

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

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**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 15
(Nos. 2798–3017)**

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VEN 489

2798

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-3261 PAGE 1
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 09/15/14 05:29 Monday TO 09/15/14 06:07 Monday		
LOCATION OF OCCURRENCE 1 Lobby 1		
TYPE OF LOCATION _____		
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 2 Coronado, Nicholas OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ DL _____ STATE _____ SSN _____ INJURIES _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CODE MN 2 of 2 Ros, Mary OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ DL _____ STATE _____ SSN _____ INJURIES _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CODE R 1 of 2 Hinkle, OCCUPATION _____ RACE _____ SEX _____ AGE _____ DOB _____ DL _____ STATE _____ SSN _____ INJURIES _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information for Guest [REDACTED] for a slip and fall		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MAKE _____ MODEL _____ BODY TYPE _____ COLOR _____ VIN _____ LICENSE (NO AND STATE) _____ YEAR _____ MAKE _____ MODEL _____ BODY TYPE _____ COLOR _____ VIN _____ MORE VEH C/F/E YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROM REPORT 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 RACE _____ SEX _____ HT _____ WT _____ HAIR _____ EYE _____ AGE _____ DOB _____ OCCUPATION _____ INJURIES _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____ SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARMS _____ ARRESTED DEPOSITION _____ 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 # _____ PSR _____ C/M _____		
CHARGES _____		
CODE _____ OF _____ NAME - LAST, FIRST, MIDDLE, SUFFIX RACE _____ SEX _____ HT _____ WT _____ HAIR _____ EYE _____ AGE _____ DOB _____ OCCUPATION _____ INJURIES _____ ADDRESS 1 _____ PHONE 1 _____ ADDRESS 2 _____ PHONE 2 _____ ADDRESS 3 _____ PHONE 3 _____ SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARMS _____ ARRESTED DEPOSITION _____ 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 # _____ PSR _____ C/M _____		
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 _____ BY OFFICER Z. Hakim 000041305 DATE TIME 09/15/14 01:32 APPROVED BY Nicholas Coronado 000032415 DATE APPROVED 09/17/14 OFFICER _____ ASSIGNED TO _____ CASE STATUS Closed		

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 490

2799

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 # 1409V-3261 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 09/15/14 05:29 Monday TO 09/15/14 06:07 Monday		DATE AND TIME REPORTED 09/15/14 05:29
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		
SIGNATURE VER <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME [REDACTED]
OCCUPATION	RACE SEX AGE DOB	HOTEL ROOM 8 137, Las Vegas,
STATE SSN	INJURIES	ADDRESS 1
PHONE 1		
CODE GU 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	HOME [REDACTED]
OCCUPATION	RACE SEX AGE DOB	HOTEL ROOM 8 137, Las Vegas,
STATE SSN	INJURIES	ADDRESS 2
PHONE 1		
PHONE 2		
CODE R 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Hinkle, Greg	HOME [REDACTED]
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2
STATE SSN	INJURIES	ADDRESS 3
PHONE 1		
PHONE 2		
PHONE 3		
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Estela, Rosa	HOME [REDACTED]
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2
STATE SSN	INJURIES	ADDRESS 3
PHONE 1		
PHONE 2		
PHONE 3		
ADMINISTRATION		
BY OFFICER Z. Haldm 000041305	DATE/TIME 09/16/14 01:32	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/STATION	ASSIGNED TO
		DATE APPROVED 09/17/14
		CASE STATUS Closed

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

VEN 491

2800

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-3261
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURENCE 09/15/14 06:29 Monday TO 09/15/14 06:07 Monday		DATE AND TIME REPORTED 09/15/14 05:29
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>Arson Inhabited</u> Property was not Inhabited <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 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
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"/> VAWP <input type="checkbox"/> OTHER	
BY OFFICER Z. Hakim 000041305	DATE/TIME 09/16/2014 01:32	APPROVING Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	DATE APPROVED 09/17/14 CASE STATUS Closed

CR=L Hakim/041305 Entered by: Zachary Hakim

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

VEN 492

2801

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 # 1409V-3251 PAGE 1 OF 2			
OFFENSE(S) PHI - TM Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 09/15/14 05:29 Monday to 09/15/14 06:07 Monday					
DATE AND TIME REPORTED 09/15/14 05:29					
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					
MICRO NUMBER YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE R	1 OF 2 Hinkle,	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE R	2 OF 2 Hinkle, Greg	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE NN	1 OF 2 Coronado, Nicholas	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE NN	2 OF 2 Ros, Mary	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CODE GU	1 OF 2 <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
NO INFORMATION					
<table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL </td> <td style="width:33%; vertical-align: top;"> Build Medium Complexion Clear Demeanor Calm Polite Eyes Clear Hair Length Long Hair Style Straight </td> <td style="width:33%; vertical-align: top;"> Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing 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 Hair Length Long Hair Style Straight	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Speech Normal
Base Line Vitals & History Normal Breathing 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 Hair Length Long Hair Style Straight	Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Speech Normal			
ADMINISTRATION					
BY OFFICER Z. Hakim 000041305	DATE/TIME 09/16/14 01:32	APPROVED BY Nicholas Coronado 000032415			
OFFICER	UNIT/SHIFT	ASSIGNED TO			
		DATE APPROVED 09/17/14			
		CASE STATUS Closed			

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 493

2802

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 # 1409V-3261 PAGE 2 OF 2
OFFENSE(S): PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE: 09/15/14 05:29 Monday TO 09/15/14 06:07 Monday		
DATE AND TIME REPORTED: 09/15/14 05:29		
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 GU	2 OF 2	NAME (LAST, FIRST, MIDDLE, SUFFIX) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
DOB:		
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
MO INFORMATION		
<u>Build</u> Medium <u>Thin</u> <u>Complexion</u> Clear <u>Demeanor</u> Calm Polite	<u>Eyes</u> Clear <u>Hair Length</u> Short <u>Hair Style</u> Straight	<u>Odor of Intoxicants</u> None <u>Patient Assessment</u> Patient is Alert <u>Speech</u> Normal
CODE TM	1 OF 1	NAME (LAST, FIRST, MIDDLE, SUFFIX) Estela, Rosa
DOB:		
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME BY 09/16/14 01:32	APPROVED BY Nicholas Coronado 000032415
OFFICER:	APPROVED:	DATE APPROVED 09/17/14
		CASE STATUS Closed

CR-I Hakim/041305 Entered by: Zachary Hakim

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

VEN 494

2803

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-3261
Narrative Report		Page 1 of 2
OFFENSE(S): PHI - T/M Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 09/15/14 05:29 Monday TO 09/15/14 06:07 Monday		DATE AND TIME REPORTED 09/15/14 05:29
TAXA (IF NOT OCCURRENCE) 1 Lobby 1	LOCATION NAME	TYPE OF LOCATION
SEAT		
ECTOR		
NARRATIVE		
<p>On 09-15-2014 at 5:28am, I was dispatched by Venetian Security Dispatch for an adult female who slipped and fell at Guest Suites Elevators Lobby (Lobby 1). Upon arrival, I was met by adult female's Spouse. Adult female's spouse is identified verbally as Registered Guest [REDACTED]. [REDACTED] states that his spouse is identified verbally as Registered Guest [REDACTED]. [REDACTED] states they were just leaving the elevator at Lobby 1 when they were going to front desk to check out, when [REDACTED] slipped and fell. [REDACTED] states that [REDACTED] walked back to room by herself to get cleaned up. Security Officer Hinkle, Greg TM# 39309 escorts [REDACTED] to hotel suite to make sure [REDACTED] gets back down stairs safely. I stay at lobby 1 to make sure that they don't pass by each other. I evaluate scene of slip and fall at Lobby 1 to find 3 piles of human feces. The location to marble shows no other defects. [REDACTED] and Hinkle arrive to scene.</p> <p>[REDACTED] is alert and oriented to person, place, time, and event. [REDACTED] is ambulatory with a patent airway, breathing adequately with normal chest rise and fall, and normal color to face. [REDACTED] states "I was walking when I slipped and fell walking over the poop". [REDACTED] has no chief complaint and states "we really need to make our flight". [REDACTED] denies hitting head from slip and fall. [REDACTED] denies head, neck, and back pain, and loss of consciousness. PAD was called to scene for emergency bio clean up.</p> <p>[REDACTED] refuses medical care and signs Medical Release Form. Security Manager Coronado, Nicholas TM# 32415 at scene reports to Front Desk Manager Ros, Mary TM# 20855 about incident. I escort [REDACTED] and Mary to front desk to meet Ros for check out and compensation. [REDACTED] depart scene without further incident.</p> <p>Facilities Engineer Estela, Rosa TM# 41453 report no defect noted. Facilities arrival was after PAD cleans Human Feces. Video coverage is available through surveillance #20140000095.</p> <p>[REDACTED] refused to fill out any paper work other than medical release due to needing for fast check out process. [REDACTED] at scene changed shoes in which she declined photograph to be taken of shoes. It was noted that [REDACTED] were compensated the amount of \$199.55 by Ros. Risk Management is advised of incident.</p> <p>Documents attached:</p>		
ADMINISTRATION		
BY (NAME) Z. Hakim 000041305	DATE/TIME 09/16/2014 01:32	APPROVED BY Nicholas Coronado 000032415
REVIEWER	DATE/TIME	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	CASE # 1409V-3261
Narrative Report		Page 2 of 2
OFFENSE(S): PHI - TM Protected Health Information		OFFENSE(S) CODE(S)
DATE, TIME AND DAY OF OCCURRENCE: 09/15/14 05:29 Monday TO 09/15/14 06:07 Monday		DATE AND TIME REPORTED: 09/15/14 05:29
LOCATION OF OCCURRENCE: 1 Lobby 1	LOCATION NAME	TYPE OF OCCURRENCE SECT SECTOR
NARRATIVE Accident Scene Check Acknowledgement of First Aid Photographs attached: Photo of Persons Close photograph of scene Medium photograph of scene Far Away photograph of scene		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 09/16/2014 01:32	APPROVED BY Nicholas Coronado 000032415
OFFICER	INJURY(S)	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# 1409V-6750 <hr/> PAGE 1
OFFENSE(S): PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE: 08/30/14 13:30 Tuesday TO 09/30/14 13:43 Tuesday		
DATE AND TIME REPORTED: 09/30/14 13:30		
MORE CHARGES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE: \$ 0.00		
LOCATION OF OCCURRENCE: 1 Grand Hall		TYPE OF LOCATION: Grand Hall
BEA: 1		SECTOR:
PERSONS Codes: V = Victim W = Witness G = 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: Valley, George OCCUPATION: Security Manager DL: STATE: SSN: INJURIES:	ADDRESS 1: ADDRESS 2: ADDRESS 3:	PHONE 1: PHONE 2: PHONE 3:
CODE: MN 2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX: Derketh, Jonathan OCCUPATION: Front Desk Manager DL: STATE: SSN: INJURIES:	ADDRESS 1: ADDRESS 2: ADDRESS 3:	PHONE 1: PHONE 2: PHONE 3:
CODE: SO 1 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX: Wells, John OCCUPATION: Security Officer DL: STATE: SSN: INJURIES:	ADDRESS 1: ADDRESS 2: ADDRESS 3:	PHONE 1: PHONE 2: PHONE 3:
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY: Protected Health Information for Registered Guest		
VEHICLE USED IN CRIME: YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OR LICENSE (INLAND STATE): YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FORWARD REPORT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE: REGISTERED OWNER: RUC ADDRESS:		
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrested 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:	ADDRESS 1: ADDRESS 2: ADDRESS 3:	PHONE 1: PHONE 2: PHONE 3:
SCARS / MARKS / TATTOOS: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 #: RUC: CUP:	CHARGES:
CODE: OF NAME - LAST, FIRST, MIDDLE, SUFFIX: RACE SEX HT WT HAIR EYE AGE DOB OCCUPATION: INJURIES:		
ADDRESS 1: ADDRESS 2: ADDRESS 3:		
PHONE 1: PHONE 2: PHONE 3:		
SCARS / MARKS / TATTOOS: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 #: RUC: CUP:		
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: PAT. DEF. DA COURT PROBATION WWP OTHER:		
BY OFFICER: Z. Hakim 000041305 OFFICER:	DATE/TIME: 10/03/14 00:34 DATE/TIME:	APPROVED BY: Richard Davies 000028074 ASSIGNED TO:
DATE APPROVED: 10/04/14 CASE STATUS: Closed		

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 497

2806

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 # 1409V-6750 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday TO 09/30/14 13:43 Tuesday		
DATE AND TIME REPORTED 09/30/14 13:30		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall
TYPE OF LOCATION 1		BEAT 1
ADDITIONAL OFFENSE(S) 		ADDITIONAL OFFENSE(S) CONT.
PERSONS <small>Code: V = Victim W = Witness G = Complainant P = Parent G = Guardian R = Party O = Other</small>		
CODE GU	1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	PHONE [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	HOTEL ROOM 7 Venetian Tower 106, Las Vegas, NV
AL 22338-398 STATE BSN NUMBER	ADDRESS 1 	PHONE 1
CODE SO	2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Guernick, James	PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB 	ADDRESS 2
STATE BSN NUMBER	ADDRESS 3 	PHONE 3
CODE TM	1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Greenfield, Bryan	PHONE 1
OCCUPATION Facilities	RACE SEX AGE DOB 	ADDRESS 2
STATE BSN NUMBER	ADDRESS 3 	PHONE 3
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 10/02/14 00:34	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	ASSIGNED TO
CASE STATUS Closed		

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

VEN 498

2807

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE 1 OF 1

IR 1409V-6780

TYPE OF INCIDENT: <u>Slip and fall Grand Hallway</u>	
DATE OCCURRED: <u>07/20/04</u>	TIME OCCURRED: <u>1:30</u> <small>am / pm</small>
LOCATION OF OCCURRENCE: <u>Grand Hallway</u>	
NAME OF PERSON GIVING STATEMENT: <u>[REDACTED]</u>	
GUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>	HOME PHONE #: <u>[REDACTED]</u> CELL PHONE #: <u>[REDACTED]</u>
SUITE #: <u>7-106</u>	BUSINESS PHONE #: <u>[REDACTED]</u> PAGER #: <u>[REDACTED]</u>
LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: <u>[REDACTED]</u>	
RESIDENCE ADDRESS: <u>[REDACTED]</u>	
BUSINESS ADDRESS: <u>[REDACTED]</u>	
SOCIAL SECURITY NUMBER: <u>[REDACTED]</u>	DATE OF BIRTH: <u>[REDACTED]</u>
BEST TIME TO CONTACT: <u>[REDACTED]</u> (am / pm) BEST PLACE TO CONTACT: <u>[REDACTED]</u>	
<p>DETAILS: <u>I WENT TO THE FRONT DESK AT THE VENETIAN TO GO TO MY ROOM 7106. I WAS WORKING ON THE MARBLE FLOOR TO GO TO THE ESCALATOR. I SLIPPED AND SOMETHING FELL ON THE MARBLE. I FELL BACKWARDS ON MY RIGHT KNEE. IT IS NOT BROKEN BUT MY KNEE FEELS SHAKED UP. MY RIGHT KNEE IS STIFF, PAINFUL, & THE BACK OF MY HEAD - NECK AREA FEELS STIFFER. MY BACK IS ALSO DECKED. LOWER BACK</u></p>	
<p>I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): <u>3355 Las Vegas Blvd South Las Vegas, NV 89109</u></p>	
ON THE <u>[REDACTED]</u> DAY OF <u>[REDACTED]</u> AT <u>[REDACTED]</u> (am / pm) <u>20</u>	
WITNESS: <u>[REDACTED]</u>	
WITNESS: <u>ZAF 41305</u>	<u>[REDACTED]</u> (Signature of person giving statement)

VEN 499

2808



VEN 500

2809

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1:55 PM Date: 09/30/2014 Guest Suite #: 7-106

Defects Noted (Explain in detail): Wet surface Photos taken. No defects noted to marble

Actions Taken: PAD notified and cleaned surface

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

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): [Signature] Hakim, Zohary TM #: 41305

Engineer

Time: 1:51 PM Date: 30 Sept 2014 Guest Suite #: [REDACTED]

Defects Noted (Explain in Detail): NO DEFECTS FOUND ON WALKING SURFACES.

Actions Taken: INSPECTED WALKING SURFACE

Checked by Engineer (Name): Bryan Greenfield TM #: 15563

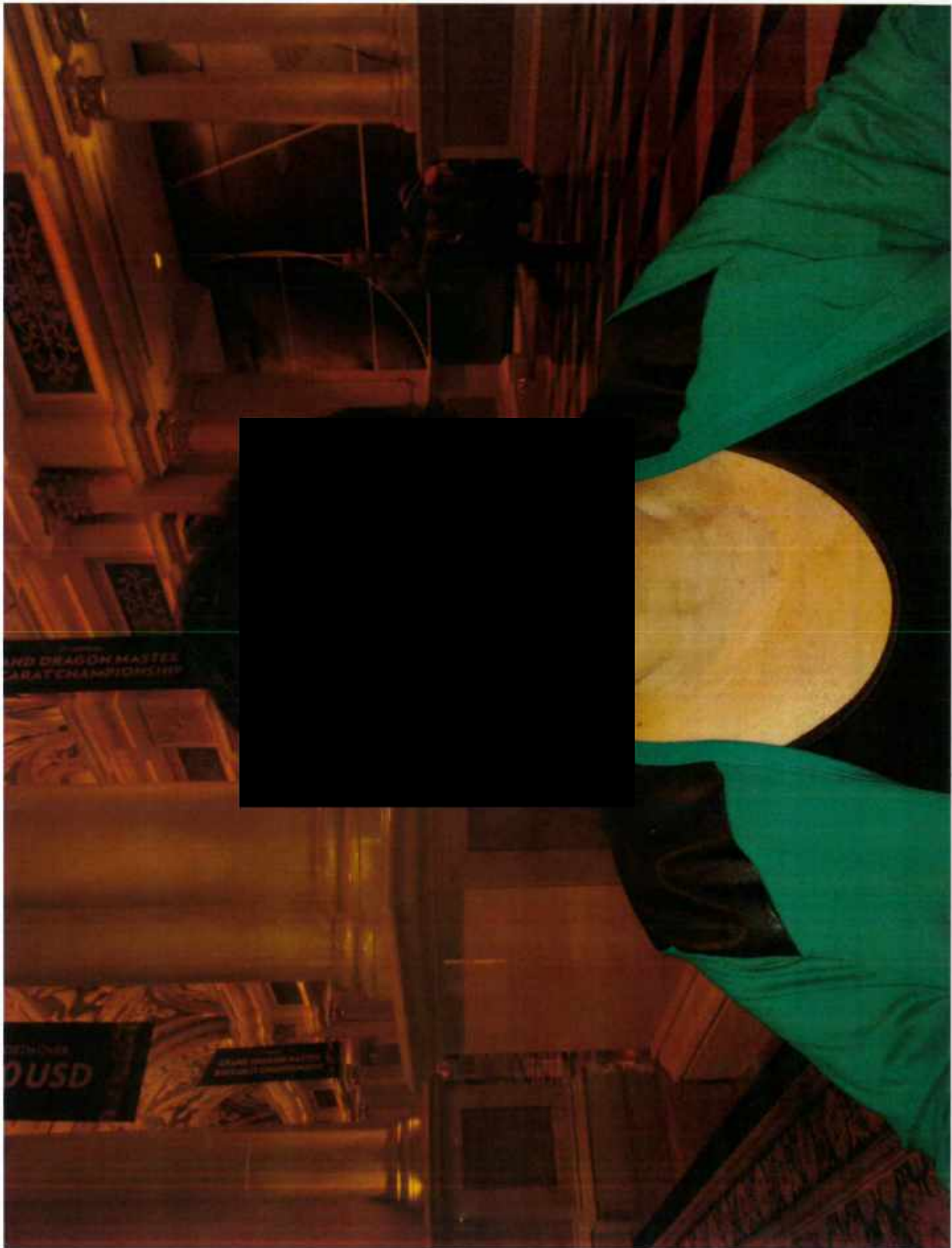
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1408V-8750	
Case MO				PAGE 1 OF 1
OFFENSE(S) PHI - TIM Protected Health Information		OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday TO 09/30/14 13:43 Tuesday		DATE AND TIME REPORTED 09/30/14 13:30		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	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 Victim Cooperative 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 FOR <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 Z. Hakim 000041305		DATE/TIME 10/03/2014 00:34		APPROVED BY Richard Davies 000028074
OFFICER		UNIFORMITY		DATE APPROVED 10/04/14
				CASE STATUS Closed

CR-1 Hakim041305 Entered by: Zachary Hakim

APDC (Rev. 06/15/06) Print Date: 05/23/2017

VEN 502

2811



VEN 503

2812

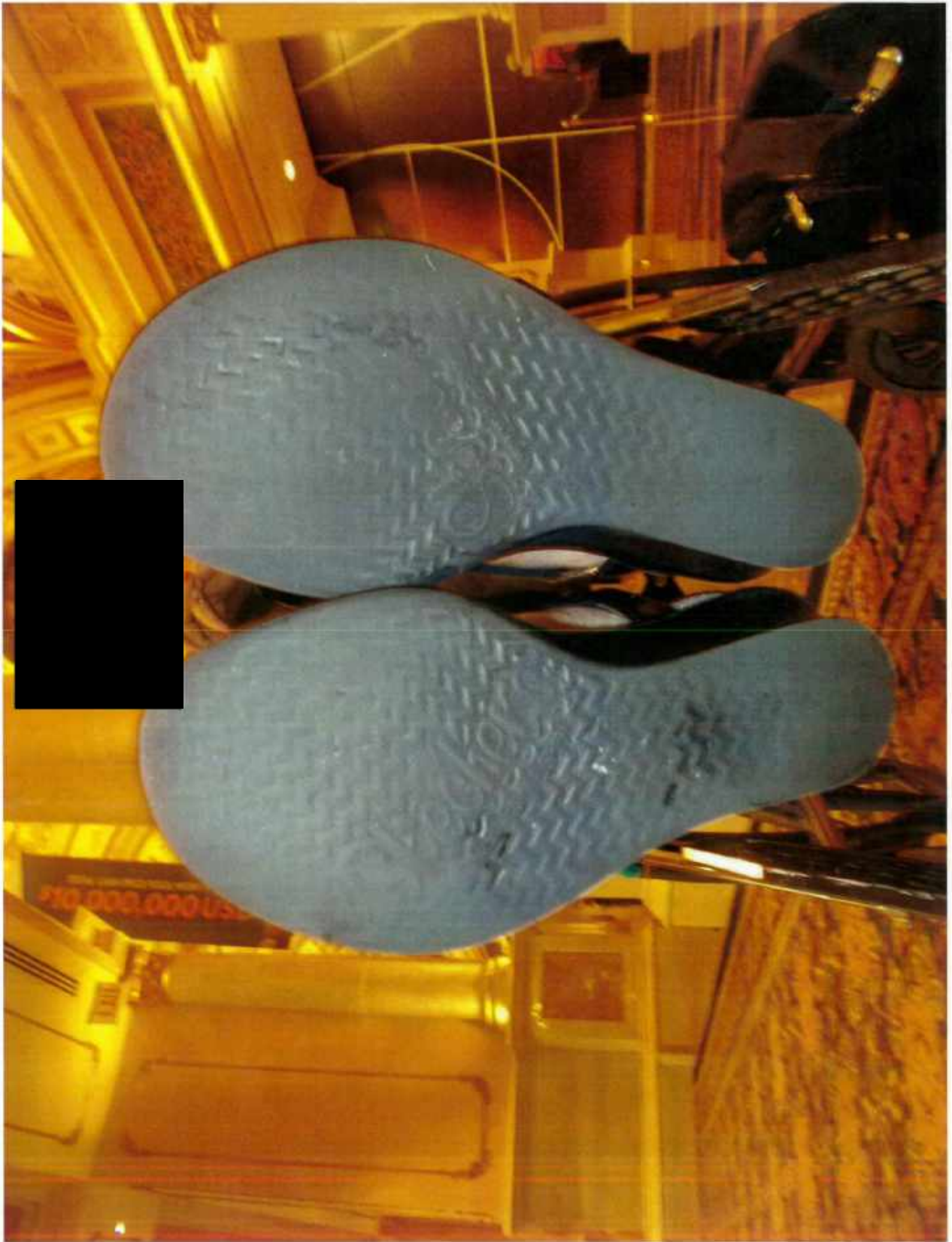
GM1G 09/30/2014 VENETIAN RESORT & CASINO 02:23 PM GINFO
 CMD RESERVATION CHANGE 418542934921
 AR 93014 Tue DP 100314 Fri A/C 2 RP CPROLV GP CSBH3K RB
 STATUS 1 INHSE ACT C/S ETA B-133002 1 HOT INVALID #
 WG TYPE ROOM# RATE A/C
 VE QQNM 7106 110.00 2 OVRID NET N PRT N TRN NRG
 E CARD LEVEL Grazie B/P
 LAST TITLE Mrs GTYP RMK
 COMPANY ATTN TYP H/B H TXT
 ADDR1/2 2
 CITY STATE/PROV ZIP COUNTRY US X LNG REQ
 CPN
 PHONE X VIP PC SRC CP RSN CA PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH CSH NBR HIST ID
 CRDT LMT
 DEP REQ AMT RESERVATIONS AGENT SRBRADLM DATE 8/04/14 TIME 12:48
 DEP REC AMT CHECK IN FDLAMAV 9/30/14 11:51
 ADV CODE X CHECK OUT
 CAS# 731916 LAST MODIFIED FDMINS 9/30/14 13:27
 LAST CONFIRMATION 9/12/14 LAST NUMBER 2
 ^Swipe or F1 Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

JONATHAN DERLETT
 TM# 35641

1409V-6750

VEN 504

2813



VEN 505

2814

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 # 1409V-8750 PAGE 1 OF 2
OFFENSE(S): PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday TO 09/30/14 13:43 Tuesday		
DATE AND TIME REPORTED 09/30/14 13:30		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
BEAT 1		
SECTOR 1		
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 Valley, George	DOB 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 Derleth, Jonathan	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SO	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Wells, John	DOB 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 Guemick, James	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 10/03/14 00:34	APPROVED BY Richard Davies 000028074
OFFICER Z. Hakim	UNIT/SHIFT 10/03/14 00:34	DATE APPROVED 10/04/14
ASSIGNED TO Richard Davies 000028074		CASE STATUS Closed

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 506

2815

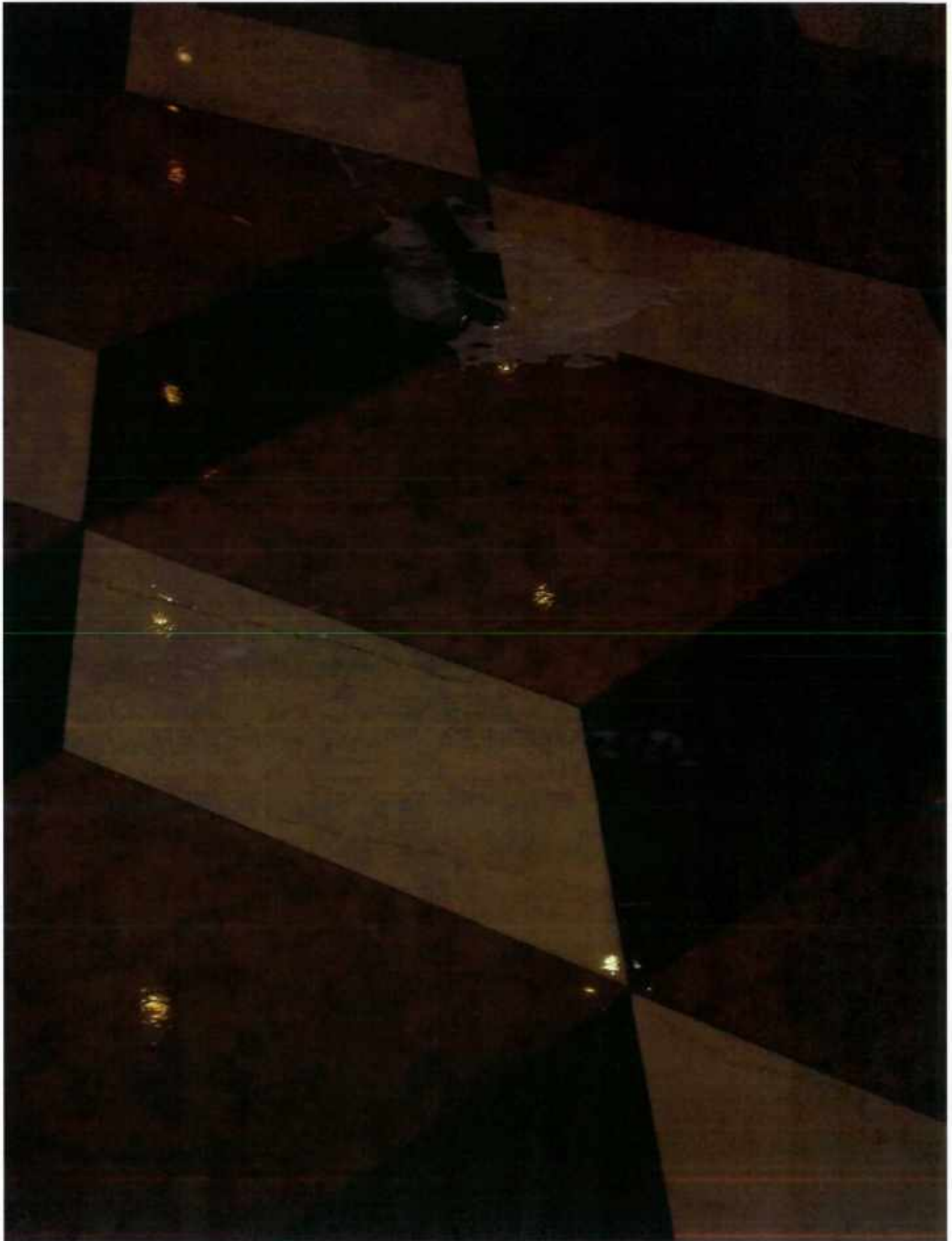
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1409V-8750 PAGE 2 OF 2
CHARGE(S) PHI - TM Protected Health Information		
OFFENSE(S) CODE		
DATE, TIME AND DAY OF OCCURRENCE 08/30/14 13:30 Tuesday TO 08/30/14 13:43 Tuesday		DATE AND TIME REPORTED 08/30/14 13:30
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
BEAT 1		
SECTOR		
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>		
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.		
PHYSICAL INFORMATION		
Base Line Vitals & History Normal Breathing Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL SAMPLE History Obtained? Build Large Complexion Clear	Demeanor Calm Polite Eyes Clear Glasses None Hair Length Long Hair Style Straight Medical Supplies Flashlight or Penlight Head Band C-Spine Device (Adult) Color of Intoxicants None	Patient Assessment Patient Is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury C-Spine Stabilized Symptoms of Illness - OPQRST obtained? Search Normal
CLOTHING		
ADMINISTRATION		
REPORTER Z. Hakim 000041305	DATE/TIME 10/03/14 00:34	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 10/04/14
		CASE STATUS Closed

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 507

2816



VEN 508

2817

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-8750
Narrative Report		
OFFENSE(S) PHI - TM Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday		
DATE AND TIME REPORTED 09/30/14 13:30		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
BEAT 1		
SECTOR 1		
NARRATIVE <p>On 09-30-2014 at 1:29pm, I was dispatched by Security Dispatch for a reported slip and fall in the area of the Venetian Grand Hall. Upon arrival I noticed an adult female ambulatory with no apparent life threats with Security Officer Wells, John TM# 28642. The female was identified by an Alberta Driver's License as Registered Guest [REDACTED] of suite 7-106.</p> <p>[REDACTED] was alert and oriented to person, place, time, and event; breathing adequately with no difficulty and had a palpable pulse. [REDACTED] complained of pain to right knee. [REDACTED] stated that she was walking from the Venetian Front Desk back to her suite when she slipped and fell on unknown liquid on marble floor at the Grand Hallway.</p> <p>[REDACTED] stated when she fell; she did not hit her head but landed on both bilateral knees and then fell backwards. [REDACTED] stated no other complaints or injuries; I also did not observe any injuries. [REDACTED] stated medical history of Hypertension and is currently taking medication for thyroid. [REDACTED] also stated she was remission after having cancer. The area where [REDACTED] stated she slipped and fell appeared to have unknown white liquid on floor. Wells obtained photographs of unknown liquid and the area of incident.</p> <p>[REDACTED] denied head, neck, back pain, headache, chest pain, nausea, and vomiting during my initial assessment. [REDACTED] refused further medical assistance from myself and declined Paramedic response. [REDACTED] completed a Venetian Voluntary form about incident and stated "I left the Front Desk to go back to my room 7-10. I was walking on the marble floor to go to escalators". "I slipped on something spilled on the marble." "I landed mostly on my right knee it is not broken."</p> <p>[REDACTED] asked "Is the Venetian going to do anything about this". I provided [REDACTED] with a Risk Management card with report number and stated "I am not at liberty to speak to about compensation from the Venetian".</p> <p>I advised [REDACTED] that if anything changes to notify Security for an EMT. After being on scene for 10 minutes [REDACTED] stated "actually I think I am starting to feel pain to my head"</p>		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 10/03/2014 00:34	APPROVED BY Richard Davies 000028074
OFFICER Z. Hakim	UNIT/TEAM 1	DATE APPROVED 10/04/14
CASE STATUS Closed		

Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109		CASE # 1409V-8750	
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>		Page 2 of 3	
Narrative Report			
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) CONT'D	
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday		DATE AND TIME REPORTED 09/30/14 13:30	
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall	
TYPE OF LOCATION 1		SECTOR 1	
NARRATIVE			
<p>and my lower back." [REDACTED] was seated in a wheelchair for a secondary assessment to be performed. [REDACTED] gave consent for an additional assessment on her injuries. The secondary assessment showed [REDACTED] to have pain to head, neck, and back upon palpation. [REDACTED] stated that pain to right knee is a 2 out of 10 on pain scale with 10 being the worst.</p> <p>I advised [REDACTED] to seek further assessment from Paramedics to which she agreed. Security Dispatch was notified and contacted Paramedics to the scene. Security Officer Guernick, James TM: 34402 applied manual cervical spinal stabilization on [REDACTED]. [REDACTED] had positive pulses in all extremities. I applied C-collar to [REDACTED] neck.</p> <p>Vitals signs are as follows: pulse 88 beats per minute/ Strong and regular, breathing 18 times per minute.</p> <p>Clark County Fire Department (CCFD) engine 12 arrived on scene and assumed care of [REDACTED]. CCFD Paramedic ordered Guernick to stop holding manual spinal stabilization during CCFD Paramedic assessment. CCFD removed the c-collar from [REDACTED] neck.</p> <p>[REDACTED] accepts transport to hospital by Medicwest Ambulance (MWA). MWA unit 520 arrives on property. Positive transport by MWA to Sunrise Hospital. MWA leaves with [REDACTED] through the Venetian Grand Hall Exit without further incident.</p> <p>Facilities engineer Greenfield, Bryan TM:15563 responds to location of slip and fall to complete Accident Scene Check with report of "No Defects noted". PAD response to spill at Grand Hall for clean up.</p> <p>Positive video coverage through Surveillance shows a liquid on floor and [REDACTED] slipping on it. Coverage shows [REDACTED] falling to knees and then landing on back. Two unidentified adult males arrive to lift [REDACTED] up to feet. Surveillance report #IN2014-0000182.</p> <p>Attachments: Photograph of [REDACTED]</p>			
ADMINISTRATION			
BY OFFICER Z. Hakim 000041305		DATE/TIME 10/03/2014 00:34	
APPROVED BY Richard Davies 000028074		DATE APPROVED 10/04/14	
OFFICER		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 # 1409Y-8750	
Narrative Report				Page 3 of 3	
OFFENSE(S) PHI - T/M Protected Health Information			OFFENSE(S) CONT'D		
DATE, TIME AND DAY OF OCCURRENCE 09/30/14 13:30 Tuesday to 09/30/14 13:43 Tuesday			DATE AND TIME REPORTED 09/30/14 13:30		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 1	SECTOR 1
NARRATIVE Photograph of top and bottom of [REDACTED] shoes (4) Photographs of spill on marble Billing Portfolio Accident Scene Check Venetian Voluntary Statement					
ADMINISTRATION					
BY OFFICER Z. Hakim 000041305		DATE/TIME 10/03/2014 00:34		APPROVED BY Richard Davies 000028074	
OFFICE CR-1		DIVISION 1		DATE APPROVED 10/04/14	
ASSIGNED TO Richard Davies		ASSIGNED TO Richard Davies		CASE STATUS Closed	

CR-1 Hakim041305 Entered by: Zachary Hakim

Page 3 of 3

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

VEN 511

2820



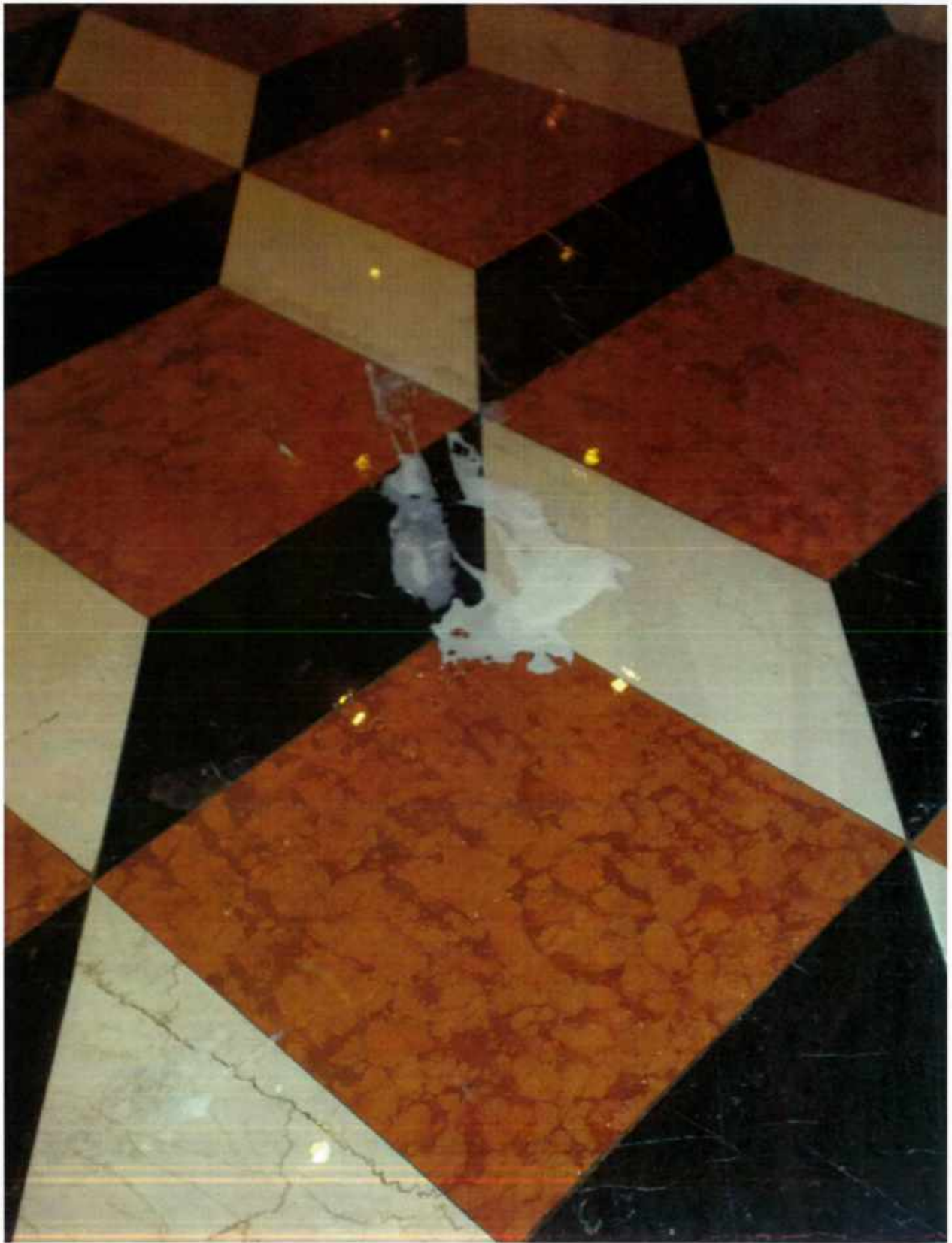
VEN 512

2821



VEN 513

2822



VEN 514

2823

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# 1410V-2293 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday TO 10/11/14 02:42 Saturday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 10/11/14 02:08		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
TYPE OF LOCATION Lobby 1		
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]		
HOTEL ROOM 27 Venetian Tower 236, Las Vegas, NV 89109		
OCCUPATION [REDACTED]		
RACE SEX AGE 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 Martinez, Nachely		
OCCUPATION Front Desk Manager		
RACE SEX AGE DOB [REDACTED]		
ADDRESS 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [REDACTED]		
PHONE 1 [REDACTED]		
PHONE 2 [REDACTED]		
PHONE 3 [REDACTED]		
CODE SO 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Hakim, Zachary		
OCCUPATION EMT		
RACE SEX AGE 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 - RG [REDACTED] (27-236)		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DA <input type="checkbox"/>		
LICENSE # (NO. AND STATE) [REDACTED]		
YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED]		
MORE VEHICLE 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]		
RID 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 S NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 [REDACTED]		
PHONE 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [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]		
DL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STATE [REDACTED]		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATIONS [REDACTED]		
CHARGES [REDACTED]		
CODE S NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 [REDACTED]		
PHONE 1 [REDACTED]		
ADDRESS 2 [REDACTED]		
ADDRESS 3 [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]		
DL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STATE [REDACTED]		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATIONS [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM REPORTS / DESCRIPTION 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"/> IV. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WARD <input type="checkbox"/> OTHER		
BY/OFFICER E. Gizebach 000031817		
DATE/TIME 10/14/14 02:08		
APPROVED BY Nicholas Coronado 000032415		
ASSIGNED TO [REDACTED]		
DATE APPROVED 10/14/14		
LAST STATUS Closed		

CR-1 Gizebach 000031817 Entered by: Edo Gizebach

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

VEN 515

2824

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89169 Additional Crimes, Persons and Vehicles	CASE # 1410V-2293 PAGE 1 of 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday 10/11/14 02:42 Saturday		
DATE AND TIME REPORTED 10/11/14 02:08		
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		
NAME - LAST, FIRST, MIDDLE SUFFIX Concepcion, Rudy		
ADDRESS 1 PHONE 1		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
ADMINISTRATION		
OFFICER E. Giselbach 000031617	DATE/TIME 10/14/14 02:06	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	CASE STATUS Closed

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

VEN 516

2825

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 # 1410V-2283 PAGE 1 OF 1
Case MO		
OFFENSE(S) Protected Health Information		OFFENSE(E) CONTD.
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday TO 10/11/14 02:42 Saturday		DATE AND TIME REPORTED 10/11/14 02:08
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	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 <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	<u>Lighting Conditions</u> Street Lights	<u>Security State (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"/>	OFFER TO <input type="checkbox"/> PAT <input type="checkbox"/> DET. <input type="checkbox"/> CA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAW <input type="checkbox"/> OTHER	
BY OFFICER E. Gizebach 000031617	DATE/TIME 10/14/2014 02:08	APPROVED BY Nicholas Coronado 000032415
OFFICER	ASSIGNED TO	DATE APPROVED 10/14/14 CASE STATUS Closed

CR-1 Gize/031617 Entered by: Evc Gize:bach

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

VEN 517

2826

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 # 1410V-2293 PAGE 1 OF 1			
Person Profile					
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.			
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday TO 10/11/14 02:42 Saturday		DATE AND TIME REPORTED 10/11/14 02:08			
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 C	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="width:33%; 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 Blood Pressure Normal </td> <td style="width:33%; vertical-align: top;"> Build Medium Complexion Light Demeanor Calm Polite Eyes Normal Glasses None Hair Length Shoulder length Hair Style Straight </td> <td style="width:33%; vertical-align: top;"> Order of Intoxicants Moderate 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 Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Blood Pressure Normal	Build Medium Complexion Light Demeanor Calm Polite Eyes Normal Glasses None Hair Length Shoulder length Hair Style Straight	Order of Intoxicants Moderate 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 Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Blood Pressure Normal	Build Medium Complexion Light Demeanor Calm Polite Eyes Normal Glasses None Hair Length Shoulder length Hair Style Straight	Order of Intoxicants Moderate 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 Martinez, Nachely 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 Hakim, Zachary 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 Concepcion, Rudy 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 10/14/14 02:06	APPROVED BY Nicholas Coronado 000032415			
OFFICER	DISPATCH	ASSIGNED TO			
		DATE REVIEWED 10/14/14 CASE STATUS Closed			

CR-1 Gizel/031617 Entered by: Eve Gizelbach

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

VEN 518

2827

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 # 1410V-2293
Narrative Report		Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday TO 10/11/14 02:42 Saturday		DATE AND TIME REPORTED 10/11/14 02:08
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF INCIDENT _____
NARRATIVE		
<p>On October 11, 2014 at 2:08am, Security Officer Dunnihoo, Jeffrey TM#36396 advised Venetian Security Dispatch of a guest near the Guest Elevator Lobby on the casino floor area who slipped and fell. Emergency Medical Technician (EMT) Hakim, Zachary TM#41305 was dispatched to provide medical assistance. Upon arrival, EMT Hakim found registered guest [REDACTED] (registered to Suite 27-236) sitting at the entrance to the 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. EMT Hakim observed a flat floor, which appeared to be dry. [REDACTED] then stated she just wanted to go back to her suite and go to bed. EMT Hakim escorted [REDACTED] to her suite without incident.</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. EMT Hakim 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. [REDACTED] sign the medical release 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. Surveillance incident # IN20140000251</p> <p>An accident scene check was completed by Facilities Engineer Concepcion, Rudy TM#37953 who annotated no defects to the area. Photographs were obtained of the area in question, and photographs of [REDACTED] shoes, or face were obtained.</p> <p>Front Desk Manager Martinez, Nachely TM#22943 was notified about the incident.</p>		
ADMINISTRATION		
BY OFFICER E. Gizebach 000031617	DATE/TIME 10/14/2014 02:06	APPROVED BY Nicholas Coronado 000032415
OFFICER _____	(4114941)	APPROVED BY _____
		DATE/TIME 10/14/14
		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 # 1410V-2293
Narrative Report		Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 10/11/14 02:08 Saturday TO 10/11/14 02:42 Saturday		DATE AND TIME REPORTED 10/11/14 02:08
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION F-A1
NARRATIVE <p>Dunniho completed a Venetian Voluntary Statement</p> <p>Attachments are as follows: Accident Scene Check Medical Release Voluntary from Dunniho Photographs</p>		
ADMINISTRATION		
BY OFFICER E. Gizelbach 000031617	DATE/TIME 10/14/2014 02:06	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/ZONE	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# 1412V-4685 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 12/23/14 17:24 Tuesday		DATE AND TIME REPORTED 12/23/14 17:24
LOCATION OF OCCURRENCE 1 Lobby 1		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: C 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX OCCUPATION DL STATE YEAR INJURIES ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CODE: MN 1 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Han, Sang Jeon OCCUPATION Hotel Manager DL STATE YEAR INJURIES ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CODE: MN 2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Alvanellos, Tim OCCUPATION Security Shift Manager DL STATE YEAR INJURIES ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information- Shah, Ashay		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> 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 NO. OF OTHER OWNERS NO. OF ADDRESSES 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 OF NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3 OCCUPATION INJURIES SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> ARRESTED DEPOSITION 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 # SS# C# CHARGES		
CODE: A OF NAME - LAST, FIRST, MIDDLE, SUFFIX RACE SEX HT WT HAIR EYE AGE DOB ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3 OCCUPATION INJURIES SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/> ARRESTED DEPOSITION 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 # SS# C# CHARGES		
ADMINISTRATION		
VICTIM/DETAINEE PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COMPLAINT PAT. DET. DA COUNT INFORMATION VAWA OTHER BY OFFICER L. Sivra 000038582 DATE/TIME 12/23/14 19:03 UNIT/SHIFT APPROVED BY Tim Alvanellos 000003460 ASSIGNED TO DATE APPROVED 12/23/14 CASE STATUS Closed		

CR-1 Sivra/038582 Entered by: Lynn Sivra

APDC (Rev. 08/10/16) Print Date: 10/03/2018

VEN 521

2830

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 # 1412V-4685 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 12/23/14 17:24 Tuesday		DATE AND TIME REPORTED 12/23/14 17:24
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION REAT 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 P	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	PHONE [REDACTED]
1 OF 1	OCCUPATION [REDACTED]	ADDRESS 2 [REDACTED]
DL [REDACTED]	RACE [REDACTED]	PHONE 2 [REDACTED]
STATE [REDACTED]	SEX [REDACTED]	ADDRESS 3 [REDACTED]
AGE [REDACTED]	DOB [REDACTED]	PHONE 3 [REDACTED]
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX Sandillon, Derek	PHONE 1 [REDACTED]
1 OF 1	OCCUPATION Facilities	ADDRESS 2 [REDACTED]
DL [REDACTED]	RACE [REDACTED]	PHONE 2 [REDACTED]
STATE [REDACTED]	SEX [REDACTED]	ADDRESS 3 [REDACTED]
AGE [REDACTED]	DOB [REDACTED]	PHONE 3 [REDACTED]
ADMINISTRATION		
BY OFFICER L. Sivrats 000035562	DATE/TIME 12/23/14 19:03	APPROVED BY Tim Alvonellos 000003460
OFFICER	LINE (NNNN)	DATE APPROVED 12/23/14
ASSIGNED TO		CASE STATUS Closed

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

VEN 522

2831

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 # 1412V-4885
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURENCE 12/23/14 17:24 Tuesday		
DATE AND TIME REPORTED 12/23/14 17:24		
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 PHF - 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
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> RAT <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAF <input type="checkbox"/> OTHER	DATE APPROVED 12/23/14
BY OFFICER L Sivralis 000038582	DATE TIME 12/23/2014 19:03	APPROVING Tim Alvonellos 000033460
OFFICER	UNIT/SHIFT	ASSIGNED TO
		CASE STATUS Closed

CR-1 Sivralis/038582 Entered by Lynn Sivralis

APDC (Rev. 06/16/00) Print Date: 10/09/2018

VEN 523

2832

Armed <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 # 1412V-4685 PAGE 1 OF 2			
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd			
DATE, TIME AND DAY OF OCCURRENCE 12/23/14 17:24 Tuesday		DATE AND TIME REPORTED 12/23/14 17:24			
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTION			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE C	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Shah, Ashay	DOB 12/19/1998 This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
<div style="border: 1px solid black; padding: 5px;"> NO INFORMATION </div> <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Medium </td> <td style="width:33%; vertical-align: top;"> Demeanor Calm Polite Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Medical Supplies Cold Packs </td> <td style="width:33%; vertical-align: top;"> Order of Intoxicants None Patient Assessment Airway Status Open Breathing Adequate Tenderness Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Medium	Demeanor Calm Polite Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Medical Supplies Cold Packs	Order of Intoxicants None Patient Assessment Airway Status Open Breathing Adequate Tenderness Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium Complexion Medium	Demeanor Calm Polite Eyes Clear Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Straight Medical Supplies Cold Packs	Order of Intoxicants None Patient Assessment Airway Status Open Breathing Adequate Tenderness Speech Normal			
<div style="border: 1px solid black; padding: 2px;">CLOTHING</div>					
CODE P	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Shah, Jignesh	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
<div style="border: 1px solid black; padding: 2px;">CLOTHING</div>					
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 2 Han, Sang Jeen	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
<div style="border: 1px solid black; padding: 2px;">CLOTHING</div>					
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX 2 OF 2 Alvonellos, Tim	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
<div style="border: 1px solid black; padding: 2px;">CLOTHING</div>					
ADMINISTRATION					
BY OFFICER L. Sivra 000038582	DATE/TIME 12/23/14 19:03	APPROVED BY Tim Alvonellos 000003460			
OFFICER	UNIT/SHIFT	ASSIGNED TO			
		DATE APPROVED 12/23/14 CASE STATUS Closed			

CR-I Sivra038582 Entered by: Lynn Sivrais

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

VEN 524

2833

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 # 1412V-4685 Page 1 of 1
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 12/23/14 17:24 Tuesday		DATE AND TIME REPORTED 12/23/14 17:24
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
NARRATIVE <p>On 12-23-2014 at 1723 hours, I was dispatched to casino floor at the Venetian guest elevators for a guest slip and fall.</p> <p>Upon my arrival I met with guest of suite 25-141 [REDACTED] (minor) and [REDACTED] (father). [REDACTED] stated he was walking into the mid rise guest elevator area opening, to go to his suite and he slipped and fell in some liquid that was 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] was complaining of pain to his right palm which presented with tenderness. [REDACTED] had no deformities, contusions, crepitation, abrasions, penetration, punctures, burns, lacerations, or swelling to the right palm. I placed an ice pack on [REDACTED] palm.</p> <p>Initial vital signs are as follows: respirations - 12 breaths/minute, full and effective; pupils are equal and reactive to light; skins - pink, normal, warm.</p> <p>[REDACTED] departed up to his suite. [REDACTED] father completed the paperwork.</p> <p>Accident Scene Check was completed by engineer Santillan, Derek TM# 14357 to find no defects in the area. I saw a wet spot on the floor and PAD was called prior to my arrival to have the area cleaned.</p> <p>Security Control has positive coverage.</p> <p>Hotel Manager Han, Sang TM# 36160 and Security Manager Alvonellos, Tim TM# 3460 were notified of this incident.</p> <p>All photographs and paperwork are attached to this report.</p>		
ADMINISTRATION		
REPORTER L. Sivrals 000038582	DATE/TIME 12/23/2014 19:03	APPROVED BY Tim Alvonellos 000003460
DISPATCH (blank)	REPORT LEFT (blank)	ASSIGNED TO (blank)
		DATE APPROVED 12/23/14 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# 1501V-3857 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday		DATE AND TIME REPORTED 01/17/15 23:49
LOCATION OF OCCURRENCE 1 Venetian Front Office		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME 1 Venetian Front Office		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 MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Coronado, Nicholas	ADDRESS 1 PHONE 1
OCCUPATION Assistant Manager	RACE SEX AGE DOB ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
CL STATE SSN INJURIES	ADDRESS 1 PHONE 1	
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Deruth, Jonathan	ADDRESS 2 PHONE 2
OCCUPATION Front Desk Manager	RACE SEX AGE DOB ADDRESS 3 PHONE 3	ADDRESS 1 PHONE 1
CL STATE SSN INJURIES	ADDRESS 2 PHONE 2	
CODE SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Lopez, Jose	ADDRESS 3 PHONE 3
OCCUPATION EMT/Security Officer	RACE SEX AGE DOB ADDRESS 1 PHONE 1	ADDRESS 2 PHONE 2
CL STATE SSN INJURIES	ADDRESS 3 PHONE 3	
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information Registered Guest [REDACTED] of suite [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
TOWREPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	GARAGE NAME AND PHONE	REGISTERED OWNER B/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	ADDRESS 1 PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2 PHONE 2	ADDRESS 3 PHONE 3
OCCUPATION	INJURIES	ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's	ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME
CL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION #	SSN CI#
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	INJURIES	ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's	ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME
CL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION #	SSN CI#
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 Z. Hakim 000041305	DATE/TIME 01/18/15 06:00	APPROVED BY Richard Davies 000028074
OFFICER	DISPATCH	ASSIGNED TO
DATE APPROVED 01/18/15		CASE STATUS Closed

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 527

2836

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 # 1501V-3857 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday		DATE AND TIME REPORTED 01/17/15 23:49
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd.
PERSONS <small>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other</small>		
CODE: GU 1 OF 1		NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]
OCCUPATION		PHONE 1 PHONE 2 PHONE 3
DL C	STATE SSN INJURED	ADDRESS 1 ADDRESS 2 ADDRESS 3
CODE: TM 1 OF 1		NAME - LAST, FIRST, MIDDLE, SUFFIX Eash, Theodore L.
OCCUPATION Facilities		PHONE 1 PHONE 2 PHONE 3
DL STATE SSN INJURED	ADDRESS 1 ADDRESS 2 ADDRESS 3	
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 01/18/15 06:00	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	CASE STATUS Closed

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

VEN 528

2837

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 # 1501V-3857
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday		DATE AND TIME REPORTED 01/17/15 23:49
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION
		BEAT
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 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		
FOLLOWUP 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 Z. Hakim 000041305	DATE/TIME 01/18/2015 06:00	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHP	DATE APPROVED 01/18/15
		CASE STATUS Closed

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 529

2838

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 # 1501V-3857 PAGE 1 OF 2			
OFFENSE(S) Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday					
LOCATION OF OCCURRENCE 1 Venetian Front Office					
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee G = Complainant R = Party O = Other</small>					
CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Coronado, Nicholas			
		DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Deruth, Jonathan			
		DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Lopez, Jose			
		DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.			
CLOTHING					
CODE	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%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Skin Color Normal Skin Temperature Normal Pupils are PEARL Build Medium Thin </td> <td style="width:33%; vertical-align: top;"> Complexion Clear Demeanor Calm Polite Eyes Clear Glasses None Hair Length Long </td> <td style="width:33%; vertical-align: top;"> Hair Style Straight Odor of Intoxicants Mild Patient Assessment Airway Status Open Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Skin Color Normal Skin Temperature Normal Pupils are PEARL Build Medium Thin	Complexion Clear Demeanor Calm Polite Eyes Clear Glasses None Hair Length Long	Hair Style Straight Odor of Intoxicants Mild Patient Assessment Airway Status Open Speech Normal
Base Line Vitals & History Normal Breathing Skin Color Normal Skin Temperature Normal Pupils are PEARL Build Medium Thin	Complexion Clear Demeanor Calm Polite Eyes Clear Glasses None Hair Length Long	Hair Style Straight Odor of Intoxicants Mild Patient Assessment Airway Status Open Speech Normal			
CLOTHING					
ADMINISTRATION					
BY OFFICER Z. Hakim 000041305	DATE/TIME 01/18/15 06:00	APPROVED BY Richard Davies 000028074			
OFFICER	UNIT/SHIFT	CASE STATUS Closed			

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 530

2839

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 # 1501V-3857 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday		
DATE AND TIME REPORTED 01/17/15 23:49		
LOCATION OF OCCURRENCE 1 Venetian Front Office	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) Eash, Theodore L	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
Empty space for clothing details		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 01/18/15 06:00	APPROVED BY Richard Davies 000028074
OFFICER	UNIFORM	CASE STATUS Closed

CR-1 Hakim/041305 Entered by: Zachary Hakim

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

VEN 531

2840

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 # 1501V-3857 Page 1 of 1
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 01/17/15 23:49 Saturday		DATE AND TIME REPORTED 01/17/15 23:49
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION REAR ERECTOR
NARRATIVE <p>On 01-17-2015 at 11:49am, I was dispatched by Venetian Security Dispatch to the Venetian Grand Lobby for a report of a female who was later identified by a Driver's License as Registered Guest [REDACTED] who slipped and fell. Upon my arrival I observed [REDACTED] standing alert with no apparent life threats. [REDACTED] reported that she slipped and fell due to a liquid on the ground. [REDACTED] reported having no injuries sustained from the fall.</p> <p>[REDACTED] was alert and orientated to person, place, time, and event. [REDACTED] refused further medical assessment and transportation to a hospital by an ambulance. [REDACTED] filled out a Medical Release Form. Photographs were obtained of [REDACTED] shoe that is attached to this report. [REDACTED] departed the property through the Grand Hall Exit without further incident.</p> <p>Facilities Engineer Eash, Theodore TM#24004 performed an accident scene check to which Eash reported an unknown liquid being noted on the floor. Venetian PAD arrived on scene and dried the floor. Eash filled out an Accident Scene Check Form that is attached to this report.</p> <p>Assistant Security Manager Coronado, Nicholas TM#32415 and Front Desk Manager Deruth, Jonathan TM#3564 were advised of the incident. Photographs were obtained of the wet floor that is attached to this report. Venetian Security Dispatch reported that video coverage was inconclusive due to the location.</p> <p>Attachments: Accident Scene Check Medical Release (8) Photographs of the floor and [REDACTED]</p>		
ADMINISTRATION		
BY OFFICER Z. Hakim 000041305	DATE/TIME 01/18/2015 06:00	APPROVED BY Richard Davies 000028074
OFFICER	SUTHERST	ASSIGNED TO CASE STATUS Closed



VEN 533

2842



VEN 534

2843



VEN 535

2844



VEN 536

2845



VEN 537

2846



VEN 538

2847



VEN 539

2848



VEN 540

2849

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 12:09AM

Date: 2/18/2014

Guest Suite #: [REDACTED]

Defects Noted (Explain in detail): A unknown liquid was noted on the floor.

Actions Taken: PAD dried the floor.

Lighting Normal? (If no, explain): Normal

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Hakim, Zachary

TM #: 41305

Engineer

Time: 1224

Date: 1-18-15

Guest Suite #: [REDACTED]

Defects Noted (Explain in Detail):

No engineering defects of any kind

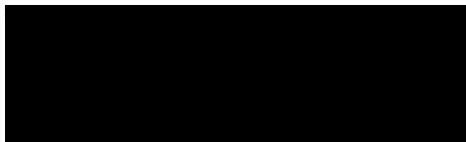
Some liquid on floor spilled drink

Actions Taken: clean up + d-7

Checked by Engineer (Name): [Signature] Ted

TM #: 24004

GM1G 01/18/2015 VENETIAN RESORT & CASINO 12:04 AM GINFO
 CMD RESERVATION CHANGE 419865688940
 AR 11715 Sat DP 11815 Sun A/C 2 RP WVL18 GP WVLEX RB
 STATUS I INHSE ACT C/S ETA HOT
 WG TYPE ROOM# RATE A/C
 VB QFN 220.58 2 OVRID 0 NET N PRT N TRN NRG
 LAST TITLE GTYP RMK
 COMPANY ATTN TYP H/B H
 ADRI/2
 CITY COUNTRY US Y LNG REQ
 T/WITH ADDL NAMES CPN
 PHONE X VIP PC SRC OL RSN WD PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH FAX NBR HIST ID
 CRDT LMT
 DEP REQ AMT RESERVATIONS AGENT DATE TIME
 DEP REC AMT CHECK IN HBSIRES 12/14/14 13:46
 ADV CODE A X CHECK OUT CHENS 1/17/15 12:38
 CAS# LAST MODIFIED CHENS 1/17/15 12:45
 LAST CONFIRMATION 12/15/14 LAST NUMBER 1
 ^Swipe or F1 Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12



501V-3857

VEN 542

2851

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 12:09AM Date: 6/18/2014 Guest Suite #: 6-509

Defects Noted (Explain in detail): A unknown liquid was noted on the floor.

Actions Taken: PAD dried the floor

Lighting Normal? (If no, explain): Normal

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Hakim, Zachary TM #: 41305

Engineer

Time: 1224 Date: 6-18-15 Guest Suite #:

Defects Noted (Explain in Detail):

No engineering defects of any kind

Some liquid on floor spilled drink

Actions Taken: clean up + d-7

Checked by Engineer (Name): [Signature] Ted TM #: 24004



**Acknowledgement of First Aid Assistance
& Advice to Seek Medical Care**

1501V - 3857

☐ 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: 01-17-2015 Time: 1200AM
Refused to Sign: _____
Venetian/Palazzo EMT: Hakim, Zachary ID#: 41205



**Acknowledgement of First Aid Assistance
& Advice to Seek Medical Care**

1501V - 3857

☐ 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: 01-17-2015 Time: 1200AM
Refused to Sign: _____
Venetian/Palazzo EMT: Hakim Zachary ID#: 41305

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# 1501V-6887 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 01/31/15 14:53 Saturday LOCATION OF OCCURRENCE Lobby 1, Las Vegas		
DATE AND TIME REPORTED 01/31/15 14:53 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 G = 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 [REDACTED] OCCUPATION [REDACTED] RACE SEX AGE DOB [REDACTED] ADDRESS 1 [REDACTED] ADDRESS 2 [REDACTED] ADDRESS 3 [REDACTED] PHONE 1 [REDACTED] PHONE 2 [REDACTED] PHONE 3 [REDACTED]		
CODE 1 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX MN 1 of 2 Alvarado, Tim OCCUPATION Security Shift Manager RACE SEX AGE DOB [REDACTED] ADDRESS 1 [REDACTED] ADDRESS 2 [REDACTED] ADDRESS 3 [REDACTED] PHONE 1 [REDACTED] PHONE 2 [REDACTED] PHONE 3 [REDACTED]		
CODE 2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX MN 2 of 2 Lambert, Thomas 33254 OCCUPATION Front Desk Manager RACE SEX AGE 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 for Registered Guest Patricia Ellefson		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> LICENSE (NO. AND STATE) [REDACTED] YEAR MAKE MODEL BODY TYPE COLOR VIN [REDACTED] GARAGE NAME AND PHONE [REDACTED] REGISTERED OWNER [REDACTED] R/O ADDRESS [REDACTED]		
MORE VEHICLE 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 1 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] RACE SEX HT WT HAIR EYE AGE DOB [REDACTED] OCCUPATION [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 type="checkbox"/> ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # [REDACTED] WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # [REDACTED] RELEASE LOCATION [REDACTED] ARREST DATE / TIME [REDACTED]		
CHARGES [REDACTED]		
CODE 2 of 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED] RACE SEX HT WT HAIR EYE AGE DOB [REDACTED] OCCUPATION [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 type="checkbox"/> ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # [REDACTED] WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # [REDACTED] RELEASE LOCATION [REDACTED] ARREST DATE / TIME [REDACTED]		
CHARGES [REDACTED]		
ADMINISTRATION		
VLTW DESKTOP PRODUCTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COMMENTS TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAMP <input type="checkbox"/> OTHER		
BY OFFICER L. Dozier 000041799 OFFICER		
DATE/TIME 01/31/15 21:07 UNIT/SHIFT		
APPROVED BY Kyle Donaldson 000028229 ASSIGNED TO		
DATE APPROVED 02/02/15 CASE STATUS Closed		

CR-1 Dozier(041799) Entered by: Lee Dozier

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

VEN 546

2855

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 # 1501V-6887 PAGE 1 OF 1
Case MO		
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 01/31/15 14:53 Saturday		DATE AND TIME REPORTED 01/31/15 14:53
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	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	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble 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"/> DET <input type="checkbox"/> QA <input type="checkbox"/> OFFICE <input type="checkbox"/> PRECATION <input type="checkbox"/> VVAP <input type="checkbox"/> OTHER	
BY OFFICER L. Dozier 000041799	DATE/TIME 01/31/2015 21:07	APPROVED BY Kyle Donaldson 000028229
OFFICER	UNASSIGNED	DATE APPROVED 02/02/15
		CASE STATUS Closed

CR-1 Dozier/041799 Entered by: Lee Dozier

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

VEN 547

2856

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 # 1501V-6887 PAGE 1 OF 2			
OFFENSE(S) Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 01/31/15 14:53 Saturday					
DATE AND TIME REPORTED 01/31/15 14:53					
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME 	TYPE OF LOCATION 			
BEAT 					
ECTOR 					
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE C	1 OF 1	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.					
PHYSICAL INFORMATION					
<table style="width:100%;"> <tr> <td style="width:33%;"> 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%;"> Glasses Wire Frames Hair Length Shoulder length Hair Style Middle part Medical Supplies Stethoscope Flashlight or Penlight Trauma Scissors Soft Roller Bandage Cold Packs Disposable Gloves </td> <td style="width:33%;"> Speech Normal </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	Glasses Wire Frames Hair Length Shoulder length Hair Style Middle part Medical Supplies Stethoscope Flashlight or Penlight Trauma Scissors Soft Roller Bandage Cold Packs Disposable Gloves	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Glasses Wire Frames Hair Length Shoulder length Hair Style Middle part Medical Supplies Stethoscope Flashlight or Penlight Trauma Scissors Soft Roller Bandage Cold Packs Disposable Gloves	Speech Normal			
Build Medium					
Complexion Pale					
Demeanor Polite					
Eyes Normal					
Odor of Intoxicants None					
Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Traumatic Injury Contusions Tenderness Swelling					
CLOTHING					
CODE MN	1 OF 2	NAME - LAST, FIRST, MIDDLE - INITIAL Alvonellos, Tim			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER L. Dozier 000041799	DATE/TIME 01/31/15 21:07	APPROVED BY Kyle Donakson 000028220			
OFFICER	DATE/TIME	APPROVED BY			
DATE APPROVED 02/02/15					
CASE STATUS Closed					

CR-1 Dozier/011799 Entered by: Lee Dozier

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

VEN 548

2857

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 # 1501V-8887 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 01/31/15 14:53 Saturday		
LOCATION OF OCCURRENCE Lobby 1, Las Vegas		
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
CODE MIN	2 of 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Lambert, Thomas 33254	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING:		
ADMINISTRATION		
BY (NAME) L. Dozier 000047799	DATE/TIME 01/31/15 21:07	APPROVED BY Kyle Donaldson 000028229
OFFICER	UNUSP	CASE STATUS Closed

CR-1 Dozier/01/1799 Entered by: Lee Dozier

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

VEN 549

2858

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 # 1501V-6867 Page 1 of 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 01/31/15 14:53 Saturday		
DATE AND TIME REPORTED 01/31/15 14:53		
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME _____	TYPE OF LOCATION _____
SEAT _____	SECTION _____	
NARRATIVE <p>On 31 January 31, 2015 at approximately 14:53 hours I was dispatched to the area in front of the Juice Bar for a report of guest that had slipped and fallen. I arrived on scene at approximately 14:54 hours to find an elderly lady sitting on the marble holding her right elbow. There was what appeared to be water all over the immediate area. The lady identified herself as registered guest [REDACTED] [REDACTED] stated they were walking from the elevators when she slipped and fell hitting her right elbow and hip.</p> <p>I examined [REDACTED] elbow and found redness and swelling. She had full range of motion and no deficits in her hand. I applied an ice pack and wrapped her elbow. Her hip was tender to palpation and she stated she had previous back injuries which she is concerned may have been re-aggravated. [REDACTED] wanted to stand up and was assisted into a wheelchair. [REDACTED] completed the Acknowledgment of Treatment, Medical Release, Guest accident form, and I completed the accident scene check (attached). Pictures were taken of [REDACTED] and the scene of the fall. Video coverage is available. PAD dried the area prior to my departure.</p> <p>Security Manager Tim Alvonellos TM#3460 was notified.</p> <p>Attachments</p> <p>Medical Authorization Accident Report Acknowledgement of First Aid Medical Authorization Accident Scene Check Photographs</p>		
ADMINISTRATION		
BY OFFICER L Dozier 000041799	OFFICER 01/31/2015 21:07	APPROVED BY Kyle Donaldson 000026229
OFFICER _____	UNIT/SHIFT _____	DATE APPROVED 02/02/15
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# 1502V-1803 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 02/09/15 01:37 Monday TO 02/09/15 02:11 Monday		DATE AND TIME REPORTED 02/09/15 01:37
LOCATION OF OCCURRENCE 1 Lobby 1		LOCATION NAME Lobby 1
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ESTIMATED LOSS VALUE \$ 0.00
TYPE OF LOCATION 1 Lobby 1		BEAT 1
SECTION 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 SO 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Wentenberg, Eric		
OCCUPATION Security Officer		
DL <input type="checkbox"/> STATE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/>		
ADDRESS 1 <input type="checkbox"/> ADDRESS 2 <input type="checkbox"/> ADDRESS 3 <input type="checkbox"/>		
PHONE 1 <input type="checkbox"/> PHONE 2 <input type="checkbox"/> PHONE 3 <input type="checkbox"/>		
CODE GU 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL <input type="checkbox"/> STATE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/>		
ADDRESS 1 <input type="checkbox"/> ADDRESS 2 <input type="checkbox"/> ADDRESS 3 <input type="checkbox"/>		
PHONE 1 <input type="checkbox"/> PHONE 2 <input type="checkbox"/> PHONE 3 <input type="checkbox"/>		
CODE TM 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Concepcion, Rudy		
OCCUPATION Senior Watch		
DL <input type="checkbox"/> STATE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/>		
ADDRESS 1 <input type="checkbox"/> ADDRESS 2 <input type="checkbox"/> ADDRESS 3 <input type="checkbox"/>		
PHONE 1 <input type="checkbox"/> PHONE 2 <input type="checkbox"/> PHONE 3 <input type="checkbox"/>		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - RG [REDACTED] 7-108		
VEHICLE LOANED IN CHARGE 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"/>		
CAR/LOAD NAME AND PHONE [REDACTED]		
REGISTERED OWNER [REDACTED]		
ROAD 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 SV 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL <input type="checkbox"/> STATE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/>		
ADDRESS 1 <input type="checkbox"/> ADDRESS 2 <input type="checkbox"/> ADDRESS 3 <input type="checkbox"/>		
PHONE 1 <input type="checkbox"/> PHONE 2 <input type="checkbox"/> PHONE 3 <input type="checkbox"/>		
SCARS/MARKS/INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE/ARRESTOR YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CHARGES [REDACTED]		
CODE AV 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL <input type="checkbox"/> STATE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/>		
ADDRESS 1 <input type="checkbox"/> ADDRESS 2 <input type="checkbox"/> ADDRESS 3 <input type="checkbox"/>		
PHONE 1 <input type="checkbox"/> PHONE 2 <input type="checkbox"/> PHONE 3 <input type="checkbox"/>		
SCARS/MARKS/INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTEE/ARRESTOR YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM USE ONLY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PETITION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO FAX <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER <input type="checkbox"/>		
BY OFFICER E. Gizzbach 000031617		
DATE/TIME 02/09/15 06:49		
APPROVED BY Nicholas Coronado 000032415		
DATE APPROVED 02/10/15		
OFFICER [REDACTED]		
ASSIGNED TO [REDACTED]		
CASE STATUS Closed		

CR-1 Gizzbach/031617 Entered by: Eyo Gizzbach

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

VEN 551

2860

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 # 1502V-1803 PAGE 1 OF 1
Case MO		
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 02/09/15 01:37 Monday ED 02/09/15 02:11 Monday		DATE AND TIME REPORTED 02/09/15 01:37
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION REAT 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 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 Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIED TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> INAP <input type="checkbox"/> OTHER	
BY OFFICER E. Gizelbach 000031617	DATETIME 02/09/2015 06:49	ASSIGNMENT Nicholas Coronado 000032415
OFFICER	ASSIGNED TO	DATE APPROVED 02/10/15 CASH STATUS Closed

CR-1 Gizel/031617 Entered by: Eve Gizelbach

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

VEN 552

2861

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 # 1502V-1803			
Person Profile					
PAGE 1 OF 1					
OFFENSE(S) Protected Health Information					
OFFENSE(S) CONT'D 					
DATE, TIME AND DAY OF OCCURRENCE 02/09/15 01:37 Monday TO 02/09/15 02:11 Monday					
DATE AND TIME REPORTED 02/09/15 01:37					
LOCATION OF OCCURRENCE f Lobby 1					
LOCATION NAME Lobby 1					
TYPE OF LOCATION 					
DEPT 					
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 SO	1 OF 1 Wennerberg, Eric	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING 					
CODE GU	1 OF 1 	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION					
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top; width: 33%;"> Base Line Vitals & History Normal Breathing Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium </td> <td style="vertical-align: top; width: 33%;"> Comatation Light Demeanor Calm Polite Eyes Normal Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Mild </td> <td style="vertical-align: top; width: 33%;"> 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 Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium	Comatation Light Demeanor Calm Polite Eyes Normal Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Mild	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 Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Build Medium	Comatation Light Demeanor Calm Polite Eyes Normal Hair Length Shoulder length Hair Style Straight Medical Supplies Cold Packs Disposable Gloves Odor of Intoxicants None Mild	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Speech Normal			
CLOTHING 					
CODE TM	1 OF 1 Concepcion, Rudy	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING 					
ADMINISTRATION					
OFFICER E. Gizebach 000032617	DATE/TIME 02/09/15 06:49	APPROVED BY Nicholas Coronado 000032415			
OFFICER 	APPROVED BY 	DATE/TIME 02/10/15			
ASSIGNED TO 		CASE STATUS Closed			

CR-1 Gize/031617 Entered by: Eve Gizebach

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

VEN 553

2862

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 # 1502V-1803 Page 1 of 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 02/09/15 01:37 Monday TO 02/09/15 02:11 Monday		
DATE AND TIME REPORTED 02/09/15 01:37		
INCIDENT OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION ROOM CODE
NARRATIVE <p>On February 9, 2015 at 1:36am, Security Officer Wennerberg, Eric TM#36149 advised Venetian Security Control of a guest in the Guest Elevator Lobby area who slipped and fell. I was dispatched to provide medical assistance. Upon arrival, I found registered guest [REDACTED] (registered to Suite 17-109) sitting in a chair at in the entrance to the Guest elevators, ambulatory and in no apparent distress.</p> <p>[REDACTED] stated she was walking from the casino floor when she slipped on the floor in the elevator lobby walk way. I observed a couple drops of an unknown liquid on the floor [REDACTED] stated she just wanted to go 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] main complaint was to her left knee where she landed on it. [REDACTED] stated an initial pain of about 5 on a scale of 1-10 with 10 being the most extreme pain. [REDACTED] stated as she rested the pain was about a 1 or 2. [REDACTED] denied loss of consciousness, head, neck, back pain or numbness in any extremities. [REDACTED] was moving her arms and legs around. [REDACTED] only struck her knee to the ground.</p> <p>[REDACTED] declined all medical except for an ice pack. I asked [REDACTED] if she would like Paramedics to which she declined stating again she just wanted to leave. [REDACTED] completed out the guest accident report, acknowledgement of first aid form, and medical authorization form. I also obtained photographs of the area, [REDACTED] her shoes and her knee.</p> <p>Initial vital signs were not obtained due to [REDACTED] refusal. Pulse and skins signs were observed and are as follows. Pulse-78 regular on the right radial site and skin signs were normal, pink and dry.</p> <p>Due to location of the area of the slip and fall video coverage is available. Video coverage via Surveillance shows [REDACTED] enter the lobby area and slip to her left knee. Coverage is saved under IN#20150000220.</p> <p>An accident scene check was completed by Concepcion, Rudy TM#37953 who annotated no defects to the area. Public Areas Department (PAD) was called to dry and cleaned the area.</p>		
ADMINISTRATION		
BY (NAME) E. Gizalbach 000031617	DATE/TIME 02/09/2015 08:46	APPROVED BY Nicholas Coronado 000032415
BY (NAME) E. Gizalbach	DATE/TIME 02/09/2015 08:46	APPROVED BY Nicholas Coronado 000032415
ASSIGNED TO 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 Narrative Report	CASE # 1502V-1803 Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CODE
DATE, TIME AND DAY OF OCCURRENCE 02/09/15 01:37 Monday to 02/09/15 02:11 Monday		DATE AND TIME REPORTED 02/09/15 01:37
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION
NARRATIVE <p>Front Desk Manager Derleth, Jonathan TM#35611 was notified about the incident.</p> <p>Attachments are as follows: Reservation Portfolio Accident Scene Check Medical Authorization Medical Release Guest Accident Form Photographs</p>		
ADMINISTRATION		
BY OFFICER E. Gizehach 000031617	DATE/TIME 02/09/2015 06:49	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 02/10/15
		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# 1502V-4322 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT'D.		
DATE, TIME AND DAY OF OCCURRENCE 02/20/15 13:28 Friday		DATE AND TIME REPORTED 02/20/15 13:28
LOCATION OF OCCURRENCE Lobby 1, Las Vegas		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME		ESTIMATED LOSS VALUE \$0.00
TYPE OF LOCATION		BEAT
SECTOR		MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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]		ADDRESS 1 [REDACTED]
DL STATE SSN INJURIES		PHONE 1 [REDACTED]
ADDRESS 2 [REDACTED]		PHONE 2
ADDRESS 3		PHONE 3
CODE MN	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob
OCCUPATION Asst Sec Manager		ADDRESS 1
DL STATE SSN INJURIES		PHONE 1
ADDRESS 2 DOB 05/17/1999		PHONE 2
ADDRESS 3		PHONE 3
CODE R	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany
OCCUPATION Front Desk Mgr		ADDRESS 1
DL STATE SSN INJURIES		PHONE 1
ADDRESS 2		PHONE 2
ADDRESS 3		PHONE 3
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information for Registered Guest [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> CF		
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	
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 1	
ADDRESS 2		PHONE 1
ADDRESS 3		PHONE 2
OCCUPATION INJURIES		PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		AKA'S
ARRESTEE DISPOSITION		RELEASE LOCATION
ARREST DATE / TIME		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
CS#		CS#
CHARGES		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 1	
ADDRESS 2		PHONE 1
ADDRESS 3		PHONE 2
OCCUPATION INJURIES		PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		AKA'S
ARRESTEE DISPOSITION		RELEASE LOCATION
ARREST DATE / TIME		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
CS#		CS#
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"/>		
COPESTO: <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 L. Dozier 000041799	DATE/TIME 02/21/15 12:54	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	DATE APPROVED 02/21/15
CASE STATUS Closed		CASE STATUS Closed

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 556

2865

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 # 1502V-4322	
Case MO			PAGE 1 OF 1	
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 02/20/15 13:28 Friday		DATE AND TIME REPORTED 02/20/15 13:28		
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
MO DATA				
<u>Incident Information</u> Area Checked Photos Taken 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> Marble <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"/> DET. <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VAWP <input type="checkbox"/> OTHER		
BY OFFICER L. Dozier 000041799		DATE/TIME 02/21/2015 12:54	APPROVED BY Christopher Mosier 000026118	
OFFICER		UNIT/SHIFT	ASSIGNED TO	
			DATE APPROVED 02/21/15	
			CASE STATUS Closed	

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 557

2866

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 # 1502V-4322 PAGE 1 OF 1			
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D.			
DATE, TIME AND DAY OF OCCURRENCE 02/20/15 13:28 Friday		DATE AND TIME REPORTED 02/20/15 13:28			
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>					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 Skin Color Normal Build Medium Complexion Medium Demeanor Calm Polite Eyes Normal </td> <td style="width:33%; vertical-align: top;"> Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Military Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness </td> <td style="width:33%; vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Skin Color Normal Build Medium Complexion Medium Demeanor Calm Polite Eyes Normal	Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Military 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 Skin Color Normal Build Medium Complexion Medium Demeanor Calm Polite Eyes Normal	Facial Hair Clean Shaven Glasses None Hair Length Short Hair Style Military 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 R	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 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					
ADMINISTRATION					
BY OFFICER L. Dozier 000041799	DATE/TIME 02/21/15 12:54	APPROVED BY Christopher Mosier 000026118			
OFFICER	UNIT/SHIFT	DATE APPROVED 02/21/15			
		CASE STATUS Closed			

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 558

2867

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 # 1502V-4322 Page 1 of 1
OFFENSE(S) Protected Health Information		OFFENSE(S) (cont'd)
DATE, TIME AND DAY OF OCCURRENCE 02/20/15 13:28 Friday		DATE AND TIME REPORTED 02/20/15 13:28
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE <p>On 20 February 2015 at approximately 13:28 I was dispatched to Lobby 1 for a report of a guest that had slipped and fallen. I arrived on scene at approximately 13:29 hours to find a man and woman standing by the podium at Lobby 1. The man identified himself as registered guest [REDACTED]. Mr. [REDACTED] stated that approximately 20 minutes prior he had been exiting the high rise elevators where he slipped on some liquid on the floor. He stated he did not fall but now felt some pain in his lower back and neck. Mr. [REDACTED] stated that he did not want medical treatment but to document the fact that he slipped.</p> <p>Mr. [REDACTED] completed all required forms and pictures were taken as required. Venetian Control confirmed there was video coverage showing Mr. [REDACTED] slipping but not falling. The area in question had already been cleaned and dried by PAD. Mr. [REDACTED] was given advice on how to deal with possible back and neck strain. Mr. [REDACTED] was also advised to notify us of any deterioration in his condition. Mr. [REDACTED] departed with his wife.</p> <p>I completed the documentation for the accident scene check with no defects noted. Team Member Miguel Chavez TM#9354 from Facilities arrived and also found no defects. Security Manager Jacob Johnson TM#25575 and Hotel Manager Brittany Peck TM#32974 were advised. Note Billing Portfolio 1 is a duplicated Guest Accident Form and can be deleted.</p> <p>Attachments</p> <p>Medical Authorization Accident Report Acknowledgement of First Aid Accident Scene Check Photographs Billing Folio</p>		
ADMINISTRATION		
BY OFFICER L. Dozier 000041799	DATE/TIME 02/21/2015 12:54	APPROVED BY Christopher Mosler 000026118
OFFICER	DEPARTMENT	ASSIGNED TO
		CASE STATUS Closed



VEN 560

2869



VEN 561

2870



VEN 562

2871



15024
Incident Report Number: 4322

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1345 Date: 20 Feb 15 Guest Suite #: 30-310
Defects Noted (Explain in detail): NONE

Actions Taken: AREA PREVIOUSLY CLEANED BY RAD

Lighting Normal? (If no, explain):

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): LEE D22156 TM #: 41799

Engineer

Time: 1:47 PM Date: 2/20/15 Guest Suite #: 30-310
Defects Noted (Explain in Detail): NO DEFECTS FOUND

Actions Taken: None

Checked by Engineer (Name): Miguel Chavez TM #: 9354

1502V-

Incident Report Number:

4322

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: 1

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

Local Address or Hotel if not a Venetian or Palazzo Guest:

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

Walking to the elevator + slipped on spilled beverage outside of elevator door.

Date of Accident: 2-20-15 Time of Accident: @ 1:10 pm

Location of Accident (Please be specific): elevator Lobby - Highrise

Whom do you consider to blame?: None

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

What, if any, injuries did you sustain?: pat muscle pull in neck + lower back

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

Number of Guests in Your Party at Time of Accident: 2

Dated this 20 Day of Feb 2015

Signature of Guest: [REDACTED]

Security Officer: [REDACTED] TM #: 41799

Guest Checkout Date: 23 Feb 15

GM1G 02/20/2015 VENETIAN RESORT & CASINO 06:42 PM GINFO
 CMD RESERVATION CHANGE 420194386054
 AR 22015 Fri DP 22315 Mon A/C 2 RP RB219 GP XGRRET2 RB _
 STATUS I INHSE ACT C/S ETA 11AM HOT DEATHBLOCKED
 WG TYPE ROOM# RATE A/C
 VE KVNS 139.00 2 OVRID Q NET N PRT Y TRN _ NRG _
 E
 LAST FIRST TITLE GTYP RMK
 COMPANY ATTN GST RELATIONS-INVITED C/I TYP H/B H
 ADR1/2
 CITY STATE/PROV ZIP COUNTRY US LNG REQ
 T/WITH ADDL NAMES CPN
 PHONE X VIP PC SRC AD RSN RP PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH FVS NBR HIST ID
 CRDT LMT
 DEP REQ AMT RESERVATIONS AGENT DATE TIME
 DEP REC AMT CHECK IN RICHARTEK 1/16/15 11:26
 ADV CODE D X CHECK OUT FDLAMAV 2/20/15 11:41
 CAS# LAST MODIFIED FDALLAVE 2/20/15 12:19
 LAST CONFIRMATION 1/17/15 LAST NUMBER 2
 ^Swipe or Fl Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

Brittany Peck
 # 329714

VEN 565

2874

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 to the elevator + slipped on spilled beverage outside of elevator door.

Date of Accident: 2-20-15 Time of Accident: @ 1:10 pm

Location of Accident (Please be specific): elevator Lobby - Highrise

Whom do you consider to blame?: NONE

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

What, if any, injuries did you sustain?: not muscle pull in neck + lower back

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

Number of Guests in Your Party at Time of Accident: 2

Dated this 20 Day of Feb, 2015

Signature of Guest: [REDACTED]

Security Officer: VSA DOZIER TM #: 41799

Guest Checkout Date: 23 FEB 15



1502 V ~~41779~~ 4322

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:

2-20-15

1502V-4322

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: _____
Date: 20 FEB 15 Time: 1340
Refused to Sign: _____ ID#: 41799
Venetian/Palazzo EMT: Va [Signature]

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# 1503V-1561 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 03/08/15 08:45 Sunday TO 03/08/15 09:30 Sunday		DATE AND TIME REPORTED 03/08/15 08:45
LOCATION OF OCCURRENCE 1 Grand Hall		TYPE OF LOCATION Grand Hall
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 Perry, Melissa A	ADDRESS 1 Front Desk Manager
RACE BL	SEX F	AGE 38
DOB 03/08/15	INJURIES None	PHONE 1 None
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 6 Venetian Tower 221, Las Vegas, NV 89109
RACE BL	SEX M	AGE 38
DOB 03/08/15	INJURIES None	PHONE 1 None
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Greenfield, Bryan	ADDRESS 1 Facilities
RACE BL	SEX M	AGE 38
DOB 03/08/15	INJURIES None	PHONE 1 None
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - Secondary Guest of 6-221 [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LICENSE (IND AND STATE) None	YEAR None
MAKE None	MODEL None	BODY TYPE None
COLOR None	VIN None	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 ADDRESS None	REGISTERED OWNER None
SUSPECT(S) / ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim		
CODE CP	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE BL	SEX M	HT 5'10"
WT 180	HAIR BLK	EYE BLU
AGE 38	DOB 03/08/15	INJURIES None
OCCUPATION None	RELEASE LOCATION None	ARREST DATE / TIME 03/08/15 08:45
CAR/S / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AKA'S None	ARRESTEE DISPOSITION None
BL 03/08/15	STATE NV	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
BOOKING # None	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # None
CHARGES None		
CODE CP	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE BL	SEX M	HT 5'10"
WT 180	HAIR BLK	EYE BLU
AGE 38	DOB 03/08/15	INJURIES None
OCCUPATION None	RELEASE LOCATION None	ARREST DATE / TIME 03/08/15 08:45
CAR/S / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AKA'S None	ARRESTEE DISPOSITION None
BL 03/08/15	STATE NV	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
BOOKING # None	WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # None
CHARGES None		
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 E. Glizelbach 000031617	DATE/TIME 03/08/15 12:10	APPROVED BY Jacob Johnson 000025575
OFFICER E. Glizelbach	DATE STATUS 03/08/15	CASE STATUS Closed

CR-1 Glizelbach/031617 Entered by: Eve Glizelbach

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

VEN 569

2878

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 # 1503V-1561
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURENCE 03/08/15 08:45 Sunday TO 03/08/15 08:30 Sunday		DATE AND TIME REPORTED 03/08/15 08:45
LOCATION OF OCCURENCE 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 <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Victim Cooperative Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Day Light 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"/> 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 E. Giselbach 000031617	DATE/TIME 03/08/2015 12:10	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	DATE APPROVED 03/08/15
		CASE STATUS Closed

CR-1 Gisel/031617 Entered by: Eve Giselbach

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

VEN 570

2879

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 # 1503V-1561	
Person Profile				PAGE 1 OF 1	
OFFENSE(S) Protected Health Information			OFFENSE(S) CONT.		
DATE, TIME AND DAY OF OCCURRENCE 03/08/15 08:45 Sunday TO 03/08/15 09:30 Sunday			DATE AND TIME REPORTED 03/08/15 08:45		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 1	
CODES: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
CODE MM 1 OF 1		NAME - LAST, FIRST, MIDDLE INITIAL Perry, Melissa A		DOB [REDACTED]	
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 INITIAL [REDACTED]		DOB [REDACTED]	
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 Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL		<u>Demeanor</u> Calm Polite Talkative <u>Eyes</u> Normal <u>Glasses</u> None <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 Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Swelling <u>Speech</u> Crying Normal	
CLOTHING					
CODE TM 1 OF 1		NAME - LAST, FIRST, MIDDLE INITIAL Greenfield, Bryan		DOB [REDACTED]	
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER E. Gizebach 000031617		DATED 03/08/15 12:10		APPROVED BY Jacob Johnson 000025575	
OFFICER		UNIT		DATE APPROVED 03/08/15	
				CASE STATUS Closed	

CR-1 Gizebach/031617 Entered by: Eve Gizebach

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

VEN 571

2880

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 # 1503V-1561
Narrative Report				Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.		
DATE, TIME AND DAY OF OCCURRENCE 03/08/15 08:45 Sunday		to 03/08/15 09:30 Sunday		DATE AND TIME REPORTED 03/08/15 08:45
LOCATION WITH REFERENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION	SECT 1	SECTION
NARRATIVE <p>On March 8, 2015 at 8:45am, I was dispatched by Venetian Security Dispatch to the Grand Hall 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 Secondary Guest of 6-221 [REDACTED] (identified by CA DL). [REDACTED] was standing bearing her weight on her left foot, with her right foot slightly off the ground. [REDACTED] was alert and oriented to person, place, time and event. I asked if she required medical attention, which she accepted. [REDACTED] was assisted to a seated position in my wheelchair.</p> <p>[REDACTED] stated she was walking towards the Porte Cochere when she slipped on something and fell to her knee. [REDACTED] was complaining of right knee pain and stated the pain rated an 8 on a scale of 1-10 with 10 being the most extreme pain. [REDACTED] stated the pain worsen when bending the leg. Upon inspection of the right knee, I observed tenderness with minor swelling. [REDACTED] declined vital signs to be obtained, but stated no medical history, allergies or medications. [REDACTED] stated she was walking when she slipped on a wet spot.</p> <p>I observed a wet sticky spot on the marble floor. [REDACTED] stated she did not hit her head, neck, or back during the fall; but did land on her knee. [REDACTED] pupils were equal and reactive to light. [REDACTED] denied any pain, numbness or tingling in her head, neck or any extremities. I provided [REDACTED] with an ice bag and wrapped her knee with cofilx.</p> <p>[REDACTED] completed the accident form, medical authorization, and Medical release form. Photographs were taken of the area and PAD was notified to clean up the area. Photographs of [REDACTED] knee and her footwear were obtained, but [REDACTED] refused a full body shot. [REDACTED] was wearing flip flop type shoes.</p> <p>[REDACTED] stated she was departing for the airport later. I arranged for [REDACTED] to obtain a wheelchair from Guest Services for the remainder of her stay. [REDACTED] was advised to seek further medical attention from her doctor once she returned home. [REDACTED] declined any further assessment or medical attention from me and I departed the area.</p> <p>An Accident Scene check was completed due by Engineer Greenfield, Bryan TM#15563 and</p>				
ADMINISTRATION				
BY OFFICER E. Gizelbach 000031617	DATE/TIME 03/08/2015 12:10	APPROVED BY Jacob Johnson 000025575	DATE APPROVED 03/08/15	
OFFICER	NARRATIVE	APPROVED 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 # 1503V-1561	
Narrative Report				Page 2 of 2	
OFFENSE(S) Protected Health Information			OFFENSE(S) CODE		
DATE, TIME AND DAY OF OCCURRENCE 03/08/15 08:45 Sunday			DATE AND TIME REPORTED 03/08/15 08:45		
LOCATION NUMBER 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 1	
NARRATIVE <p>noted no defects. A visual inspection of the area was conducted by me and no defects but wet areas were observed. A wet floor sign was present, per Surveillance the sign was placed after the slip.</p> <p>Video coverage is available per Surveillance. The video is saved under IN#20150000361.</p> <p>Risk Management was notified of the incident.</p> <p>Front Desk Manager Perry, Melissa TM#29476 was advised</p> <p>Attachments are as follows Accident Scene Check Medical Release Medical Authorization Guest Accident Form Photographs of [REDACTED] Accident Area, shoes and knee</p>					
ADMINISTRATION					
BY OFFICER E. Gizelbach 000031617		DATE/TIME 03/08/2015 12:10		APPROVED BY Jacob Johnson 000025575	
OFFICER		UNIT/SHIFT		DATE APPROVED 03/08/15	
OFFICER		ASSIGNED TO		CASE STATUS Closed	



Incident Report Number: 1503U-1561

Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 9:00 AM

Date: 3/8/15

Guest Suite #: _____

Defects Noted (Explain in detail): wet, sticky substance on marble floor

Actions Taken: PAD cleaned and dry area

Lighting Normal? (If no, explain): yes

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): G. ZELACH

TMA: 31617

Engineer

Time: 9 AM

Date: MAR 8 2015

Guest Suite #: _____

Defects Noted (Explain in detail): NO DEFECTS NOTED WITH WALKING SURFACE

Actions Taken: INSPECTED FLOOR

Checked by Engineer (Name): BOYAN GREENGLASS

TMA: 15503

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] 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 towards main entrance, down Grand Hall.
Slipped on wet floor, that was not marked off
or identified. At Fell with all the weight
one knee -> right

Date of Accident: 3/8/15 Time of Accident: 8:40

Location of Accident (Please be specific): Grand Hall

Whom do you consider to blame?: Venetian

If you consider The Venetian or The Palazzo responsible, please state why: Venetian should
be diligent about keeping the marble floors dry

What, if any, injuries did you sustain?: right knee swollen and sprained. possible bruise

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

Number of Guests in Your Party at Time of Accident: 1

Dated this 8 Day of March, 20 15

Signature of Guest: [Signature]

Security Officer: Gonzalez TM #: 3/6/7

Guest Checkout Date: 3/8/15

Medical Authorization - Security

PLEASE READ CAREFULLY AND SIGN BELOW.

1503V-1561

This Medical Authorization (Authorization) is entered into by below-named Guest (collectively "Guest") in favor of The Venetian Casino Resort LLC and The Palazzo Hotel (Hotel) a Nevada Limited Liability Company, its members, subsidiaries and affiliates and their officers, officials, 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 or 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 #:

6-221

Signature:

Today's Date:

3/8/15

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: 3/8/15 Time: 9:15A
Refused to Sign: _____
Venetian/Palazzo EMT: GIZELBAKH ID#: 31417

5'7-160 30/30
CADL-A7657728

1A20150000361

GM16 03/08/2015 VENETIAN RESORT & CASINO 10:26 AM GINFO
 CND 00615 Fri DP 30815 Sun RESERVATION CHANGE 420513154489
 STATUS 1 HOUSE ACT C/S A/C 3 ETX 1PM LCO RP 30815 GP WEXABO RB
 VE TYPE ROOM R/C RATE A/C OVRID 0 NET H PRT H TRN HRG
 LAST FIRST TITLE GTYP RMK
 COMPANY ATTN 490322156 TYP H/B H
 CITY STATE/PROV CA ZIP COUNTRY US A LNC
 PHONE NAME CHG ADDL NAMES OL RSN WD DOM NCPR
 CREDIT INC NBR HIST ID AGENTS WHO HAVE WORKED ON THIS RESERVATION
 RESERVATIONS AGENT DATE TIME
 CHECK IN PDHNGPITN 3/06/15 23:55
 CHECK OUT FDMORRF 3/08/15 10:22
 LAST CONFIRMATION
 ASWLOB FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

Melissa Perry

29476

1503V-4561

VEN 578

2887



VEN 579

2888



VEN 580

2889



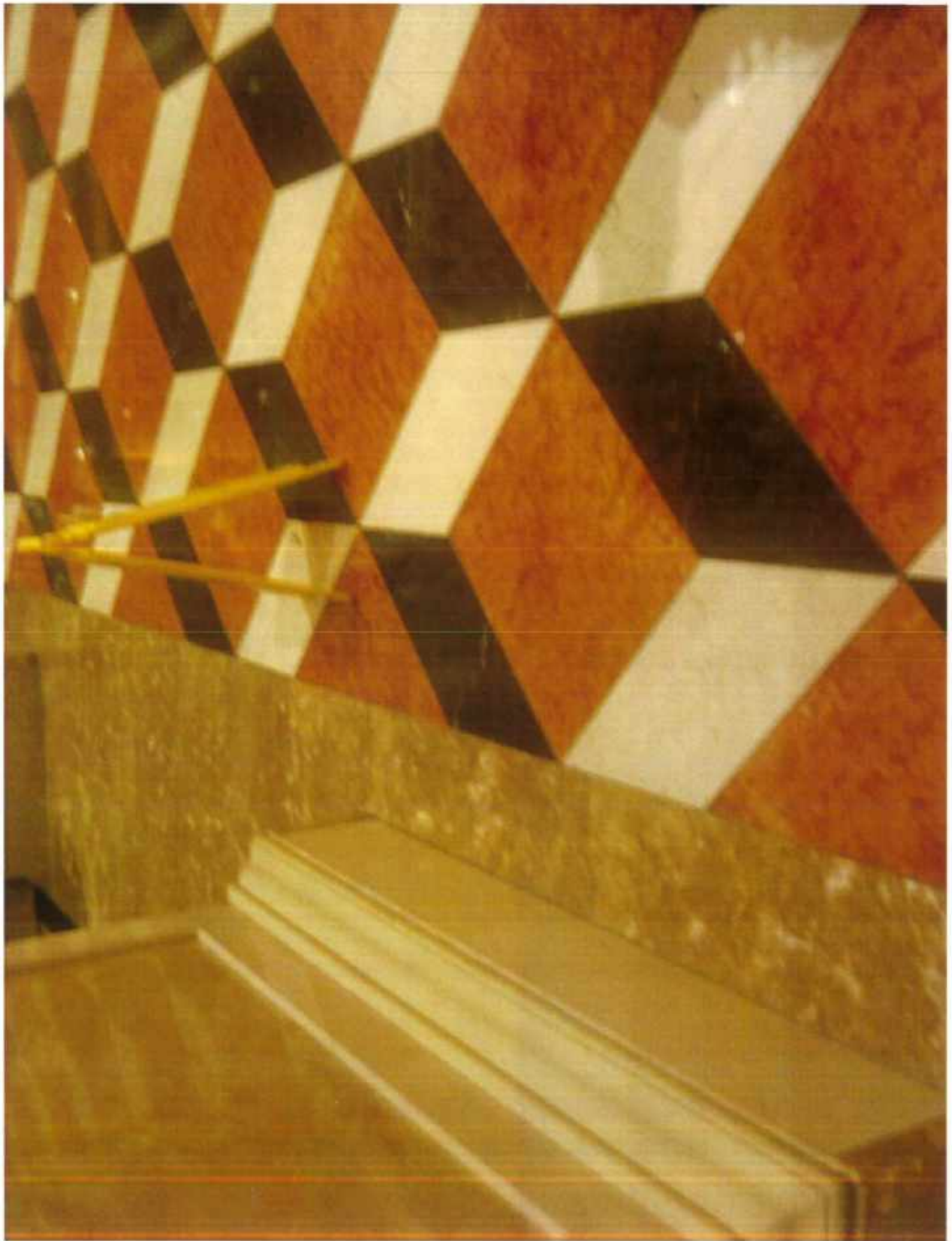
VEN 581

2890



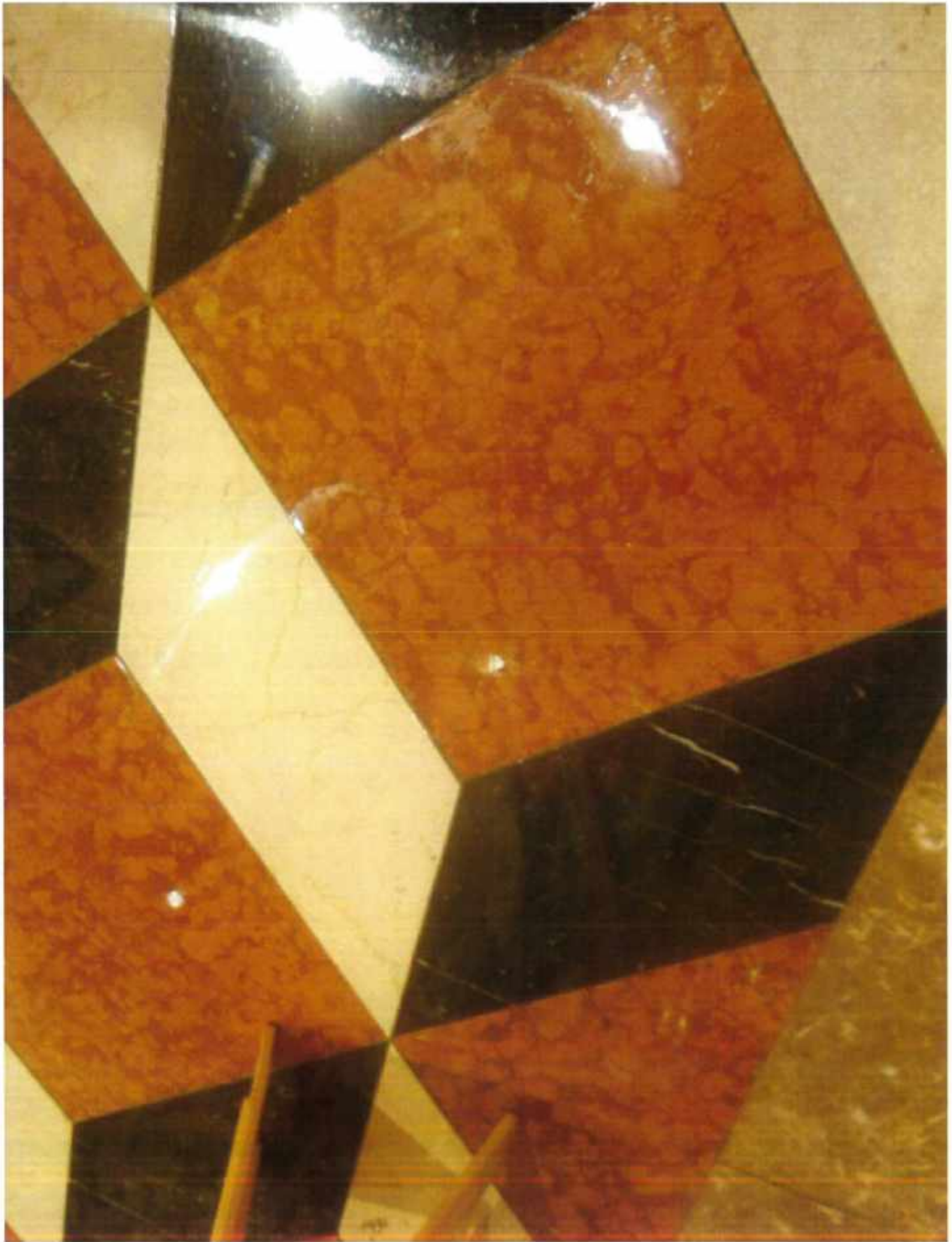
VEN 582

2891



VEN 583

2892



VEN 584

2893

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# 1503V-5040 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 03:18 Monday		
DATE AND TIME REPORTED 03/23/15 03:18		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
LOCATION OF OCCURRENCE 1 Lobby 1		
TYPE OF LOCATION 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 1 Byers, Nathan OCCUPATION Front Desk Manager ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CODE SO 1 of 1 Lee, Garry OCCUPATION Security Officer ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CODE GU 1 of 1 [REDACTED] OCCUPATION [REDACTED] ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - RG [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LICENSE (NO. AND STATE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOWNSHIP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
REGISTERED OWNER 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] OF [REDACTED] NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
OCCUPATION ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
AKA's YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATIONS [REDACTED]		
CHARGES [REDACTED]		
CODE [REDACTED] OF [REDACTED] NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
OCCUPATION ADDRESS 1 ADDRESS 2 ADDRESS 3 PHONE 1 PHONE 2 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
AKA's YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BOOKING # [REDACTED]		
WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CITATIONS [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 PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> ST IDL <input type="checkbox"/>		
BY OFFICER E. Giselbach 000031617		
DATE/TIME 03/23/15 05:49		
APPROVED BY Nicholas Coronado 000032415		
DATE APPROVED 03/24/15		
CASE STATUS Closed		

CR-1 Gisel/031617 Entered by: Eve Giselbach

APDC (Rev. 08/16/14) Print Date: 10/09/2018

VEN 585

2894

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 # 1503V-5040 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 03:18 Monday TO 03/23/15 03:30 Monday		DATE AND TIME REPORTED 03/23/15 03:18
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 TM	NAME - LAST FIRST, MIDDLE INITIAL 1 of 1 Sloyer, James	ADDRESS 1 PHONE 1
OCCUPATION Facilities engineer	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
STATE DEN	A.JURIES	ADDRESS 3 PHONE 3
ADMINISTRATION		
BY OFFICER E. Glzelbach 000031617	DATE/TIME 03/23/15 05:49	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	ASSIGNED TO DATE APPROVED 03/24/15 CASE STATUS Closed

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

VEN 586

2895

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 # 1503V-5040
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURENCE 03/23/15 03:18 Monday		DATE AND TIME REPORTED 03/23/15 03:18
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME Lobby 1	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 <u>Case involves a Hate Crime</u> No <u>Case involves Gang Activity</u> No <u>Incident Information</u> Area Checked Slip & Fall Victim Cooperative Video Tape of Incident Available Photos Taken PHI - Hotel Guest Photos Taken PHI - Hotel Guest No Video Available	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information 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"/> DEF <input type="checkbox"/> TRA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER	
BY OFFICER E. Gizelbach 000031617	DATE/TIME 03/23/2015 05:49	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIFORM SHIFT	ASSIGNED TO
		DATE APPROVED 03/24/15
		CASE STATUS Closed

CR-1 Gizel/031617 Entered by: Eve Gizelbach

APDC (Rev. 05/16/06) Print Date: 11/09/2018

VEN 587

2896

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 # 1503V-5040 PAGE 1 OF 2			
OFFENSE(S) Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 03:18 Monday TO 03/23/15 03:30 Monday					
DATE AND TIME REPORTED 03/23/15 03:18					
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 Q = Other					
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Byers, Nathan	DOB 			
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 Lee, Garry	DOB 			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING 					
CODE GU	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 [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 Pupils are PEARL </td> <td style="vertical-align: top;"> Bulid Medium Complexion Medium Demeanor Calm Polite Eyes Normal Glasses None Hair Length Short Hair Style Wavy Medical Supplies Disposable Gloves </td> <td style="vertical-align: top;"> Order of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present 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	Bulid Medium Complexion Medium Demeanor Calm Polite Eyes Normal Glasses None Hair Length Short Hair Style Wavy Medical Supplies Disposable Gloves	Order of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present 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	Bulid Medium Complexion Medium Demeanor Calm Polite Eyes Normal Glasses None Hair Length Short Hair Style Wavy Medical Supplies Disposable Gloves	Order of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Speech Normal			
CLOTHING 					
ADMINISTRATION					
BY OFFICER E. Gizebach 000031617	DATE/TIME 03/23/15 05:49	APPROVED BY Nicholas Coronado 000032415			
DISPATCH 	DISPATCH 	ASSIGNED TO 			
DATE APPROVED 03/24/15		CASE STATUS Closed			

CR-1 Gize/031617 Entered by: Eve Gizebach

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

VEN 588

2897

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 # 1503V-5040 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 03:18 Monday TO 03/23/15 03:30 Monday		DATE AND TIME REPORTED 03/23/15 03:18
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 TM	NAME - LAST FIRST, MIDDLE, SUFFIX 1 OF 1 Stoyer, James	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER E. Gizebach 000031617	DATE/TIME 03/23/15 05:49	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	ASSIGNED TO
		IM IT APPROVED 03/24/15 CASE STATUS Closed

CR-1 Gize/031617 Entered by: Eve Gizebach

APIX (Rev 06/23/13) Print Date: 10/09/2018

VEN 589

2898

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 # 1503V-5040 Page 1 of 2
OFFENSE(S): Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 00:10 Monday TO 03/23/15 03:30 Monday		
DATE AND TIME REPORTED 03/23/15 03:10		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION SEAT BENCH
NARRATIVE <p>On March 23, 2015 at 3:17am, Security Officer Lee, Garry TM#34568 advised Venetian Security Dispatch for a guest in the Casino Level 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 3-544) standing in the entrance to the low rise elevators, ambulatory and in no apparent distress.</p> <p>[REDACTED] stated she was walking to the elevators from the casino floor when she slipped on the floor in front of Juice Farm. I observed a dry, flat floor, which appeared to have some kind of red sauce or grease on the marble. [REDACTED] 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] stated pain in her left knee from when it struck the marble and her right hand where she braced herself, but was not complaining of any other 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, acknowledgement of first aid form, and medical authorization form.</p> <p>Initial vital signs were not obtained due to [REDACTED] refusal. Pulse and skins signs were observed and are as follows. Pulse-78 regular on the right radial site and skin signs were normal, pink and dry.</p> <p>Video coverage is available via surveillance under IN#20150000451</p> <p>An accident scene check was completed by Stoyer, James TM#40763 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 Byers, Nathan TM#28628 was notified about the incident.</p>		
ADMINISTRATION		
BY OFFICER E. Glzelbach 000031617	DATE/TIME 03/23/2015 05:49	APPROVED BY Nicholas Coronado 000032415
OFFICER	INVEST	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	CASE # 1503V-5040
Narrative Report		Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONTINUED
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 03:18 Monday to 03/23/15 03:30 Monday		DATE AND TIME REPORTED 03/23/15 03:18
TYPE AND/OR OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
NARRATIVE Attachments are as follows: Reservation Portfolio Accident Scene Check Photographs of area		
ADMINISTRATION		
BY (OFFICER) E. Gizebach 000031617	DATE/TIME 03/23/2015 05:46	APPROVED BY Nicholas Coronado 000032415
BY (OFFICER) (Empty)	DATE/TIME (Empty)	APPROVED BY (Empty)
ASSIGNED TO (Empty)		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 # 1503V-5040 PAGE 1 OF 2
Supplemental Report		
OFFENSE(S): Protected Health Information		OFFENSE(S) CODE
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 11:34 Monday TO 03/23/15 12:16 Monday		DATE AND TIME REPORTED 03/23/15 03:16
LOCATION OF OCCURRENCE 3 Venezia Tower 544, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
CASE SUMMARY Protected Health Information - Guest of Suite 3-544 - Edwards, Lisa		
NARRATIVE <p>On March 23rd, 2015 at 11:34am, I was dispatched to Suite 3-544 to speak with the guest about a previous injury sustained on property (under event 1503V-5119). I arrived on scene and met with the secondary guest of Suite 3-544 [REDACTED] who was ambulatory 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 early that morning at 3:00am when she slipped and fell in some pasta sauce near the Casino Level Guest Elevator Lobby. She stated that she twisted to her right and ended up striking her left knee on the marble flooring. She stated that she was embarrassed during the incident and chose not to seek any medical attention at that time with responding EMTs. She stated that she now wanted to get to a hospital for evaluation and refused any medical attention from me. She denied any significant pain and showed me her left knee which appeared swollen. She allowed me to photograph the swollen right knee.</p> <p>I asked [REDACTED] if she completed a report for the incident with the EMTs that had attended to her to which she stated she did complete a report at that time. She was provided a wheelchair escort to the Front Desk at her request where we spoke with Front Desk Manager Peck, Brittany TM#23974. [REDACTED] asked how she was going to get back to property from the hospital to which Peck advised that house cars cannot pick up and that she would be reimbursed for any money spent on taxi fares to and from the hospital.</p> <p>[REDACTED] was provided a Claims Unit business card with the incident report number written on it. She was escorted to Union Cab 7637 where she departed property to Sunrise Hospital without further incident.</p> <p>Video coverage is available for the original incident.</p> <p>Claims Unit was notified.</p>		
ADMINISTRATION		
EDITED BY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CORRECTED <input type="checkbox"/> TYPE <input type="checkbox"/> OCT <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> MISJUDICIAL <input type="checkbox"/> JURY <input type="checkbox"/> CIVIL	
BY OFFICER J. Larson 000025821	REPORTED 03/24/2015 09:32	APPROVED BY Christopher Mosler 000026118
DATE 03/24/15	DATE APPROVED 03/24/15	
CASE STATUS Closed		

Supp-I-Larson/025821 Entered by: Joseph Larson

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

VEN 592

2901

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 Supplemental Report	CASE # 1503V-5040 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 11:34 Monday TO 03/23/15 12:16 Monday		
LOCATION OF OCCURRENCE 3 Venezia Tower 544, Las Vegas		
CASE SUMMARY Protected Health Information - Guest of Suite 3-544 - [REDACTED]		
NARRATIVE 2 Attached Items 1 Photograph of [REDACTED] (photograph 3) 1 Scan of the Secondary Guest Reservation Portfolio (Reservation Portfolio 2)		
ADMINISTRATION		
FOLLOW UP <input type="checkbox"/> <input checked="" type="checkbox"/>		
BY OFFICER J. Larson 000025821		
DATE/TIME 03/24/2015 09:32		
APPROVED BY Christopher Mosler 000028118		
DATE APPROVED 03/24/15		
OFFICER J. Larson		
ASSIGNED TO Closed		

Supp-1-Larso/025821 Entered by: Joseph Larson

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

VEN 593

2902

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 # 1503V-5040 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 03/23/15 11:34 Monday to 03/23/15 12:16 Monday		DATE AND TIME REPORTED 03/23/15 03:18
LOCATION OF OCCURRENCE 3 Venezia Tower 544, Las Vegas	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		BEAT
ADDITIONAL OFFENSE(S) cont'd.		
PERSONS Codes: V = Victim WV = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE PAGES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	PHONE 2 [REDACTED]
DL MI E363522115384	STATE SEX INJURIES [REDACTED]	ADDRESS 3 3 Venezia Tower 544, Las Vegas, NV 89109
CODE MM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Peck, Brittany	PHONE 1 [REDACTED]
OCCUPATION Front Desk Mgr	RACE SEX AGE DOB [REDACTED]	PHONE 2 [REDACTED]
DL [REDACTED]	STATE SEX INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 03/24/15 09:32	APPROVED BY Christopher Mosier 000028118
OFFICER	UNIT/SHIFT	DATE APPROVED 03/24/15
		CASE STATUS Closed

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

VEN 594

2903

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

2904

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 # 1504V-5396 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday TO 04/24/15 16:13 Friday		DATE AND TIME REPORTED 04/24/15 15:25
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	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 Q = Other		
NOTE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
CL [REDACTED]	STATE SON [REDACTED]	ADDRESS 3 PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Storino, Roldolfo	ADDRESS 1 PHONE 1
OCCUPATION Facilities	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
CL [REDACTED]	STATE SON [REDACTED]	ADDRESS 3 PHONE 3
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 04/25/15 09:11	APPROVED BY Christopher Mosler 000026118
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 04/25/15
		CASE STATUS Closed

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

VEN 596

2905

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 # 1504V-5396
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday TO 04/24/15 16:13 Friday		DATE AND TIME REPORTED 04/24/15 15:25
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION BEAT 1 SECTOR
MO DATA		
<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> 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"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATETIME 04/25/2015 09:11	APPROVED BY Christopher Mosier 000026118
OFFICER	UNITS/SHIFT	DATE APPROVED 04/25/15
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

VEN 597

2906

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 # 1504V-5396 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday TO 04/24/15 16:13 Friday		DATE AND TIME REPORTED 04/24/15 15:25
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
BEAT 1		
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 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Han, Sang 36160	DOB 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 Perry, Melissa 29476	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 Sivrais, Lynn	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	DATETIME 04/25/15 09:11	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 04/25/15
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

VEN 598

2907

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 # 1504V-5396 PAGE 2 OF 2			
OFFENSE(S) Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday TO 04/24/15 16:13 Friday					
LOCATION OF OCCURRENCE 1 Grand Hall					
TYPE OF LOCATION Grand Hall					
BEAT 1					
SECTOR					
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other</small>					
CODE: GU 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					
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Dark Demeanor Polite Eyes Clear Glasses Unknown Type </td> <td style="width: 33%;"> Hair Length Shoulder length Hair Style Wavy Medical Supplies 4 x 4s Cold Packs Disposable Gloves Clean-Wipe Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Abrasions Tenderness </td> <td style="width: 33%;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Dark Demeanor Polite Eyes Clear Glasses Unknown Type	Hair Length Shoulder length Hair Style Wavy Medical Supplies 4 x 4s Cold Packs Disposable Gloves Clean-Wipe Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Abrasions Tenderness	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Temperature Normal Build Medium Complexion Dark Demeanor Polite Eyes Clear Glasses Unknown Type	Hair Length Shoulder length Hair Style Wavy Medical Supplies 4 x 4s Cold Packs Disposable Gloves Clean-Wipe Odor of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Patient has a Trauma/Injury Abrasions Tenderness	Speech Normal			
CLOTHING Shorts, brown sandals, shirt					
CODE: TM 1 OF 1 NAME: LAST, FIRST, MIDDLE, SUFFIX DOB: 05/17/1999					
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 04/25/15 09:11	APPROVED BY Christopher Mosier 000020118			
OFFICER	UNIT/SHIFT	CASE STATUS Closed			

CR-1 Rescigno034137 Entered by: Gary Rescigno

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

VEN 599

2908

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 # 1504V-5396 Page 1 of 3
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday		
DATE AND TIME REPORTED 04/24/15 15:25		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
SECTOR 1		
NARRATIVE <p>On April 24, 2015 at 15:25 Security Dispatch asked me to respond to the Front Desk area, closest to the VIP check in for a report of a guest who had slipped and fallen. After obtaining my Basic Life Support (BLS) Bag, I responded. While en route to the aforementioned location Security Dispatch advised me my contact and the person who had reported this incident was Han, Sang Tm # 36160 (Front Desk Manager).</p> <p>Upon arrival I met with Manager Han and guest of suite [REDACTED] who was identified as [REDACTED]. I noticed Ms. [REDACTED] was breathing normally at 16 breaths per minute with equal rise and fall, had normal skin color. I noticed no immediate or visible life threats to Ms. [REDACTED] at this time.</p> <p>I asked Ms. [REDACTED] how I could help her. Ms. [REDACTED] stated her right elbow and palm were hurting and she was worried that she might have shards and splinters of glass embedded in them. Ms. [REDACTED] went on to described to me that both her right elbow and palm felt like they had been strained . I asked Ms. [REDACTED] what happened.</p> <p>Ms. [REDACTED] went on to state the following: While entering the Grand Lobby and while walking on the marble floor (adjacent to the VIP and Invited Guest check in) she did not see the broken bottle and spilled alcohol in front of her and as she walked into it, she slipped thus falling onto the marble floor, using her right hand and arm to brace her fall. I asked Ms. [REDACTED] if she had any pain in her neck or back. Ms. [REDACTED] denied having any pain in neck or back. I asked Ms. [REDACTED] if she lost consciousness either before or after the fall. Ms. [REDACTED] denied loosing conscious. I asked Ms. [REDACTED] if she had hit her head . Ms. [REDACTED] denied hitting her head.</p> <p>At this time I asked Ms. [REDACTED] the usual questions in regards to person, place, time and event in an attempt to gage her level of awareness. Ms. [REDACTED] was alert and oriented to all questions. I asked Ms. [REDACTED] if she had been drinking any alcohol. She stated no. I asked Ms. [REDACTED] if she was taking any medications or if she had any allergies to medications or in general. Ms. [REDACTED] stated no to taking medications or having any type of allergies.</p> <p>While I was examining Ms. [REDACTED] right palm, hand , wrist and elbow I noticed she was wearing brown in color sandals. Ms. [REDACTED] was positive for pulse (82 beats per minute at</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 04/25/2015 09:11	APPROVED BY Christopher Mosier 000026118
OFFICER G. Rescigno	DISPATCH 000034137	ASSIGNED TO Christopher Mosier
CASE STATUS Closed		

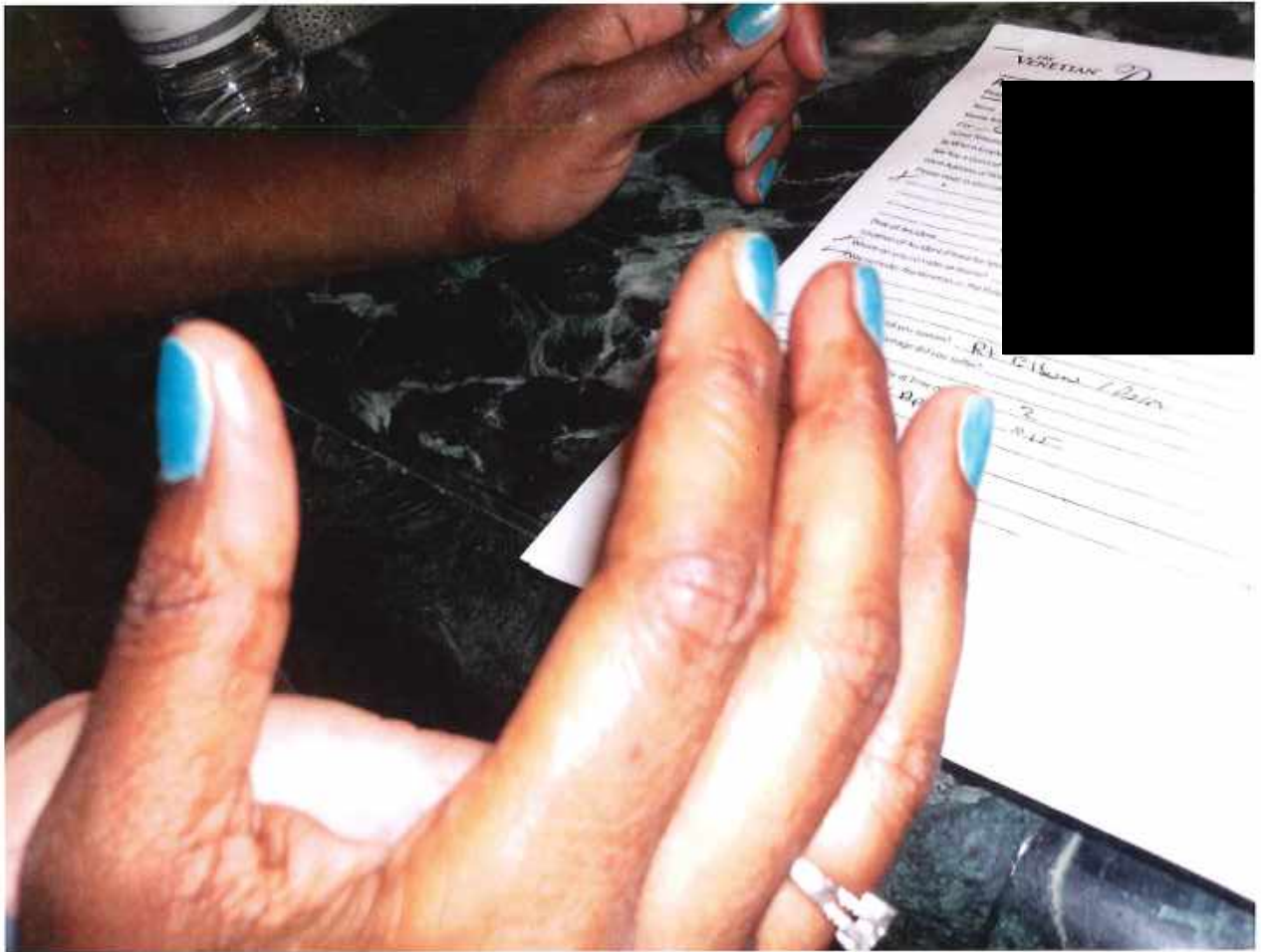
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1504V-5396 Page 2 of 3
OFFENSE(S) Protected Health Information		OFFENSE(S) CODE
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday		DATE AND TIME REPORTED 04/24/15 15:25
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
NARRATIVE		
<p>right radial), motor and sensation in her right and left hand. She had a small cut upon her right index finger that was not bleeding and smaller then a pin head. She also had a small amount of dried blood in her right palm from the cut on her index finger. After examining her entire right hand I noticed no lacerations or any active bleeding sites nor did I notice and contusions. Ms. [REDACTED] was sore upon palpation of the right elbow. I offered Ms. [REDACTED] Paramedics, which she refused.</p> <p>I cleaned Ms. [REDACTED] right hand with an alcohol wipe and a sterile 4x4 gauze pad. I gave her a disposable ice pack and advised her if she felt as if she needed any further medical attention during her stay, she could contact Venetian Security Dispatch and ask for an Emergency Medical Technician (EMT). Ms. [REDACTED] stated that she was fine and if needed she would do so.</p> <p>EMT Sivaris, Lynn Tm # 38582 arrived on scene at this time and I introduced him to Ms. [REDACTED]. At her request, I gave Ms. [REDACTED] the number of this report and the phone number for Risk Management. Ms. walker completed the guest accident report and after speaking to Manager Han, excised the area. I went to the back of the Front Desk and spoke to Front Desk Manager Perry, Melissa Tm # 29476 and obtained a folio.</p> <p>Upon checking the area, I noticed no signs of broken glass or fluid.</p> <p>EMT Sivaris obtained an accident scene check from Facilities Team Member Storino, Roldolfo Tm # 41345.</p> <p>I contacted Surveillance, who advised me they have coverage of Ms. [REDACTED] walking in the grand hall, then slipping with her landing on her buttocks, then onto her back. Surveillance stated they could not see what she slipped on.</p> <p>This report contains the following:</p> <ul style="list-style-type: none"> Scan of guest accident form. Scan of medical release. Scan of medical authorization. Scan of accident scene check. 		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 04/25/2015 09:11	APPROVED BY Christopher Mosier 000026118
OFFICER	DISPATCH	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 # 1504V-5396
Narrative Report		Page 3 of 3
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 04/24/15 15:25 Friday		DATE AND TIME REPORTED 04/24/15 15:25
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
NARRATIVE Photograph # 1 is of Ms. [REDACTED] right palm. Photograph # 2 is of Ms. [REDACTED] right thumb and index finger. Photograph # 3 is of Ms. [REDACTED] Photograph # 4 is Ms. [REDACTED] sandals. Photograph # 5 & 6 are of the area of the slip and fall.		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 04/25/2015 09:11	APPROVED BY Christopher Mosier 000026118
OFFICER	JURISDICTION	CASE STATUS Closed



VEN 603

2912



VEN 604

2913



VEN 605

2914



VEN 606

2915



VEN 607

2916



VEN 608

2917

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:
Phone:

Witness:

Witness:

Date:

Refused to Sign:

Venetian/Palazzo EMT:

AGE:

Male / Female

C/C: SLIP/PAI Right PAIN/EL Low strain

Pulse - 82

Resp - 16

BP -

Eyes - Clear

Lungs -

LOC -

Skins -

BGL -

Hx -

Allergies - NKDA

Meds -

Last oral intake -

Hydration -

Pain -

O -

P -

Q -

R -

S -

T -

CCFD -

MedicWest -

Transport -

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: _____

4/24/15

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 #: Venetian
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.

✓ Entering the Venetian Lobby. Floor was saturated with broken glass + alcohol from a busted alcohol bottle. Slipped and fell.

Date of Accident: 4-24-15 Time of Accident: 3:20 pm.

Location of Accident (Please be specific): From doors by Porch

✓ Whom do you consider to blame? Resident/guest

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

What, if any, injuries did you sustain?: Rt Elbow / Pain

✓ What, if any, property damage did you suffer?: Sweaters + Dress.

Number of Guests in Your Party at Time of Accident: 2

Dated this 24 Day of May 2015

✓ Signature of Guest: [REDACTED]

Security Officer: [Signature] TM #: 34137

Guest Checkout Date: [REDACTED]



Incident Report Number: 11840.5396

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1525 Date: 4-24-18 Guest Suite #: [REDACTED]

Defects Noted (Explain in detail): None. Guest states she slipped on
Broken Bottle of Alcohol.

Actions Taken: First Aid – called FCC

Lighting Normal? (If no, explain): Room

Outside Diagram? ☐ Yes ☐ No

Checked by Security Officer (Name): P. Scignu TM #: 34137

Engineer

Time: 4:06 pm Date: 4/24/18 Guest Suite #:

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Rodolfo Sturino TM #: 41395

Rodolfo, Sturino

15045-5396

Perry
Melissa

29476

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# 1505V-0844 PAGE 1
OFFENSE(S) Protected Health Information		OFFENSE(S), CONTD
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:06 Sunday TO 05/03/15 13:27 Sunday		DATE AND TIME REPORTED 05/03/15 13:06
LOCATION OF OCCURRENCE 1 Grand Hall		TYPE OF LOCATION Grand Hall
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"/>		
CORN 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob		
ADDRESS 1 PHONE 1		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
CODE 0 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Corbaley, Tyler		
ADDRESS 1 PHONE 1		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information, Non- Guest		
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 TOW/REPORT YRM <input checked="" type="checkbox"/> NO <input type="checkbox"/> DAMAGE 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"/>		
CORN 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 PHONE 1		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE/TIME		
CHARGES		
CODE 0 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX ADDRESS 1 PHONE 1		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
SCARS/MARKS/TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARRESTEE DISPOSITION RELEASE LOCATION 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 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 G. Rescigno 000034137		
DATE/TIME 05/03/15 14:32		
APPROVED BY Jacob Johnson 000025575		
DATE APPROVED 05/04/15		
OFFICER G. Rescigno		
ASSIGNED TO Closed		

CR-1 Rosci/034137 Entered by: Gary Rescigno

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

VEN 614

2923

15050-0844

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: 5-3-15 Time: 1:16pm
 Refused to Sign: _____
 Venetian/Palazzo EMT: [REDACTED] ID#: 34137
 AGE: Male / Female (Female circled) C/O: Left Knee

Pulse -	No signs of injury Hx or Limp -	Pain - # of pain 0 - Reported.
Resp -	Good A & V of	P - Refused
BP -	No injury	Q - Medication
Eyes -	Allergies -	R -
Lungs -	Meds -	S -
LOC -		T -
Skins -	Last oral intake -	CCFD -
BGL -	Hydration -	MedicWest -
		Transport -

FORM NO. 00000-05-17

VEN 615

2924

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 # 1505V-0844 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:00 Sunday to 05/03/15 13:27 Sunday		DATE AND TIME REPORTED 05/03/15 13:00
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, SUFFIX Greenfield, Bryan15563	
ADDRESS 1		PHONE 1
OCCUPATION Facilities	ADDRESS 2	PHONE 2
DL STATE	SEX AGE DOB	INJURIES
ADMINISTRATION		BY OFFICER G. Rescigno 000034137
DATE/TIME 05/03/15 14:32		APPROVED BY Jacob Johnson 000025575
ASSIGNED TO		DATE APPROVED 05/04/15
CASE STATUS Closed		

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

VEN 616

2925

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1420 Date: 5-3-15 Guest Suite #: WR6

Defects Noted (Explain in detail): Clear Floor on Marble Floor.

Actions Taken: Called PA & Guest Refused All measures

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

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): R. Sciguo TM #: 34022

Engineer

Time: 2:09 Date: 3 May 2015 Guest Suite #:

Defects Noted (Explain in Detail): NO DEFECTS FOUND

Actions Taken: INSPECTED

Checked by Engineer (Name): Byron Gooden TM #: 15563

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 # 1505V-0544	
Case MO			PAGE 1 OF 1	
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:08 Sunday TO 05/03/15 13:27 Sunday		DATE AND TIME REPORTED 05/03/15 13:08		
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION	BEAT 1	SECTOR
MO DATA				
<u>Incident Information</u> Area Checked No Photos PHI - Non-Guest Slip & Fall		<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"/>		COPIED TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> QA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VIEW <input type="checkbox"/> OTHER		
BY OFFICER G. Rescigno 000034137		DATE/TIME 05/03/2015 14:32		APPROVED BY Jacob Johnson 000025575
OFFICER		UNIT/SHIFT		DATE APPROVED 05/04/15
OFFICER		ASSIGNED TO		CASE STATUS Closed

CR-1 Resci034137 Entered by: Gary Rescigno

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

VEN 618

2927

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 # 1505V-0844
Person Profile			PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd	
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:08 Sunday to 05/03/15 13:27 Sunday		DATE AND TIME REPORTED 05/03/15 13:08	
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION	BEAT 1
PERSONS Legend: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other			MOBILE NUMBER YES <input type="checkbox"/> NO <input type="checkbox"/>
CODE O 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			
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Build Stocky Complexion Tanned Demeanor Polite Eyes Clear		Hair Length Short Hair Style Straight Medical Supplies Cold Packs Disposable Gloves Order of Intoxicants None Patient Assessment Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate	
Speech Normal			
CLOTHING			
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 Corbaley, Tyler	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 Greenfield, Bryan15563	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 05/03/15 14:32	APPROVED BY Jacob Johnson 000025575	DATE APPROVED 05/04/15
OFFICER	UNIT/APP	ASSIGNED TO	CASE STATUS Closed

CR-1 Resci034137 Entered by: Gary Rescigno

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

VEN 619

2928

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 # 1505V-0844	
Narrative Report				Page 1 of 2	
OFFENSE(S): Protected Health Information			OFFENSE(S) cont.		
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:08 Sunday			DATE AND TIME REPORTED 05/03/15 13:27 Sunday		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 1	
Narrative					
<p>On May 3, 2015 at 13:08 Security Dispatch asked me to respond to the Front Desk Area for a report of a female who had slipped and fallen on the marble. I obtained my Basic Life Support (BLS) Bag and responded.</p> <p>As I was approaching the fountain adjacent to the Venetian Front Desk, Field Training Officer (FTO) Corbaley, Tyler Tm # 34362 was on scene. FTO Corbaley was talking to a female whom was identified as Non- Guest [REDACTED] [REDACTED] stated she slipped on some fluid in front of the fountain. At this time I did notice small puddles of what appeared to be a clear fluid.</p> <p>I asked [REDACTED] if she was injured in any capacity, she stated no and at this time started to extend her left leg up and down. I asked her if she was sure she was not injured. [REDACTED] stated she has no pain and can move her left knee/leg and again at this time she started to extend her leg and lifted it up and down. I asked [REDACTED] if she wanted paramedic just as a precaution. [REDACTED] denied all medical attention offered her. I asked [REDACTED] what happened and she stated while walking by the fountain, she slipped and hit her left knee on the marble but that was the extent of the fall.</p> <p>[REDACTED] advised me she wanted to go to eat at Buddy V's and continue shopping with her friend (unknown female that was with her). I asked [REDACTED] if she could sign my medical release. As [REDACTED] was signing medical release, I noticed no signs of injury including laceration, abrasions, contusions or any bleeding upon [REDACTED] person.</p> <p>After [REDACTED] signed the medical release she was about to depart our location when I asked her for a final time if she wanted medical attention. [REDACTED] again advised she did not want any medical attention. I gave her 2 disposable ice packs just in case along with claims phone number and this report number. As [REDACTED] walked away I noticed no impairment with her gait.</p> <p>Facilities Team Member Greenfield, Bryan Tm # 15563 completed and accident scene check. Public Area Department arrived and moped up the fluid.</p> <p>Surveillance was contacted for a review, however at the completion of this report</p>					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137		DATE/TIME 05/03/2015 14:32		APPROVED BY Jacob Johnson 000025575	
OFFICER		UNIT/UNIT		ASSIGNED TO	
				DATE APPROVED 05/04/15	
				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 # 1505V-0844
Narrative Report		Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 05/03/15 13:04 Sunday		DATE AND TIME REPORTED 05/03/15 13:27 Sunday
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
NARRATIVE <p>Surveillance has not advised if there is any coverage.</p> <p>Due to the fact I had no security camera on my person, no photographs were obtained of the fluid, [REDACTED] or her sneakers.</p> <p>This report contains the following: Scan of medical release. Scan of accident scene check.</p>		
ADMINISTRATION		
BY WHOM G. Rescigno 000034137	DATE/TIME 05/03/2015 14:32	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/DEPT	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# 1505V-5319 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 05/22/15 04:43 Friday TO 05/22/15 05:00 Friday		DATE AND TIME REPORTED 05/22/15 04:43
LOCATION OF OCCURRENCE 1 Lobby 1		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME Lobby 1		ESTIMATED LOSS VALUE \$0.00
TYPE OF LOCATION SEAT 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 Lambert, Thomas 33254	ADDRESS 1 PHONE 1
OCCUPATION Front Desk Manager	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SS# INJURIES	ADDRESS 3 PHONE 3	
CODE MN 2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Bersano, Tony	ADDRESS 1 PHONE 1
OCCUPATION Assistant Sec Manager	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SS# INJURIES	ADDRESS 3 PHONE 3	
CODE SO 1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Clanton, Crystal 31807	ADDRESS 1 PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SS# INJURIES	ADDRESS 3 PHONE 3	
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-Registered guest [REDACTED] of suite [REDACTED] slipped and fell on a wet floor at the Venetian tower lobby.		
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 GARAGE NAME AND PHONE REGISTERED OWNER R/O 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 CF	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 YES <input type="checkbox"/> NO <input type="checkbox"/>	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 # SS# CR#
CHARGES		
CODE CF	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 YES <input type="checkbox"/> NO <input type="checkbox"/>	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 # SS# CR#
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"/> DEF. <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	DATE/TIME 05/26/15 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/26/15
		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 622

2931

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 # 1505V-5319 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURENCE 05/22/15 04:43 Friday TO 05/22/15 05:00 Friday		DATE AND TIME REPORTED 05/22/15 04:43
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd.
PERSONS <small>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party Q = Other</small>		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
DL TX 08758368	INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
CODE SO 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Duniho, Jeffery	PHONE 1 [REDACTED]
OCCUPATION Security Officer	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
DL [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Hinton, Eddie	PHONE 1 [REDACTED]
OCCUPATION Facilities	ADDRESS 2 [REDACTED]	PHONE 2 [REDACTED]
DL [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/15 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/26/15
		CASE STATUS Closed

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

VEN 623

2932

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 # 1505V-5319 PAGE 1 OF 1
Case MO		
OFFENSE(S): Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 05/22/15 04:43 Friday TO 05/22/15 05:00 Friday		DATE AND TIME REPORTED 05/22/15 04:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	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 <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 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> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIED TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> CA. <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WMAP <input type="checkbox"/> OTHER	
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/2015 05:40	APPROVED BY Anthony Bersano 009043106
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/26/15 CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 624

2933

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 # 1505V-5319 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE: 05/22/15 04:43 Friday TO 05/22/15 05:00 Friday DATE AND TIME REPORTED: 05/22/15 04:43		
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 Lambert, Thomas 33254	DOB 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 Bersano, Tony	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SO	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Clanton, Crystal 31807	DOB 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 Dunihoo, Jeffery	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/15 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNITS/SHIFT	ASSIGNED TO
		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 625

2934

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 # 1505V-5319 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT'D.		
DATE, TIME AND DAY OF OCCURRENCE 05/22/15 04:43 Friday TO 05/22/15 05:00 Friday		DATE AND TIME REPORTED 05/22/15 04:43
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 NAME YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU	NAME - LAST, FIRST, MIDDLE, SURFIX 1 OF 1	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 Normal Pulse Rate Regular Pulse Skin Color Normal Skin Condition Normal Pupils are PEARL <u>Build</u> Thin <u>Complexion</u> Clear Light <u>Demeanor</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> Shoulder length <u>Hair Style</u> Straight <u>Medical Supplies</u> Flashlight or Penlight Soft Roller Bandage Biohazard Bags 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 Circulation Present Patient has a Trauma/Injury Abrasions Swelling <u>Speech</u> Normal
CLOTHING		
CODE TM	NAME - LAST, FIRST, MIDDLE, SURFIX 1 OF 1 Hinton, Eddie	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/15 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/26/15
		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 626

2935

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 # 1505V-5319 Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONTD.
DATE, TIME AND DAY OF OCCURRENCE 05/22/15 04:43 Friday		DATE AND TIME REPORTED 05/22/15 04:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
NARRATIVE <p>On 5/22/15 at 4:42am I was dispatched to the Venetian Tower lobby for a female who fell down in the area. Security Officer Duniho, Jeffery TM#36396 was already on scene and informed me the female fell near the low rise elevators on a wet floor. [REDACTED] informed the wet spill was cleaned up by Public Area Department; who arrived on scene. I made contact with the female who was ambulatory with no life threats. Duniho informed me wet signs were not posted at the time of the slip and fall. The female identified herself as registered guest [REDACTED]</p> <p>[REDACTED] informed me she slipped and fell on a wet floor and fell in the kneeling position. [REDACTED] informed me she was in a rush for a meeting and did not notice the water on the floor.</p> <p>[REDACTED] denied neck, back pain, numbness and tingling in her extremities. [REDACTED] denied pain and trauma. [REDACTED] denied pain upon palpation of her neck and spine. [REDACTED] denied pain or numbness with cervical range of motion. [REDACTED] denied loss of consciousness and denied hitting her head.</p> <p>[REDACTED] was alert and oriented to person, place, time and events and had a patent airway, breathing adequately with sufficient tidal volume and had a palpable pulse at the left radial sight. [REDACTED] presented with swelling on her right ankle and a half inch superficial abrasion on her left knee. [REDACTED] demonstrated she had full range of movement with her left knee.</p> <p>[REDACTED] requested a cohere wrap for her right ankle. I applied a cohere wrap as requested. [REDACTED] had positive pulse, motor and sensory skills before and after the application of the cohere wrap. [REDACTED] requested a cold pack and was provided one.</p> <p>Initial Vital signs area as follows: Skin-warm, pink and dry; pupils-equal and reactive to light; and respirations-17 per minute. Due to a focused trauma assessment and treatment no other vital signs were observed.</p> <p>There is positive video of the incident archived through Security Dispatch. Photographs were taken of [REDACTED], her injury and the scene. Photographs were taken of [REDACTED] foot</p>		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/2015 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNIT/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 Narrative Report	CASE # 1505V-5319 Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 05/22/15 04:43 Friday		DATE AND TIME REPORTED 05/22/15 04:43
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
NARRATIVE wear. [REDACTED] reviewed and completed a Medical Acknowledgment and Medical Authorization. An Accident Scene Check was conducted by Facilities Engineer Hinton, Eddie TM#32274. Hinton annotated no defects in his report. [REDACTED] departed the area without further incident. Front Desk Manager Lambert, Thomas TM#33254 was notified. Security Manager Bersano, Tony TM#43106 was notified. Attached Items: Medical Acknowledgment Medical Authorization Accident Scene Check Photograph Photograph Photograph Photograph Photograph Photograph		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 05/26/2015 05:40	APPROVED BY Anthony Bersano 000043106
OFFICER	UNIT/SHIFT	CASE STATUS Closed



VEN 629

2938



VEN 630

2939



VEN 631

2940



VEN 632

2941



VEN 633

2942



VEN 634

2943



VEN 635

2944



VEN 636

2945

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 0450

Date: 5-22-15

Guest Suite #: _____

Defects Noted (Explain in detail): Normal

Actions Taken: Facilities notified Accident scene check complete

Lighting Normal? (If no, explain): Normal

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name):

Lopez, JOSE

TM #: 31427

Engineer

Time: 4:55

Date: 5/22/15

Guest Suite #: _____

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Eddie Kinton

TM #: 32274



Medical Authorization – Security

PLEASE READ CAREFULLY AND SIGN BELOW.

1505V-5319

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: _____

5/02/15

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

1505V-5319

☐ 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:

Phone:

Witness:

Witness:

Date: 5-22-15

Time: 0445

Refused to Sign:

Venetian/Palazzo EMT: Lopez, Jose

ID: 31427

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# 1505V-7253	
		CR-1		PAGE 1	
OFFENSE(S) Protected Health Information					
OFFENSE(S) CONT'D					
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:36 Friday 10 05/29/15 07:50 Friday					
DATE AND TIME REPORTED 05/29/15 07:39					
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
ESTIMATED LOSS VALUE \$ 0.00					
LOCATION OF OCCURRENCE 1 Lobby 1					
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 or 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Mosier, Christopher J					
ADDRESS 1					
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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 # 1505V-7253 PAGE 1 OF 1
OFFENSE(S): Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:36 Friday TO 05/29/15 07:50 Friday		DATE AND TIME REPORTED 05/29/15 07:39
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION RFAT SECTOR
ADDITIONAL OFFENSE(S): _____ ADDITIONAL OFFENSE(S) CONT. _____		
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"/>		
FORM TM 1 OF 1 NAME (LAST, FIRST, MIDDLE, SUFFIX) Hansen, Steve	ADDRESS 1 ADDRESS 2 ADDRESS 3	PHONE 1 PHONE 2 PHONE 3
OCCUPATION Facilities	RACE SEX AOP DOB STATE DOB	INJURIES
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DAY/TIME 05/29/15 09:43	APPROVED BY Christopher Mosler 000026118
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/29/15 CASE STATUS Closed

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

VEN 641

2950

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 # 1505V-7253
Case MO		PAGE 1 of 1
OFFENSE(S): Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:36 Friday TO 05/29/15 07:50 Friday		
DATE AND TIME REPORTED 05/29/15 07:38		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
MO DATA		
<u>Incident Information</u> Area Checked No Photos P-H - 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> 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"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWA* <input type="checkbox"/> OTHER	
BY OFFICER G. Rescigno 000034137	DATE/TIME 05/29/2015 09:43	APPROVED BY Christopher Mosler 000026118
OFFICER	UNIT/ID#	DATE APPROVED 05/29/15
		CASE STATUS Closed

CR-1 Rescigno034137 Entered by: Gary Rescigno

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

VEN 642

2951

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 # 1505V-7253 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		
OFFENSE(S); CONT'D		
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:36 Friday TO 05/29/15 07:50 Friday		
DATE AND TIME REPORTED 05/29/15 07:38		
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		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	1 OF 2 Mosier, Christopher J	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE MN	2 OF 2 Comeli, Francesca 21833	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE GU	1 OF 1 <div style="background-color: black; width: 100px; height: 1.2em;"></div>	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION		
Build Medium	Hair Length Short	Speech Normal
Complexion Tanned	Hair Style Side part	
Demeanor Calm	Order of Intoxicants None	
Eyes Clear	Patient Assessment Patient is Alert	
Facial Hair Clean Shaven	Patient Responds to Verbal Stimulus Airway Status Open	
CLOTHING		
Shorts, button up shirt and boat type shoes		
CODE TM	1 OF 1 Hansen, Steve	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 05/29/15 09:43	APPROVED BY Christopher Mosier 000028118
OFFICER	WITNESS	APPROVED TO:
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

APDC (Rev. 3/12/2013) Print Date: 10/09/2018

VEN 643

2952

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 # 1505V-7253 Page 1 of 2
Narrative Report		
OFFENSE(S): Protected Health Information		OFFENSE(S) CONT'D
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:36 Friday to 05/29/15 07:50 Friday		DATE AND TIME REPORTED 05/29/15 07:39
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION ECA SECTOR
NARRATIVE <p>On May 29, 2015 at 07:39 am I was asked by Security Dispatch to respond to the Guest Entrance/Exit (Lobby 1) high rise elevator lobby for a report of a slip and fall. I obtained my Basic Life Support (BLS) Bag and responded.</p> <p>Upon arrival in the high rise elevator lobby I was met by guest of suite 30-140 who verbally identified himself as [REDACTED]. Facilities Team Member Hansen, Steve Tr # 22676 was also there and was cleaning up spilled coffee that [REDACTED] had spilled upon slipping and falling in said lobby. Team Member Hansen was also placing caution cones down to warn further guests.</p> <p>On the marble floor next to the caution cones I noticed a beverage carrying container, containing empty coffee cups and a bag of assorted pastry from Bouchon Bakery. I asked Mr. [REDACTED] if this is what caused his slip and fall. He stated no, I do not know what I slipped on, the coffee containers and pastry were mine, I was carrying them when I fell. At this time I noticed [REDACTED] was wearing what appeared to be new boat type shoes.</p> <p>I noticed no signs of trauma or immediate life threats to [REDACTED] at this time. Mr. [REDACTED] upon watching me gather the guest accident paperwork stated "I do not want any medical attention, nor do I want to complete any paperwork, I just want my coffee replaced. Can you do that?" I asked [REDACTED] if he was sure he did not want any medical attention. [REDACTED] day stated "This is annoying, it's worse than the slip and fall."</p> <p>I asked [REDACTED] if he could simply write his name and address down on the medical release. [REDACTED] agreed to write his name and address, however he refused to sign any paperwork. At this time [REDACTED] continued to ask me about replacing his coffee.</p> <p>After [REDACTED] wrote his name and address I again asked him if he sure he wasn't hurt or wanted any medical attention. [REDACTED] stated "I'm fine, how about my coffee?" I gave Team Member Hansen the accident scene check paperwork and escorted [REDACTED] over to Bouchon Bakery, where his coffee was replaced. It was at this time [REDACTED] advised me again he was alright and that he understood my job because he was a Vice President of a risk management team. I advised [REDACTED] if he changed his mind and was in need of any medical attention, he could contact security at that time. I departed the</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 05/29/2015 09:43	APPROVED BY Christopher Mosier 000026118
OFFICER G. Rescigno	SUPERVISOR [REDACTED]	DATE APPROVED 05/29/15 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 # 1505V-7253 Page 2 of 2
0**00000 Protected Health Information		OFFENSE(S) Local
DATE, TIME AND DAY OF OCCURRENCE 05/29/15 07:38 Friday to 05/29/15 07:50 Friday		DATE AND TIME REPORTED 05/29/15 07:39
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION WHERE Lobby 1	TYPE OF LOCATION SECTOR
NARRATIVE <p>area and returned to the area of the slip and fall.</p> <p>As I arrived in the high rise lobby, the coffee spill had been cleaned up. I asked Security Dispatch if they had coverage of [REDACTED] slipping and falling. Security Dispatch advised me they did. I asked if they could tell what [REDACTED] slipped on. Security Dispatch stated no.</p> <p>I notified Front Desk manager Comelli, Francesca Tm # 21833 as well as Assistant Security Manager Mosier, Christopher Tm # 26118.</p> <p>Due to [REDACTED] being uncooperative, there are no photographs of his shoes, and he completed no paperwork.</p> <p>Security Dispatch advised they have coverage of this incident.</p> <p>This report contains the following: Scan of unsigned medical release. Scan of unsigned medical authorization. Scan of accident scene check. Scan of reservation portfolio.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 05/29/2015 09:43	APPROVED BY Christopher Mosier 000026118
OFFICER	REVIEWED 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# 1505V-7506 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		
DATE AND TIME REPORTED 05/30/15 04:35		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
LOCATION OF OCCURRENCE Lobby 1, Las Vegas		
LOCATION NAME		
TYPE OF LOCATION		
SEAT		
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 Bersano, Anthony	ADDRESS 1
OCCUPATION Asst Security Manager	RACE SEX AGE DOB	ADDRESS 2
DL STATE SS# INJURIES	ADDRESS 3	PHONE 1
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Lambert, Thomas	ADDRESS 1
OCCUPATION Front desk manager	RACE SEX AGE DOB	ADDRESS 2
DL STATE SS# INJURIES	ADDRESS 3	PHONE 1
CODE SO 1 of 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Perez, Michael	ADDRESS 1
OCCUPATION Security Officer	RACE SEX AGE DOB	ADDRESS 2
DL STATE SS# INJURIES	ADDRESS 3	PHONE 1
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - [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"/>		
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		
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	PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION	RELEASE LOCATION
ARREST DATE / TIME	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 #	SS#	CIB
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	PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	ARRESTEE DISPOSITION	RELEASE LOCATION
ARREST DATE / TIME	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 #	SS#	CIB
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"/> VAWP <input type="checkbox"/> OTHER		
BY OFFICER S. Davila 000043168	DATE/TIME 06/03/15 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	DATE APPROVED 06/03/15
CASE STATUS Closed		

CR-1 Davila/043168 Entered by: Susana Davila

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

VEN 646

2955

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 # 1505V-7506 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		DATE AND TIME REPORTED 05/30/15 04:35
LOCATION OF OCCURRENCE Lobby 1, 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 O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	PHONE 1
OCCUPATION [REDACTED]	ADDRESS 2	PHONE 2
DL D9340765	STATE SSN INJURIES	ADDRESS 3 PHONE 3
CODE SO 2 of 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Hakim, Zachary	PHONE 1
OCCUPATION Security Officer/EMT	RACE SEX AGE DOB ADDRESS 2	PHONE 2
DL STATE SSN INJURIES	ADDRESS 3	PHONE 3
CODE SO 3 of 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Kaufmann, Heather	PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB ADDRESS 2	PHONE 2
DL STATE SSN INJURIES	ADDRESS 3	PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Ballesteros, John	PHONE 1
OCCUPATION Facilities Team Member	RACE SEX AGE DOB ADDRESS 2	PHONE 2
DL STATE SSN INJURIES	ADDRESS 3	PHONE 3
ADMINISTRATION		
BY OFFICER S. Davila 000043168	DATETIME 06/03/15 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 06/03/15
		CASE STATUS Closed

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

VEN 647

2956

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 # 1505V-7506
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		DATE AND TIME REPORTED 05/30/15 04:35
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	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 <u>Case Inv. Anti-R. Rights Crime</u> No No No No <u>Case Involves a Hate Crime</u> No <u>Case Involves Gang Activity</u> No No	<u>Incident Information</u> Area Checked Photos Taken Slip & Fall Victim Cooperative Video Tape of Incident Available Wet Surface Guest Complaint	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Incident Involving Non-Registered Guest <u>Surface Conditions</u> Marble 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"/> DM <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER
BY OFFICER S. Davila 000043168	DATE/TIME 06/03/2015 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	DATE APPROVED 06/03/15
		CASE STATUS Closed

CR-1 Davila/043168 Entered by: Susana Davila

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

VEN 648

2957

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 # 1505V-7506 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT'D.		
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		DATE AND TIME REPORTED 05/30/15 04:35
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION SEAT 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 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Bersano, Anthony
		DOB 05/17/1999
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 Lambert, Thomas
		DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE SO	1 OF 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Perez, Michael
		DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE SO	2 OF 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Hakim, Zachary
		DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
CODE SO	3 OF 3	NAME - LAST, FIRST, MIDDLE, SUFFIX Kaufmann, Heather
		DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
CLOTHING		
ADMINISTRATION		
BY OFFICER S. Davila 000043168	DATE/TIME 06/03/15 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/SHIFT	DATE STATUS Closed

CR-1 Davila/043168 Entered by: Susana Davila

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

VEN 649

2958

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 # 1505V-7506 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT.		
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		DATE AND TIME REPORTED 05/30/15 04:35
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>		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU	1 OF 1	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION		
<u>Build</u> Small Thin <u>Complexion</u> Clear <u>Demeanor</u> Calm Polite	<u>Eyes</u> Normal <u>Glasses</u> None <u>Hair Length</u> Shoulder length	<u>Hair Style</u> Straight <u>Odor of Intoxicants</u> None <u>Speech</u> Normal
CLOTHING		
CODE TM	1 OF 1	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
NAME - LAST, FIRST, MIDDLE, SUFFIX Ballesteros, John		
CLOTHING		
ADMINISTRATION		
BY OFFICER S. Davila 000043168	DATE/TIME 06/03/15 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/DEPT	ASSIGNED TO
		DATE APPROVED 06/03/15
		CASE STATUS Closed

CR-1 Davila/043168 Entered by: Susana Davila

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

VEN 650

2959

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 # 1505V-7506 Page 1 of 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT'D.		
DATE, TIME AND DAY OF OCCURRENCE 05/30/15 04:35 Saturday TO 05/30/15 04:59 Saturday		
DATE AND TIME REPORTED 05/30/15 04:35		
LOCATION OF OCCURRENCE Lobby 1, Las Vegas	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTION
NARRATIVE <p>On 05/30/2015 at approximately 4:59am, while posted at the Casino Level Elevator Lobby Security Officer Kaufmann, Heather TM#41397 observed a female slip and fall on the floor. Security Officer Perez, Michael TM# 41105 and Emergency Medical Technician Hakim, Zachary TM#41305 responded to the incident.</p> <p>The female was identified by a [REDACTED] Driver License as [REDACTED] date of birth [REDACTED] who is the non-registered guest in suite [REDACTED] [REDACTED] was walking past the Casino Level Elevator Lobby when she slipped and fell on water that was on the floor. [REDACTED] stated she felt pain in the right knee and right elbow but declined medical attention. [REDACTED] refused to complete any paper work and refused to have pictures taken of her person. [REDACTED] then departed to her suite.</p> <p>Facilities Engineer [REDACTED] M#36365 arrived on scene and completed an accident scene check with negative findings for defects. Liquid was found on the floor where [REDACTED] fell.</p> <p>Security Manager Bersano, Anthony TM#43106 and Front Desk Manager Lambert, Thomas TM#33254 were notified of the incident.</p> <p>Positive video coverage of the incident per Surveillance. Video coverage shows [REDACTED] slipping falling onto her right knee and falling forward striking her right elbow on the ground.</p> <p>Attachments: Photograph of accident scene 1 Photograph of accident scene2 Photograph of accident scene3 Accident scene check Reservation portfolio</p>		
ADMINISTRATION		
BY OFFICER S. Davila 000043168	DATE/TIME 06/03/2015 01:11	APPROVED BY Richard Davies 000028074
OFFICER	UNIT/UNIT	ASSIGNED TO
		DATE APPROVED 06/03/15
		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# 1506V-2824 PAGE 1
OFFENSE(S) Informational		
DATE, TIME AND DAY OF OCCURRENCE 06/12/15 12:51 Friday		
LOCATION OF OCCURRENCE 1 Lobby 1		
DATE AND TIME REPORTED 06/12/15 12:51		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
TYPE OF LOCATION Lobby 1		
SEAT 		
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 SO	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Lopez, Antonio	ADDRESS 1
OCCUPATION 	RACE SEX AGE DOB 	PHONE 1
DL 	STATE SSN INJURIES 	ADDRESS 2
ADDRESS 3 		PHONE 2
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Magnuson, David 4653	ADDRESS 1
OCCUPATION 	RACE SEX AGE DOB 	PHONE 1
DL 	STATE SSN INJURIES 	ADDRESS 2
ADDRESS 3 		PHONE 2
CODE 	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
OCCUPATION 	RACE SEX AGE DOB 	PHONE 1
DL 	STATE SSN INJURIES 	ADDRESS 2
ADDRESS 3 		PHONE 2
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Informational on female guest slip and fall in the Lobby 1 area.		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <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 		
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 	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 		PHONE 1
OCCUPATION 	INJURIES 	ADDRESS 2
ADDRESS 3 		PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's 	ARRESTEE DISPOSITION
DL 	STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # 	SSN
CM# 		
CHARGES 		
CODE 	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 		PHONE 1
OCCUPATION 	INJURIES 	ADDRESS 2
ADDRESS 3 		PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's 	ARRESTEE DISPOSITION
DL 	STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # 	SSN
CM# 		
CHARGES 		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input type="checkbox"/>		
FOLLOW-UP 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"/> VMAP <input type="checkbox"/> OTHER:		
BY OFFICER A. Lopez 000016458	DATE/TIME 06/12/15 15:35	APPROVED BY Christopher Mosler 000026118
OFFICER 	UNIT/SHIFT 	ASSIGNED TO
DATE APPROVED 06/13/15		CASE STATUS Active

CR-1 Lopez/018458 Entered by: Antonio Lopez

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

VEN 652

2961

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 # 1506V-2824
Case MO		PAGE 1 OF 1
OFFENSE(S) Informational		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURENCE 06/12/15 12:51 Friday		DATE AND TIME REPORTED 06/12/15 12:51
LOCATION OF OCCURENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION BEAT SECTOR
MO DATA		
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Incident Information Slip & Fall Video Tape of Incident Available Wet Surface </div>		
ADMINISTRATION		
FOLLOWUP 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"/> SWAP <input type="checkbox"/> OTHER	
BY OFFICER A. Lopez 000018458	DATE/TIME 06/12/2015 15:35	APPROVED BY Christopher Mosier 000026118
OFFICER	UNIT/SHIFT	CASE STATUS Active

CR-1 Lopez/018458 Entered by: Antonio Lopez

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

VEN 653

2962

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 # 1506V-2824 Page 1 of 1
OFFENSE(S) Informational		OFFENSE(S) COMMENTS
DATE, TIME AND DAY OF OCCURRENCE 06/12/15 12:51 Friday		DATE AND TIME REPORTED 06/12/15 12:51
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION MAINT SECTOR
NARRATIVE <p>On June 12, 2015 at approximately 12:50 pm, I Officer Lopez, Antonio TM#18458 while checking for Suite Keys from Guests, saw a female guest slip and fall on the exit side of the cordoned area at Lobby 1. I went over to see if the Guest was all right at the same time two male guests were helping her get to her feet. As she was being helped up, I asked her if she was all right. The female guest answered she was not sure. I then asked her if she needed me to call for our EMTs to have them take a look at her. The female guest declined. She stated she would contact us later if she needed to.</p> <p>Since there was so much foot traffic, I asked the two male guests to please stand by the spill while I got a cone and set it up and they obliged. When I got back with the cone, the female guest was walking away into the Casino. The cone was placed over the spill. I later placed a second cone over the spill to insure the whole spill was covered.</p> <p>PAD was contacted and a PAD team member was soon there and the spill was quickly cleaned it up. The spill was small and was comprised of droplets of what seemed to be water stretching about a foot and a half in a straight line on the tile. Engineering was contacted and Magnuson, David Team Member Number 4653 was sent for the Accident Scene check and the accident scene cleared.</p> <p>While I was still at Lobby 1, the female guest came by and showed me her knee about ten to fifteen minutes after the slip. She was accompanied by another female guest she had apparently met up with in the Casino. Her knee had light bruise about the size of a nickel with a bit of the top layer of skin rubbed off. I again asked her if she needed to see an EMT or if I could get her a band aide. She again declined and stated she just wanted to me to see it and she would contact us later if she needed to.</p> <p>Attached please find: -Accident Scene Check.</p>		
ADMINISTRATION		
BY OFFICER A. Lopez 000018458	DATE/TIME 06/12/2015 15:35	APPROVED BY Christopher Mosier 000026118
OFFICER	UNITS/IFT	ASSIGNED TO
		DATE APPROVED 06/13/15
		CASE STATUS Active

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 12:00pm Date: 6/12/15 Guest Suite #: unknown

Defects Noted (Explain in detail): While checking for Suite keys at Lobby 1, I saw a female guest slip and fall out of the corner of my eyes. Female slipped on a very small wet spot on the floor.

Actions Taken: Wet area was cone'd off and liquid was cleaned up.

Lighting Normal? (If no, explain): Yes

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Antonio Lopez TM #: 18458

Engineer

Time: 1:30pm Date: 6-12-2015 Guest Suite #:

Defects Noted (Explain in Detail): NONE WATER ON FLOOR

Actions Taken: NONE SOMEONE CLEANED UP

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

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# 1506V-7480 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday TO 06/30/15 12:13 Tuesday		
DATE AND TIME REPORTED 06/30/15 11:38		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
LOCATION OF OCCURRENCE 1 Lobby 1		
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 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Ros, Mary	ADDRESS 1
OCCUPATION Front Desk Manager	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 3
CODE SO 1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Rescigno, Gary	ADDRESS 1
OCCUPATION Security/EMT	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 3
CODE SO 2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX Wells, John	ADDRESS 1
OCCUPATION Security Officer	RACE SEX AGE DOB 	ADDRESS 2
DL 	INJURIES 	ADDRESS 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		
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 2
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"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # 	CDR
CHARGES 		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 2
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"/>	BOOKING #
WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # 	CDR
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"/> VAWP <input type="checkbox"/> OTHER:
BY OFFICER J. Larson 000025821	DATE/TIME 07/01/15 08:32	APPROVED BY George Valley 000013454
OFFICER 	UNITS/SHIFT 	DATE APPROVED 07/01/15
		CASE STATUS Closed

CR-1 Larso025821 Entered by: Joseph Larson

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

VEN 656

2965

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 # 1506V-7480 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday TO 06/30/15 12:13 Tuesday		DATE AND TIME REPORTED 06/30/15 11:38
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 or 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	PHONE 2 [REDACTED]
CL. STATE SSN [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 PHONE 3
CODE TM 1 or 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Greenfield, Bryan	ADDRESS 1 PHONE 1
OCCUPATION Facilities	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 PHONE 2
CL. DATE SSN [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 PHONE 3
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/01/15 06:32	APPROVED BY George Valley 000013454
OFFICER	UNIT/SHIFT	CASE STATUS Closed

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

VEN 657

2966

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 # 1506V-7480 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURENCE 06/30/15 11:38 Tuesday TO 06/30/15 12:13 Tuesday		DATE AND TIME REPORTED 06/30/15 11:38
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 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
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PVE. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VVAF <input type="checkbox"/> OTHER	
BY OFFICER J. Larson 000025821	DATE/TIME 07/01/2015 08:32	APPROVED BY George Valley 000013454
OFFICER	UNIFORM	ASSIGNED TO
		DATE APPROVED 07/01/15
		CASE STATUS Closed

CR-I Larso/025821 Entered by: Joseph Larson

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

VEN 658

2967

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 # 1506V-7480 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday TO 06/30/15 12:13 Tuesday		DATE AND TIME REPORTED 06/30/15 11:38
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 = Detained C = Complainant R = Party O = Other</small>		
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 SO	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Rescigno, Gary	DOB 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 Wells, John	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 [REDACTED] This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
MO INFORMATION		
<u>Build</u> Stocky <u>Complexion</u> Medium <u>Demeanor</u> Calm Polite <u>Eyes</u> Normal <u>Glasses</u> None <u>Hair Length</u> Shoulder length	<u>Hair Style</u> Straight <u>Medical Supplies</u> 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 Abrasions Tenderness	<u>Speech</u> Accent
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/01/15 08:32	APPROVED BY George Valley 000013454
OFFICER	UNIT/SHIFT	DATE STATUS Closed

CR-1 Larso/025821 Entered by: Joseph Larson

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

VEN 659

2968

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 # 1506V-7480 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) contd.		
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday to 06/30/15 12:13 Tuesday		DATE AND TIME REPORTED 06/30/15 11:38
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 Q = Other</small>		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE TM	NAME: LAST, FIRST, MIDDLE, INITIAL 1 OF 1 Greenfield, Bryan	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 07/01/15 08:32	APPROVED BY George Valley 000013454
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/01/15
		CASE STATUS Closed

CR-1 Larso/025821 Entered by: Joseph Larson

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

VEN 660

2969

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 # 1506V-7480 Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D.
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday		DATE AND TIME REPORTED 06/30/15 11:38
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION NEAT SECTOR
NARRATIVE <p>On June 30th, 2015 at 11:37am, Security Officer Wells, John TM #28642 reported that a guest had slipped and fallen near the Casino Level Guest Elevator Lobby (Lobby 1) post. Myself and Emergency Medical Technician [REDACTED] TM #34137 arrived on scene to find the guest of Suite [REDACTED] laying on the marble flooring in the rotunda of the elevator lobbies. She did not appear to be in any immediate distress at that time. I observed a caution cone and small pools of clear fluid on the marble flooring nearby. Wells stood by for traffic control to prevent any further incidents in the area.</p> <p>[REDACTED] was alert and oriented to person, place, time, and events, had a patent airway, and was breathing adequately. She reported that she was fine and reported very minor pain to her right knee. She denied any loss of consciousness, weakness, dizziness or any head, neck or back pain. She stated that she was walking towards the elevators with her Husband when she slipped in some clear fluid on the floor. She stated she could not remember exactly how she fell, but recalled striking her right knee while falling. She stated she was holding her Husband's hand at the time wherein she did not completely fall to the floor as he was trying to hold her up. She requested assistance standing wherein she was assisted up to standing. She was able to bear weight and ambulate on the right leg without difficulty. She was assisted to a wheelchair and escorted to the Back of House for further assessment.</p> <p>[REDACTED] Husband was provided a Guest Accident packet to complete and a focused assessment was started. Assessment of the right knee showed redness to the inferior aspect with a non-bleeding abrasion to the anterior aspect of the patella. Palpation showed minor tenderness with no signs of instability or crepitation. She rated her pain at a 2 on a 1-10 severity scale during palpation. She denied any other pain or injuries at that time. The packet of paperwork was completed and she was provided a Risk Management business card with the incident report number. She was provided two cold packs and again refused any medical attention. She departed the area towards Lobby 1 without further incident.</p> <p>I returned to the area of incident and noted that the area had been cleaned up already. Assessment of the flooring showed that the marble was flat, even, and dry at that time. An Accident Scene Check was completed by Facilities Engineer Greenfield, Bryan TM #15563 at 12:09pm which found no defects in the area.</p>		
ADMINISTRATION		
BY OFFICER J. Larson 000025821	DATE/TIME 07/01/2015 08:32	APPROVED BY George Valley 000013454
OFFICER	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 Narrative Report	CASE # 1506V-7480 Page 2 of 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 06/30/15 11:38 Tuesday TO 06/30/15 12:13 Tuesday DATE AND TIME REPORTED 06/30/15 11:38		
LOCATION OF OCCURRENCE 1 Lobby 1	LOCATION NAME Lobby 1	TYPE OF LOCATION
NARRATIVE Video coverage is available per Surveillance. Risk Management was notified. Front Desk Manager Ros, Mary TM #20855 was notified. 11 Attached Items 3 Photographs of the area of incident prior to clean up 2 Photographs of the area of incident post clean up 1 Photograph of [REDACTED] right knee 2 Photographs of [REDACTED] shoes (top and bottom) 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 07/01/2015 08:32	APPROVED BY George Valley 000013454
OFFICER 	UNIT/SHIFT 	ASSIGNED TO
		DATE APPROVED 07/01/15 CASE STATUS Closed

VEN 662

2971



VEN 663

2972



VEN 664

2973



VEN 665

2974



VEN 666

2975



VEN 667

2976



VEN 668

2977



VEN 669

2978



VEN 670

2979

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1157 Date: 6/30/15 Guest Suite #:

Defects Noted (Explain in detail): MARBLE FLOOR APPEARS FLAT, EVEN, AND DRY. AT THIS
TIME, NOT SLICK OR WET AND FREE OF OBSTRUCTIONS. INITIAL APPROVAL
SHOWED CLEAR FLUID ON MARBLE FLOOR WITH CAUTION CONE PRESENT
AT APPROXIMATELY 11:40 AM.

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 #: 75671

Engineer

Time: 1209 Date: JUNE 30/2015 Guest Suite #:

Defects Noted (Explain in detail): NO PROBLEM WITH WORKING GUARDRAILS.

Actions Taken: INSPECTED

Checked by Engineer (Name): Bryant G. Griffin TM #: 15503

Incident Report Number: 1506V-7480**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: _____

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

WALKING ALONG AND SLIPPING ON WET FLOOR.Date of Accident: 30-06-15 Time of Accident: 11:30 AMLocation of Accident (Please be specific): TOWER LIFT HUBWhom do you consider to blame?: HOTEL FOR WET FLOORIf you consider The Venetian or The Palazzo responsible, please state why: FLOOR NOT MARKED UP AS WET.What, if any, injuries did you sustain?: ABRASION TO RIGHT KNEEWhat, if any, property damage did you suffer?: NONENumber of Guests in Your Party at Time of Accident: 2Dated this 30 Day of JUNE, 2015Signature of Guest: [REDACTED]Security Officer: [Signature] TM #: Z5821Guest Checkout Date: 7/1/15

FDM # 20955

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 #: N/A
 Phone: _____
 Witness: _____
 Witness: _____
 Date: 6/30/15 Time: 1149
 Refused to Sign: _____
 Venetian/Palazzo EMT: _____ ID#: 25821

2/F to R knee

2/10 to ind. R patella, + abrasion, ⊖ bleed
 ⊖ LOC, ⊖ H/N/B, ⊖ weak/dizzy
 ⊕ bear weight, ⊕ ambulate

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# 1507V-1236 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 07/05/15 12:40 Sunday TO 07/05/15 14:07 Sunday		
DATE AND TIME REPORTED 07/05/15 12:48		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$0.00		
LOCATION OF OCCURRENCE 6 Venezia Tower 417		
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 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob		
ADDRESS 1 PHONE 1		
OCCUPATION Assist Security Manager		
RACE SEX AGE DOB 16 05/17/1999		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
DL STATE SSN INJURIES		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 PHONE 1		
OCCUPATION [REDACTED]		
RACE SEX AGE DOB [REDACTED]		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
DL STATE SSN INJURIES		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Neste, Keenam		
ADDRESS 1 PHONE 1		
OCCUPATION Facilities		
RACE SEX AGE DOB [REDACTED]		
ADDRESS 2 PHONE 2		
ADDRESS 3 PHONE 3		
DL STATE SSN INJURIES		
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		
LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN		
MORE VEHICLE 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 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 PHONE 1		
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]		
ADDRESS 2 PHONE 2		
OCCUPATION [REDACTED]		
ADDRESS 3 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARREST DISPOSITION RELEASE LOCATION ARREST DATE / TIME [REDACTED]		
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		
BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>		
CITATION # SSN CM		
CHARGES		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
ADDRESS 1 PHONE 1		
RACE SEX HT WT HAIR EYE AGE DOB [REDACTED]		
ADDRESS 2 PHONE 2		
OCCUPATION [REDACTED]		
ADDRESS 3 PHONE 3		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARREST DISPOSITION RELEASE LOCATION ARREST DATE / TIME [REDACTED]		
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		
BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>		
CITATION # SSN CM		
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"/>		
CORES 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 G. Rescigno 000034137		
DATE/TIME 07/06/15 09:25		
APPROVED BY Jacob Johnson 000025575		
DATE APPROVED 07/06/15		
OFFICER		
UNIT/SHIFT		
ASSIGNED TO		
CASE STATUS Closed		

CR-1 Rescigno034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/15) Print Date: 06/01/2018

VEN 674

2983

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 # 1507V-1236
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 07/05/15 12:40 Sunday TO 07/05/15 14:07 Sunday		DATE AND TIME REPORTED 07/05/15 12:48
LOCATION OF OCCURRENCE 6 Venezia Tower 417	LOCATION NAME	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		
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 07/06/2015 09:25	APPROVED BY Jacob Johnson 000025575
OFFICER	UNITS/SHIFT	DATE APPROVED 07/06/15
		CASE STATUS Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

VEN 675

2984

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 # 1507V-1236 PAGE 1 OF 1			
OFFENSE(S) Protected Health Information					
DATE, TIME AND DAY OF OCCURRENCE 07/05/15 12:40 Sunday TO 07/05/15 14:07 Sunday					
DATE AND TIME REPORTED 07/05/15 12:48					
LOCATION OF OCCURRENCE 6 Venezia Tower 417		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	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 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 GU	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 [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;"> <u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Polite <u>Eyes</u> Clear <u>Hair Length</u> Shoulder length </td> <td style="vertical-align: top;"> <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 Circulation Present Patient has a Trauma/Injury Contusions </td> <td style="vertical-align: top;"> <u>Speech</u> Normal </td> </tr> </table>			<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Polite <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 Circulation Present Patient has a Trauma/Injury Contusions	<u>Speech</u> Normal
<u>Base Line Vitals & History</u> Normal Breathing Regular Breathing Rhythm Skin Color Normal <u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Polite <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 Circulation Present Patient has a Trauma/Injury Contusions	<u>Speech</u> Normal			
CLOTHING Sandals, shorts and shirt					
CODE TM	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1 Neste, Keenam	DOB [REDACTED]			
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 07/06/15 09:25	APPROVED BY Jacob Johnson 000025575			
OFFICER	UNIT/SWIFT	DATE APPROVED 07/06/15			
ASSIGNED TO		CASE STATUS Closed			

CR-1 Resci/034137 Entered by: Gary Rescigno

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

VEN 676

2985

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 # 1507V-1236 Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/05/15 12:40 Sunday		DATE AND TIME REPORTED 07/05/15 12:48
LOCATION OF OCCURRENCE 6 Venezia Tower 417	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
NARRATIVE <p>On July 6, 2015 at 12:50 pm I was notified by Security Dispatch of a female guest who had slipped and fallen at Lobby 4 due to a unknown guest who had spilled water upon the marble flooring in that area. I was on another medical call at the time and advised Security Dispatch when I was done with the medical situation I was on, I would advise them and respond.</p> <p>At 13:20 on July 5, 2015 I advised Security Dispatch I was done with the medical I was on and that I had arrived at suite [REDACTED] for this guest.</p> <p>Upon knocking on the door to suite [REDACTED], I was let in by the registered guest whom was identified as [REDACTED]. [REDACTED] had a slight limp and was favoring her left knee. I asked [REDACTED] what happened. She advised me she slipped in Lobby 4 on water and landed upon her left knee. I asked Ms. [REDACTED] if she had hit her head or lost consciousness. Ms. [REDACTED] denied loosing consciousness or hitting her head. Ms. [REDACTED] advised me her only injury was her left knee.</p> <p>I asked for a received permission to examine and palpate her injured knee. Upon visible examination I noted swelling and a contusion upon the patella of the left knee. Upon palpation I felt no crepitus. Ms. [REDACTED] was positive for Pulse (86 beats per minute), motor and Sensation at the left petal site. I offered paramedic to which Ms. [REDACTED] refused. I offered a co-flex wrap to be left behind for her along with 2 disposable ice packs, to which Ms. [REDACTED] excepted.</p> <p>I asked Ms. [REDACTED] what type of shoes she was wearing at the time of the slip and fall Ms. [REDACTED] showed me brown in color sandal type shoes with slightly worn soles. I offered paramedic again for further evaluation, however Ms. [REDACTED] refused and stated she was fine with the exception of her knee.</p> <p>Ms. [REDACTED] completed the guest medical packet. Before exiting suite [REDACTED] I gave Ms. [REDACTED] the information in regards to Risk Management and the follow-up procedure, per her request. I also left behind contact information for the oncoming shifts Emergency Medical technicians, incase she decided she wanted further care. I then exited suite 6-417 and contacted Security Dispatch.</p>		
ADMINISTRATION		
BY OFFICER G. Rescigno 000034137	DATE/TIME 07/06/2015 09:25	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/06/15
		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 # 1507V-1236	
Narrative Report				Page 2 of 2	
OFFENSE(S) Protected Health Information			OFFENSE(S) CONT'D.		
DATE, TIME AND DAY OF OCCURRENCE 07/05/15 12:40 Sunday			DATE AND TIME REPORTED 07/05/15 12:48		
LOCATION OF OCCURRENCE 6 Venezia Tower 417		LOCATION NAME		TYPE OF LOCATION	
				BEAT	
				SECTOR	
NARRATIVE <p>Due to the fact Security Dispatch advised me that had coverage of this slip and fall and that I had several medical calls pending, an Accident Scene Check was not completed until 14:13 on July 5, 2015</p> <p>An Accident Scene Check was completed by Facilities Team Member Neste, Keenan Tm # 38405.</p> <p>Assistant Security Manager Johnson, Jacob Tm # 25575 and Front Desk Han Tm # 36160 were notified.</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 Folio. Scan of Accident Scene Check. Photograph # 1& 2 are of Ms. [REDACTED] left knee. Photograph # 3 is of the sandals. Photograph # 4 is of Ms. [REDACTED] 					
ADMINISTRATION					
BY OFFICER G. Rescigno 000034137		DATETIME 07/06/2015 09:25		APPROVED BY Jacob Johnson 000025575	
OFFICER		UNIT/SHIFT		CASE STATUS Closed	



VEN 679

2988



VEN 680

2989



VEN 681

2990



VEN 682

2991

GM1G 07/05/2015 VENETIAN RESORT & CASINO 02:25 PM GINFO
 CMD RESERVATION CHANGE 421460569529
 AR 70415 Sat DP 70815 Wed A/C 2 2 RP WYTRHE GP WYMLTZQ RB
 STATUS 1 INHSE ACT C/S ETA CLD GST HOT 00001340158P
 WG TYPE ROOM# R/C RATE A/C
 VB QFN 100.00 2 2 OVRID 0 NET N PRT N TRN NRG
 LAST FIRST TITLE GTYP RMK
 COMPANY ATTN 00001340158P TYP H/B H
 ADR1/2
 CITY STATE/PROV ZIP COUNTRY US X LNG REQ
 ADDL NAMES CPN
 PHONE X VIP PC SRC DP RSN WD PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH FAX NBR HIST ID
 CRDT LMT
 DEP REQ AMT RESERVATIONS AGENT DATE TIME
 DEP REC AMT CHECK IN HBSIRES 5/23/15 11:27
 ADV CODE A X CHECK OUT SENEPIAV 7/04/15 10:37
 CAS# LAST MODIFIED SENEPIAV 7/04/15 12:02
 LAST CONFIRMATION 5/24/15 LAST NUMBER 1
 ^Swipe or F1 Cus Enter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

15070-1236

Sanghan
36160

VEN 683

2992

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 2:10pm Date: 7-5-15 Guest Suite #: G-524 /

Defects Noted (Explain in detail): Lobby 4 by Gift Shop.
Water on MARBLE - PAID cleaning up.

Actions Taken: Called P.C. gave first aid.

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

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): Rescigno G TM #: 34137

Engineer

Time: 2:13pm Date: 07/05/15 Guest Suite #: Gift Shop Venezia

Defects Noted (Explain in Detail): Guest slipped and fell.

Actions Taken: Inspected tile/marble and all surrounding areas. No problems found.

Checked by Engineer (Name): Keenan Nerte TM #: 38465

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 #: 6-417
 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 the lobby and slipped on water

Date of Accident: 7-5-15 Time of Accident: 1pm ? or 12:40pm

Location of Accident (Please be specific): Lobby 4

Whom do you consider to blame?: No One

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

What, if any, injuries did you sustain?: Left knee

What, if any, property damage did you suffer?: None

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

Dated this 5 Day of July, 2015

Signature of Guest: [REDACTED]

Security Officer: [REDACTED]

TM #: 34137

Guest Checkout Date: [REDACTED]



15070-1236

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.

X Print Name
X Signature

[Redacted Signature]

Guest's Suite #

[Redacted Suite Number]

Today's Date:

7/5/15

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

15070-1236

- ☒ 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]
 Witness: [REDACTED]
 Date: 7-5-13 Time: 13:50
 Refused to Sign: [REDACTED] ID#: 3432
 Venetian/Palazzo EMT: [REDACTED]
 AGE: Male / Female ☒ C/O: Contusion left knee 3/10
 Pain - 3/10
 Pulse - 86 Hx - ☒
 Resp - Allergies - ☒
 BP - Meds - ☒
 Eyes - LOC -
 Lungs - Last oral intake -
 Skins - Hydration -
 BGL - CCFD -
 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# 1507V-5024 PAGE 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday TO 07/19/15 02:25 Sunday		DATE AND TIME REPORTED 07/19/15 01:47
LOCATION OF OCCURRENCE 1 Grand Hall		ESTIMATED LOSS VALUE \$ 0.00
LOCATION NAME Grand Hall		TYPE OF LOCATION 1
PERSONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX Coronado, Nicholas		
OCCUPATION Assistant Manager		
DL STATE SSN INJURIES ADDRESS 1 PHONE 1		
CODE R OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX See, Steven		
OCCUPATION See, Steven		
DL STATE SSN INJURIES ADDRESS 1 PHONE 1		
CODE D OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
DL STATE SSN INJURIES ADDRESS 1 PHONE 1		
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information-non guest Moryn, Robyn slipped and fell 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 MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOW REPORT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS		
SUSPECT(S) / ARRESTEE(S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CHRG		
CHARGES		
CODE 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]		
OCCUPATION [REDACTED]		
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> STATE ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CITATION # SSN CHRG		
CHARGES		
ADMINISTRATION		
VICTIM DECIDED PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COPIED TO PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WVAP <input type="checkbox"/> OTHER <input type="checkbox"/>		
BY OFFICER J. Lopez 000031497 DATE/TIME 07/19/15 07:25 APPROVED BY Nicholas Coronado 000032415 DATE APPROVED 07/20/15		
OFFICER J. Lopez ASSIGNED TO CASE STATUS Closed		

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 688

2997

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 # 1507V-5024 PAGE 1 OF 1	
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday TO 07/19/15 02:25 Sunday		DATE AND TIME REPORTED 07/19/15 01:47		
LOCATION OF OCCURRENCE 1 Grand Hall		LOCATION NAME Grand Hall		TYPE OF LOCATION 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 SO	1 CH 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Corpus, Brian		ADDRESS 1
OCCUPATION Security Officer		RACE	SEX	AGE
DOB		ADDRESS 2		PHONE 1
DL		STATE	SSN	PHONE 2
INJURED		ADDRESS 3		PHONE 3
ADMINISTRATION				
BY OFFICER J. Lopez 000031497		DATE/TIME 07/19/15 07:25		APPROVED BY Nicholas Coronado 000032415
OFFICER		UNIT/REPORT		DATE APPROVED 07/20/15
ASSIGNED TO		CASE STATUS Closed		

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

VEN 689

2998

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 # 1507V-5024
Case MO		PAGE 1 of 1
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday TO 07/19/15 02:25 Sunday		DATE AND TIME REPORTED 07/19/15 01:47
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
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 Slip & Fall 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
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COMES 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 J. Lopez 000031497	DATE/TIME 07/19/2015 07:25	APPROVED BY Nicholas Coronado 000032415
OFFICER	INITIALED	ASSIGNED TO
		DATE APPROVED 07/20/15
		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 690

2999

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 # 1507V-5024 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday to 07/19/15 02:25 Sunday		
DATE AND TIME REPORTED 07/19/15 01:47		
LOCATION OF OCCURRENCE 1 Grand Hall	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 See, Steven	DOB 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> Build Thin Complexion Clear Light Demeanor Calm Polite </div> <div> Eyes Normal Facial Hair Scruffy Beard Facial Hair Color Brown Glasses None Hair Length Shoulder length </div> <div> Hair Style Wavy Speech Normal </div> </div>		
CLOTHING		
CODE O	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 <div style="display: flex; justify-content: space-between;"> <div> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Skin Color Normal Skin Condition Normal Pupils are PEARL Build Heavy Complexion Clear Light Demeanor Nervous Eyes Normal </div> <div> Facial Hair Unknown Facial Hair Color Unknown Glasses Plastic Frames Hair Length Shoulder length Hair Style Straight Medical Supplies Flashlight or Penlight 4 x 4s Cold Packs Disposable Gloves Odor of Intoxicants None </div> <div> Patient Assessment Patient Is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Contusions Swelling Speech Normal </div> </div>		
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 07/19/15 07:25	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/ID #	ASSIGNED TO DATE STATUS Closed

CR-J Lopez/031497 Entered by: Jose Lopez

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

VEN 691

3000

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 # 1507V-5024 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONTD.		
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday to 07/19/15 02:25 Sunday		DATE AND TIME REPORTED 07/19/15 01:47
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
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 Coronado, Nicholas	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 Corpus, Brian	DOB This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE/TIME 07/19/15 07:25	APPROVED BY Nicholas Coronado 000032415
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 07/20/15		CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

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

VEN 692

3001

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 # 150TV-5024 Page 1 of 2
OFFENSE(S): Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE: 07/19/15 01:47 Sunday to 07/19/15 02:25 Sunday		
DATE AND TIME REPORTED: 07/19/15 01:47		
LOCATION OF OCCURRENCE: 1 Grand Hall	LEADAGENCY NAME: Grand Hall	TYPE OF LOCATION: 1
BEAT: 1		
SECTOR: 1		
NARRATIVE <p>On 7/19/15 at 0146 hours, I was dispatched by Security Dispatch to the Grand Hall for a female later identified as non-guest [REDACTED] [REDACTED] was identified by a [REDACTED] Driver's license. Upon my arrival [REDACTED] was sitting in a chair, ambulatory with no life threats. Non-guest [REDACTED] was on scene and identified himself as [REDACTED] husband. Security Officer Corpus, Brian TM#41481 arrived on scene to assist. [REDACTED] stated "I slipped and fell on a wet floor and might have an injury on my knee."</p> <p>[REDACTED] was alert and oriented to person, place, time and events, had a patent airway, breathing adequately with sufficient tidal volume. [REDACTED] denied hitting her head. [REDACTED] denied neck and back pain. [REDACTED] denied tingling and numbness in her extremities and denied loss of consciousness. [REDACTED] denied pain with cervical range of motion. I conducted a focused trauma assessment on [REDACTED] right knee which revealed swelling and a small contusion over the center of her knee. I provided [REDACTED] with a cold pack which she applied to her right knee. [REDACTED] had limited range of movement with her right knee. [REDACTED] requested a Paramedic response and transport to the hospital. I notified Security Dispatch to call MedicWest Paramedics to the scene.</p> <p>Initial vital signs are as follows: Skin-warm, pink and dry; pupils-equal and reactive to light; and respirations-23 per minute. Due to a focused trauma assessment no other vital signs were observed.</p> <p>MedicWest Paramedics arrived on scene and took over care for [REDACTED] at this time. [REDACTED] informed Paramedics she wanted to be transported to the hospital. Paramedics assisted her to their gurney and moved her to an ambulance where they transported her to Sunrise Hospital.</p> <p>An Accident Scene Check was conducted by Facilities Engineer Estela, Rosa TM#41453. Estela annotated no defects in her report. Photographs were taken of the scene.</p> <p>There is positive video of the incident achieved in Surveillance under report number IN20150000884. The video shows [REDACTED] left leg slide out from under her and [REDACTED] landing on her right knee. According to the video [REDACTED] knee is the only part to make contact with the ground.</p>		
ADMINISTRATION		
BY OFFICER: J. Lopez 000031497	DATE/TIME: 07/19/2015 07:25	APPROVED BY: Nicholas Coronado 000032415
OFFICER: J. Lopez	AMT/41481	DATE APPROVED: 07/20/15
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 # 1507V-5024 Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT'D
DATE: TIME AND DAY OF OCCURRENCE 07/19/15 01:47 Sunday TO 07/19/15 02:25 Sunday		DATE AND TIME REPORTED 07/19/15 01:47
LOCATION OF OCCURRENCE 1 Grand Hall	LOCATION NAME Grand Hall	TYPE OF LOCATION 1
NARRATIVE		
<p>Photographs were taken of [REDACTED] and her footwear. Due to medical treatment no photographs could be taken of the bottom of her right shoe. Photographs were taken of the scene.</p> <p>Security Manager Coronado, Nicholas TM#32415 was notified.</p> <p>Attached Items: Medical Acknowledgement Medical Authorization Accident Scene Check Guest Accident report Photograph (scene) Photograph ([REDACTED]) Photograph (footwear) Photograph (footwear) Photograph (footwear) Photograph (footwear)</p>		
ADMINISTRATION		
BY OFFICER J. Lopez 000031497	DATE TIME 07/19/2015 07:25	APPROVED BY Nicholas Coronado 000032415
OFFICER	INITIALS	CASE STATUS Closed

CR-1 Lopez/031497 Entered by: Jose Lopez

Page 2 of 2

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

VEN 694

3003

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# 1507V-5121 PAGE 1
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME		ESTIMATED LOSS VALUE \$0.00
TYPE OF LOCATION		BEAT
SECTOR		MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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]	ADDRESS 1 [REDACTED]
OCCUPATION [REDACTED]	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]
BL STATE SS# INJURIES [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 1 [REDACTED]
CODE MN	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
OCCUPATION Front Desk Manager	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]
BL STATE SS# INJURIES [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 1 [REDACTED]
CODE MN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	ADDRESS 1 [REDACTED]
OCCUPATION Assist Security Manager	RACE SEX AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]
BL STATE SS# INJURIES [REDACTED]	ADDRESS 3 [REDACTED]	PHONE 1 [REDACTED]
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information for registered guest of suite [REDACTED]		
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 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 [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HIR EYE AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's [REDACTED]	ARRESTEE DISPOSITION [REDACTED]
BL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# CIB [REDACTED]	RELEASE LOCATION [REDACTED]	ARREST DATE / TIME [REDACTED]
CHARGES [REDACTED]		
CODE [REDACTED]	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1 [REDACTED]
RACE SEX HT WT HIR EYE AGE DOB [REDACTED]	ADDRESS 2 [REDACTED]	PHONE 1 [REDACTED]
OCCUPATION [REDACTED]	INJURIES [REDACTED]	ADDRESS 3 [REDACTED]
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's [REDACTED]	ARRESTEE DISPOSITION [REDACTED]
BL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# CIB [REDACTED]	RELEASE LOCATION [REDACTED]	ARREST DATE / TIME [REDACTED]
CHARGES [REDACTED]		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input type="checkbox"/>		
FOLLOW-UP YES <input type="checkbox"/> NO <input type="checkbox"/>		
COMES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER:		
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/15 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 07/20/15		CASE STATUS Closed

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 695

3004

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 # 1507V-5121 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		OFFENSE(S) confid.
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) confid.
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 SO 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Dunnihoo, Jeffrey	ADDRESS 1 PHONE 1
OCCUPATION Security Officer	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SSN	BIRTHDAY	ADDRESS 3 PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX Heleman, Richard Glen	ADDRESS 1 PHONE 1
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2 PHONE 2
DL STATE SSN	BIRTHDAY	ADDRESS 3 PHONE 3
ADMINISTRATION		
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/15 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	DATE APPROVED 07/20/15
		CASE STATUS Closed

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

VEN 696

3005

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 Property and Evidence	CASE # 1507V-5121 Page 1 of 1						
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.						
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18						
LOCATION OF OCCURRENCE 19 Venetian Tower 129		TOTAL PROPERTY VALUE \$0.00						
PROPERTY ITEMS								
ITEM #	STATUS	QUANTITY	COLOR	COLOR 2	TYPE	MAKE	MODEL	YEAR
000041799-001	D	0	BLK			Pendo		
SERIAL NUMBER	BAR CODE		VALUE		TOTAL		LOCATION / SH #	
			\$80.00		\$0.00			
DESCRIPTION							<input type="checkbox"/> FIELD RECEIPT ISSUED	
Pendo Cell phone								
ADMINISTRATION								
BY OFFICER			DATE/TIME		APPROVED BY		DATE APPROVED	
L. Dozier 000041799			07/19/15 11:34		Jacob Johnson 000025575		07/20/15	
OFFICER			UNITS/HFT		ASSIGNED TO		CASE STATUS	
							Closed	

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 697

3006

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 # 1507V-5121 PAGE 1 OF 1
Case MO		
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Incident Information</u> Area Checked Damaged Guest Property Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available Guest Complaint	<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 type="checkbox"/>	COPIES TO: <input type="checkbox"/> RAT. <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 L. Dozier 000041799	DATE/TIME 07/19/2015 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/20/15
		CASE STATUS Closed

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 698

3007

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 # 1507V-5121 PAGE 1 OF 2			
Person Profile					
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.			
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18			
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME	TYPE OF LOCATION			
		BEAT			
		SECTOR			
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party Q = Other</small>					
CODE C	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 1	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 Regular Pulse Skin Color Normal Skin Temperature Normal Pupils are PEARL SAMPLE History Obtained? Build Medium Complexion Tanned Demeanor Calm Poise </td> <td style="vertical-align: top;"> Eyes Normal Facial Hair Clean Shaven Glasses Prescription Plastic Frames Hair Length Short Hair Style Crew cut Medical Supplies Flashlight or Penlight Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Symptoms of Illness - OPQRST obtained? Tenderness </td> <td style="vertical-align: top;"> Speech Accent Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Pupils are PEARL SAMPLE History Obtained? Build Medium Complexion Tanned Demeanor Calm Poise	Eyes Normal Facial Hair Clean Shaven Glasses Prescription Plastic Frames Hair Length Short Hair Style Crew cut Medical Supplies Flashlight or Penlight Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Symptoms of Illness - OPQRST obtained? Tenderness	Speech Accent Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Pupils are PEARL SAMPLE History Obtained? Build Medium Complexion Tanned Demeanor Calm Poise	Eyes Normal Facial Hair Clean Shaven Glasses Prescription Plastic Frames Hair Length Short Hair Style Crew cut Medical Supplies Flashlight or Penlight Disposable Gloves Odor of Intoxicants None Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Symptoms of Illness - OPQRST obtained? Tenderness	Speech Accent Normal			
CLOTHING					
CODE MN	NAME - LAST, FIRST, MIDDLE, SUFFIX 1 OF 2 Perry, Melissa A	DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/15 11:34	APPROVED BY Jacob Johnson 000025575			
OFFICER	UNIT/SHIFT	ASSIGNED TO			
		DATE APPROVED 07/20/15			
		CASE STATUS Closed			

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 699

3008

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 # 1507V-5121 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) CONT'D 		
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME 	TYPE OF LOCATION
BEAT 		SECTOR
PERSONS <small>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party Q = Other</small>		
NOTE NAME YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Johnson 25575, Jacob	DOB <div style="background-color: black; width: 100px; height: 20px;"></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 Dunniho, Jeffrey	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 Heleman, Richard Glen	DOB
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
ADMINISTRATION		
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/15 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER 	UNIT/SHIFT 	DATE APPROVED 07/20/15
		CASE STATUS Closed

CR-1 Dozie/041799 Entered by: Lee Dozier

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

VEN 700

3009

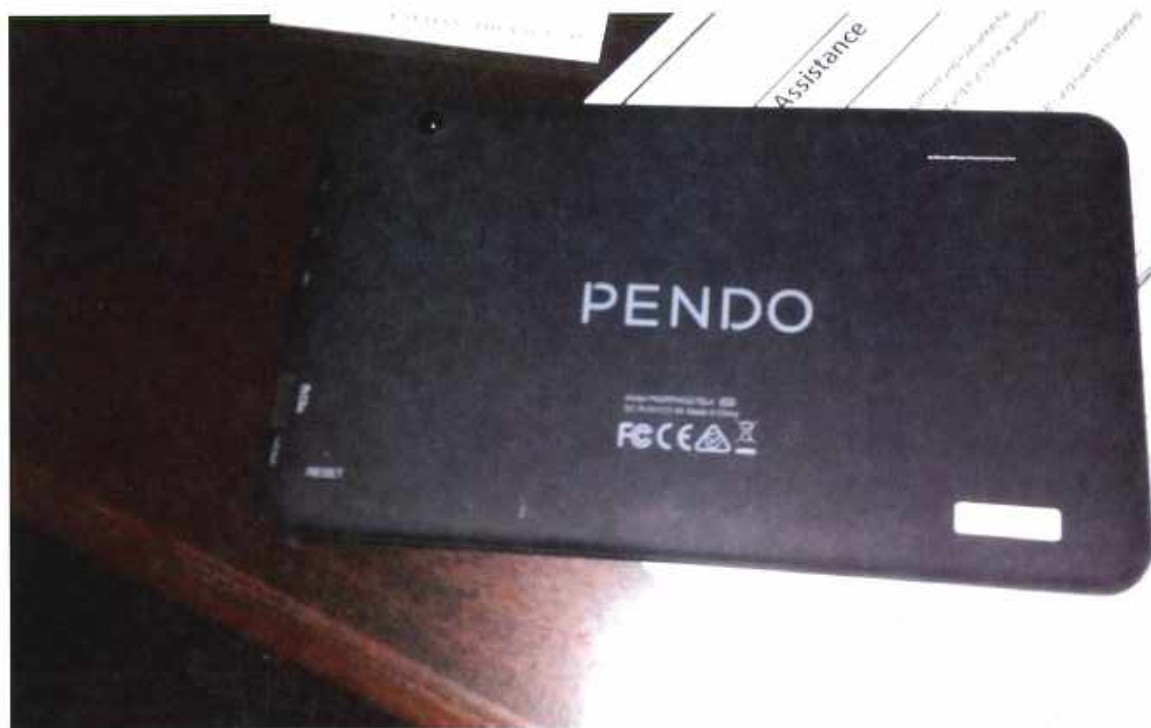
Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1507V-5121 Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(R) CODE(S)
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE		
<p>On July 19, 2015 at 08:19 hours I was dispatched to suite [REDACTED] for a report of a guest that had fallen and had leg pain and numbness in their fingers. I arrived on scene at 08:23 and was met by registered guest [REDACTED]. Mr. [REDACTED] stated that at approximately 07:05 hours while exiting the midrise elevators near Lobby One he slipped and fell due to liquid on the marble. Mr. [REDACTED] stated that he fell striking his right hip and shoulder on the ground and was not able to break his fall with his hands. Mr. [REDACTED] denied striking his neck or head. Following the fall Mr. [REDACTED] stated that he immediately got up and went to Security Officer Dunnihoo, Jeffrey TM# 36396 and told him he had fallen and the area was wet and very slippery. Mr. [REDACTED] stated that Officer Dunnihoo said he was aware of the hazard prior to Mr. [REDACTED] falling. Mr. [REDACTED] related that following the fall he had sharp pain in his lower right leg and a dull ache in his lower back. Later Mr. [REDACTED] developed numbness and tingling in his pinky and ring finger of his left hand.</p> <p>I requested permission for examination and treatment and Mr. [REDACTED] consented. Mr. [REDACTED] had some indications of contusion on his right shoulder blade and right hip. Mr. [REDACTED] had full sensory, movement and pulses in all extremities. Mr. [REDACTED] declined to have photos taken of his injuries. Mr. [REDACTED] had equal bilateral grips in both hands. Mr. [REDACTED] denied any loss of consciousness and had no signs or symptoms of head injury. Mr. [REDACTED] denied any pertinent past medical history, no medications and no known allergies. Mr. [REDACTED] stated that the pain in his right leg was a shooting pain with a severity of 6 out of 10 and the pain in his lower back was a dull throbbing with a severity of 4 out of 10. Mr. [REDACTED] declined further treatment or evaluation at that time or response from EMS. Mr. [REDACTED] was advised to seek immediate medical care if the symptoms should not dissipate or increase.</p> <p>Mr. [REDACTED] stated that following his fall another guest found his cell phone on the ground and the screen was cracked. Mr. [REDACTED] stated that this was due to the fall. Mr. [REDACTED] phone is a Pendo valued at approximately \$80 USD.</p> <p>Mr. [REDACTED] was upset and wished to file a complaint against Officer Dunnihoo. I offered Mr. [REDACTED] to complete a Venetian Voluntary Statement but he stated he was late for a meeting. Mr. [REDACTED] related that Officer Dunnihoo had prior knowledge of the hazard but failed to take action. Additionally Mr. [REDACTED] was upset that Officer Dunnihoo had wet floor signs directly behind him but failed to take any action. Mr. [REDACTED] stated that Officer Dunnihoo displayed a</p>		
ADMINISTRATION		
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/2015 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER	UNIFORMS	ASSIGNED TO
CASE STATUS Closed		DATE APPROVED 07/20/15

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 # 1507V-5121 Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) CONT.
DATE, TIME AND DAY OF OCCURRENCE 07/19/15 08:18 Sunday		DATE AND TIME REPORTED 07/19/15 08:18
LOCATION OF OCCURRENCE 19 Venetian Tower 129	LOCATION NAME	TYPE OF LITIGATION
DEPT 		
SECTOR		
NARRATIVE <p>dismissive and uncaring attitude. I told Mr. [REDACTED] I would relate his complaint in this report and he seemed satisfied.</p> <p>I conducted an accident scene check and no defects were noted. PAD was in the process of cleaning the midrise elevator area and had removed the liquid. Facilities Team Member Heleman, Glen TM#31348 arrived and concurred there were no defects.</p> <p>Photos were taken of the damaged phone. Video coverage of the fall is available. Security Manager Johnson, Jacob TM#25575 and Front Desk Manager Perry, Melissa TM#29476 were advised.</p> <p>Attachments Medical Release Medical Acknowledgement Guest Accident Form Accident Scene Check Billing Folio Photos</p>		
ADMINISTRATION		
BY OFFICER L. Dozier 000041799	DATE/TIME 07/19/2015 11:34	APPROVED BY Jacob Johnson 000025575
OFFICER	SUNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 07/20/15
		CASE STATUS Closed



VEN 703

3012



VEN 704

3013



Incident Report Number: 1507V-5121

Accident Scene Check – Security

Please type or print clearly.

1507 V-5121

Guest Name: _____

Security Officer

Time: 0850 Date: 1939L Guest Suite #: _____

Defects Noted (Explain in detail): LIQUID ON THE GROUND
PREVIOUSLY

Actions Taken: PAD CLEANED AREA

Lighting Normal? (If no, explain): _____

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): L DOZIK TM #: 41799

Engineer

Time: 1046 Date: 7-19-15 Guest Suite #: _____

Defects Noted (Explain in Detail): NONE

Actions Taken: NONE

Checked by Engineer (Name): Glen Helmer TM #: 31348

17669MNR

1215-V-1051

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Samuel H. Jones

ОУНИНО



Incident Report Number: 1507V 5121

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: RETIRED

By Whom Employed: _____

Are You a Guest of The Venetian or The Palazzo? VENETIAN Suite #: 19/129

Local Address or Hotel if not a Venetian or Palazzo Guest: _____

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

Came out of the lifts slipped and fell on the wet floor reported it to the Security who apparently knew but took no action. After I reported it he still never took any action (Signs were behind his seat).

Date of Accident: 19th July 2015 Time of Accident: 7:05 AM

Location of Accident (Please be specific): Outside Elevators

Whom do you consider to blame? The Security Guard

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

What, if any, injuries did you sustain? Numbness in fingers and pain in the leg

What, if any, property damage did you suffer? Squashed Cell phone

Number of Guests in Your Party at Time of Accident: just myself

Dated this 19 Day of July 2015

Signature of Guest: [REDACTED]

Security Officer: [Signature]

TM #: 41759

Guest Checkout Date: _____



1507V-5121

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: _____

19/129
19th July 2015