. [REDACTED]. Ms. [REDACTED] stated her right knee and lower back hurt.</p> <p>Ms. [REDACTED] continued to state that she slipped on the fluid and fell directly onto her tail bone and then onto her right knee. Upon closer inspection of the right knee, I noticed some swelling and redness. Ms. [REDACTED] stated she has a history of back injuries and pain.</p> <p>EMT McFate introduced himself and asked if he could examine Ms. [REDACTED] right knee. Ms. [REDACTED] stated yes. As EMT McFate was attempting to conduct his medical evaluation of the right knee, Ms. [REDACTED] mentioned that she wanted compensation for her fall and subsequent injuries, including new sandals that had broken in the fall. Ms. [REDACTED] was advised that we are there to help her and document the incident and any compensation questions needed to be directed to risk management or the front desk and I would give her all the information at the end of our examination. Ms. [REDACTED] agreed.</p> <p>During his examination of Ms. [REDACTED] right knee, EMT Mcfate noted no signs of crepitus, however Ms. [REDACTED] was complaining of severe pain that she rated on the pain scale as a 12(10 being the worst). EMT Mcfate offered Ms. [REDACTED] paramedics because she was saying her pain level was high. Ms. [REDACTED] refused. EMT Mcfate continued with his</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-3057 Page 2 of 3
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION SEAT SECTOR
NARRATIVE		
<p>examination. EMT Mcfate asked Ms. [REDACTED] to move her toes. She did without any pain. Ms. [REDACTED] was positive for feeling in her right foot and toes. Ms. [REDACTED] was able to slightly extend her right knee with minimal pain.</p> <p>Ms. [REDACTED] once again asked for compensation and I again explained we were there to help her medically and to document the incident and I would give her all the information for risk management after we had finished helping her. EMT McFate asked Ms. [REDACTED] if he could support her right knee by applying a wrap and a ice pack. Ms. [REDACTED] stated yes. Using a flexible ace bandage, EMT Mcfate wrapped the right knee and asked Ms. [REDACTED] if the wrap felt fine. Ms. [REDACTED] stated yes. EMT Mcfate applied the disposable ice pack on top of the right knee.</p> <p>I asked Ms. [REDACTED] if she wanted to complete a guest accident packet. Ms. [REDACTED] stated "yes but I can't right due to the pain, could you help me". I advised yes. As we were completing the paperwork Ms. [REDACTED] again asked for compensation. EMT Mcfate asked Security Dispatch to contact Front Desk Manager, Peck, Brittany Tm # 32974 and have her come to our location.</p> <p>After Ms. [REDACTED] and I completed the guest accident paperwork, I read back everything I wrote. Ms. [REDACTED] agreed and signed the paperwork including medical release, medical authorization and guest accident form. EMT McFate reassessed Ms. [REDACTED], she could still move her right leg up and down slightly with pain. We asked Ms. [REDACTED] if she could stand upon her right leg. EMT Mcfate and I helped Ms. [REDACTED] out of the chair she was sitting in. Ms. [REDACTED] stated she could not stand upon her right leg. We gently placed Ms. [REDACTED] back into the chair and I went to obtain a wheel chair for an escort to Ms. [REDACTED] suite ([REDACTED]).</p> <p>Upon my return to lobby one with the wheel chair, EMT Mcfate and I helped Ms. [REDACTED] into it and escorted her to her suite. Once inside we helped Ms. [REDACTED] out of the wheel chair and onto the bed, where we placed two pillows under her right knee. I gave Ms. [REDACTED] copies of the paperwork she had signed and we exited the suite, advising Ms. [REDACTED] if she needed us back, she was to call us.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-3057 Page 3 of 3
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION SEAT SECTION
NARRATIVE <p>I went to the front desk and spoke to Manager Peck. Manager peck told me she offered Ms. [REDACTED] \$ 50.00 for the replacement cost of the flip/flops a ride to and from the hospital and a nights stay but she would have to sign a release of claims. Ms. [REDACTED] advised Manager peck she would let her know.</p> <p>At 11:00 am on July 13, 2014 I contacted Manager peck. Manager peck told me she had talked to Ms. [REDACTED] again. Ms. [REDACTED] refused to sign the release of claims and due to this she would get the ride to and from the hospital as a courtesy. Manager peck continued to tell me Ms. [REDACTED] stated she did not want to sign the release of claims because she wants her medical bills paid for.</p> <p>As of the completion of this report, it is unknown what hospital if any or what time Ms. [REDACTED] decided to go to.</p> <p>An accident scene check was completed by facilities team member Fairbain, Ronald Tm # 20389</p> <p>Security Dispatch states the have coverage of the slip and fall. Risk Managemnt was notified as was manager Peck and Asst. Security Manager Johnson, Jacob Tm # 25575.</p> <p>This report contains the following:</p> <p>Scan of guest accident report. Scan of medical release. Scan of medical authorization. Scan of accident scene check. Photographs 1 and 2 are of the area of the fluid spill. Photograph # 3 and 4 are of Ms. [REDACTED] right knee/foot. Photograph # 5 is of the sandals photograph # 6 is of Ms. [REDACTED] Photograph # 7 and 8 are of the right knee. Photograph 9 and 10 are of the flip flops Ms. [REDACTED] was wearing.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14 CASE STATUS Closed



VEN 378

2687



VEN 379

2688



VEN 380

2689



VEN 381

2690



VEN 382

2691



VEN 383

2692



VEN 384

2693



VEN 385

2694



VEN 386

2695



VEN 387

2696



AZ DL#
D 06613725 (C)

Incident Report Number: 1470-3057

Accident Report – Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]
Home Address: [REDACTED] Social Security #: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Your Occupation: [REDACTED]
By Whom Employed: [REDACTED]
Are You a Guest of The Venetian or The Palazzo? Venetian Suite #: [REDACTED]
Local Address or Hotel if not a Venetian or Palazzo Guest: [REDACTED]

Please state, in your own words, what you were doing and what happened to cause your accident.

+ walking towards Elevator (P4) when slipping
on Floor Jan's Marble. Hit tail saw then knee (R)

Date of Accident: 7-13-14 Time of Accident: 0:800
Location of Accident (Please be specific): Lobby 1 - low rise Elevator
Whom do you consider to blame? Venetian
If you consider The Venetian or The Palazzo responsible, please state why: Floor should be
cleaned up

What, if any, injuries did you sustain? Rt knee contusion / sprain
What, if any, property damage did you suffer? Broken New sandals

Number of Guests in Your Party at Time of Accident: 1
Dated this 13 Day of July, 20 14

Signature of Guest: [REDACTED]

Security Officer: [Signature] TM #: 34137
Guest Checkout Date: [REDACTED]



1407U-3057

Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.

This Medical Authorization ("Authorization") is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC dba The Venetian/The Palazzo ("Hotel") a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their directors, officers, employees, agents, and representatives (collectively "The Venetian Resort-Hotel-Casino and The Palazzo Resort-Hotel-Casino").

1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including MRIs, myelograms, and x-rays for independent examination, providing that same are returned to the Guest within thirty (30) days from the date of their release. It is further agreed that a photocopy of facsimile of this authorization is to have the same force and effect as the original.

3) Guest certifies that he/she has read and understands the contents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name: _____

Signature: _____

Guest's Suite #: _____

Today's Date: _____

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

- ☐ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.
- ☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): [REDACTED]
 Signature: [REDACTED]
 Address: [REDACTED]
 Date of Birth: [REDACTED] Social Security #: [REDACTED]
 Phone: [REDACTED]
 Witness: _____
 Witness: _____
 Date: 7-13-14 Time: 08:15
 Refused to Sign: _____
 Venetian/Palazzo EMT: [Signature] ID#: 34127

Hx: Lower Lumbar pain

NKDA

NO MEDICATION

↓

Gabapentin

C.C. Right knee pain

~~Pain~~

10/10 pain

Neg: L.O.C./Hitting head.

P.O. BOX 1736 - UACADILLE CA. 95696



Incident Report Number: 1407V. 3057

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 0825 Date: 7-13-2014 Guest Suite #: LOW-RISE GUEST ELEVATOR LOBBY

Defects Noted (Explain in detail): NONE. AREA WAS FREE + CLEAR OF DEBRIS.

Actions Taken: EVIDENCE NOTIFIED

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): T. McEATY TM #: 33912

Engineer

Time: 8:28 A.M. Date: 7-13-2014 Guest Suite #:

Defects Noted (Explain in Detail): NO DEFECTS FOUND

Actions Taken: NO ACTIONS TAKEN

Checked by Engineer (Name): R. FAIRBANKS TM #: 20389

GM1G 07/13/2014 VENETIAN RESORT & CASINO 12:57 PM GINFO
CMD RESERVATION CHANGE 418090777234
AR 71114 Fri DP 71314 Sun A/C 1 RP RACKG72 GP AWRLD RB
STATUS I INHSE ACT C/S ETA NO POS DEBIT HOT 2PM LCO
WG TYPE ROOM# RATE A/C
VE KKNS 1 OVRID 0 NET N PRT N TRN NRG

LAST WEBSTER FIRST GLENDA TITLE GTYP
Additional Name And Addresses
Enter Additional Name and Address Information and press Enter
LAST FIRST TITLE TYPE A
COMPANY ATTN PC
ADR1 CHG Y/N: Y
ADR2
CITY STATE/PROV ZIP COUNTRY OVR
PHONE X NATIONALITY
PASSPORT NUMBER COUNTRY EXPIRATION
ID TYPE D-O-B
WG ROOM# SEX(M/F/) SMOKING(Y/N/) AGE TYPE A/C
F12=Cancel F5=Display N&A Enter
ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

14070-3057

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE# 1407V-4386 PAGE 1
CR-1		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 07/18/14 19:14 Friday		DATE AND TIME REPORTED 07/18/14 19:14
LOCATION OF OCCURRENCE Venetian Front Office, Las Vegas		ESTIMATED LOSS VALUE \$ 0.00
LOCATION NAME		TYPE OF LOCATION
BEAT		SECTION
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE C 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
LR STATE SSA INJURIES	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
ADDRESS 3 [REDACTED]	ADDRESS 4 [REDACTED]	PHONE 3 [REDACTED]
CODE MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Alfoncellos, Tim	ADDRESS 1 [REDACTED]
OCCUPATION Security Shift Manager	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
FI STATE RES INJURIES	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
ADDRESS 3 [REDACTED]	ADDRESS 4 [REDACTED]	PHONE 3 [REDACTED]
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Kluyver, Connie	ADDRESS 1 [REDACTED]
OCCUPATION Front Desk Manager	RACE SEX AGE DOB [REDACTED]	PHONE 1 [REDACTED]
FI STATE RES INJURIES	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
ADDRESS 3 [REDACTED]	ADDRESS 4 [REDACTED]	PHONE 3 [REDACTED]
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information, Registered Guest [REDACTED] Suite 21-205		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LICENSE # AND STATE [REDACTED]	YEAR MAKE MODEL BODY TYPE COLOR VIN
TOWNSHIP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	GARAGE NAME AND PHONE [REDACTED]	RECORDED OWNER [REDACTED]
R/O ADDRESS [REDACTED]		MAKE VEHICLE PA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]
ADDRESS 4 [REDACTED]	ADDRESS 5 [REDACTED]	PHONE 3 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRESTED DISPOSITION [REDACTED]	RELEASE LOCATION [REDACTED]
DL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	STATE ARRESTED [REDACTED]	ARREST DATE / TIME [REDACTED]
CHARGES [REDACTED]	BOOKING # [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CREATION # [REDACTED]	ISS# [REDACTED]	CTU [REDACTED]
CHARGES [REDACTED]		
CODE [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]
ADDRESS 4 [REDACTED]	ADDRESS 5 [REDACTED]	PHONE 3 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARRESTED DISPOSITION [REDACTED]	RELEASE LOCATION [REDACTED]
DL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	STATE ARRESTED [REDACTED]	ARREST DATE / TIME [REDACTED]
CHARGES [REDACTED]	BOOKING # [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CREATION # [REDACTED]	ISS# [REDACTED]	CTU [REDACTED]
CHARGES [REDACTED]		
ADMINISTRATION		
VIOLENCE / SEX / PEDERASTY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOR OFFENSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COMES TO <input type="checkbox"/> PAT <input type="checkbox"/> OCT. <input type="checkbox"/> EA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> JAWAP <input type="checkbox"/> OTHER
BY OFFICER T. Morgan 000038731	DATE 07/18/14 20:37	ASSIGNED BY Tim Alfoncellos 000003460
OFFICER	UNIT / CITY	DATE APPROVED 07/18/14
CASE STATUS Closed		CASE STATUS Closed

CR-1 Morgan/038731 Entered by: Tim Morgan

APDC (Rev 08/10/16) Print Date: 09/26/2018

VEN 393

2702

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-4386 PAGE 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 07/18/14 19:14 Friday		DATE AND TIME REPORTED 07/18/14 19:14
LOCATION OF OCCURRENCE Venetian Front Office, Las Vegas	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) CONT'D
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE 0 1 1	NAME - LAST, F. INIT., MIDDLE, SUFFIX Unknown,	ADDRESS 1 PHONE 1
OCCUPATION	RACE M	ADDRESS 2 PHONE 2
DL STATE BIRTH EXPIRES	ADDRESS 3 PHONE 3	
ADMINISTRATION		
BY OFFICER T. Morgan DO0038731	DATE/TIME 07/18/14 20:37	APPROVED BY Tim Alvanellos DO0003460
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/18/14 CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 06/26/2018

VEN 394

2703

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-4386 PAGE 1 of 1
Case MO		
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 07/18/14 19:14 Friday		DATE AND TIME REPORTED 07/18/14 19:14
LOCATION OF OCCURRENCE Venetian Front Office, Las Vegas	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Incident Information</u> No Video Available Photos Taken PHI - Hotel Guest Slip & Fall	<u>Security State (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery
ADMINISTRATION		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> RAY <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER	
BY OFFICER T. Morgan 000038731	DATE/TIME 07/18/2014 20:37	APPROVED BY Tim Alvonellos 000003460
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/18/14
		CASE STATUS Closed

CR-1 Morga/038731 Entered by: Tim Morgan

APTDC (Rev. 06/16/06) Print Date: 09/26/2018

VEN 395

2704

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-4386 PAGE 1 OF 1			
OFFENSE(S) PHI - TIM Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 07/18/14 19:14 Friday					
DATE AND TIME REPORTED 07/18/14 19:14					
LOCATION OF OCCURRENCE Venetian Front Office, Las Vegas					
LOCATION NAME Venetian Front Office, Las Vegas					
TYPE OF LOCATION BEAT					
SECTION SECTION					
PERSONS Codes: V = Victim, W = Witness, S = Suspect, A = Arrestee, D = Detainee, C = Complainant, R = Party, O = Other					
CODE C	1 OF 1	NAME LAST, FIRST, MIDDLE, SUFFIX [REDACTED] DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION					
<table style="width:100%;"> <tr> <td style="width:33%;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Small Complexion Clear Frocked </td> <td style="width:33%;"> Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Collar Length Short Hair Style Straight </td> <td style="width:33%;"> Order of Intoxicants None Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Small Complexion Clear Frocked	Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Collar Length Short Hair Style Straight	Order of Intoxicants None Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Small Complexion Clear Frocked	Demeanor Calm Polite Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Collar Length Short Hair Style Straight	Order of Intoxicants None Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Speech Normal			
CLOTHING					
CODE O	1 OF 1	NAME LAST, FIRST, MIDDLE, SUFFIX Unknown, DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE MN	1 OF 2	NAME LAST, FIRST, MIDDLE, SUFFIX Alfonellos, Tim DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE MN	2 OF 2	NAME LAST, FIRST, MIDDLE, SUFFIX Klaver, Connie DOB [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER T. Morgan 000038731	DATE/TIME 07/18/14 20:37	APPROVED BY Tim Alfonellos 000003460			
DISPATCH [REDACTED]	UNIT/EXT [REDACTED]	ASSIGNED TO [REDACTED]			
DATE RECEIVED 07/18/14		CASE STATUS Closed			

CR-1 Morgan/038731 Entered by: Tim Morgan

APDC (Rev. 01/22/13) Print Date: 09/26/2018

VEN 396

2705

Arrest <input type="checkbox"/> Civil <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-4386 Page 1 of 1
Narrative Report		
OFFENSE(S) PMI - TM Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/18/14 19:14 Friday		DATE AND TIME REPORTED 07/18/14 19:14
LOCATION OF OCCURRENCE Venetian Front Office, Las Vegas	LOCATION NAME	TYPE OF LOCATION
SEAT		
SECTOR		
NARRATIVE <p>On July 18, 2014 at approximately 1913 hours, I was dispatched to the Venetian Tower suite 21-205 for a slip and fall. Upon arrival, I met with registered guest [REDACTED], [REDACTED] suite 21-205. [REDACTED] stated at around 1800 hours, she was at the Venetian Front Desk area and slipped and fell in a puddle of alcohol causing her to fall on her buttock and got her dress dirty. [REDACTED] stated there was a guy by the area and stated his buddy dropped his bottle of alcohol and left it there. [REDACTED] refused medical attention and only wanted to do an incident report due to her dress getting dirty. [REDACTED] signed the refusal of First Aid treatment form.</p> <p>[REDACTED] was alert and oriented to person, place, time, and event with a patent airway and was breathing adequately. [REDACTED] refused medical assistance, but was complaining of neck pain. [REDACTED] denied hitting her head and denied loss of consciousness. I offered [REDACTED] an ice pack and paramedics in which she refused.</p> <p>Photos were taken of the area [REDACTED] described to me to be the location of the incident and video coverage was inconclusive. [REDACTED] completed all medical paperwork and was attached. Accident scene check was completed. Security Manager Alvonellos, Tim TM# 3460 and Front Desk Manager Kluver, Connie TM# 26018 were notified of the incident.</p>		
ADMINISTRATION		
BY (USER) T. Morgan 000038731	DATE/TIME 07/18/2014 20:37	APPROVED BY Tim Alvonellos 00003460
REVIEW 	DATE/TIME	DATE APPROVED 07/18/14
REVIEW	ASSIGNED TO	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-6125 PAGE 1																																								
OFFENSE(S) PHI - T/M Protected Health Information																																										
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 17:31 Friday																																										
LOCATION OF OCCURRENCE 1 Lobby 1																																										
DATE AND TIME REPORTED 07/25/14 17:31																																										
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
ESTIMATED LOSS VALUE \$ 0.00																																										
TYPE OF LOCATION BEAT SECTION																																										
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other																																										
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:15%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:15%;">ADDRESS 1</td> <td style="width:15%;">PHONE 1</td> </tr> <tr> <td>C</td> <td>1 of 1</td> <td></td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">BL STATE SEX INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> </table>			CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	C	1 of 1			OCCUPATION		ADDRESS 2	PHONE 2	BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																								
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																							
C	1 of 1																																									
OCCUPATION		ADDRESS 2	PHONE 2																																							
BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:15%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:15%;">ADDRESS 1</td> <td style="width:15%;">PHONE 1</td> </tr> <tr> <td>MN</td> <td>1 of 2 McCain, Amy</td> <td></td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">BL STATE SEX INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> </table>			CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	MN	1 of 2 McCain, Amy			OCCUPATION		ADDRESS 2	PHONE 2	BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																								
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																							
MN	1 of 2 McCain, Amy																																									
OCCUPATION		ADDRESS 2	PHONE 2																																							
BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:15%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:15%;">ADDRESS 1</td> <td style="width:15%;">PHONE 1</td> </tr> <tr> <td>MN</td> <td>2 of 2 Donaldson, Kyle</td> <td></td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">BL STATE SEX INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> </table>			CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	MN	2 of 2 Donaldson, Kyle			OCCUPATION		ADDRESS 2	PHONE 2	BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																								
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																							
MN	2 of 2 Donaldson, Kyle																																									
OCCUPATION		ADDRESS 2	PHONE 2																																							
BL STATE SEX INJURIES		ADDRESS 3	PHONE 3																																							
CASE SUMMARY / VEHICLE INFORMATION																																										
SUMMARY Protected Health Information. Registered guest [REDACTED] Suite 8-129.																																										
VEHICLE USED (WORKER) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN																																										
TOW/HPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																										
REGISTERED OWNER R/O ADDRESS																																										
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim																																										
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:15%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:15%;">ADDRESS 1</td> <td style="width:15%;">PHONE 1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">RACE SEX HT WT HAIR EYE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">OCCUPATION INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">SCARS / MARKS / TATTOOS</td> <td>ARRESTEE DISPOSITION</td> <td>RELEASE LOCATION</td> </tr> <tr> <td colspan="2">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>BL</td> <td>STATE</td> <td>ARRESTED</td> <td>BOOKING #</td> </tr> <tr> <td></td> <td></td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">WARRANT</td> <td>CITATION #</td> <td>SSP</td> </tr> <tr> <td colspan="2">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1					RACE SEX HT WT HAIR EYE DOB		ADDRESS 2	PHONE 2	OCCUPATION INJURIES		ADDRESS 3	PHONE 3	SCARS / MARKS / TATTOOS		ARRESTEE DISPOSITION	RELEASE LOCATION	YES <input type="checkbox"/> NO <input type="checkbox"/>				BL	STATE	ARRESTED	BOOKING #			YES <input type="checkbox"/> NO <input type="checkbox"/>		WARRANT		CITATION #	SSP	YES <input type="checkbox"/> NO <input type="checkbox"/>			
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																							
RACE SEX HT WT HAIR EYE DOB		ADDRESS 2	PHONE 2																																							
OCCUPATION INJURIES		ADDRESS 3	PHONE 3																																							
SCARS / MARKS / TATTOOS		ARRESTEE DISPOSITION	RELEASE LOCATION																																							
YES <input type="checkbox"/> NO <input type="checkbox"/>																																										
BL	STATE	ARRESTED	BOOKING #																																							
		YES <input type="checkbox"/> NO <input type="checkbox"/>																																								
WARRANT		CITATION #	SSP																																							
YES <input type="checkbox"/> NO <input type="checkbox"/>																																										
CHARGES																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CODE</td> <td style="width:15%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:15%;">ADDRESS 1</td> <td style="width:15%;">PHONE 1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">RACE SEX HT WT HAIR EYE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">OCCUPATION INJURIES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">SCARS / MARKS / TATTOOS</td> <td>ARRESTEE DISPOSITION</td> <td>RELEASE LOCATION</td> </tr> <tr> <td colspan="2">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>BL</td> <td>STATE</td> <td>ARRESTED</td> <td>BOOKING #</td> </tr> <tr> <td></td> <td></td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">WARRANT</td> <td>CITATION #</td> <td>SSP</td> </tr> <tr> <td colspan="2">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1					RACE SEX HT WT HAIR EYE DOB		ADDRESS 2	PHONE 2	OCCUPATION INJURIES		ADDRESS 3	PHONE 3	SCARS / MARKS / TATTOOS		ARRESTEE DISPOSITION	RELEASE LOCATION	YES <input type="checkbox"/> NO <input type="checkbox"/>				BL	STATE	ARRESTED	BOOKING #			YES <input type="checkbox"/> NO <input type="checkbox"/>		WARRANT		CITATION #	SSP	YES <input type="checkbox"/> NO <input type="checkbox"/>			
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																							
RACE SEX HT WT HAIR EYE DOB		ADDRESS 2	PHONE 2																																							
OCCUPATION INJURIES		ADDRESS 3	PHONE 3																																							
SCARS / MARKS / TATTOOS		ARRESTEE DISPOSITION	RELEASE LOCATION																																							
YES <input type="checkbox"/> NO <input type="checkbox"/>																																										
BL	STATE	ARRESTED	BOOKING #																																							
		YES <input type="checkbox"/> NO <input type="checkbox"/>																																								
WARRANT		CITATION #	SSP																																							
YES <input type="checkbox"/> NO <input type="checkbox"/>																																										
CHARGES																																										
ADMINISTRATION																																										
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																										
COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> DEL <input type="checkbox"/> CA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> SWAN <input type="checkbox"/> OTHER																																										
SV OFFICER T. Morgan 000038731																																										
DATE/TIME 07/25/14 18:27																																										
APPROVED BY Kyle Donaldson 000028229																																										
DATE APPROVED 07/28/14																																										
CASE STATUS Closed																																										

CR-1 Morgan/038731 Entered by: Tim Morgan

A/DC (Rev. 08/10/16) Print Date: 10/09/2018

VEN 398

2707

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-6125 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 07/28/14 17:31 Friday		DATE AND TIME REPORTED 07/28/14 17:31
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME - LAST, FIRST, MIDDLE, SUFFIX TIM	ADDRESS 1	PHONE 1
OCCUPATION Engineer	ADDRESS 2	PHONE 2
PL STATE DOB	ADDRESS 3	PHONE 3
ADMINISTRATION		
BY OFFICER T. Morgan 000038731	DATE/TIME 07/28/14 18:27	APPROVED BY Kyle Donaldson 000026229
OFFICER	UNIT/SHIFT	CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 10/09/2018

VEN 399

2708

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-6125
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURENCE 07/25/14 17:31 Friday		DATE AND TIME REPORTED 07/25/14 17:31
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
Incident Information Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available	Lighting Conditions Room Lights Security State (Click One Box) Protected Health Information Surface Conditions Marble Flal Wet / Slippery	
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPESTO. <input type="checkbox"/> PAT <input type="checkbox"/> DEL. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWAP <input type="checkbox"/> OTHER
BY OFFICER T. Morgan 000038731	DATETIME 07/25/2014 18:27	APPROVED BY Kyle Donaldson 000028229
OFFICER	UNIFORM	ASSIGNED TO
		DATE APPROVED 07/28/14
		CASE STATUS Closed

CLK-T Morgan/038731 Entered by: Tim Morgan

APDC (Rev. 06/16/06) Print Date 10/09/2018

VEN 400

2709

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-6125 PAGE 1 OF 2
Person Profile		
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONTINUED
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 17:31 Friday		DATE AND TIME REPORTED 07/25/14 17:31
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
		R/FAT <input type="checkbox"/> RES/OK <input type="checkbox"/>
PERSONS		
Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE C	1 OF 1	NAME - LAST FIRST MIDDLE SUFFIX <div style="background-color: black; width: 100px; height: 1.2em;"></div>
DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
MO INFORMATION		
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Build Medium Complexion Clear	Demeanor Calm Eyes Normal Facial Hair Clean Shaven Facial Hair Color Unknown Glasses None Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Odor of Intoxicants None	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a "trauma/injury" "tenderness" Speech Normal
CLOTHING		
CODE MN	1 OF 2	NAME - LAST FIRST MIDDLE SUFFIX McCaslin, Amy
		DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE MN	2 OF 2	NAME - LAST FIRST MIDDLE SUFFIX Donaldson, Kyle
		DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
ADMINISTRATION		
BY OFFICER T. Morgan 000038731	DATED 07/25/14 18:27	APPROVED BY Kyle Donaldson 000028229
OFFICER	DISPATCH	ASSIGNED TO
		DATE APPROVED 07/28/14
		CASE STATUS Closed

CR-1 Morga/038731 Entered by: Tim Morgan

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 401

2710

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-6125 PAGE 2 OF 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 17:31 Friday		
DATE AND TIME REPORTED 07/25/14 17:31		
LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION
1 Lobby 1		
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE TM	1 OF 1 NAME (LAST, FIRST, MIDDLE, INITIAL) <div style="background-color: black; width: 100px; height: 1.2em;"></div>	MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING <hr/>		
ADMINISTRATION		
PREPARED BY T. Morgan 000038731	DATE/TIME 07/25/14 18:27	APPROVED BY Kyle Donaldson 000028229
OFFICE 	UNIT/SECTION 	ASSIGNED TO
		DATE APPROVED 07/25/14
		CASE STATUS Closed

CR-1 Morgan/1438731 Entered by: Tim Morgan

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 402

2711

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-6125
Narrative Report		Page 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 17:31 Friday		DATE AND TIME REPORTED 07/25/14 17:31
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION REAT SECTOR
NARRATIVE <p>On July 25, 2014 at approximately 1731 hours, I was dispatched to the Grand Lux Caf area for a slip and fall. Upon arrival, I met with registered guest [REDACTED] suite 8-129. [REDACTED] stated she was walking toward the elevators when she slipped in a wet spill causing her to fall on land on her right knee. [REDACTED] was complaining of minimal right knee pain and wanted to do a report "in case something happens later on down the road."</p> <p>[REDACTED] was alert and oriented to person, place, time, and event. [REDACTED] had a patent airway and was breathing adequately. [REDACTED] stated when she fell she hit her right knee only. [REDACTED] denied hitting her head and denied loss of consciousness. Upon examination, I found no deformity, contusion, abrasions, lacerations, or discoloration. [REDACTED] had slight tenderness on the patella and appeared to be in minimal pain. [REDACTED] had good pulse, motor, and sensory bilaterally. [REDACTED] was able to put full weight on her right knee. I asked [REDACTED] if she wanted to go to the hospital, she declined. I asked [REDACTED] if she wanted a wheelchair escort to her suite, she declined. [REDACTED] only wanted an ice pack for later.</p> <p>Video coverage and photos are available. Accident scene check was completed. Front Desk Manager McCaslin, Amy TM# 37759 and Security Manager Donaldson, Kyle TM# 28229 were notified of the incident. Medical paperwork is attached.</p>		
ADMINISTRATION		
BY OFFICER T. Morgan 000038731	DATE/TIME 07/25/2014 18:27	APPROVED BY Kyle Donaldson 000028229
OFFICER	DATE/TIME	DATE APPROVED 07/28/14
OFFICER	DATE/TIME	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-3057 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE/TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 07/13/14 08:02		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION NAME Lobby 1		
TYPE OF LOCATION BEAT		
SECTOR		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	ADDRESS 1 PHONE 1
OCCUPATION Asst Sec Manager	RACE SEX AGE DOB 15 03/17/1999	ADDRESS 2 PHONE 2
DL STATE	INJURIES	ADDRESS 3 PHONE 3
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany	ADDRESS 4 PHONE 4
OCCUPATION Front Desk Mgr	RACE SEX AGE DOB	ADDRESS 5 PHONE 5
DL STATE	INJURIES	ADDRESS 6 PHONE 6
CODE SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX McFate, Tyler	ADDRESS 7 PHONE 7
OCCUPATION EMT Security Officer	RACE SEX AGE DOB	ADDRESS 8 PHONE 8
DL STATE	INJURIES	ADDRESS 9 PHONE 9
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information. Guest of suite 6-322-		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/> OF		
YEAR MAKE MODEL BODY TYPE COLOR VIN		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE REGISTERED OWNER TRV ADDRESS		
SUSPECT(S)/ ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
OCCUPATION	ADDRESS 4 PHONE 4	ADDRESS 5 PHONE 5
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION	RELEASE LOCATION
DL STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CIB
CHARGES		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
OCCUPATION	ADDRESS 4 PHONE 4	ADDRESS 5 PHONE 5
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION	RELEASE LOCATION
DL STATE	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CIB
CHARGES		
ADMINISTRATION		
VICTIM OCCURRED PREVIOUSLY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WASH <input type="checkbox"/> OTHER
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER	SHIFT	ASSIGNMENT TO
DATE APPROVED 07/14/14		
CASE STATUS Closed		

CR-1 Rescigno034137 Entered by: Gary Rescigno

ALDC (Rev. 08/10/14) Print Date: 10/09/2018

VEN 404

2713

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-3057 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday		
LOCATION OF OCCURRENCE 1 Lobby 1		
ADDITIONAL OFFENSE(S)		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
NAME - LAST, FIRST, MIDDLE, SUFFIX GU 1 of 1		
OCCUPATION Facilities supervisor		
ADDRESS 1 Fairbairn, Ron		
ADDRESS 2 W M		
ADDRESS 3 W M		
ADDRESS 4 W M		
ADDRESS 5 W M		
ADDRESS 6 W M		
ADDRESS 7 W M		
ADDRESS 8 W M		
ADDRESS 9 W M		
ADDRESS 10 W M		
ADDRESS 11 W M		
ADDRESS 12 W M		
ADDRESS 13 W M		
ADDRESS 14 W M		
ADDRESS 15 W M		
ADDRESS 16 W M		
ADDRESS 17 W M		
ADDRESS 18 W M		
ADDRESS 19 W M		
ADDRESS 20 W M		
ADDRESS 21 W M		
ADDRESS 22 W M		
ADDRESS 23 W M		
ADDRESS 24 W M		
ADDRESS 25 W M		
ADDRESS 26 W M		
ADDRESS 27 W M		
ADDRESS 28 W M		
ADDRESS 29 W M		
ADDRESS 30 W M		
ADDRESS 31 W M		
ADDRESS 32 W M		
ADDRESS 33 W M		
ADDRESS 34 W M		
ADDRESS 35 W M		
ADDRESS 36 W M		
ADDRESS 37 W M		
ADDRESS 38 W M		
ADDRESS 39 W M		
ADDRESS 40 W M		
ADDRESS 41 W M		
ADDRESS 42 W M		
ADDRESS 43 W M		
ADDRESS 44 W M		
ADDRESS 45 W M		
ADDRESS 46 W M		
ADDRESS 47 W M		
ADDRESS 48 W M		
ADDRESS 49 W M		
ADDRESS 50 W M		
ADDRESS 51 W M		
ADDRESS 52 W M		
ADDRESS 53 W M		
ADDRESS 54 W M		
ADDRESS 55 W M		
ADDRESS 56 W M		
ADDRESS 57 W M		
ADDRESS 58 W M		
ADDRESS 59 W M		
ADDRESS 60 W M		
ADDRESS 61 W M		
ADDRESS 62 W M		
ADDRESS 63 W M		
ADDRESS 64 W M		
ADDRESS 65 W M		
ADDRESS 66 W M		
ADDRESS 67 W M		
ADDRESS 68 W M		
ADDRESS 69 W M		
ADDRESS 70 W M		
ADDRESS 71 W M		
ADDRESS 72 W M		
ADDRESS 73 W M		
ADDRESS 74 W M		
ADDRESS 75 W M		
ADDRESS 76 W M		
ADDRESS 77 W M		
ADDRESS 78 W M		
ADDRESS 79 W M		
ADDRESS 80 W M		
ADDRESS 81 W M		
ADDRESS 82 W M		
ADDRESS 83 W M		
ADDRESS 84 W M		
ADDRESS 85 W M		
ADDRESS 86 W M		
ADDRESS 87 W M		
ADDRESS 88 W M		
ADDRESS 89 W M		
ADDRESS 90 W M		
ADDRESS 91 W M		
ADDRESS 92 W M		
ADDRESS 93 W M		
ADDRESS 94 W M		
ADDRESS 95 W M		
ADDRESS 96 W M		
ADDRESS 97 W M		
ADDRESS 98 W M		
ADDRESS 99 W M		
ADDRESS 100 W M		
ADDRESS 101 W M		
ADDRESS 102 W M		
ADDRESS 103 W M		
ADDRESS 104 W M		
ADDRESS 105 W M		
ADDRESS 106 W M		
ADDRESS 107 W M		
ADDRESS 108 W M		
ADDRESS 109 W M		
ADDRESS 110 W M		
ADDRESS 111 W M		
ADDRESS 112 W M		
ADDRESS 113 W M		
ADDRESS 114 W M		
ADDRESS 115 W M		
ADDRESS 116 W M		
ADDRESS 117 W M		
ADDRESS 118 W M		
ADDRESS 119 W M		
ADDRESS 120 W M		
ADDRESS 121 W M		
ADDRESS 122 W M		
ADDRESS 123 W M		
ADDRESS 124 W M		
ADDRESS 125 W M		
ADDRESS 126 W M		
ADDRESS 127 W M		
ADDRESS 128 W M		
ADDRESS 129 W M		
ADDRESS 130 W M		
ADDRESS 131 W M		
ADDRESS 132 W M		
ADDRESS 133 W M		
ADDRESS 134 W M		
ADDRESS 135 W M		
ADDRESS 136 W M		
ADDRESS 137 W M		
ADDRESS 138 W M		
ADDRESS 139 W M		
ADDRESS 140 W M		
ADDRESS 141 W M		
ADDRESS 142 W M		
ADDRESS 143 W M		
ADDRESS 144 W M		
ADDRESS 145 W M		
ADDRESS 146 W M		
ADDRESS 147 W M		
ADDRESS 148 W M		
ADDRESS 149 W M		
ADDRESS 150 W M		
ADDRESS 151 W M		
ADDRESS 152 W M		
ADDRESS 153 W M		
ADDRESS 154 W M		
ADDRESS 155 W M		
ADDRESS 156 W M		
ADDRESS 157 W M		
ADDRESS 158 W M		
ADDRESS 159 W M		
ADDRESS 160 W M		
ADDRESS 161 W M		
ADDRESS 162 W M		
ADDRESS 163 W M		
ADDRESS 164 W M		
ADDRESS 165 W M		
ADDRESS 166 W M		
ADDRESS 167 W M		
ADDRESS 168 W M		
ADDRESS 169 W M		
ADDRESS 170 W M		
ADDRESS 171 W M		
ADDRESS 172 W M		
ADDRESS 173 W M		
ADDRESS 174 W M		
ADDRESS 175 W M		
ADDRESS 176 W M		
ADDRESS 177 W M		
ADDRESS 178 W M		
ADDRESS 179 W M		
ADDRESS 180 W M		
ADDRESS 181 W M		
ADDRESS 182 W M		
ADDRESS 183 W M		
ADDRESS 184 W M		
ADDRESS 185 W M		
ADDRESS 186 W M		
ADDRESS 187 W M		
ADDRESS 188 W M		
ADDRESS 189 W M		
ADDRESS 190 W M		
ADDRESS 191 W M		
ADDRESS 192 W M		
ADDRESS 193 W M		
ADDRESS 194 W M		
ADDRESS 195 W M		
ADDRESS 196 W M		
ADDRESS 197 W M		
ADDRESS 198 W M		
ADDRESS 199 W M		
ADDRESS 200 W M		
ADDRESS 201 W M		
ADDRESS 202 W M		
ADDRESS 203 W M		
ADDRESS 204 W M		
ADDRESS 205 W M		
ADDRESS 206 W M		
ADDRESS 207 W M		
ADDRESS 208 W M		
ADDRESS 209 W M		
ADDRESS 210 W M		
ADDRESS 211 W M		
ADDRESS 212 W M		
ADDRESS 213 W M		
ADDRESS 214 W M		
ADDRESS 215 W M		
ADDRESS 216 W M		
ADDRESS 217 W M		
ADDRESS 218 W M		
ADDRESS 219 W M		
ADDRESS 220 W M		
ADDRESS 221 W M		
ADDRESS 222 W M		
ADDRESS 223 W M		
ADDRESS 224 W M		
ADDRESS 225 W M		
ADDRESS 226 W M		
ADDRESS 227 W M		
ADDRESS 228 W M		
ADDRESS 229 W M		
ADDRESS 230 W M		
ADDRESS 231 W M		
ADDRESS 232 W M		
ADDRESS 233 W M		
ADDRESS 234 W M		
ADDRESS 235 W M		
ADDRESS 236 W M		
ADDRESS 237 W M		
ADDRESS 238 W M		
ADDRESS 239 W M		
ADDRESS 240 W M		
ADDRESS 241 W M		
ADDRESS 242 W M		
ADDRESS 243 W M		
ADDRESS 244 W M		
ADDRESS 245 W M		
ADDRESS 246 W M		
ADDRESS 247 W M		
ADDRESS 248 W M		
ADDRESS 249 W M		
ADDRESS 250 W M		
ADDRESS 251 W M		
ADDRESS 252 W M		
ADDRESS 253 W M		
ADDRESS 254 W M		
ADDRESS 255 W M		
ADDRESS 256 W M		
ADDRESS 257 W M		
ADDRESS 258 W M		
ADDRESS 259 W M		
ADDRESS 260 W M		
ADDRESS 261 W M		
ADDRESS 262 W M		
ADDRESS 263 W M		
ADDRESS 264 W M		
ADDRESS 265 W M		
ADDRESS 266 W M		
ADDRESS 267 W M		
ADDRESS 268 W M		
ADDRESS 269 W M		
ADDRESS 270 W M		
ADDRESS 271 W M		
ADDRESS 272 W M		
ADDRESS 273 W M		
ADDRESS 274 W M		
ADDRESS 275 W M		
ADDRESS 276 W M		
ADDRESS 277 W M		
ADDRESS 278 W M		
ADDRESS 279 W M		
ADDRESS 280 W M		
ADDRESS 281 W M		
ADDRESS 282 W M		
ADDRESS 283 W M		
ADDRESS 284 W M		
ADDRESS 285 W M		
ADDRESS 286 W M		
ADDRESS 287 W M		
ADDRESS 288 W M		
ADDRESS 289 W M		
ADDRESS 290 W M		
ADDRESS 291 W M		
ADDRESS 292 W M		
ADDRESS 293 W M		
ADDRESS 294 W M		
ADDRESS 295 W M		
ADDRESS 296 W M		
ADDRESS 297 W M		
ADDRESS 298 W M		
ADDRESS 299 W M		
ADDRESS 300 W M		
ADDRESS 301 W M		
ADDRESS 302 W M		
ADDRESS 303 W M		
ADDRESS 304 W M		
ADDRESS 305 W M		
ADDRESS 306 W M		
ADDRESS 307 W M		
ADDRESS 308 W M		
ADDRESS 309 W M		
ADDRESS 310 W M		
ADDRESS 311 W M		
ADDRESS 312 W M		
ADDRESS 313 W M		
ADDRESS 314 W M		
ADDRESS 315 W M		
ADDRESS 316 W M		
ADDRESS 317 W M		
ADDRESS 318 W M		
ADDRESS 319 W M		
ADDRESS 320 W M		
ADDRESS 321 W M		
ADDRESS 322 W M		
ADDRESS 323 W M		
ADDRESS 324 W M		
ADDRESS 325 W M		
ADDRESS 326 W M		
ADDRESS 327 W M		
ADDRESS 328 W M		
ADDRESS 329 W M		
ADDRESS 330 W M		
ADDRESS 331 W M		
ADDRESS 332 W M		
ADDRESS 333 W M		
ADDRESS 334 W M		
ADDRESS 335 W M		
ADDRESS 336 W M		
ADDRESS 337 W M		
ADDRESS 338 W M		
ADDRESS 339 W M		
ADDRESS 340 W M		
ADDRESS 341 W M		
ADDRESS 342 W M		
ADDRESS 343 W M		
ADDRESS 344 W M		
ADDRESS 345 W M		
ADDRESS 346 W M		
ADDRESS 347 W M		
ADDRESS 348 W M		
ADDRESS 349 W M		
ADDRESS 350 W M		
ADDRESS 351 W M		
ADDRESS 352 W M		

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-3057
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - TMI Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FORWARDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> CLERK <input type="checkbox"/> PROBATION <input type="checkbox"/> UNAP <input type="checkbox"/> OTHER	
BY OFFICER G. Roscigno 000034137	DATE/TIME 07/13/2014 14:58	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

CR-1 Rosci034137 Entered by: Gary Roscigno

APDC (Rev 05/16/06) Print Date: 10/19/2018

VEN 406

2715

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-3057 PAGE 1 OF 2
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) CONT'D 		
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday to 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION
BEAT 		REFLECT
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE LIVES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MIN	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	DOB 05/17/1999
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING 		
CODE MIN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany	DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING 		
CODE SO	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX McFate, Tyler	DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING 		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/14 14:58	APPROVED BY Jacob Johnson 000025575
OFFICER 	UNIT/SHIFT 	ASSIGNED TO
		DATE APPROVED 07/14/14
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 407

2716

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-3057 PAGE 2 OF 2
OFFENSE(S): PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		
DATE AND TIME REPORTED 07/13/14 08:02		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE GU	1 OF 1	NAME (LAST, FIRST, MIDDLE, SUFFIX) DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION		
<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal SAMPLE History Obtained? <u>Built</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Angry Nervous <u>Eyes</u> Clear	<u>Hair Length</u> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Soft Roller Bandage Cold Packs Disposable Gloves <u>Color of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Contusions Tenderness Swelling	<u>Speech</u> Excited
CLOTHING Shorts, shirt and flip flops		
CODE TM	1 OF 1	NAME (LAST, FIRST, MIDDLE, SUFFIX) Fairbairn, Ron DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
REPORTED BY G. Rescigno 000034137	DATE/TIME 07/13/14 14:58	APPROVED BY Jacob Johnson 000025375
OFFICE	UNIT/POST	DATE STATUS Closed

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 6/12/13) Print Date: 10/09/2018

VEN 408

2717

Arrest: <input type="checkbox"/> Crime: <input type="checkbox"/> Non-Criminal: <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-3057
Narrative Report		Page 1 of 3
OFFENSE(S) PHI - TMI Protected Health Information		OFFENSE(S) serial
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATIONS REAR SECTOR
NARRATIVE <p>On July 13, 2014 at 08:02 am Security Dispatch asked Emergency Medical Technician (EMT) McFate, Tyler Tm # 33912 to respond to the low rise guest entrance/exit (lobby 1) elevator lobby for a report of a female who had slipped and fallen. EMT Mcfate and I responded.</p> <p>Upon our arrival at the low rise elevator bank, we noticed a female who was standing on her own accord next to yellow caution signs, holding her black in color flip flop type sandals. The marble floor by the signs was being moped by a Public Access Department (PAD) team member. I noticed within the caution signs, there were some droplet of clear fluid. This female who was later identified as [REDACTED] advised she had fallen in front of the caution signs that were not there. The sign and fluid were in front of elevator P4.</p> <p>[REDACTED] was conscious and alert to person, place, time and event. [REDACTED] was breathing normally and equally without any challenges and upon talking to her, denied hitting her head or loosing consciousness. I noticed no penetrations, lacerations, abrasions, deformities or any immediate life threats to [REDACTED]. [REDACTED] stated her right knee and lower back hurt.</p> <p>[REDACTED] continued to state that she slipped on the fluid and fell directly onto her tail bone and then onto her right knee. Upon closer inspection of the right knee, I noticed some swelling and redness. [REDACTED] stated she has a history of back injuries and pain.</p> <p>EMT McFate introduced himself and asked if he could examine [REDACTED] right knee. [REDACTED] stated yes. As EMT McFate was attempting to conduct his medical evaluation of the right knee, [REDACTED] mentioned that she wanted compensation for her fall and subsequent injuries, including new sandals that had broken in the fall. [REDACTED] was advised that we are there to help her and document the incident and any compensation questions needed to be directed to risk management or the front desk and I would give her all the information at the end of our examination. [REDACTED] agreed.</p> <p>During his examination of [REDACTED] right knee, EMT Mcfate noted no signs of crepitus, however [REDACTED] was complaining of severe pain that she rated on the pain scale as a 12(10 being the worst). EMT Mcfate offered [REDACTED] paramedics because she was saying her pain level was high. [REDACTED] refused. EMT Mcfate continued with his</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER [REDACTED]	UNIT/SHIP [REDACTED]	DATE APPROVED 07/14/14
		PAGE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-3057 Page 2 of 3
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday TO 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
INCIDENT OR OCCURRENCE 1 Lobby 1	REPORTING NAME Lobby 1	TYPE OF LOCATION
BEAT 		SECTION
NARRATIVE <p>examination. EMT Mcfate asked [REDACTED] to move her toes. She did without any pain. [REDACTED] was positive for feeling in her right foot and toes. [REDACTED] was able to slightly extend her right knee with minimal pain.</p> <p>[REDACTED] once again asked for compensation and I again explained we were there to help her medically and to document the incident and I would give her all the information for risk management after we had finished helping her. EMT McFate asked [REDACTED] if he could support her right knee by applying a wrap and a ice pack. [REDACTED] stated yes. Using a flexible ace bandage, EMT Mcfate wrapped the right knee and asked [REDACTED] if the wrap felt fine. [REDACTED] stated yes. EMT Mcfate applied the disposable ice pack on top of the right knee.</p> <p>I asked [REDACTED] if she wanted to complete a guest accident packet. [REDACTED] stated "yes but I can't right due to the pain, could you help me". I advised yes. As we were completing the paperwork [REDACTED] again asked for compensation. EMT Mcfate asked Security Dispatch to contact Front Desk Manager, Peck, Brittany Tm # 32974 and have her come to our location.</p> <p>After [REDACTED] and I completed the guest accident paperwork, I read back everything I wrote. [REDACTED] agreed and signed the paperwork including medical release, medical authorization and guest accident form. EMT McFate reassessed [REDACTED], she could still move her right leg up and down slightly with pain. We asked [REDACTED] if she could stand upon her right leg. EMT Mcfate and I helped [REDACTED] out of the chair she was sitting in. [REDACTED] stated she could not stand upon her right leg. We gently placed [REDACTED] back into the chair and I went to obtain a wheel chair for an escort to [REDACTED] suite (6-322).</p> <p>Upon my return to lobby one with the wheel chair, EMT Mcfate and I helped [REDACTED] into it and escorted her to her suite. Once inside we helped [REDACTED] out of the wheel chair and onto the bed, where we placed two pillows under her right knee. I gave [REDACTED] copies of the paperwork she had signed and we exited the suite, advising [REDACTED] if she needed us back, she was to call us.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER 	WITNESS 	DATE APPROVED 07/14/14
CASE STATUS Closed		

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-3057
Narrative Report		Page 3 of 3
OFFENSE(S) PH - T/M Protected Health Information		CHARGE(S) CODE
DATE, TIME AND DAY OF OCCURRENCE 07/13/14 08:02 Sunday 07/13/14 09:01 Sunday		DATE AND TIME REPORTED 07/13/14 08:02
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
NARRATIVE <p>I went to the front desk and spoke to Manager Peck. Manager peck told me she offered [REDACTED] \$ 50.00 for the replacement cost of the flip/flops a ride to and from the hospital and a nights stay but she would have to sign a release of claims. [REDACTED] advised Manager peck she would let her know.</p> <p>At 11:00 am on July 13, 2014 I contacted Manager peck. Manager peck told me she had talked to [REDACTED] again. [REDACTED] refused to sign the release of claims and due to this she would get the ride to and from the hospital as a courtesy. Manager peck continued to tell me [REDACTED] stated she did not want to sign the release of claims because she wants her medical bills paid for.</p> <p>As of the completion of this report, it is unknown what hospital if any or what time [REDACTED] decided to go to.</p> <p>An accident scene check was completed by facilities team member Fairbain, Ronald Tm # 20389</p> <p>Security Dispatch states the have coverage of the slip and fall. Risk Managemnt was notified as was manager Peck and Asst. Security Manager Johnson, Jacob Tm # 25575.</p> <p>This report contains the following:</p> <ul style="list-style-type: none"> Scan of guest accident report. Scan of medical release. Scan of medical authorization. Scan of accident scene check. Photographs 1 and 2 are of the area of the fluid spill. Photograph # 3 and 4 are of [REDACTED] right knee/foot. Photograph # 5 is of the sandals photograph # 6 is of [REDACTED] Photograph # 7 and 8 are of the right knee. Photograph 9 and 10 are of the flip flops [REDACTED] was wearing. 		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/13/2014 14:59	APPROVED BY Jacob Johnson 000025575
OFFICER G. Rescigno	SUFFICIENT Yes	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-8151 PAGE 1
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 19:59 Friday		
LOCATION OF OCCURRENCE 1 Grand Hall		
DATE AND TIME REPORTED 07/25/14 19:59		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
TYPE OF LOCATION 1		
BEAT 1		
SECTOR 1		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE C 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL STATE [REDACTED] BOB [REDACTED] INJURIES [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CODE TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Bachman, Allen		
OCCUPATION Facilities Senior Watch		
DL STATE [REDACTED] BOB [REDACTED] INJURIES [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-Gamino, Luz		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE [REDACTED]		
REGISTERED OWNER [REDACTED]		
RPT ADDRESS [REDACTED]		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE S OF NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]		
OCCUPATION [REDACTED]		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DL STATE [REDACTED] ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # [REDACTED]		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE / TIME [REDACTED]		
CHARGES [REDACTED]		
CODE S OF NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]		
OCCUPATION [REDACTED]		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DL STATE [REDACTED] ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # [REDACTED]		
ARRESTEE DISPOSITION [REDACTED]		
RELEASE LOCATION [REDACTED]		
ARREST DATE / TIME [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
NOT IN DISCREPANCY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER		
BY OFFICER L. Sivra 000038582		
DATE/TIME 07/28/14 16:59		
APPROVED BY Kyle Donaldson 00028229		
DATE APPROVED 07/28/14		
CASE STATUS Closed		

CR-1 Sivra/038582 Entered by: Lynn Sivrais

APDC (Rev. 08/10/16) Print Date: 05/23/2017

VEN 412

2721

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Case MO	CASE # 1407V-6151 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 07/25/14 19:59 Friday		DATE AND TIME REPORTED 07/25/14 19:59
LOCATION OF OCCURENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION
		BEAT 1
NO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Non-Guest Slip & Fall Statements Taken No Video Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security State (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COMPLETED <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER
BY OFFICER L. Sivra 000038502	DATE/TIME 07/26/2014 16:59	APPROVED BY Kyle Donaldson 000028229
OFFICER	UNIT/SHIFT	CASE STATUS Closed

CR-1 Sivra/038582 Entered by: Lynn Sivra

APDC (Rev. 06/16/06) Print Date: 05/23/2017

VEN 413

2722



VEN 414

2723

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407Y-6151 PAGE 1 OF 1			
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) cont'd			
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 19:59 Friday		DATE AND TIME REPORTED 07/25/14 19:59			
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION 1			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Corroborant R = Party Q = Other					
CODE C	NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em;"></div>	JOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION <table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL </td> <td style="vertical-align: top;"> Build Medium Complexion Clear Demeanor Calm Polite Eyes Clear Glasses Prescription Hair Length Shoulder length Hair Style Straight </td> <td style="vertical-align: top;"> Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Tenderness Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build Medium Complexion Clear Demeanor Calm Polite Eyes Clear Glasses Prescription Hair Length Shoulder length Hair Style Straight	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Tenderness Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build Medium Complexion Clear Demeanor Calm Polite Eyes Clear Glasses Prescription Hair Length Shoulder length Hair Style Straight	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Tenderness Speech Normal			
CLOTHING					
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX Bachman, Allen	JOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER L. Sivra 000038582	DATE/TIME 07/26/14 16:59	APPROVED BY Kyle Donaldson 000028229			
OFFICER	LIAISON	ASSIGNED TO			
		DATE APPROVED 07/28/14			
		CASE STATUS Closed			

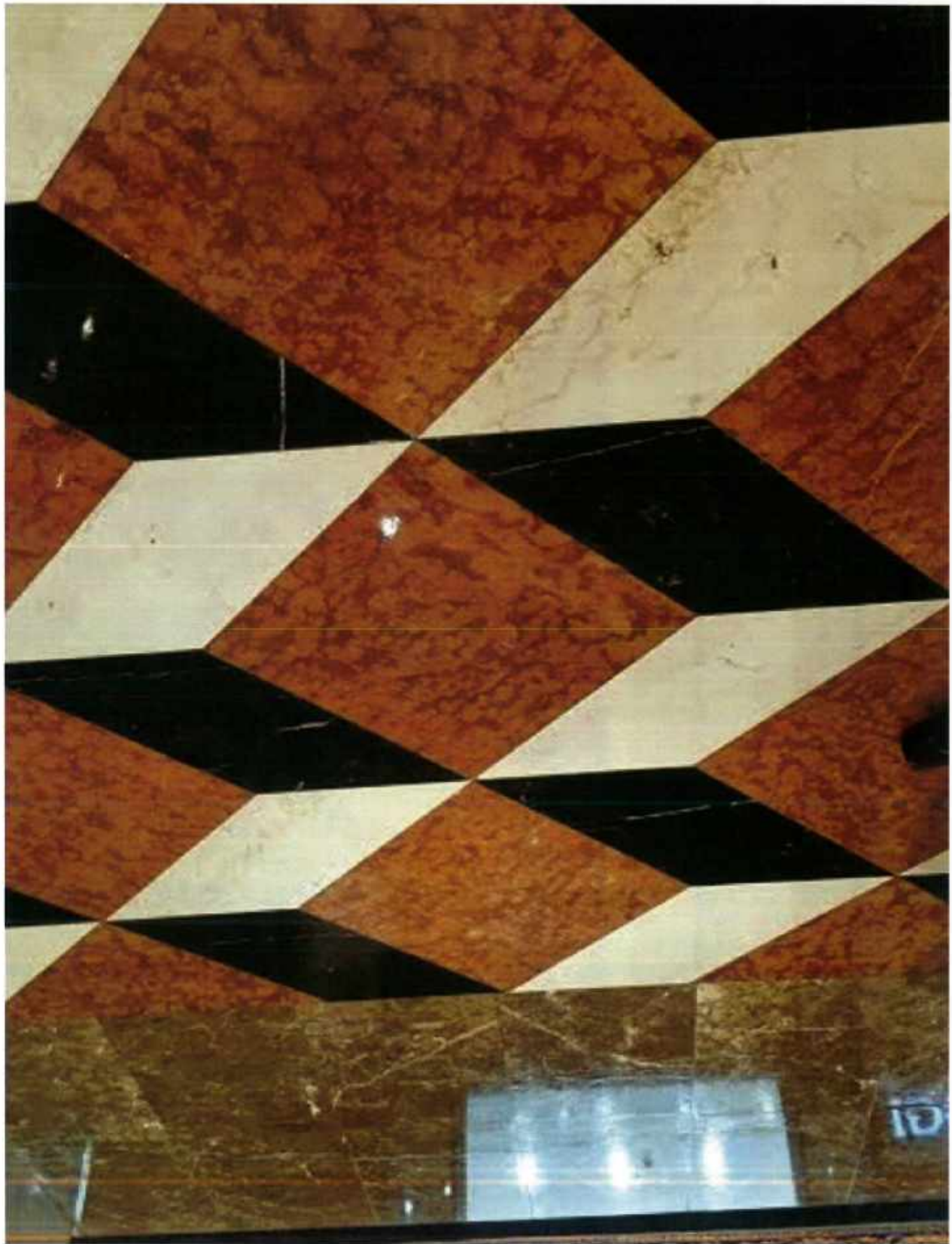
CR-1 Sivra/038582 Entered by: Lyon Sivrais

APDC (Rev. 01/22/13) Print Date: 05/23/2017

VEN 415

2724

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-6151
Narrative Report		Page 1 of 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 07/25/14 19:59 Friday		DATE AND TIME REPORTED 07/25/14 19:59
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME	TYPE OF LOCATION 1
NARRATIVE		
<p>On 07-25-2014 at 8:04 PM, I was dispatched to the Grand Hall in front of the Viaggi luggage store for a slip and fall.</p> <p>Upon arrival I met with non-guest [REDACTED]. [REDACTED] stated she was walking in the Grand Hall area and she slipped and fell. [REDACTED] stated when she fell she noticed there to be a liquid on the floor that she fell in.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume, and had a palpable pulse at the left radial site. [REDACTED] was complaining of pain to her left buttock area and denied chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, fatigue, dizziness, headache or trauma. [REDACTED] stated when she fell she landed on her buttocks. [REDACTED] stated she has a little pain to the area. I asked [REDACTED] if she would like to go to the hospital and that I could contact a ambulance for her. [REDACTED] stated she did not want to go to the hospital and did not want paramedics to respond. I asked [REDACTED] if she was having neck and back pain. [REDACTED] denied neck and back pain. I advised [REDACTED] that if she had any further issues that she should go to the hospital.</p> <p>Initial vital signs are as follows: pulse - 68 beats/minute, strong and regular at the left radial site; respirations - 18 breaths/minute, full and effective; pupils are equal and reactive to light; skins - pink, normal, warm.</p> <p>[REDACTED] stated that she wanted to continue to walk around.</p> <p>Accident Scene Check was completed by engineer Bachman, Allen TM# 20289 to find no defects in the area. I complete my portion of the accident scene check and I found water in the area and PAD was called to clean the area.</p> <p>A check with Security Control for camera coverage came back negative.</p> <p>All paperwork and photographs are attached to this report.</p>		
ADMINISTRATION		
BY OFFICER L. Sivrais 000038582	DATE/TIME 07/26/2014 16:59	APPROVED BY Kyle Donaldson 000028229
OFFICER	UNIT/SHIFT	DATE APPROVED 07/28/14
		CASE STATUS Closed



VEN 417

2726



Incident Report Number: 1407V-6151

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 2025

Date: 7-25-14

Guest Suite #: Grand Hall Venetian

Defects Noted (Explain in detail):

~~There~~ There was water on the floor

Actions Taken:

PAD cleaned water up

Lighting Normal? (If no, explain):

Yes

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name):

Scott Sivra's

TM#:

38582

Engineer

Time: 2025

Date: 7/25/14

Guest Suite #: Grand Hall Venetian

Defects Noted (Explain in detail):

None

Actions Taken:

Checked Area for safety issue's

Checked by Engineer (Name):

Allen Bachmann

TM#:

02089



Incident Report Number: 1407N-6151

Accident Report – Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]

Home Address: [REDACTED] Social Security #: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Your Occupation: [REDACTED]

By Whom: Employed: [REDACTED]

Are You a Guest of The Venetian or The Palazzo?: [REDACTED] Suite #: [REDACTED]

Local Address or Hotel If not a Venetian or Palazzo Guest: [REDACTED]

Please state, in your own words, what you were doing and what happened to cause your accident.

habia agua en el piso y resbale cayendo al piso
el dolor es el la cadera y nalga.

Date of Accident: 7/23/14 Time of Accident: 8:00 PM

Location of Accident (Please be specific): enfrente de la tienda VIAGGI

Whom do you consider to blame?: [REDACTED]

If you consider The Venetian or The Palazzo responsible, please state why: [REDACTED]

What, if any, injuries did you sustain?: Cadera y nalga Izquierda.

What, if any, property damage did you suffer?: [REDACTED]

Number of Guests in Your Party at Time of Accident: [REDACTED]

Dated this [REDACTED] Day of [REDACTED], 20[REDACTED]

Signature of Guest: Luz Gamino.

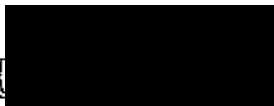

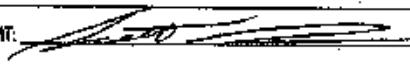
Security Officer: [Signature] TMR: 38582

Guest Checkout Date: [REDACTED]

1407V-8151

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

- ☒ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible. *No Treatment - Could be done.*
- ☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): 
Signature: 
Address: _____
Date of Birth: _____ Social Security #: _____
Phone: _____
Witness: _____
Witness: _____
Date: _____ Time: _____
Refused to Sign: _____
Venetian/Palazzo EMT:  ID#: *38582*

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-7161 PAGE 1
OFFENSE(S) PHI - TM Protected Health Information		
OFFENSE(S) confd.		
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		DATE AND TIME REPORTED 07/29/14 14:47
LOCATION OF OCCURRENCE 1 Lobby 1		LOCATION NAME TYPE OF LOCATION SEAT SECTOR
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Lambert, Thomas OCCUPATION Front desk manager DL STATE SS# INJURIES	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
CODE MN 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Mosier, Christopher J OCCUPATION Asst. Security Manager DL STATE SS# INJURIES	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
CODE R 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Pemberton, Sean OCCUPATION Engineer DL STATE SS# INJURIES	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected health information. Guest of suite [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF YEAR MAKE MODEL BODY TYPE COLOR VIN TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION INJURIES SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> AKA's DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# OS#	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
CHARGES		
CODE OF NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION INJURIES SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> AKA's DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# OS#	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
CHARGES		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
GOES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAIV. <input type="checkbox"/> OTHER		
BY OFFICER G. Rescigno 000034137 OFFICER	DATE/TIME 07/29/14 16:16 UNITS/SHIFT	APPROVED BY Jacob Johnson 000025575 ASSIGNED TO
		DATE APPROVED 07/31/14 CASE STATUS Closed

CR-1 Rescigno034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 05/31/2018

VEN 421

2730

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-7161 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) conf'd.
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		DATE AND TIME REPORTED 07/29/14 14:47
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) conf'd.
PERSONS <small>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</small>		
CODE: GU 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 3
DL STATE SSN INJURIES [REDACTED]	ADDRESS 3	PHONE 3
CODE: SO 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Malcolm, Chris		ADDRESS 1 PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
DL STATE SSN INJURIES [REDACTED]	ADDRESS 3	PHONE 3
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/14 16:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNITS/SHIFT	DATE APPROVED 07/31/14
ASSIGNED TO		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 05/31/2018

VEN 422

2731

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-7161
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		DATE AND TIME REPORTED 07/29/14 14:47
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat	<u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> CA. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/2014 16:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNITS/HRT	DATE APPROVED 07/31/14
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 06/16/05) Print Date: 05/31/2018

VEN 423

2732

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-7161 PAGE 1 OF 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		
DATE AND TIME REPORTED 07/29/14 14:47		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT	SECTOR	
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE R	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
		DOB <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		
CODE MN	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
		DOB <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		
CODE MN	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Mosier, Christopher J
		DOB <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		
CODE SO	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Malcolm, Chris
		DOB <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/14 16:16	APPROVED BY Jacob Johnson 000025575
DATE APPROVED 07/31/14	OFFICER	ASSIGNED TO
CASE STATUS Closed	UNTS/SHFT	

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/31/2018

VEN 424

2733

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-7161 PAGE 2 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday to 07/29/14 15:26 Tuesday					
DATE AND TIME REPORTED 07/29/14 14:47					
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION			
BEAT	SECTOR				
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE GU	NAME - LAST, FIRST, MIDDLE, SURNAME 1 OF 1	DOB 1 OF 1			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MD INFORMATION					
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Small Complexion Tanned Demeanor Polite </td> <td style="width: 33%; vertical-align: top;"> Eyes Clear Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate </td> <td style="width: 33%; vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Small Complexion Tanned Demeanor Polite	Eyes Clear Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Small Complexion Tanned Demeanor Polite	Eyes Clear Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate	Speech Normal			
CLOTHING					
Flip flops, sun dress					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/14 16:16	APPROVED BY Jacob Johnson 000025575			
OFFICER	UNIT/SHIFT	DATE STATUS Closed			

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 05/31/2018

VEN 425

2734

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-7161 Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		
DATE AND TIME REPORTED 07/29/14 14:47		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
NARRATIVE <p>On July 29, 2014 at 14:47 Security Dispatch asked me to respond to the guest entrance/exit to the Venetian Suites (Lobby 1) for a slip and fall. I obtained my basic Life Support (BLS) bag and responded.</p> <p>Upon arrival at lobby 1, I was met by guest of suite [REDACTED] was standing and leaning against the wall by the Security podium. I noticed no contusions, abrasions, lacerations, penetrations or any immediate life threats to [REDACTED] at this time. I noticed [REDACTED] was wearing flip/flop type sandals and sun dress.</p> <p>I asked [REDACTED] how I could help her. Ms. [REDACTED] stated while she was walking in front of the Security Podium she suddenly slipped on the marble flooring thus doing the splits. Ms. [REDACTED] continued to state she felt embarrassed. I asked Ms. [REDACTED] if she hit her head or lost consciousness. Ms. [REDACTED] denied having any back or neck pain and denied hitting her head on the floor. Ms. [REDACTED] stated she was fine at this time, however her left toe(s) were bent back and her left knee hit the marble and was slightly sore.</p> <p>I asked Ms. [REDACTED] if she wanted medical attention. Ms. [REDACTED] stated "no". I asked Ms. [REDACTED] if she wanted paramedics. Ms. [REDACTED] stated "no". I made a visual inspection of Ms. [REDACTED] left knee and exposed toes. I noticed no visible signs of contusions or abrasions. Ms. [REDACTED] stated she wanted to complete a report incase something develops.</p> <p>While Ms. [REDACTED] was completing the guest accident paperwork I contacted facilities for an accident scene check. I also contacted Front Desk Manager Lambert, Thomas Tm # 33254. After Ms. [REDACTED] completed the paperwork, I asked he again if she wanted medical attention and or paramedics. Ms. [REDACTED] told me at this time she was fine. I advised Ms. [REDACTED] that we have Emergency Medical Technicians on property covering 24 hours. I handed Ms. [REDACTED] a ice pack for later. and gave her the information to Risk Management as well as this report number. Ms. [REDACTED] walked with challenge to her gait.</p> <p>Facilities team member Pemberton, Sean Tm # 24333 arrived and completed a accident scene check. Front Desk Manager Lambert, Thomas Tm # 33254 was notified.</p> <p>Surveillance stated they have coverage of Ms. [REDACTED] slip and fall.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/2014 16:16	APPROVED BY Jacob Johnson 000025575
DATE/TIME 07/31/14	APPROVED BY	DATE/TIME
OFFICER	DATE/TIME	APPROVED BY
CASE STATUS Closed		

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1407V-7161 Page 2 of 2
OFFENSE(S) PHI - TIM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/29/14 14:47 Tuesday TO 07/29/14 15:26 Tuesday		
DATE AND TIME REPORTED 07/29/14 14:47		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
DEPT 		
SECTION 		
NARRATIVE <p>This report contains the following:</p> <p>Scan of guest injury report.</p> <p>Scan of medical release.</p> <p>Scan of unsigned medical authorization.</p> <p>Scan of accident scene check.</p> <p>Photograph # 1 is of Ms. [REDACTED] purple flip/flops.</p> <p>Photograph # 2 is of the area of the slip and fall.</p> <p>Photograph # 3 is of Ms. [REDACTED]</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/29/2014 16:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		STATUS Closed

VEN 427

2736



VEN 428

2737



VEN 429

2738



VEN 430

2739

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

☐ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☒ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): _____
Signature: _____
Address: _____
Date of Birth: _____ Social Security #: _____
Phone: _____
Witness: _____
Witness: _____
Date: 7-29-14 Time: 11:10
Refused to Sign: _____ ID#: 27427
Venetian/Palazzo EMT: _____

Refused medical.
Complained of possible knee contusion.
Denies neck/pain.



14070-7161

Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.


This Medical Authorization ("Authorization") is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC dba The Venetian/The Palazzo ("Hotel") a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their directors, officers, employees, agents, and representatives (collectively "The Venetian Resort-Hotel-Casino and The Palazzo Resort-Hotel-Casino").

1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including MRIs, myelograms, and x-rays for independent examination, providing that same are returned to the Guest within thirty (30) days from the date of their release. It is further agreed that a photocopy of facsimile of this authorization is to have the same force and effect as the original.

3) Guest certifies that he/she has read and understands the contents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name: _____ Guest's Suite #: _____
Signature: _____ Today's Date: _____

Guest Refused to
Complete 7-29-14 at
15:02


Accident Report – Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]
Home Address: [REDACTED] Social Security #: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Your Occupation: [REDACTED]
By Whom Employed: [REDACTED]
Are You a Guest of The Venetian or The Palazzo?: yes Suite #: [REDACTED]
Local Address or Hotel if not a Venetian or Palazzo Guest: [REDACTED]

Please state, in your own words, what you were doing and what happened to cause your accident.

walking in front of guest Entries in hotel - I slipped with
my left foot forward and right foot backwards (split) there
must have been some sort of liquid (water) on ground - there
was no caution thing

Date of Accident: 7/29/14 Time of Accident: 2:50

Location of Accident (Please be specific): In front of guest Entries

Whom do you consider to blame?: Hotel cause there was no one in Maintenance to cleanup ASAP.

If you consider The Venetian or The Palazzo responsible, please state why: ↓ ↓

What, if any, injuries did you sustain?: Bent toes forward - hit my knee - lower back pain

What, if any, property damage did you suffer?: [REDACTED]

Number of Guests in Your Party at Time of Accident: 0

Dated this 29 Day of July 2014

Signature of Guest: [REDACTED]

Security Officer: [Signature] TM #: 34152

Guest Checkout Date: [REDACTED]

F.D. Manager
Thomas Lamert. #

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 15:00 Date: 7/29/14 Guest Suite #: _____

Defects Noted (Explain in detail): None - Dry Flat

Actions Taken: Called Acc. Guest Refused All Medical

Lighting Normal? (If no, explain): Room Lights

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Rescigno, Gary TM #: 74132

Engineer

Time: 15:40 Date: 07/29/14 Guest Suite #: _____

Defects Noted (Explain in Detail): None

Actions Taken: Inspected floor no problem found.

Checked by Engineer (Name): Sam Pemberton TM #: 24333

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1407V-7375 PAGE 1
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:56 Wednesday TO 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:58
LOCATION OF OCCURRENCE Lobby 1, Las Vegas		ESTIMATED LOSS VALUE \$ 0.00
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MIN 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX ROE, Mary	ADDRESS 1 PHONE 1
OCCUPATION Front Desk Manager	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
OL STATE SSN INJURIES	ADDRESS 3 PHONE 3	
CODE SO 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Fiorio, Joseph	ADDRESS 1 PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
OL STATE SSN INJURIES	ADDRESS 3 PHONE 3	
CODE SO 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Larson, Joseph	ADDRESS 1 PHONE 1
OCCUPATION Security Officer/EMT	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
OL STATE SSN INJURIES	ADDRESS 3 PHONE 3	
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected health information. Guest of suite 7-124:		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> IF		
LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SUSPECT(S) / ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 PHONE 2	
OCCUPATION INJURIES	ADDRESS 3 PHONE 3	
MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME		
STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING#		
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION#		
CHARGES		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 PHONE 2	
OCCUPATION INJURIES	ADDRESS 3 PHONE 3	
MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME		
STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING#		
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION#		
CHARGES		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/14 13:10	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 07/31/14		OFF STATUS Closed

CR-1 McFate/00033912 Entered by: Tyler McFate

APDC (Rev. 08/10/16) Print Date: 09/24/2018

VEN 435

2744

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1407V-7375 PAGE 1 OF 1
OFFENSE(S) PH - TM Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:55 Wednesday TO 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:58
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd.
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME: LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	
OCCUPATION [REDACTED]	RACE SEX AGE BIRTH [REDACTED]	ADDRESS 2 [REDACTED]
STATE SSM	ADDRESS 3 [REDACTED]	PHONE 2 [REDACTED]
DOB TM 1 of 1	NAME: LAST, FIRST, MIDDLE, SUFFIX Suarez, Abmael	
OCCUPATION Internal Maintenance PAD	RACE SEX AGE DOB [REDACTED]	ADDRESS 1 [REDACTED]
DL SSM	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
[REDACTED]		
ADMINISTRATION		
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/14 13:10	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/31/14 CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 09/24/2018

VEN 436

2745

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-7375
Case MO		PAGE 1 of 1
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) contd.
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:55 Wednesday TO 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:56
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION
		DEPT
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security Status (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat	<u>Weather Conditions</u> Clear Cool
ADMINISTRATION		
BILL TO VENDOR YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> CA <input type="checkbox"/> COURT <input type="checkbox"/> ANALYST <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER	
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/2014 13:10	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/31/14
		CASE STATUS Closed

CR-1 McFate/033912 Entered by: Tyler McFate

APDC (Rev. 06/16/06) Print Date: 09/24/2018

VEN 437

2746

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-7375 PAGE 1 OF 2
OFFENSE(S) PHI - TM Protected Health Information		
OFFENSE(S) CONT'D		
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:55 Wednesday TO 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:56
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		SECTOR
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>		
ADD NAME YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	1 OF 1 Ros, Mary	JOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SD	1 OF 2 Fiorio, Joseph	JOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SO	2 OF 2 Larson, Joseph	JOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/14 13:10	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/31/14 CASE STATUS Closed

CR-I McFate/033912 Entered by: Tyler McFate

APDC (Rev. 01/22/13) Print Date 09/24/2018

VEN 438

2747

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1407V-7375 PAGE 2 OF 2			
OFFENSE(S) PHI - T/M Protected Health Information					
(Offense(s) cont'd)					
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:55 Wednesday TO 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:58			
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION			
		BEAT			
		SECTOR			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE GU	NAME - LAST, FIRST, MIDDLE, SURNAME 1 of 1	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
NO INFORMATION					
<table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Base Life Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Condition Normal Pupils are PEARL </td> <td style="width:33%; vertical-align: top;"> Eyes Clear Normal Glasses Prescription Plastic Frames Hair Style Straight Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions </td> <td style="width:33%; vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Life Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Condition Normal Pupils are PEARL	Eyes Clear Normal Glasses Prescription Plastic Frames Hair Style Straight Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions	Speech Normal
Base Life Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Condition Normal Pupils are PEARL	Eyes Clear Normal Glasses Prescription Plastic Frames Hair Style Straight Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions	Speech Normal			
CLOTHING					
<table style="width:100%;"> <tr> <td style="width:20%;"> CODE TM </td> <td style="width:40%;"> NAME - LAST, FIRST, MIDDLE, SURNAME 1 of 1 Suarez, Abimael </td> <td style="width:40%;"> This report contains Person Profile information only. Please refer to the primary report(s) for additional information. </td> </tr> </table>			CODE TM	NAME - LAST, FIRST, MIDDLE, SURNAME 1 of 1 Suarez, Abimael	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CODE TM	NAME - LAST, FIRST, MIDDLE, SURNAME 1 of 1 Suarez, Abimael	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/14 13:10	APPROVED BY Jacob Johnson 000025575			
OFFICER	DISPATCH	ASSIGNED TO			
		DATE APPROVED 07/31/14			
		CASE STATUS Closed			

CR - T McFate/033912 Entered by: Tyler McFate

APDC (Rev. 01/22/13) Print Date 09/24/2018

VEN 439

2748

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-7375
Narrative Report		Page 1 of 2
(PHI) - T/M Protected Health Information		OFFENSE(S)
DATE, TIME AND DAY OF OCCURRENCE 07/30/14 09:55 Wednesday to 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:56
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
NARRATIVE		
<p>On 7-30-2014 at approximately 0956 hours, Security Officer Florio, Joseph #22712 reported a guest slipped and fell near Lobby 1 Security Post and Jewelry Gallery and requested an Emergency Medical Technician (EMT). I was dispatched and responded. I arrived on scene and met with Florio who directed me to a female guest seated on the floor. Public Area Department (PAD) team member Suarez, Abimael #15249 was working in the area and a wet floor sign was present. I observed the area to be dry and flat.</p> <p>EMT/Security Officer Larson, Joseph #25821 arrived on scene to assist and obtained photographs of the area.</p> <p>The female, later identified as [REDACTED] was seated on the floor and presented without visible life threatening injuries. [REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately. [REDACTED] reportedly was walking towards Lobby 1 Post to enter the suite tower with her party, when she slipped in water and fell to the ground. [REDACTED] stated her left foot slipped forwards and her right foot went backwards causing her to do the "splits". [REDACTED] stood up with assistance by myself and an unidentified male in her party. [REDACTED] declined medical attention and the male, believed to be her husband, asked if she needed to sign anything. I offered the guest accident report to [REDACTED] and she agreed. [REDACTED] agreed to complete the report in their suite (7-124). [REDACTED] departed the area under her own power, declining a wheelchair escort. I observed [REDACTED] had a limp in her gait favoring her right leg.</p> <p>I met with [REDACTED] in suite 7-124 and she was seated on the couch complaining of minor pain in the right knee and more severe pain in her left buttocks area. [REDACTED] reported a history of sciatica and received injections with the last injection being in April of 2014. [REDACTED] reported she was "getting better" until the accident caused her sciatic pain to return. The right knee presented with a mild contusion on the anterior aspect of the knee joint without discoloration at this time.</p> <p>[REDACTED] completed a guest accident report, medical release declining medical attention and a medical authorization. [REDACTED] was provided with contact number for the Venetian and referred to Claims Unit along with the incident report number. Photographs were obtained of the right knee and the footwear at the time of the accident. [REDACTED] was not wearing the shoes at the</p>		
ADMINISTRATION		
BY OFFICER T. McFate 000033912	DATE/TIME 07/30/2014 13:10	APPROVED BY Jacob Johnson 000025575
DATE/TIME 07/31/14	APPROVED BY Closed	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1407V-7375
Narrative Report		Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DATE OF OCCURRENCE 07/30/14 09:55 Wednesday to 07/30/14 10:59 Wednesday		DATE AND TIME REPORTED 07/30/14 09:56
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF INCIDENT NARRATIVE
<p>time of the photographs due to her taking them off upon arrival to the suite. I departed the suite without further incident.</p> <p>Surveillance was notified and found positive video coverage of the accident. Surveillance reported the following information: [REDACTED] slipped in an area where fluid was spill at 0948 hours, by an unidentified male adult. [REDACTED] fell at approximately 0955 hours. At approximately 0956 hours, Suarez arrived on scene, began working and placed a wet floor sign. Surveillance report number for reference is V14-07-130.</p> <p>An accident scene check completed by Facilities Engineer Greenfield, Bryan #15563 at approximately 1053 hours, shows no defects found.</p> <p>Front Desk Manager Ros, Mary #20855 was notified of the incident.</p> <p>Attached: Guest accident report 1 Medical release 1 Medical authorization 1 Accident scene check 1 Photographs 1 to 4 (area) Photographs 5 & 6 (footwear) Photographs 7 (right knee)</p>		
ADMINISTRATION		
BY OFFICER T. McPate 00023912	DATE/TIME 07/30/2014 13:10	APPROVED BY Jacob Johnson 00025575
OFFICER	DATE/TIME	APPROVED BY
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1408V-0843 PAGE 1																																																												
OFFENSE(S) PHI - TM Protected Health Information																																																														
DATE, TIME AND DAY OF OCCURRENCE 08/04/14 04:31 Monday TO 08/04/14 04:52 Monday																																																														
LOCATION OF OCCURRENCE 1 Lobby 1																																																														
DATE AND TIME REPORTED 08/04/14 04:31																																																														
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
ESTIMATED LOSS VALUE \$ 0.00																																																														
TYPE OF LOCATION BEAT SECTOR																																																														
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other																																																														
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">CODE</td> <td style="width:10%;">1 of 1</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:20%;">PHONE 1</td> </tr> <tr> <td>OCCUPATION</td> <td></td> <td>RACE SEX AGE DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>SSN</td> <td>ADDRESS 3</td> <td>PHONE 3</td> </tr> <tr> <td colspan="5"> CODE: R 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Front Desk Manager DL: W F RACE SEX AGE DOB STATE: SSN INJURIES ADDRESS 1: 28 Venetian Tower 308, Las Vegas, NV 89109 ADDRESS 2: PHONE 1 ADDRESS 3: PHONE 2 ADDRESS 4: PHONE 3 </td> </tr> <tr> <td colspan="5"> CODE: TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Facilities Team Member DL: Ballesteros, John STATE: SSN INJURIES ADDRESS 1: ADDRESS 2 ADDRESS 3: PHONE 1 ADDRESS 4: PHONE 2 ADDRESS 5: PHONE 3 </td> </tr> </table>			CODE	1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	ADDRESS 1	PHONE 1	OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2	DL	STATE	SSN	ADDRESS 3	PHONE 3	CODE: R 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Front Desk Manager DL: W F RACE SEX AGE DOB STATE: SSN INJURIES ADDRESS 1: 28 Venetian Tower 308, Las Vegas, NV 89109 ADDRESS 2: PHONE 1 ADDRESS 3: PHONE 2 ADDRESS 4: PHONE 3					CODE: TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Facilities Team Member DL: Ballesteros, John STATE: SSN INJURIES ADDRESS 1: ADDRESS 2 ADDRESS 3: PHONE 1 ADDRESS 4: PHONE 2 ADDRESS 5: PHONE 3																																							
CODE	1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	ADDRESS 1	PHONE 1																																																										
OCCUPATION		RACE SEX AGE DOB	ADDRESS 2	PHONE 2																																																										
DL	STATE	SSN	ADDRESS 3	PHONE 3																																																										
CODE: R 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Front Desk Manager DL: W F RACE SEX AGE DOB STATE: SSN INJURIES ADDRESS 1: 28 Venetian Tower 308, Las Vegas, NV 89109 ADDRESS 2: PHONE 1 ADDRESS 3: PHONE 2 ADDRESS 4: PHONE 3																																																														
CODE: TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION: Facilities Team Member DL: Ballesteros, John STATE: SSN INJURIES ADDRESS 1: ADDRESS 2 ADDRESS 3: PHONE 1 ADDRESS 4: PHONE 2 ADDRESS 5: PHONE 3																																																														
CASE SUMMARY / VEHICLE INFORMATION																																																														
SUMMARY Protected Health Information - RG 28-308																																																														
VEHICLE USED IN CRIME: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
LICENSE (NO. AND STATE): YEAR MAKE MODEL BODY TYPE COLOR VIN																																																														
TOW/REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																																														
GARAGE NAME AND PHONE: REGISTERED OWNER: NO ADDRESS																																																														
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim																																																														
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">CODE</td> <td style="width:10%;">OF</td> <td style="width:40%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width:20%;">ADDRESS 1</td> <td style="width:20%;">PHONE 1</td> </tr> <tr> <td>RACE SEX HT</td> <td>WT</td> <td>HAIR EYE</td> <td>AGE</td> <td>DOB</td> </tr> <tr> <td colspan="2">OCCUPATION</td> <td colspan="2">INJURIES</td> <td>ADDRESS 3</td> </tr> <tr> <td colspan="2">SCARS / MARKS / TATTOOS</td> <td colspan="2">ARREST DISPOSITION</td> <td>RELEASE LOCATION</td> </tr> <tr> <td colspan="2">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> <td colspan="2">ARREST DATE / TIME</td> <td></td> </tr> <tr> <td>DL</td> <td>STATE</td> <td>ARRESTED</td> <td>BOOKING #</td> <td>WARRANT</td> </tr> <tr> <td></td> <td></td> <td>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> <td></td> <td>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> <tr> <td colspan="5"> CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN </td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> <tr> <td colspan="5"> CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN </td> </tr> <tr> <td colspan="5">CHARGES</td> </tr> </table>			CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1	RACE SEX HT	WT	HAIR EYE	AGE	DOB	OCCUPATION		INJURIES		ADDRESS 3	SCARS / MARKS / TATTOOS		ARREST DISPOSITION		RELEASE LOCATION	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ARREST DATE / TIME			DL	STATE	ARRESTED	BOOKING #	WARRANT			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CHARGES					CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN					CHARGES					CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN					CHARGES				
CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1																																																										
RACE SEX HT	WT	HAIR EYE	AGE	DOB																																																										
OCCUPATION		INJURIES		ADDRESS 3																																																										
SCARS / MARKS / TATTOOS		ARREST DISPOSITION		RELEASE LOCATION																																																										
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ARREST DATE / TIME																																																												
DL	STATE	ARRESTED	BOOKING #	WARRANT																																																										
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																										
CHARGES																																																														
CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN																																																														
CHARGES																																																														
CODE: O NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES DL: STATE ARRESTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CIN																																																														
CHARGES																																																														
ADMINISTRATION																																																														
NOT INDICATES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																														
COPIES TO <input type="checkbox"/> PA <input type="checkbox"/> DEF. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER																																																														
BY OFFICER E. Gizelbach 000031817																																																														
DATE/TIME 08/05/14 07:01																																																														
APPROVED BY Richard Davies 000028074																																																														
DATE APPROVED 08/06/14																																																														
CASE STATUS Closed																																																														

CR-1 Gizelbach/031617 Entered by: Eve Gizelbach

APDC (Rev. 08/10/16) Print Date: 10/09/2018

VEN 442

2751

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1408V-0843
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) confd.
DATE, TIME AND DAY OF OCCURENCE 08/04/14 04:31 Monday TO 08/04/14 04:52 Monday		DATE AND TIME REPORTED 08/04/14 04:31
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case Involves a Hate Crime</u> No <u>Case Involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Intoxicated Person Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER	
BY OFFICER E. Gizelbach 000031617	DATE/TIME 08/05/2014 07:01	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 08/06/14
		CASE STATUS Closed

CR-1 Gizel/031617 Entered by: Ewe Gizelbach

A/JDC (Rev. 05/16/06) Print Date: 10/09/2018

VEN 443

2752

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408V-0843 PAGE 1 OF 1			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 08/04/14 04:31 Monday TO 08/04/14 04:52 Monday					
DATE AND TIME REPORTED 08/04/14 04:31					
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION			
SEAT		SECTOR			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE R	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	DOB 1			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
NO INFORMATION					
<table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL </td> <td style="width:33%; vertical-align: top;"> Complexion Medium Demeanor Calm Intoxicated Eyes Normal Hair Length Shoulder length Hair Style Curly Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury </td> <td style="width:33%; vertical-align: top;"> Speech Slurred </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Complexion Medium Demeanor Calm Intoxicated Eyes Normal Hair Length Shoulder length Hair Style Curly Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury	Speech Slurred
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Complexion Medium Demeanor Calm Intoxicated Eyes Normal Hair Length Shoulder length Hair Style Curly Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury	Speech Slurred			
CLOTHING					
CODE MIN	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	DOB 1			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	DOB 1			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER E. Gizelbach 000031617	DATE/TIME 08/05/14 07:01	APPROVED BY Richard Davies 000026074			
OFFICER	UNIT/ST	ASSIGNED TO			
DATE APPROVED 08/06/14		CASE STATUS Closed			

CR-1 Gizel031617 Entered by: Eve Gizelbach

APDC (Rev 01/23/13) Print Date: 10/09/2018

VEN 444

2753

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1406V-0843 Page 1 of 2
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/04/14 04:31 Monday 08/04/14 04:32 Monday		
DATE AND TIME REPORTED 08/04/14 04:31		
LOCATION OF OCCURRENCE 1 Lobby 1	REPORTER NAME	TYPE OF LOCATION
NARRATIVE <p>On August 4, 2014 at 4:30am, Security Officer Dunnihoo, Jeffrey TM#36396 advised Security Dispatch of a guest in the Guest Elevator Lobby area who experienced a slip and fall. I was dispatched to provide medical assistance.</p> <p>Upon arrival, I found registered guest of suite 28-308 [REDACTED] standing in the entrance to the low rise elevators, ambulatory and in no apparent distress.</p> <p>[REDACTED] stated she was walking to the casino floor when she tripped over her feet while heading towards the elevator lobby walk way. I observed a dry, flat floor, which appeared to be recently cleaned. [REDACTED] then stated she just wanted to go back to her suite and go to bed.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with no apparent difficulty and had a palpable pulse at the right radial site. [REDACTED] was not complaining of any pain in any region of her body. [REDACTED] denied loss of consciousness, head, neck, back pain or numbness in any extremities. [REDACTED] was moving her arms and legs around.</p> <p>[REDACTED] declined all medical. I asked [REDACTED] if she would like Paramedics to which she declined stating again she just wanted to leave. [REDACTED] declined to fill out the guest accident report and medical authorization form. But signed a declination of medical assistance on the acknowledgement of first aid form.</p> <p>Initial vital signs were not obtained due to [REDACTED] refusal.</p> <p>Video coverage is available through Security Dispatch.</p> <p>An accident scene check was completed by Facilities Engineer Ballestros, John TM#36365 who annotated no defects to the area. Photographs were obtained of the area in question, but due to refusal no photographs of [REDACTED] shoes, or face were obtained.</p> <p>Front Desk Manager Ros, Mary TM#20855 was notified about the incident.</p> <p>Risk Management was notified.</p>		
ADMINISTRATION		
BY: [REDACTED] E. Gizebach 000031617	DATE/TIME: 08/05/2014 07:01	APPROVED BY: Richard Davies 000028074
DATE/TIME: 08/05/2014 07:01	APPROVED BY: Richard Davies 000028074	DATE APPROVED: 08/06/14
OFFICER:	ASSIGNER ID:	CASE STATUS: Closed

CR-1 Gizebach/08/05/14 Entered by: Eve Gizebach

Page 1 of 2

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 445

2754

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408V-0843 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 08/04/14 04:31 Monday TO 08/04/14 04:52 Monday		DATE AND TIME REPORTED 08/04/14 04:31
LOCATION OF OCCURRENCE 1 Lobby 1	LOGICIAN NAME	TYPE OF OCCURRENCE BEAT SECTION
NARRATIVE Attachments are as follows: Reservation Portfolio Accident Scene Check Acknowledgment of First Aid Photographs		
ADMINISTRATION		
BY OFFICER E. Gizelbach 000031617	DATE/TIME 08/05/2014 07:01	APPROVED BY Richard Davies 000028074
OFFICER	UNIVERSITY	CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1408V-1088 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 08/05/14 05:08		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
TYPE OF LOCATION BEAT SECTOR		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary ADDRESS 1 PHONE 1 OCCUPATION Front Desk Manager RACE SEX AGE DOB ADDRESS 2 PHONE 2 DL STATE SSN INJURIES ADDRESS 3 PHONE 3		
CODE SO 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Lee, Gary ADDRESS 1 PHONE 1 OCCUPATION Security Officer RACE SEX AGE DOB ADDRESS 2 PHONE 2 EL STATE SSN INJURIES ADDRESS 3 PHONE 3		
CODE GU 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] HOME PHONE 1 OCCUPATION [REDACTED] RACE SEX AGE DOB HOTEL ROOM 12 Venetian Tower 336, Las Vegas, NV 89109 PHONE 2 EL STATE SSN INJURIES ADDRESS 3 PHONE 3		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - RG Ruiz, Maria 12-336		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK <input type="checkbox"/> OF <input type="checkbox"/> YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOWNEPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REG OWNER R/O ADDRESS		
SUSPECT(S)/ ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 PHONE 1 RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 2 PHONE 2 OCCUPATION INJURIES ADDRESS 3 PHONE 3		
SCANS / MARKS / FINGERPRINTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DL STATE ARRESTED BOOKING# WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION# SSN CTR		
CHARGES		
CODE OF NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 PHONE 1 RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 2 PHONE 2 OCCUPATION INJURIES ADDRESS 3 PHONE 3		
SCANS / MARKS / FINGERPRINTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DL STATE ARRESTED BOOKING# WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION# SSN CTR		
CHARGES		
ADMINISTRATION		
VEHICLE LICENSES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CURE TO <input type="checkbox"/> PAY <input type="checkbox"/> DC <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROSECUTION <input type="checkbox"/> VWRP <input type="checkbox"/> OTHER		
BY OFFICER E. Giselbach 000031617 DATE/TIME 08/05/14 23:52 APPROVED BY Richard Davies 000028074 DATE APPROVED 08/06/14 OFFICER UNIT/DIVISION APPROVED TO CASE STATUS Closed		

CR-1 Giselbach 000031617 Initialed by: Eyo Giselbach

APDC (Rev. 08/10/14) Print Date: 10/09/2018

VEN 447

2756

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1408V-1088 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		DATE AND TIME REPORTED 08/05/14 05:08
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE TM 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Fessel, Marc		ADDRESS 1
OCCUPATION Facilities		PHONE 1
RACE	SEX	ADDRESS 2
AGE	DOB	PHONE 2
DL	STATE	ADDRESS 3
SSN	INJURED	PHONE 3
ADMINISTRATION		
BY OFFICER E. Giselbach 000031617	DATE/TIME 08/05/14 23:52	APPROVED BY Richard Davies D00028074
OFFICER	UNIT/SHIFT	DATE APPROVED 08/06/14
		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 10/09/2018

VEN 448

2757

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1408V-1088
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		DATE AND TIME REPORTED 08/05/14 05:08
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case Involves a Hate Crime</u> No <u>Case Involves Gang Activity</u> No No <u>Incident Information</u> Area Checked Intoxicated Person Photos Taken PH* - Hotel Guest Slip & Fall Victim Inattentive Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DEF. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> TWP. <input type="checkbox"/> OTHER	
BY OFFICER E. Gizelbach 000031817	IN TIME 08/05/2014 23:32	APPROVED BY Richard Davies 000021074
OFFICER	UNIT/SHIFT	DATE APPROVED 08/06/14
		CASE STATUS Closed

CR-1 Gizel/031617 Entered by: Eve Gizelbach

APTDC (Rev 06/16/06) Print Date: 10/09/2018

VEN 449

2758

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408V-1088 PAGE 1 OF 2			
OFFENSE(S): PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 08/05/14 05:08 Tuesday to 08/05/14 05:24 Tuesday		DATE AND TIME REPORTED 08/05/14 05:08			
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party Q = Other					
CODE MM	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
MORE MARKS YES <input type="checkbox"/> NO <input type="checkbox"/>					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE SO	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Lee, Garry	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
MORE MARKS YES <input type="checkbox"/> NO <input type="checkbox"/>					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 100px; height: 1.2em;"></div>	DOB <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
MORE MARKS YES <input type="checkbox"/> NO <input type="checkbox"/>					
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
PHO INFORMATION					
<table style="width:100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupil Size - Dilated Build Medium Complexion Medium </td> <td style="vertical-align: top; width: 33%;"> Demeanor Polite Intoxicated Eyes Dilated Glasses Unknown Type Hair Length Collar Length Hair Style Side part Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/injury </td> <td style="vertical-align: top; width: 33%;"> Speech Normal Slurred </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupil Size - Dilated Build Medium Complexion Medium	Demeanor Polite Intoxicated Eyes Dilated Glasses Unknown Type Hair Length Collar Length Hair Style Side part Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/injury	Speech Normal Slurred
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupil Size - Dilated Build Medium Complexion Medium	Demeanor Polite Intoxicated Eyes Dilated Glasses Unknown Type Hair Length Collar Length Hair Style Side part Odor of Intoxicants Moderate Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/injury	Speech Normal Slurred			
CLOTHING Flip flops, shorts, blouse					
ADMINISTRATION					
BY OFFICER E. Gizebach 000031617	DATE/TIME 08/05/14 23:52	APPROVED BY Richard Davies 000028074			
OFFICER	IN THEORY	ASSIGNED TO			
		DATE ASSIGNED 08/08/14 CASE STATUS Closed			

CR-I Gize/031617 Entered by: Eve Gizebach

APDC (Rev. 01/22/13) Print Date: 10/09/2018

VEN 450

2759

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408V-1088 PAGE 2 OF 2
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		
DATE AND TIME REPORTED 08/05/14 05:08		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Feset, Marc	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER E. Gizelbach 000031617	DATE/TIME 08/05/14 23:52	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	DATE APPROVED 08/06/14
ASSIGNED TO		CASE STATUS Closed

CR-1 Gisel/031617 Entered by: Eve Gizelbach

APTDC (Rev 01/22/13) Print Date: 10/09/2018

VEN 451

2760

Area: <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408V-1088 Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DATE OF OCCURRENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		
DATE AND TIME REPORTING 08/05/14 05:08		
LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION
1 Lobby 1		
NARRATIVE <p>On August 5, 2014 at 5:08am, Security Officer Lee, Garry TM#34368 advised Venetian Security Control for a guest in the Guest Elevator Lobby area for a slip and fall. I was dispatched to provide medical assistance. Upon arrival, I found registered guest [REDACTED] (registered to Suite 12-336) standing in the entrance to the low rise elevators, ambulatory and in no apparent distress.</p> <p>[REDACTED] stated she was walking from the casino floor when she tripped over her feet while heading towards the elevator. I observed a flat floor, which appeared to have water or another wet substance on it. There were no wet floor signs present. [REDACTED] stated she just wanted to go back to her suite and go to bed. I escorted [REDACTED] to her suite without incident. I observed [REDACTED] to have on flip flops.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with no apparent difficulty and had a palpable pulse at the right radial site. [REDACTED] was not complaining of any pain in any region of her body. [REDACTED] denied loss of consciousness, head, neck, back pain or numbness in any extremities. [REDACTED] was moving her arms and legs around. [REDACTED] stated she had been drinking wine, and had not consumed alcohol in the past month. I could smell alcohol on [REDACTED] breath and noticed an unsteady gait.</p> <p>[REDACTED] declined all medical. I asked [REDACTED] if she would like Paramedics to which she declined stating again she just wanted to leave. [REDACTED] declined to fill out the guest accident report, medical release and medical authorization form.</p> <p>Initial vital signs were not obtained due to [REDACTED] refusal.</p> <p>Due to location of the area of the slip and fall video coverage is available.</p> <p>An accident scene check was completed by Facilities Engineer Fesel, Marc TM#40143 who annotated no defects to the area, but a wet floor. Photographs were obtained of the area in question, but due to refusal no photographs of [REDACTED] shoes, or face were obtained. PAD was notified to clean the area and wet floor cones were placed out.</p>		
ADMINISTRATION		
BY OFFICER	DATE/TIME	APPROVED BY
E. Giselbach 000031817	08/05/2014 23:52	Richard Davies 000028074
ORDERED	INTAKE	ASSIGNED TO
		DATE APPROVED
		08/06/14
		CASE STATUS
		Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408V-1088 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/05/14 05:08 Tuesday TO 08/05/14 05:24 Tuesday		
DATE AND TIME REPORTED 08/05/14 05:08		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
NARRATIVE Front Desk Manager Ros, Mary TM#20855 was notified about the incident. Risk Management was notified Attachments are as follows: Reservation Portfolio Accident Scene Check Photographs		
ADMINISTRATION		
BY OFFICER E. Gizelbach 000031617	DATE/TIME 08/05/2014 23:52	APPROVED BY Richard Davies 000028074
OFFICER	DATE/TIME	APPROVED TO
		DATE/TIME Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1408V-7104 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/28/14 22:30 Thursday TO 08/29/14 08:26 Friday		DATE AND TIME REPORTED 08/29/14 07:51
LOCATION OF OCCURRENCE 11 Venetian Tower 121, Las Vegas		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME 11 Venetian Tower 121, Las Vegas		ESTIMATED LOSS VALUE \$0.00
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	ADDRESS 1
OCCUPATION Front Desk Manager	RACE SEX AGE DOB 	PHONE 1
DL STATE SSN INJURIES 	ADDRESS 2 	PHONE 2
ADDRESS 3 	ADDRESS 3 	PHONE 3
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX 	HOME
OCCUPATION 	RACE SEX AGE DOB 	CELLULAR
DL STATE SSN INJURIES 	HOTEL ROOM 	PHONE 2
ADDRESS 1 	ADDRESS 3 	PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX McAnulty, Monte 994	ADDRESS 1
OCCUPATION Venetian Facilities	RACE SEX AGE DOB 	PHONE 1
DL STATE SSN INJURIES 	ADDRESS 2 	PHONE 2
ADDRESS 3 	ADDRESS 3 	PHONE 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - Guest of Suite 11-121 -		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF	LICENSE (IND. AND STATE) 	YEAR MAKE MODEL BODY TYPE COLOR VIN
TOW/REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	GARAGE NAME AND PHONE 	REGISTERED OWNER
NO ADDRESS 		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	ADDRESS 3 	PHONE 2
INJURIES 	ADDRESS 3 	PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION 	RELEASE LOCATION
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # 	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # 	ARREST DATE / TIME
CHARGES 		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	ADDRESS 3 	PHONE 2
INJURIES 	ADDRESS 3 	PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION 	RELEASE LOCATION
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # 	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # 	ARREST DATE / TIME
CHARGES 		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PKT. <input type="checkbox"/> CRT. <input type="checkbox"/> DA. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER
BY OFFICER J. Larson 000025821	DATE/TIME 08/29/14 13:04	APPROVED BY Christopher Mosier 000026118
OFFICER 	UNIT/SHIFT 	ASSIGNED TO
DATE APPROVED 08/29/14		CASE STATUS Closed

CR-1 Larso/025821 Entered by: Joseph Larson

APDC (Rev. 08/10/16) Print Date: 06/01/2018

VEN 454

2763

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1408V-7104
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURENCE 08/28/14 22:30 Thursday TO 08/29/14 08:26 Friday		DATE AND TIME REPORTED 08/29/14 07:51
LOCATION OF OCCURENCE 11 Venetian Tower 121, Las Vegas	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Video Tape of Incident Available Slip & Fall	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Dry Marble Flat
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> Mkt. <input type="checkbox"/> Det. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VRAP <input type="checkbox"/> OTHER	
BY OFFICER J. Larson 000025821	DATE/TIME 08/29/2014 13:04	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 08/29/14
		CASE STATUS Closed

CR-1 Larso/025821 Entered by: Joseph Larson

APDC (Rev. 06/16/06) Print Date: 06/01/2018

VEN 455

2764

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408V-7104 PAGE 1 OF 1			
OFFENSE(S) PHI - TIM Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 08/28/14 22:30 Thursday TO 08/29/14 08:26 Friday					
DATE AND TIME REPORTED 08/29/14 07:51					
LOCATION OF OCCURRENCE 11 Venetian Tower 121, Las Vegas		LOCATION NAME 			
TYPE OF LOCATION 		BEAT 			
SECTOR 					
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE MN	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX 	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION					
<table style="width:100%;"> <tr> <td style="vertical-align: top;"> <u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Blood Pressure High SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Medium <u>Demeanor</u> Polite Nervous <u>Eyes</u> Normal </td> <td style="vertical-align: top;"> <u>Glasses</u> None <u>Hair Length</u> Long <u>Hair Style</u> Straight <u>Medical Supplies</u> B/P Cuff Stethoscope Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness </td> <td style="vertical-align: top;"> <u>Speech</u> Normal </td> </tr> </table>			<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Blood Pressure High SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Medium <u>Demeanor</u> Polite Nervous <u>Eyes</u> Normal	<u>Glasses</u> None <u>Hair Length</u> Long <u>Hair Style</u> Straight <u>Medical Supplies</u> B/P Cuff Stethoscope Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness	<u>Speech</u> Normal
<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Blood Pressure High SAMPLE History Obtained? <u>Build</u> Medium <u>Complexion</u> Medium <u>Demeanor</u> Polite Nervous <u>Eyes</u> Normal	<u>Glasses</u> None <u>Hair Length</u> Long <u>Hair Style</u> Straight <u>Medical Supplies</u> B/P Cuff Stethoscope Cold Packs Disposable Gloves <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness	<u>Speech</u> Normal			
CLOTHING					
CODE TM	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX McAnulty, Monte 994	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER J. Larson 000025821	DATE/TIME 08/29/14 13:04	APPROVED BY Christopher Mosier 000026118			
OFFICER 	UNIT/SHIFT 	DATE APPROVED 08/29/14			
ASSIGNED TO 		CARE STATUS Closed			

CR-1 Larso/025821 Entered by: Joseph Larson

APDC (Rev. 01/22/13) Print Date: 06/01/2018

VEN 456

2765

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1408V-7104	
Narrative Report				Page 1 of 2	
OFFENSE(S) PHI - T/M Protected Health Information			OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 08/28/14 22:30 Thursday TO 08/29/14 08:26 Friday			DATE AND TIME REPORTED 08/29/14 07:51		
LOCATION OF OCCURRENCE 11 Venetian Tower 121, Las Vegas		LOCATION NAME		TYPE OF LOCATION	
				DEPT	
				SECTOR	
NARRATIVE <p>On August 29th 2014 at 7:52am, I was dispatched to Suite 11-121 for report of an injured guest. I arrived on scene and met with the guest of Suite [REDACTED] who directed me to his wife [REDACTED]. I noted that she was seated on the edge of the bed in the suite and did not appear to be in any immediate distress.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway and was breathing adequately. She stated that she had been injured last night (8/28/14) at 10:30pm while walking on the Casino Floor. She reported that she, [REDACTED] and one or two other family members were walking towards the Casino Level Guest Elevator Lobby. She reported that as she approached the bathrooms near the Grand Lux Cafe, she felt her left foot slip on the marble flooring. She added that when she checked the floor, she noticed a standing puddle of clear liquid with no significant odor. [REDACTED] stated she fell down to her left side and stuck her left arm out to break her fall. She denied striking her head during the incident and currently denied any numbness or tingling. She denied any loss of consciousness, any weakness or dizziness or any head, neck or back pain. She reported tenderness to her left shoulder and left hip. She was able to bear weight on the left leg and was able to ambulate without disability. She was unable to rate her pain and stated it felt like fatigue in her muscles. She stated she was sure nothing was broken or dislocated and declined to have the left hip or shoulder evaluated via palpation. She exposed the reported areas where I was unable to observe any obvious signs of injury. [REDACTED] did note swelling to her left hip on the posterolateral aspect near her left buttock. I provided her two cold packs and two ziplock bags for ice.</p> <p>[REDACTED] reported to be more anxious than anything else as she had previously broken her right hip which took approximately one year to fully heal. She reported a history of osteoporosis and hypertension to which she takes Lisinopril. She reported a history of allergies or reactions to Ultracet, hydrochlorothiazide and Norvasc. Initial vital signs are as follows: pulse - 80 beats per minute, strong and regular; respirations - 16 breaths per minute, full and effective; blood pressure - 180/108 mm Hg in the right arm; skin - normal condition, normal color and warm. She stated that she was feeling very anxious and it was determined that she had not yet taken her morning dose of Lisinopril to which she did while I was in the suite.</p> <p>[REDACTED] completed the Guest Accident packet on [REDACTED] behalf during my assessment and</p>					
ADMINISTRATION					
BY OFFICER J. Larson 000025821		DATETIME 08/29/2014 13:04		APPROVED BY Christopher Mosler 000026118	
OFFICER		UNIT/SHIFT		DATE APPROVED 08/29/14	
				CASE STATUS Closed	

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408V-7104 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/28/14 22:30 Thursday to 08/29/14 08:26 Friday		
DATE AND TIME REPORTED 08/29/14 07:51		
LOCATION OF OCCURRENCE 11 Venetian Tower 121, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE <p>was provided a Claims Unit business card with the incident report number written on it. [REDACTED] refused to seek further medical attention and opted to rest in her suite for the day. I advised her that EMTs were available if she felt more pain or if she decided to go to the hospital for evaluation. She refused any further assistance and I departed the suite at 8:26am without further incident.</p> <p>I checked the reported area of incident at 9:07am and noted that the marble flooring was currently flat, even and dry. Facilities Team Member McAnulty, Monte TM#994 completed an Accident Scene Check at 9:40am and found no defects.</p> <p>I contacted Surveillance and video coverage was found of the incident. They were unable to determine the source of the standing water due to the volume of foot traffic in the area. They noted that [REDACTED] fell as described and reported the time of the fall as 10:24pm.</p> <p>Claims Unit was notified.</p> <p>Front Desk Manager Ros, Mary TM#20855 was notified.</p> <p>11 Attached Items</p> <ul style="list-style-type: none"> 1 Photograph of [REDACTED] 1 Photograph of [REDACTED] left shoulder 2 Photographs of [REDACTED] shoes at the time of incident (top and bottom) 4 Photographs of the area of incident (fell near medallion shape on marble) 1 Scan of the Guest Accident Report 1 Scan of the Medical Release 1 Scan of the Accident Scene Check 		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 08/29/2014 13:04	APPROVED BY Christopher Mosier 000026118
OFFICER	WITNESS	ASSIGNED TO
CASE STATUS Closed		



VEN 459

2768



VEN 460

2769



VEN 461

2770



VEN 462

2771



VEN 463

2772



VEN 464

2773



VEN 465

2774



VEN 466

2775

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

☒ I (or my guardian) have been informed that only an Initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

FDM # MARY ROS 20586
20855

Name (Print): [REDACTED]
Signature: [REDACTED]
Address: [REDACTED]
Date of Birth: [REDACTED] Social Security #: [REDACTED]
Phone: [REDACTED]
Witness: _____
Date: 8/29/14 Time: 0810
Refused to Sign: _____ ID#: 25821
Venetian/Palazzo EMT: _____

Ⓢ Video → involve to locate source (224)

S/F @ 2230 ON CASINO FLOOR NEAR GRAND LUX → Ⓛ Bot slipped out, fell to Ⓛ side
↳ Ⓢ LOC, Ⓢ H/N/B, Ⓢ weak/dizzy

Ⓢ Shoulder

Ⓢ Hip

↳ able to bear weight

↳ able to ambulate

↳ tenderness

Fatigue

Ⓢ numb, tingling

Hx: OSTED, HTN

Ax: ~~HTN~~ Allnet, HCTZ, NORVASC

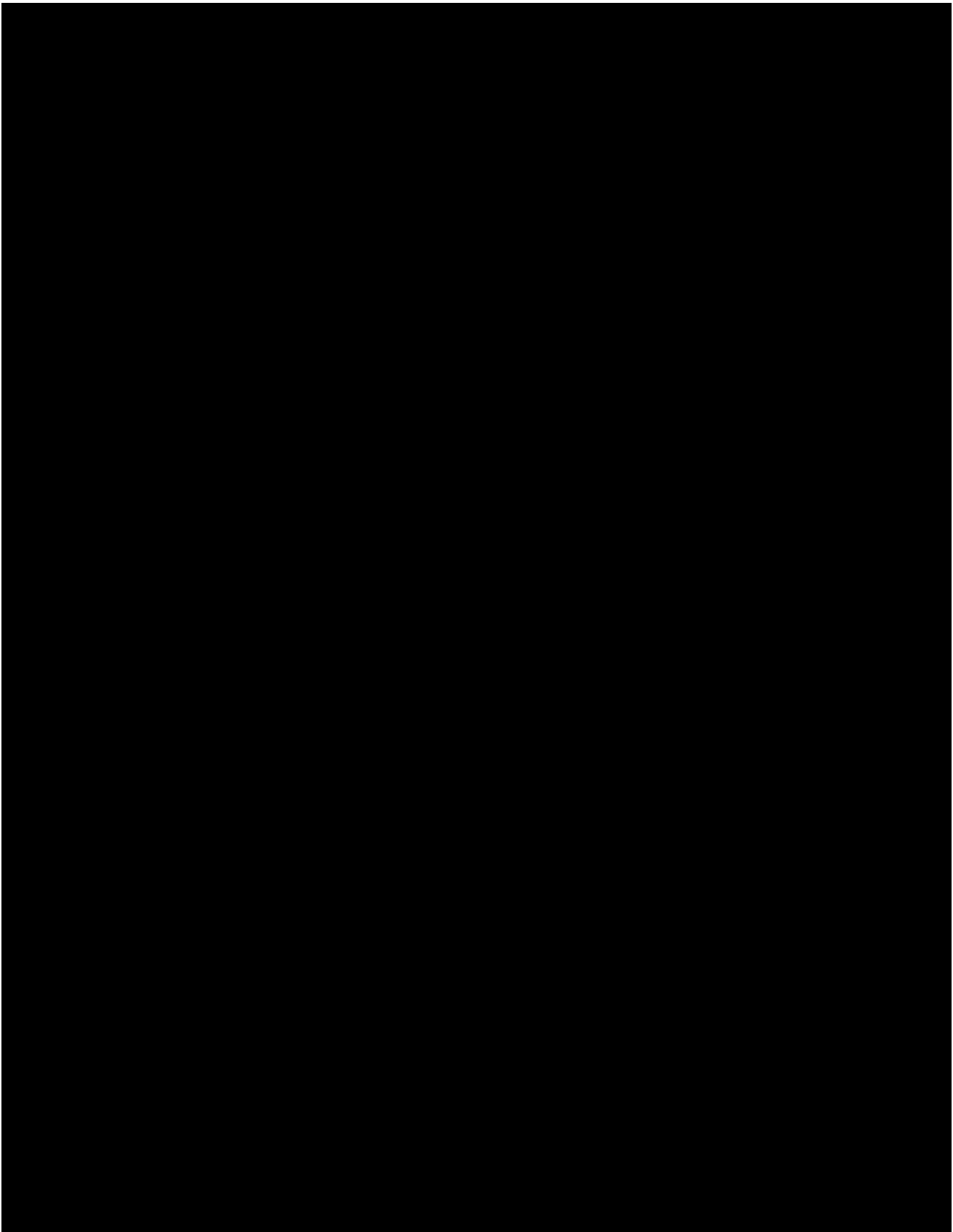
Mx: Lisinopril, ~~Norvasc~~

↳ taken in AM

P-80 S/R

R-16 F/E

B-180/108 Ⓢ mm



VEN 468

2777

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 0907 AM Date: 8/29/14 Guest Suite #:

Defects Noted (Explain in detail): MARBLE FLOORING IS FLAT, EVEN AND DRY.

Actions Taken: CONTACTED FACILITIES FOR AN ACCIDENT SCENE CHECK.

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): LARSON, JOE TM #: 23821

Engineer

Time: 9:40 Date: 8-29-14 Guest Suite #:

Defects Noted (Explain in Detail): NONE NOTED

Actions Taken: INSPECTION/OBSERVATION.

Checked by Engineer (Name): ALBERTA FAULTY TM #: 994

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1408V-7791 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday TO 08/31/14 15:08 Sunday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 08/31/14 14:43		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
TYPE OF LOCATION 1 Lobby 1		
BEAT 1		
SECTOR 1		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	ADDRESS 1
OCCUPATION Assist Security Manager	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 3
CODE SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Balon, Archie	ADDRESS 1
OCCUPATION Security Officer	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 3
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1
OCCUPATION 	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information- Guest of suite 12-122- [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/> OF <input type="checkbox"/>		
LICENSE (NO. AND STATE) 		
YEAR MAKE MODEL BODY TYPE COLOR VIN 		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW/REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE 		
REGISTERED OWNER 		
NO ADDRESS 		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	INJURIES 	ADDRESS 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION 	RELEASE LOCATION
DL 	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	ARREST DATE / TIME
CHARGES 		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	INJURIES 	ADDRESS 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION 	RELEASE LOCATION
DL 	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	ARREST DATE / TIME
CHARGES 		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER		
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/01/14 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER 	UNIT/SHIFT 	DATE APPROVED 09/01/14
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 06/01/2018

VEN 470

2779

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1408V-7791 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) conf'd.
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday TO 08/31/14 15:08 Sunday		DATE AND TIME REPORTED 08/31/14 14:43
LOCATION OF OCCURRENCE f Lobby 1	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		BEAT
ADDITIONAL OFFENSE(S) conf'd.		
PERSONS <small>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</small>		
WRITE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Santillan, Derek	ADDRESS 1
OCCUPATION Facilities	RACE SEX AGE DOB	PHONE 1
DL STATE SSN	ADDRESS 2	PHONE 2
INJURIES	ADDRESS 3	PHONE 3
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/01/14 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	DATE APPROVED 09/01/14
ASSIGNED TO		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 06/01/2018

VEN 471

2780

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1408V-7791
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday TO 08/31/14 15:08 Sunday		DATE AND TIME REPORTED 08/31/14 14:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
MO DATA		
<u>Incident Information</u> Area Checked No Photos PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PWT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAMP <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/01/2014 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 09/01/14
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 06/16/06) Print Date: 06/01/2018

VEN 472

2781

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408V-7791 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday TO 08/31/14 15:08 Sunday		
DATE AND TIME REPORTED 08/31/14 14:43		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME 	TYPE OF LOCATION
BEAT 	SECTOR 	
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	DOB 05/17/1999 This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING 		
CODE SO	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Balon, Archie	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING 		
CODE GU	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div>	DOB <div style="background-color: black; width: 80px; height: 1.2em; display: inline-block;"></div> This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal <u>Build</u> Medium <u>Complexion</u> Dark <u>Demeanor</u> Polite </div> <div style="width: 30%;"> <u>Eyes</u> Clear <u>Hair Length</u> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Cold Packs <u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate </div> <div style="width: 30%;"> <u>Speech</u> Normal </div> </div>		
CLOTHING Sandal type shoes		
CODE TM	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Santillan, Derek	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING 		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/01/14 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER 	UNIT/SWFT 	ASSIGNED TO
		DATE APPROVED 09/01/14 CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 06/01/2018

VEN 473

2782

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408V-7791 Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday		DATE AND TIME REPORTED 08/31/14 14:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE <p>On August 31, 2014 at 14:43 and while on another medical incident when Security Dispatch advised me of a slip and fall by the guest entrance/exit (Lobby 1) escalator and the guest who had slipped and fallen was with Security Officer Balon, Archie Tm # 19941 in the casino food court.</p> <p>Due to the fact Medic West and Clark County Fire Department were on scene for the incident I was on, I passed on control of scene and patient to them and advised Security Dispatch I was en route to the casino food court.</p> <p>Upon arrival at the casino food court Officer Balon waved me over to a small table where guest of suite [REDACTED] who identified herself as [REDACTED] was seated. Officer Balon stated Ms. [REDACTED] was the guest who had slipped and fallen. Upon my initial visual of Ms. [REDACTED] noticed no deformities, lacerations, abrasions, penetrations or any immediate life threats. I noticed Ms. [REDACTED] was conscious and alert to person, place, time and event, was breathing at 18 breaths per minute with equal rise and fall. Ms. [REDACTED] when asked denied having a back or neck injury or hitting her head and stated " I fell on my butt". I asked Ms. [REDACTED] if she was sure she was not hurting. Ms. [REDACTED] stated " no, I just want to document this incident".</p> <p>Ms. [REDACTED] stated while walking in the aforementioned area, she noticed a large water spill on the marble floor, she tried to avoid slipping and falling but could not. Ms. [REDACTED] continued to state to me she fell with her feet in front of her and onto her buttocks, thus using her hands/wrists to break her fall. Ms. [REDACTED] continued to tell me she had no pain in either of her wrists or hands. Ms. [REDACTED] continued to tell me she noticed no caution signs up to warn about the fluid spill. Ms. [REDACTED] advised me she was wearing sandals at this time of this incident.</p> <p>I asked Ms. [REDACTED] to complete a guest accident packet. After Ms. [REDACTED] completed the guest accident packet, I gave her 2 disposable ice packs and a risk management card. I explained the follup procedure. Ms. [REDACTED] stated she wanted to return to her suite.</p> <p>Surveillance states they have coverage of Ms. [REDACTED]'s slip and fall. An accident scene check was completed by Santillo, Derek Tm # 14357.</p> <p>This report contains the following:</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/01/2014 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	DATE/STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1406V-7791 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 08/31/14 14:43 Sunday		DATE AND TIME REPORTED 08/31/14 14:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
NARRATIVE Scan of guest accident form Scan of medical release		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATETIME 09/01/2014 13:16	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	CASE STATUS Closed

VEN 475

2784

Accident Report – Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]
Home Address: [REDACTED] Social Security #: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Your Occupation: [REDACTED]
By Whom Employed: [REDACTED]
Are You a Guest of The Venetian or The Palazzo?: Yes Suite #: [REDACTED]
Local Address or Hotel if not a Venetian or Palazzo Guest: [REDACTED]

Please state, in your own words, what you were doing and what happened to cause your accident.

I WALKING TO THE FOOD COURT, SLIPPED ON A LARGE PUDDLE (NOT SURE IF ITS WATER OR JUICE BUT IT WAS A CLEAR LIQUID). TRIED TO PREVENT THE FALL TO NO AVAIL, ENDED UP ON THE FLOOR, USED HANDS TO BRACE THE FALL AND LANDED ON MY REAR & BACK. HUSBAND HELPED ME UP, THE SPILL WAS →

Date of Accident: 8-31-14 Time of Accident: 2:55pm

Location of Accident (Please be specific): Marble floor by escalator (Lobby 1)

Whom do you consider to blame?: HOTEL

If you consider The Venetian or The Palazzo responsible, please state why: THERE WAS NO SIGN TO WARN PEOPLE OF THE SPILL IN ORDER TO AVOID IT

What, if any, injuries did you sustain?:

What, if any, property damage did you suffer?:

Number of Guests in Your Party at Time of Accident:

Dated this 31 Day of Aug, 20 14

Signature of Guest: [REDACTED]

Security Officer: [REDACTED] TM #:

Guest Checkout Date:

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 15:18 Date: 8-31-14 Guest Suite #: 12-122

Defects Noted (Explain in detail): None

Actions Taken: Take Report - P.A.N. cleaned up water.

Lighting Normal? (If no, explain): Peram.

Outside Diagram? ☐ Yes ☐ No

Checked by Security Officer (Name): [Signature] TM #: 771.77.

Engineer

Time: 3:18 Date: 8/31/14 Guest Suite #: _____

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Derek Santillan TM # 14357

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

☐ I (or my guardian) have been informed that only an initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☒ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): [REDACTED]
Signature: [REDACTED]
Address: [REDACTED]
Date of Birth: [REDACTED] Social Security #: [REDACTED]
Phone: [REDACTED]

Witness:

Witness:

Date:

8-31-14

Time: 14:56

Refused to Sign:

Venetian/Palazzo EMT:

[Signature]

ID#: 34127

AGE: 40

Male / Female

C/C:

low

Guest states NO INJURY.

Pain -

Pulse -

Hx -

O -

Resp -

P -

BP -

Allergies -

Q -

Eyes -

R -

Lungs -

Meds -

S -

LOC -

T -

Skins -

Last oral intake -

CCFD -

BGL -

Hydration -

MedicWest -

Transport -

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1409V-2807 PAGE 1
OFFENSE(S) PHI - YIM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 09/13/14 15:17 Saturday TO 09/13/14 15:38 Saturday		
LOCATION OF OCCURRENCE 1 Grand Hall		
DATE AND TIME REPORTED 09/13/14 15:17		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION NAME Grand Hall		
TYPE OF LOCATION 1		
BEAT 1		
SECTOR 1		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	ADDRESS 1 PHONE 1
OCCUPATION Asst Sec Manager	RACE SEX AGE DOB 15 05/17/1999	ADDRESS 2 PHONE 2
DL STATE	SSN INJURIES	ADDRESS 3 PHONE 3
CODE R	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME PHONE 1
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
DL STATE	SSN INJURIES	ADDRESS 3 PHONE 3
CODE SO	NAME - LAST, FIRST, MIDDLE, SUFFIX Corbaley, Tyler	ADDRESS 1 PHONE 1
OCCUPATION Field Training Officer	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
DL STATE	SSN INJURIES	ADDRESS 3 PHONE 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information- Non-Quest		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE (NO AND STATE) [REDACTED]		
YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED]		
TOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE [REDACTED]		
REGISTERED OWNER [REDACTED]		
ADDRESS [REDACTED]		
SUSPECT(S)/ ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE OP	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
OCCUPATION [REDACTED]	INJURIES	RELEASE LOCATION [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARREST DATE / TIME [REDACTED]	ARREST DATE / TIME [REDACTED]
DL STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING # [REDACTED]
CHARGES [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # [REDACTED]
CODE OP	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
OCCUPATION [REDACTED]	INJURIES	RELEASE LOCATION [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ARREST DATE / TIME [REDACTED]	ARREST DATE / TIME [REDACTED]
DL STATE	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOOKING # [REDACTED]
CHARGES [REDACTED]	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # [REDACTED]
ADMINISTRATION		
VIOLENCE/PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO PA <input type="checkbox"/> DET <input type="checkbox"/> CA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER:
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/14/14 09:42	APPROVED BY Jacob Johnson 000025575
OFFICER [REDACTED]	UNIT/SHIFT [REDACTED]	DATE APPROVED 09/14/14
CASE STATUS Closed		

CR-1 Rescigno034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 05/23/2017

VEN 479

2788

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Case MO	CASE # 1409V-2807 PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S): CONT'D
DATE, TIME AND DAY OF OCCURENCE 09/13/14 15:17 Saturday TO 09/13/14 15:38 Saturday		DATE AND TIME REPORTED 09/13/14 15:17
LOCATION OF OCCURENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken PHI - Non-Guest Slip & Fall Statements Taken Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security State (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flax	<u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COVERED TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> CJA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAND <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034437	DATE/TIME 09/14/2014 09:42	APPROVED BY Jacob Johnson 000025575
OFFICER	UNITS/SHIFT	DATE APPROVED 09/14/14 CASE STATUS Closed

CR-1 Rescigno034437 Entered by: Gary Rescigno

APEX (Rev. 06/16/06) Print Date: 05/23/2017

VEN 480

2789

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1400V-2807 PAGE 1 of 1			
OFFENSE(S) PHI - T/M Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 09/13/14 15:17 Saturday TO 09/13/14 15:38 Saturday					
LOCATION OF OCCURRENCE 1 Grand Hall		DATE AND TIME REPORTED 09/13/14 15:17			
LOCATION NAME Grand Hall		TYPE OF LOCATION 1			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE R	NAME (LAST, FIRST, MIDDLE, SUFFIX) 1 OF 1	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
MO INFORMATION <table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Medium Complexion Pale Demeanor Polite Eyes Clear </td> <td style="vertical-align: top;"> Glasses None Hair Length Shoulder length Hair Style Wavy Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness </td> <td style="vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Medium Complexion Pale Demeanor Polite Eyes Clear	Glasses None Hair Length Shoulder length Hair Style Wavy Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Build Medium Complexion Pale Demeanor Polite Eyes Clear	Glasses None Hair Length Shoulder length Hair Style Wavy Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Tenderness	Speech Normal			
CLOTHING Blouse-long pants and sandals					
CODE MIN	NAME (LAST, FIRST, MIDDLE, SUFFIX) 1 OF 1 Johnson 25575, Jacob	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE SO	NAME (LAST, FIRST, MIDDLE, SUFFIX) 1 OF 1 Cortale, Tyler	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/14/14 09:42	APPROVED BY Jacob Johnson 000025575			
OFFICER	UNIT/SHIFT	DATE/TIME 09/14/14			
		CASE STATUS Closed			

CR-I Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 09/23/2017

VEN 481

2790

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1409V-2807	
Narrative Report				Page 1 of 2	
OFFENSE(S) PHI - T/M Protected Health Information			OFFENSE(S) CONT.		
DATE, TIME AND DAY OF OCCURRENCE 09/13/14 15:17 Saturday			DATE AND TIME REPORTED 09/13/14 15:17		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF DELEGATION	BEAT 1
DOCTOR					
NARRATIVE					
<p>On September 13, 20014 at 15:17 Security Dispatch advised me of a guest who was at the inside concierge desk, requesting to see an Emergency Medical Technician (EMT) for any injury to her ankle she had sustained due to a fluid spill in the grand hall, adjacent to the executive office entrance (Charlie 11) earlier in the day (Field Training Officer Corbely, Tyler Tm # 34362 had notified Security Dispatch earlier about his stand by, due to this fluid spill, however upon checking the dispatch log, I could not locate the entry.) I obtained my Basic Life Support (BLS) bag and responded.</p> <p>Upon arrival at the concierge desk I was met by non-hotel guest [REDACTED] [REDACTED] was conscious and alert to person, place, time and event. She was breathing at 18 breaths per minute with equal rise and fall. I noticed no visible signs of deformities, contusions, lacerations, abrasions or any immediate life threats to [REDACTED] at this time. As [REDACTED] walked, I noticed no signs of distress or challenges with her gait.</p> <p>I asked [REDACTED] how it was I could help her. [REDACTED] stated she slipped but did not fall at 14:20 in the grand hall due to a water or drink spill that another guest had caused. I noticed at this time [REDACTED] was wearing dress type sandals that strapped around he ankles and had flat souls. I asked [REDACTED] to explain further about the slip and no fall. [REDACTED] stated as her feet went out from underneath her, her sister caught her and she did not hit the marble floor but due to the twisting she believes she slightly twisted her left ankle. I suggested we walk over to the pay phones by the front desk to have a seat and to talk further. [REDACTED] agreed.</p> <p>After [REDACTED] sat down she continued to tell me she was a nurse and she felt and heard no crepitus or popping type noises and knows she does not have a fracture or broken bone. I asked [REDACTED] if I could examine her left ankle. [REDACTED] stated it was not nessecery. [REDACTED] continued to state she wasn't even going to report it but an unknown concierge team member advised her to fill out a report incase she has an injury.</p> <p>I asked [REDACTED] if she had any pain. She stated no. I asked [REDACTED] if she could place her body weight upon her ankle with no challenges. [REDACTED] stated her ankle could bear her weight with no pain. I asked [REDACTED] if she wanted medical treatment either from me or from paramedics. [REDACTED] stated "no, I'm fine, I just want to complete a</p>					
ADMINISTRATION					
BY (PRINT) G. Rescigno 000034137		DATE/TIME 09/14/2014 09:42		APPROVED BY Jacob Johnson 000025575	
DATE/TIME 09/14/14		CASE STATUS Closed		CASE STATUS Closed	

Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1409V-2807	
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Page 2 of 2	
Narrative Report			
OFFENSE(S) PHI - TM Protected Health Information		OFFENSE(S) (MVA)	
DATE, TIME AND DAY OF OCCURRENCE 09/13/14 15:47 Saturday		DATE AND TIME REPORTED 09/13/14 15:17	
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall	
TYPE OF LOCATION		BEAT 1	SECTOR
NARRATIVE			
<p>report as suggested". As [REDACTED] was completing the guest injury packet, she did say she was frustrated why it took so long for someone to clean up the spill.</p> <p>After [REDACTED] completed the guest injury report and signed the medical release I gave her 2 disposable ice packs. I watched as she walked away and noticed no challenges, including a limp. I notified surveillance, who stated what [REDACTED] said in regards to her slip but no fall.</p> <p>Due to the fact [REDACTED] was not treated by me, she did not want to sign the medical authorization. Due to the fact the slip was caused by a fluid spill that had already been cleaned up, I did not obtain a accident scene check or photographs.</p> <p>Surveillance states they have coverage of this incident. Assistant Security manager Johnson, Jacob Tm # 25575 was notified.</p> <p>This report contains the following: Scan of [REDACTED] accident report. Scan of signed medical release. Scan of unsigned medical authorization. Photograph 1&2 are of [REDACTED] sandals. Photograph # 3 is of [REDACTED]</p>			
ADMINISTRATION			
BY OFFICER G. Rescigno 000034137	DATE/TIME 09/14/2014 09:42	APPROVED BY Jacob Johnson 000025575	DATE APPROVED 09/14/14
OFFICER	UNIT/ZONE	ASSIGNED TO	CASE STATUS Closed

Accident Report -- Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]
Home Address: [REDACTED] Social Security #: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Your Occupation: NURSE
By Whom Employed: _____

Are You a Guest of The Venetian or The Palazzo? NO Suite #: _____
Local Address or Hotel if not a Venetian or Palazzo Guest: SPRINGHILL SUITES

Please state, in your own words, what you were doing and what happened to cause your accident.
WALKING ON MARBLE FLOOR, SLIPPED
IN SPILLED DRINK

Date of Accident: 9/13/14 Time of Accident: 2:20 PM
Location of Accident (Please be specific): HALL FROM CASINO TO LOBBY
Whom do you consider to blame?: UNKNOWN
If you consider The Venetian or The Palazzo responsible, please state why: NO

What, if any, injuries did you sustain?: TWISTED ANKLE
What, if any, property damage did you suffer?: NO

Number of Guests in Your Party at Time of Accident: 7
Dated this 13 Day of SEPT. 2014
Signature of Guest: Melody S. Beaulieu

Security Officer: [Signature] TMR: 3472
Guest Checkout Date: _____

Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.

This Medical Authorization ("Authorization") is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC dba The Venetian/The Palazzo ("Hotel") a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their directors, officers, employees, agents, and representatives (collectively "The Venetian Resort-Hotel-Casino and The Palazzo Resort-Hotel-Casino").

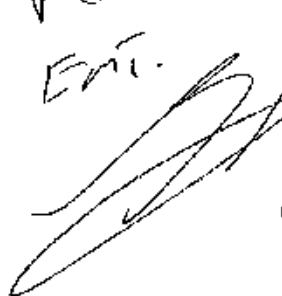
1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

2) The Hotel is further authorized to obtain any and all original diagnostic tests including MRIs, myelograms, and x-rays for independent examination, providing that same are returned to the Guest within thirty (30) days from the date of their release. It is further agreed that a photocopy of facsimile of this authorization is to have the same force and effect as the original.

3) Guest certifies that he/she has read and understands the contents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name: _____ Guest's Suite #: _____
Signature: _____ Today's Date: _____

GUEST DID NOT WANT
to comply due to no
MEDICAL Treatment Given by
Ent.


MIA
7-17-01
@ 18:28.

1409N-2007

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

☒ I (or my guardian) have been informed that only an Initial Emergency First Aid treatment and evaluation has been rendered to me by a Venetian or Palazzo Emergency Medical Technician (EMT) who is not a medical doctor and that I (or my guardian) have been advised that I should seek the advice of a physician as soon as possible.

☐ I (or my guardian) refuse treatment by a Venetian or Palazzo Emergency Medical Technician (EMT) and have been advised that I should seek the advice of a physician as soon as possible.

Name (Print): [REDACTED]
Signature: [REDACTED]
Address: 3 [REDACTED]
Date of Birth: [REDACTED] Social Security #: [REDACTED]
Phone: [REDACTED]

Witness: _____

Witness: _____

Date: 9-17-14 Time: 11:24

Refused to Sign: _____

Venetian/Palazzo EMT: [Signature] ID#: 34132

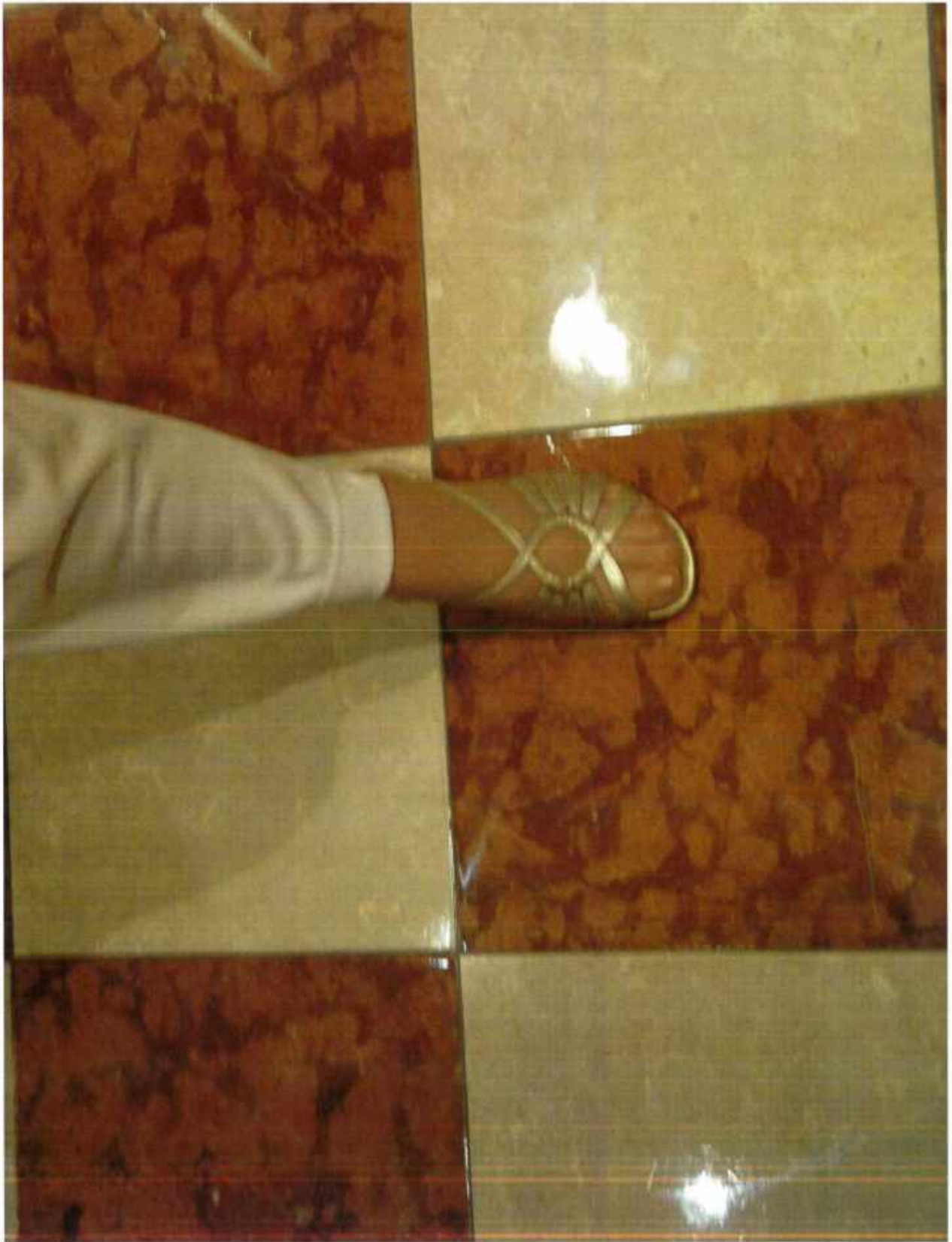
AGE: Male/Female C/O: LFT ANKLE PERSISTENT TWIST.

Pulse -	Hx -	Pain - <input checked="" type="checkbox"/>
Resp -		O -
BP -	Allergies -	P -
Eyes -		Q -
Lungs -	Meds -	R -
LOC -		S -
Skins -	Last oral intake -	T -
BGL -	Hydration -	CCFD -
		MedicWest -
		Transport -



VEN 487

2796



VEN 488

2797