

**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.

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No. 83600-COA

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**REAL PARTY IN  
INTEREST'S APPENDIX,  
VOLUME 16  
(Nos. 3018–3237)**

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5121

## 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: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: 19 JUL 16 Time: 0836  
Refused to Sign: [REDACTED] ID# 41297  
Venetian/Palazzo EMT: [REDACTED]

|  |  |  |
|--|--|--|
| Age: 55 Gender: M/F<br>S/L:  | Medical Hx:<br>1. [REDACTED]<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.   | Note:<br>[REDACTED]<br>[REDACTED]  |
| Treatment:<br><input checked="" type="checkbox"/> Advice only<br><input type="checkbox"/> Vital signs taken<br><input type="checkbox"/> Oxygen: _____ LPM via _____<br><input type="checkbox"/> Other:<br>_____<br>_____ | Medications:<br>1. [REDACTED] mg<br>2. [REDACTED] mg<br>3. [REDACTED] mg<br>4. [REDACTED] mg<br>5. [REDACTED] mg<br>6. [REDACTED] mg<br>7. [REDACTED] mg<br>8. [REDACTED] mg | Vital Signs: Temp: ____°F<br>1 2 3<br>B/P: / / /<br>Pulse:<br>Resp:<br>Pupils: ( <input checked="" type="checkbox"/> PERRL) ( <input type="checkbox"/> Unequal) ( <input type="checkbox"/> Equal)<br>( <input type="checkbox"/> Nonreactive)<br>Lungs: ( <input checked="" type="checkbox"/> Clear) ( <input type="checkbox"/> Wheezing) ( <input type="checkbox"/> Rales)<br>( <input type="checkbox"/> Ronchi)<br>Skin: ( <input type="checkbox"/> Pink) ( <input type="checkbox"/> Warm) ( <input type="checkbox"/> Dry)<br>( <input type="checkbox"/> Flushed) ( <input type="checkbox"/> Cyanotic)<br>( <input type="checkbox"/> Jaundiced) ( <input type="checkbox"/> Ashen) |
| Dispatched: _____ hours<br>CCFD: Res/Eng _____ Arrival _____<br>MedicWest / AMR: _____ Arrival _____   | Allergies: <input type="checkbox"/> NKDA<br>1. [REDACTED]<br>2. [REDACTED]<br>3. [REDACTED]<br>4. [REDACTED]   | Transport: <input checked="" type="checkbox"/> None<br>Hospital via:<br>( <input type="checkbox"/> Self Transport<br>( <input type="checkbox"/> MedicWest / AMR _____<br>( <input type="checkbox"/> Cab # _____  |

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|  |  |  |  |   |   |  |                            |  |
|--|--|--|--|---|---|--|----------------------------|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |   |  | CASE#<br><b>1507V-5392</b> |  |
|  |  |  |  | <b>CR-1</b>                                     |   | PAGE <b>1</b>                          |                            |  |
| <b>OFFENSE(S)</b><br>Protected Health Information  |  |  |  | <b>OFFENSE(S) contd</b>                         |   |  |                            |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/20/15 05:36 Monday</b>   |  | TO <b>07/20/15 05:45 Monday</b>  |  | DATE AND TIME REPORTED<br><b>07/20/15 05:36</b> | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                            |  |
| LOCATION OF OCCURRENCE<br><b>Main Entrance, Las Vegas</b>  |  | LOCATION NAME  |  | TYPE OF LOCATION                                | PCAT  | SECTOR                                 |                            |  |
| <b>PERSONS</b>   |  |  |  |   |   |  |                            |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |   |   |  |                            |  |
| CODE: <b>MN 1 of 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Edwards, Julianne</b>                     |  |  | ADDRESS 1                                       | PHONE 1   |  |                            |  |
| OCCUPATION<br><b>Front Desk Manager</b>  | RACE   | SEX  | AGE  | DOB   | ADDRESS 2   | PHONE 2                                |                            |  |
| DL STATE   | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |  |                            |  |
| CODE: <b>MN 2 of 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Coronado, Nicholas</b>                    |  |  | ADDRESS 1                                       | PHONE 1   |  |                            |  |
| OCCUPATION<br><b>Assistant Manager</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2   | PHONE 2                                |                            |  |
| DL STATE   | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |  |                            |  |
| CODE: <b>SO 1 of 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Stoyer, James</b>                         |  |  | ADDRESS 1                                       | PHONE 1   |  |                            |  |
| OCCUPATION<br><b>Facilities engineer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2   | PHONE 2                                |                            |  |
| DL STATE   | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |  |                            |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |  |  |  |   |   |  |                            |  |
| SUMMARY<br>7-20-15 RG [REDACTED] of suite 11-125 slipped on a wet spill on the marble and fell to her knees. [REDACTED] denied injury and declined to have an EMT respond to the scene. There is video coverage of the incident. |  |  |  |   |   |  |                            |  |
| VEHICLE USED IN CRIME  | LICENSE (NO AND STATE)   |  | YEAR   | MAKE  | MODEL   | BODY TYPE                              | DOOR                       |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OR   |  |  |  |   |   |  |                            |  |
| TOW/REPORT   | GARAGE NAME AND PHONE  |  | REGISTERED OWNER   |   | TOW ADDRESS   |  |                            |  |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |   |   |  |                            |  |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>   |  |  |  |   |   |  |                            |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |   |   |  |                            |  |
| CODE: <b>OF</b>  | 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  | AKA's  |  |  | ARRESTEE DISPOSITION                            | RELEASE LOCATION  | ARREST DATE/TIME                       |                            |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |  |   |   |  |                            |  |
| DL STATE ARRESTED  | BOOKING #  | WARRANT  | CITATION #   | SSN   | CIN   |  |                            |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |  |                            |  |
| CHARGES  |  |  |  |   |   |  |                            |  |
| CODE: <b>OF</b>  | 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  | AKA's  |  |  | ARRESTEE DISPOSITION                            | RELEASE LOCAT CN  | ARREST DATE/TIME                       |                            |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |  |   |   |  |                            |  |
| DL STATE ARRESTED  | BOOKING #  | WARRANT  | CITATION #   | SSN   | CIN   |  |                            |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |  |                            |  |
| <b>ADMINISTRATION</b>  |  |  |  |   |   |  |                            |  |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | IF FOLLOW UP<br>YE <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br>PAT. <input type="checkbox"/> DEP. <input type="checkbox"/> JA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER: |  |   |   |  |                            |  |
| BY OFFICER<br><b>J. Burnett 000037807</b>  | DATE/TIME<br><b>07/20/15 06:48</b>   | APPROVED BY<br><b>Nicholas Coronado 000032416</b>  | DATE APPROVED<br><b>07/20/15</b>   |   |   |  |                            |  |
| OFFICER  | UNITS/HM   | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>   |   |   |  |                            |  |

CR-1 Burnt/037807 Entered by: John Burnett

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

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|   |  |  |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
|---|--|--|---|---|--------------------------|----------------------------------|-----------------------------|--|---------|------------------------------------|-----------|--|--|---------|--|--|--|-----------|--|------|-----|-----|--------------------------|-----------|--|--|---------|--|--|--|------------|--|---|---|----|--|--|--|--|--|--|--|--|--|----|-------|-----|----------|--|-----------|--|--|--|--|---------|--|--|--|------|------------------------------------|-----------|--|--|---------|--|--|--|-----------|--|------|-----|-----|-----|-----------|--|--|---------|--|--|--|------------|--|-----|--|--|--|--|--|--|--|--|--|--|--|----|-------|-----|----------|--|-----------|--|--|--|--|---------|--|--|--|
| Arrest  | <input type="checkbox"/>                 | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |   |                          |                                  | CASE #<br><b>1507V-5392</b> |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| Crime   | <input checked="" type="checkbox"/>      |  |   |   |                          |                                  | PAGE 1 OF 1                 |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| Non-Criminal  | <input checked="" type="checkbox"/>      | <b>Additional Crimes, Persons and Vehicles</b>                           |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OFFENSE(S)<br>Protected Health Information  |  | OFFENSE(S) cont'd.   |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/20/15 05:38 Monday</b>   |  | TO <b>07/20/15 05:45 Monday</b>  |   | DATE AND TIME REPORTED<br><b>07/20/15 05:36</b> |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| LOCATION OF OCCURENCE<br><b>Main Entrance, Las Vegas</b>  |  | LOCATION NAME  |   |   | TYPE OF LOCATION         |                                  | BEAT                        |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| ADDITIONAL OFFENSE(S)   |  | ADDITIONAL OFFENSE(S) cont'd.  |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| <b>PERSONS</b>  |  |  |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| <p>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CODE</td> <td style="width: 10%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td colspan="3">ADDRESS 1</td> <td colspan="4">PHONE 1</td> </tr> <tr> <td><b>GU</b></td> <td><b>1 of 1</b><br/><b>Lovgren, Sofia</b></td> <td>RACE</td> <td>SEX</td> <td>AGE</td> <td>DOB<br/><b>03/04/1990</b></td> <td colspan="3">ADDRESS 2</td> <td colspan="4">PHONE 2</td> </tr> <tr> <td>OCCUPATION</td> <td></td> <td>W</td> <td>F</td> <td>25</td> <td></td> <td colspan="3"></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>OL</td> <td>STATE</td> <td>SSN</td> <td colspan="2">INJURIES</td> <td>ADDRESS 3</td> <td colspan="4"></td> <td colspan="4">PHONE 3</td> </tr> <tr> <td>CODE</td> <td>NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td colspan="3">ADDRESS 1</td> <td colspan="4">PHONE 1</td> </tr> <tr> <td><b>SO</b></td> <td><b>2 of 2</b><br/><b>Wennerberg, Eric</b></td> <td>RACE</td> <td>SEX</td> <td>AGE</td> <td>DOB</td> <td colspan="3">ADDRESS 2</td> <td colspan="4">PHONE 2</td> </tr> <tr> <td>OCCUPATION</td> <td></td> <td>WBN</td> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>OL</td> <td>STATE</td> <td>SSN</td> <td colspan="2">INJURIES</td> <td>ADDRESS 3</td> <td colspan="4"></td> <td colspan="4">PHONE 3</td> </tr> </table> |  |  |   |   |                          |                                  |                             |  | CODE    | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 |  |  | PHONE 1 |  |  |  | <b>GU</b> | <b>1 of 1</b><br><b>Lovgren, Sofia</b> | RACE | SEX | AGE | DOB<br><b>03/04/1990</b> | ADDRESS 2 |  |  | PHONE 2 |  |  |  | OCCUPATION |  | W | F | 25 |  |  |  |  |  |  |  |  |  | OL | STATE | SSN | INJURIES |  | ADDRESS 3 |  |  |  |  | PHONE 3 |  |  |  | CODE | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 |  |  | PHONE 1 |  |  |  | <b>SO</b> | <b>2 of 2</b><br><b>Wennerberg, Eric</b> | RACE | SEX | AGE | DOB | ADDRESS 2 |  |  | PHONE 2 |  |  |  | OCCUPATION |  | WBN |  |  |  |  |  |  |  |  |  |  |  | OL | STATE | SSN | INJURIES |  | ADDRESS 3 |  |  |  |  | PHONE 3 |  |  |  |
| CODE  | NAME - LAST, FIRST, MIDDLE, SUFFIX       | ADDRESS 1  |   |   | PHONE 1                  |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| <b>GU</b>   | <b>1 of 1</b><br><b>Lovgren, Sofia</b>   | RACE   | SEX   | AGE   | DOB<br><b>03/04/1990</b> | ADDRESS 2                        |                             |  | PHONE 2 |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OCCUPATION  |  | W  | F   | 25  |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OL  | STATE                                    | SSN  | INJURIES  |   | ADDRESS 3                |                                  |                             |  |         | PHONE 3                            |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| CODE  | NAME - LAST, FIRST, MIDDLE, SUFFIX       | ADDRESS 1  |   |   | PHONE 1                  |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| <b>SO</b>   | <b>2 of 2</b><br><b>Wennerberg, Eric</b> | RACE   | SEX   | AGE   | DOB                      | ADDRESS 2                        |                             |  | PHONE 2 |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OCCUPATION  |  | WBN  |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OL  | STATE                                    | SSN  | INJURIES  |   | ADDRESS 3                |                                  |                             |  |         | PHONE 3                            |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| <b>ADMINISTRATION</b>   |  |  |   |   |                          |                                  |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| BY OFFICER<br><b>J. Burnett 000037807</b>   |  | DATETIME<br><b>07/20/15 06:48</b>  | APPROVED BY<br><b>Nicholas Coronado 000032415</b> |   |                          | DATE APPROVED<br><b>07/20/15</b> |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |
| OFFICER   |  | UNSHIFT  | ASSIGNED TO                                       |   |                          | CASE STATUS<br><b>Closed</b>     |                             |  |         |                                    |           |  |  |         |  |  |  |           |  |      |     |     |                          |           |  |  |         |  |  |  |            |  |   |   |    |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |      |                                    |           |  |  |         |  |  |  |           |  |      |     |     |     |           |  |  |         |  |  |  |            |  |     |  |  |  |  |  |  |  |  |  |  |  |    |       |     |          |  |           |  |  |  |  |         |  |  |  |

APDC (Rev. 02/14/14) Print Date: 09/26/2018

VEN 711

3020

|  |   |   |  |        |                           |
|--|---|---|--|--------|---------------------------|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>  | Non-Criminal <input checked="" type="checkbox"/>                        | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |        | CASE #<br>1507V-5392      |
| <b>Case MO</b>   |   |   |  |        | PAGE: 1 OF 1              |
| OFFENSE(S)<br><b>Protected Health Information</b>                                |   | OFFENSE(S) cont'd   |  |        |                           |
| DATE, TIME AND DAY OF OCCURENCE<br>07/20/15 05:36 Monday                         |   | DATE AND TIME REPORTED<br>07/20/15 05:45 Monday                         |  |        |                           |
| LOCATION OF OCCURENCE<br>Main Entrance, Las Vegas                                | LOCATION NAME   | TYPE OF LOCATION  | BEAT   | SECTOR |                           |
| <b>MO DATA</b>   |   |   |  |        |                           |
| <u>Arson Class</u><br>There was no Arson in this case                            | <u>Lighting Conditions</u><br>Room Lights   | <u>Security Stats (Click One Box)</u><br>Incident Involving Hotel Guest |  |        |                           |
| <u>Case has Domestic Violence</u><br>No Domestic Violence in this case           |   | <u>Surface Conditions</u><br>Marble                                     |  |        |                           |
| <u>Case involves Gang Activity</u><br>No   |   | <u>Weather Conditions</u><br>Flat                                       |  |        |                           |
|  |   | <u>Wet / Slippery</u>   |  |        |                           |
| <u>Incident Information</u><br>Area Checked                                      |   | <u>Clear</u>  |  |        |                           |
| No Photos  |   | <u>Cool</u>   |  |        |                           |
| No Prosecution Desired   |   |   |  |        |                           |
| Victim Cooperative   |   |   |  |        |                           |
| Video Tape of Incident Available   |   |   |  |        |                           |
| <b>ADMINISTRATION</b>  |   |   |  |        |                           |
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO<br><input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER |   |  |        |                           |
| BY OFFICER<br>J. Burnett 000037807   | DATE/TIME<br>07/20/2015 06:48   | APPROVED BY<br>Nicholas Coronado 000032415                              |  |        | DATE APPROVED<br>07/20/15 |
| OFFICER  | UNITS/LIFT  | ASSIGNED TO   |  |        | CASE STATUS<br>Closed     |

CR-I Burnt/037807 Entered by: John Burnett

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

VEN 712

3021

|   |  |  |                                  |  |
|---|--|--|----------------------------------|--|
| Arrest <input type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |                                  | CASE #<br><b>1507V-5392</b>  |
| Crime <input type="checkbox"/>  | <b>Person Profile</b>  |  |                                  | PAGE 1 OF 1  |
| Non-Criminal <input checked="" type="checkbox"/>  |  |  |                                  |  |
| OFFENSE(S)<br><b>Protected Health Information</b>   |  | OFFENSE(S) cont'd  |                                  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/20/15 05:36 Monday</b>  |  | DATE AND TIME REPORTED<br><b>07/20/15 05:36</b>                  |                                  |  |
| LOCATION OF OCCURRENCE<br><b>Main Entrance, Las Vegas</b>   |  | LOCATION NAME  | TYPE OF LOCATION                 | BEAT      SECTOR   |
| <b>PERSONS</b>  |  |  |                                  |  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |  |  |                                  |  |
| CODE<br><b>MN</b>   | 1 OF 2   | NAMES - LAST, FIRST, MIDDLE, SUFFIX<br><b>Edwards, Julianne</b>  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |                                  |  |
| CODE<br><b>MN</b>   | 2 OF 2   | NAMES - LAST, FIRST, MIDDLE, SUFFIX<br><b>Coronado, Nicholas</b> | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |                                  |  |
| CODE<br><b>SO</b>   | 1 OF 2   | NAMES - LAST, FIRST, MIDDLE, SUFFIX<br><b>Stoyer, James</b>      | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |                                  |  |
| CODE<br><b>SO</b>   | 2 OF 2   | NAMES - LAST, FIRST, MIDDLE, SUFFIX<br><b>Wennerberg, Eric</b>   | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |                                  |  |
| CODE<br><b>GU</b>   | 1 OF 1   | NAMES - LAST, FIRST, MIDDLE, SUFFIX                              | DOB<br><b>03/04/1990</b>         | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>NO INFORMATION</b>   |  |  |                                  |  |
| <b>Build</b><br>Thin  | <b>Glasses</b><br>None   | <b>Speech</b><br>Accent<br>Quiet                                 |                                  |  |
| <b>Complexion</b><br>Clear  | <b>Hair Length</b><br>Long   |  |                                  |  |
| <b>Demeanor</b><br>Calm   | <b>Hair Style</b><br>Straight  |  |                                  |  |
| <b>Eyes</b><br>Clear  | <b>Odor of Intoxicants</b><br>None                                       |  |                                  |  |
| <b>CLOTHING</b>   |  |  |                                  |  |
| <b>ADMINISTRATION</b>   |  |  |                                  |  |
| BY OFFICER<br><b>J. Burnett 000037807</b>   | DATE/TIME<br><b>07/20/15 06:48</b>                                       | APPROVED BY<br><b>Nicholas Coronado 000032415</b>                | DATE APPROVED<br><b>07/20/15</b> |  |
| DEPT/AGEN   | UNITS/SHIFT  | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |  |

CR-1 Burnet/037807 Entered by: John Burnett

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

VEN 713

3022

|   |                                      |  |                                  |      |                             |
|---|--------------------------------------|--|----------------------------------|------|-----------------------------|
| Arrest  | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |      | CASE #<br><b>1507V-5392</b> |
| Crime   | <input checked="" type="checkbox"/>  | <b>Narrative Report</b>  |                                  |      | Page 1 of 1                 |
| Non-Criminal  | <input checked="" type="checkbox"/>  |  |                                  |      |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                      | OFFENSE(S) cont'd.   |                                  |      |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/20/15 05:36 Monday</b>  |                                      | DATE AND TIME REPORTED<br><b>07/20/15 05:45 Monday</b>                   |                                  |      |                             |
| LOCATION OF OCCURRENCE<br><b>Main Entrance, Las Vegas</b>   |                                      | LOCATION NAME  | TYPE OF LOCATION                 | BEAT | SECTOR                      |
| NARRATIVE   |                                      |  |                                  |      |                             |
| <p>On 7-20-2015 at approximately 5:36am, While patrolling the Casino floor I observed a female slip and fall to her knees near Main Marble. Security Officer Wennerberg, Eric TM#36149 was on scene to assist.</p> <p>I made contact with the female who denied injury and declined medical attention. The female provided a Swedish passport identifying her as registered guest suite 11-125 [REDACTED]. [REDACTED] declined to complete any paperwork and departed to her suite. I observed a wet spill on the ground where [REDACTED] fell. It is unknown who spilled the drink or when it occurred.</p> <p>Security Assistant Manager Coronado, Nicholas TM#32415 and Front Desk Manager Edwards, Julianne TM#24568 were notified of the incident.</p> <p>An accident scene check was conducted by Facilities Engineer Stoyer, James TM#40763 with no defects observed.</p> <p>There is video coverage of the incident per Surveillance.</p> <p>Attached:<br/> <b>Reservation portfolio</b><br/> <b>Accident scene check</b></p> |                                      |  |                                  |      |                             |
| <b>ADMINISTRATION</b>   |                                      |  |                                  |      |                             |
| BY OFFICER<br><b>J. Burnett 000037807</b>   | DATE/TIME<br><b>07/20/2015 06:48</b> | APPROVED BY<br><b>Nicholas Coronado 000032415</b>                        | DATE APPROVED<br><b>07/20/15</b> |      |                             |
| CHIEF/CC<br>[REDACTED]  | UNITS/SHIFT<br>[REDACTED]            | ASSIGNEE TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>     |      |                             |

CR-1 Burnet/037807 Entered by: John Burnett

Page 1 of 1

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VEN 714

**3023**

|   |                                    |   |  |   |   |                                  |  |                     |   |   |  |
|---|------------------------------------|---|--|---|---|----------------------------------|--|---------------------|---|---|--|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>     | Non-Criminal <input checked="" type="checkbox"/>                                | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |   |                                  |  |                     | CASE#<br><b>1508V-0357</b>  |   |  |
|   |                                    |   | <b>CR-1</b>  |   |   |                                  |  |                     | PAGE<br><b>1</b>  |   |  |
| OFFENSE(S)<br><b>Informational</b>  |                                    |   | OFFENSE(S) cont'd.   |   |   |                                  |  |                     |   |   |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/02/15 10:48 Sunday</b>   |                                    |   | DATE AND TIME REPORTED<br><b>08/02/15 10:48</b>                          |   | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                     |   |   |  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>   |                                    |   | LOCATION NAME<br><b>Lobby 1</b>  |   | TYPE OF LOCATION  |                                  | BEAT                                   | SECTOR              |   |   |  |
| <b>PERSONS</b><br>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                                   |                                    |   |  |   |   |                                  |  |                     | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| CODE<br><b>MN</b>   | 1 OF 1                             | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Kluver, Connie</b>                     |  |   |   | ADDRESS 1                        |  | PHONE 1             |   |   |  |
| OCCUPATION  |                                    |   |  | RACE  | SEX   | AGE                              | DOB                                    | ADDRESS 2           |   | PHONE 2   |  |
| DL  | STATE                              |   |  | SS#   | INJURIES  |                                  | ADDRESS 3                              |                     | PHONE 3   |   |  |
| CODE<br><b>GU</b>   | 1 OF 1                             | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                |  |   |   | ADDRESS 1                        |  | PHONE 1             |   |   |  |
| OCCUPATION  |                                    |   |  | RACE  | SEX   | AGE                              | DOB                                    | ADDRESS 2           |   | PHONE 2   |  |
| DL  | STATE                              |   |  | SS#   | INJURIES  |                                  | ADDRESS 3                              |                     | PHONE 3   |   |  |
| CODE<br><b>TM</b>   | 1 OF 1                             | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                |  |   |   | HOME [REDACTED]                  |  | CELLULAR [REDACTED] |   |   |  |
| OCCUPATION  |                                    |   |  | RACE  | SEX   | AGE                              | DOB                                    | ADDRESS 2           |   | PHONE 2   |  |
| DL  | STATE                              |   |  | SS#   | INJURIES  |                                  | ADDRESS 3                              |                     | PHONE 3   |   |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |                                    |   |  |   |   |                                  |  |                     |   |   |  |
| SUMMARY<br>On 2 August 2015 at 10:45am while standing post at Lobby 1, I observed a Guest slip and fall next to the Lobby 1 Security Podium.  |                                    |   |  |   |   |                                  |  |                     |   |   |  |
| VEHICLE USED IN CRIME<br>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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| TOW REPORT<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                    | GARAGE NAME AND PHONE   |  |   | REGISTERED OWNER  |                                  |  | R/O ADDRESS         |   |   |  |
| <b>SUSPECT(S) / ARRESTEE(S)</b><br>Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim |                                    |   |  |   |   |                                  |  |                     |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| CODE<br><b>OF</b>   | 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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | AKA's                              |   |  |   |   | ARRESTEE DISPOSITION             |  | RELEASE LOCATION    | ARREST DATE / TIME<br><b>/</b>  |   |  |
| DL  | STATE                              | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>            | BOOKING #  | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | CITATION #  | SS#                              | C/I#                                   |                     |   |   |  |
| CHARGES   |                                    |   |  |   |   |                                  |  |                     |   |   |  |
| CODE<br><b>OF</b>   | 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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | AKA's                              |   |  |   |   | ARRESTEE DISPOSITION             |  | RELEASE LOCATION    | ARREST DATE / TIME<br><b>/</b>  |   |  |
| DL  | STATE                              | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>            | BOOKING #  | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | CITATION #  | SS#                              | C/I#                                   |                     |   |   |  |
| CHARGES   |                                    |   |  |   |   |                                  |  |                     |   |   |  |
| <b>ADMINISTRATION</b>   |                                    |   |  |   |   |                                  |  |                     |   |   |  |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                    | FOLLOW-UP<br>YE <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | COPIES TO:<br><input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER: |   |                                  |  |                     |   |   |  |
| BY OFFICER<br><b>M. Cridde 000022834</b>  |                                    | DATE/TIME<br><b>08/02/15 12:55</b>  |  | APPROVED BY<br><b>Jacob Johnson 000025575</b>   |   | DATE APPROVED<br><b>08/02/15</b> |  |                     |   |   |  |
| OFFICER   |                                    | UNIT/SHIFT  |  | ASSIGNED TO   |   | CASE STATUS<br><b>Closed</b>     |  |                     |   |   |  |

CR-1 Cridde/022834 Entered by: Moylon Cridde

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

VEN 715

3024

|   |  |  |  |   |
|---|--|--|--|---|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 | CASE #<br><b>1508V-0357</b>                   |
| <b>Case MO</b>  |  |  |  | PAGE 1 OF 1                                   |
| OFFENSE(S)<br><b>Informational</b>  |  | OFFENSE(S) cont'd  |  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/02/15 10:48 Sunday</b>  |  | DATE AND TIME REPORTED<br><b>08/02/15 10:48</b>  |  |   |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  | LOCATION NAME<br><b>Lobby 1</b>  | TYPE OF LOCATION   | BEAT   | SECTOR  |
| <b>MO DATA</b>  |  |  |  |   |
| <u>Incident Information</u><br>Photos Taken<br>Slip & Fall<br>Video Tape of Incident Available<br>Wet Surface |  | <u>Security Stats (Click One Box)</u><br><input type="checkbox"/> Incident Involving Hotel Guest<br><u>Surface Conditions</u><br><input type="checkbox"/> Marble |  |   |
|   |  |  |  |   |
| <b>ADMINISTRATION</b>   |  |  |  |   |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                              | COPIES TO:<br><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"/> OTHLR | BY OFFICER<br><b>M. Criddle 000022834</b>  | DATE/TIME<br><b>08/02/2015 12:55</b>                                     | APPROVED BY<br><b>Jacob Johnson 000025575</b> |
| OFFICER<br><b></b>  | UNIT/SHIFT<br><b></b>  | ASSIGN/PD TO<br><b></b>  | DATE APPROVED<br><b>08/02/15</b>   |   |
|   |  |  | CASE STATUS<br><b>Closed</b>   |   |

CR-1 Criddle/022834 Entered by: Moylon Criddle

APDC (Rev. 06/16/06) Print Date: 8/1/2018

VEN 716

**3025**

|   |                                      |  |                                  |        |                      |
|---|--------------------------------------|--|----------------------------------|--------|----------------------|
| Arrest  | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |        | CASE #<br>1508V-0357 |
| Crime   | <input type="checkbox"/>             | Narrative Report   |                                  |        | Page 1 of 1          |
| Non-Criminal  | <input checked="" type="checkbox"/>  |  |                                  |        |                      |
| OFFENSE(S)<br><b>Informational</b>  |                                      | OFFENSE(S) cont'd  |                                  |        |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/02/15 10:48 Sunday</b>  |                                      | DATE AND TIME REPORTED<br><b>08/02/15 10:48</b>                          |                                  |        |                      |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  | LOCATION NAME<br><b>Lobby 1</b>      | TYPE OF LOCATION   | BEAT                             | SECTOR |                      |
| <b>NARRATIVE</b>  |                                      |  |                                  |        |                      |
| <p>On 2 August 2015 at 10:45am I was standing post at Lobby 1 (Guest Elevator Entry) when I witnessed a guest slip and fall walking out of the Venetian Gift Shop. There was a puddle of water on the floor where he slipped. The Guest was wearing flip flop type shoes. The Guest refused any medical treatment and just wanted to return to his Suite. He stated that he was fine and gave me a Suite number of 29-133. Upon obtaining the Guest Billing Portfolio, The Guest name was [REDACTED] who checked in on 2 August 2015, check out date is unknown.</p> <p>I contacted Surveillance concerning the incident and there is positive coverage of the slip and fall. Facilities Team Member Greenfield, Bryan TM#15563 conducted a accident scene check with no defects on the walkway.</p> <p>Three Photographs were taken of the area where he slipped. Two pictures with the yellow caution sign shows where the water spill was. Front Desk Manager Kluver, Connie TM#26018 was contacted.</p> <p>Pictures attached<br/>           Venetian Billing Portfolio attached<br/>           Accident Scene Check form attached</p> |                                      |  |                                  |        |                      |
| <b>ADMINISTRATION</b>   |                                      |  |                                  |        |                      |
| BY OFFICER<br><b>M. Criddle 000022834</b>   | DATE/TIME<br><b>08/02/2015 12:55</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b>                            | DATE APPROVED<br><b>08/02/15</b> |        |                      |
| OFFICER<br>[REDACTED]   | UNITS/SHIFT<br>[REDACTED]            | ASSIGNED TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>     |        |                      |

CR-1 Criddle/022834 Entered by: Moylon Criddle

Page 1 of 1

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

VEN 717

3026



Incident Report Number: 1508V-0357

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 10:45am

Date: 2 Aug 15

Guest Suite #: 29-133

Defects Noted (Explain in detail):

Water on floor

Actions Taken:

Lighting Normal? (If no, explain):

Outside Diagram?  Yes  No

Checked by Security Officer (Name): Maylon Criddle

TM #: 22834

Engineer

Time: 11:55

Date: 11/4/2015

Guest Suite #:

Defects Noted (Explain in Detail):

NO DEFECTS FOUND ON WALKING SURFACE

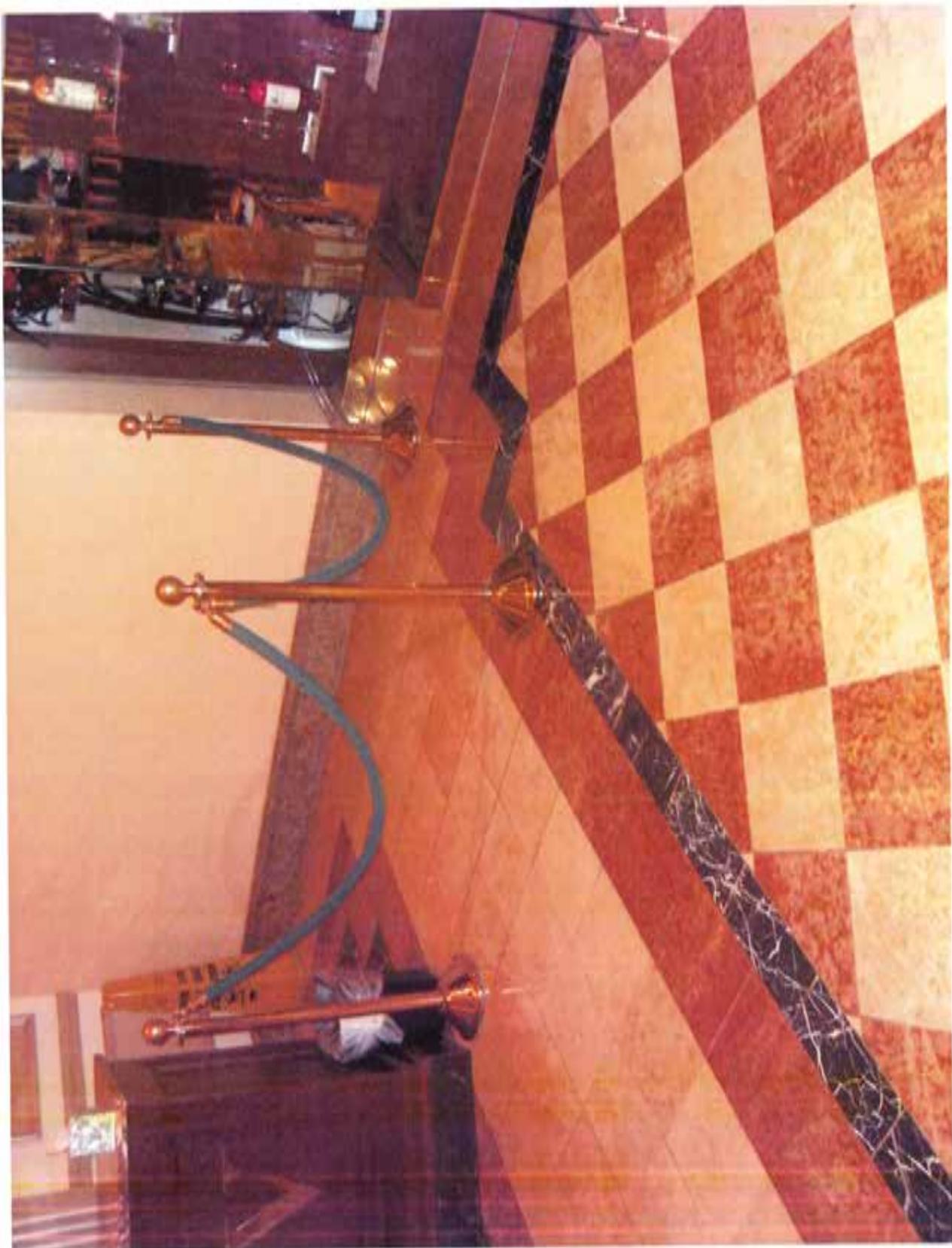
Actions Taken:

INSPECTED WALKING SURFACE

Checked by Engineer (Name): Bryan Greenfield

TM #: 15363

11/4/15



VEN 719

**3028**



VEN 720

**3029**



VEN 721

**3030**

|   |   |   |  |   |                           |   |                    |                                 |  |   |
|---|---|---|--|---|---------------------------|---|--------------------|---------------------------------|--|---|
| Arrest <input type="checkbox"/>   | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109                 |   |  |   |                           |   |                    |                                 |  | CASE#<br>1508V-1866   |
| Crime <input type="checkbox"/>  |   |   |  |   |                           |   |                    |                                 |  | PAGE<br>1   |
| Non-Criminal <input checked="" type="checkbox"/>  | CR-1  |   |  |   |                           |   |                    |                                 |  |   |
| OFFENSE(S)<br>Protected Health Information  |   |   |  |   |                           |   |                    |                                 |  | OFFENSE(S) cont'd   |
| DATE, TIME AND DAY OF OCCURRENCE<br>08/08/15 13:30 Saturday   |   | TO<br>08/08/15 14:15 Saturday   |  | DATE AND TIME REPORTED<br>08/08/15 13:30                            |                           | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                    | ESTIMATED LOSS VALUE<br>\$ 0.00 |  |   |
| LOCATION OF OCCURRENCE<br>Grand Hall, Las Vegas   |   | LOCATION NAME   |  | TYPE OF LOCATION  |                           | BEAT  |                    | SECTOR                          |  |   |
| PERSONS   |   |   |  |   |                           |   |                    |                                 |  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                       |   |   |  |   |                           |   |                    |                                 |  |   |
| CODE<br><b>C</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 1</b>                               |   | ADDRESS 1                              |   | PHONE 1                   |   |                    |                                 |  |   |
| OCCUPATION  | RACE  | SFX   | AGE                                    | DOB   | ADDRESS 2                 | PHONE 2   |                    |                                 |  |   |
| DL  | STATE   | SSN   | INJURIES                               |   | ADDRESS 3                 | PHONE 3   |                    |                                 |  |   |
| CODE<br><b>MN</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 of 2</b> Johnson 25575, Jacob          |   | ADDRESS 1                              |   | PHONE 1                   |   |                    |                                 |  |   |
| OCCUPATION  | RACE  | SEX   | AGE                                    | DOB   | ADDRESS 2                 | PHONE 2   |                    |                                 |  |   |
| DL  | STATE   | SSN   | INJURIES                               |   | ADDRESS 3                 | PHONE 3   |                    |                                 |  |   |
| CODE<br><b>MN</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>2 of 2</b> Berleth, Jonathan             |   | ADDRESS 1                              |   | PHONE 1                   |   |                    |                                 |  |   |
| OCCUPATION  | RACE  | SEX   | AGE                                    | DOB   | ADDRESS 2                 | PHONE 2   |                    |                                 |  |   |
| DL  | STATE   | SSN   | INJURIES                               |   | ADDRESS 3                 | PHONE 3   |                    |                                 |  |   |
| CASE SUMMARY / VEHICLE INFORMATION  |   |   |  |   |                           |   |                    |                                 |  |   |
| SUMMARY<br>Protected Health Information for registered guest of suite 12-133 [REDACTED]                         |   |   |  |   |                           |   |                    |                                 |  |   |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/> | LICENSE (NO. AND STATE)   |   | YEAR                                   | MAKE  | MODEL                     | BODY TYPE   | COLOR              | VIN                             | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| TOW/REPORT<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                               | GARAGE NAME AND PHONE   |   | REGISTERED OWNER                       |   | RIO ADDRESS               |   |                    |                                 |  |   |
| SUSPECT(S)/ ARRESTEE(S)   |   |   |  |   |                           |   |                    |                                 |  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim      |   |   |  |   |                           |   |                    |                                 |  |   |
| CODE<br><b>D</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 1</b>                               |   | 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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                             | AKA's   |   |  |   | ARRESTEE DISPOSITION      | RELEASE LOCATION  | ARREST DATE / TIME |                                 |  |   |
| DL  | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | BOOKING #                              | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION #                | SSN   | CR#                |                                 |  |   |
| CHARGES   |   |   |  |   |                           |   |                    |                                 |  |   |
| CODE<br><b>D</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 1</b>                               |   | 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<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                             | AKA's   |   |  |   | ARRESTEE DISPOSITION      | RELEASE LOCATION  | ARREST DATE / TIME |                                 |  |   |
| DL  | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | BOOKING #                              | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION #                | SSN   | CR#                |                                 |  |   |
| CHARGES   |   |   |  |   |                           |   |                    |                                 |  |   |
| ADMINISTRATION  |   |   |  |   |                           |   |                    |                                 |  |   |
| VICTIM DESIRED PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>               | ED / OWNED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br>PAT. <input type="checkbox"/> Det. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WMA? <input type="checkbox"/> OTHER |  |   |                           |   |                    |                                 |  |   |
| BY OFFICER<br>L. Dozier 000041799   | DATE/TIME<br>08/09/15 09:14   |   | APPROVED BY<br>Jacob Johnson 000025575 |   | DATE APPROVED<br>08/09/15 |   |                    |                                 |  |   |
| OFFICER   | UNITS/HQ  |   | ASSIGNED TO                            |   | CASE STATUS<br>Closed     |   |                    |                                 |  |   |

CR-1 Dozie/041799 Entered by: Lee Dozier

APDC (Rev. 08/10/16) Print Date: 09/25/2018

VEN 722

3031

|   |                                |   |  |  |                             |
|---|--------------------------------|---|--|--|-----------------------------|
| <input type="checkbox"/> Arrest   | <input type="checkbox"/> Crime | <input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  | CASE #<br><b>150BV-1866</b> |
| <b>Case MO</b>  |                                |   |  |  | PAGE 1 OF 1                 |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                | OFFENSE(S) cont'd   |  |  |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/08/15 13:30 Saturday</b>   |                                | DATE AND TIME REPORTED<br><b>08/08/15 14:15 Saturday</b>  |  |  |                             |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>   | LOCATION NAME                  | TYPE OF LOCATION  |  | BEAT   | SECTOR                      |
| <b>MO DATA</b>  |                                |   |  |  |                             |
| <u>Incident Information</u><br><input type="checkbox"/> Area Checked<br><input type="checkbox"/> Photos Taken<br><input type="checkbox"/> PHI - Hotel Guest<br><input type="checkbox"/> Slip & Fall<br><input type="checkbox"/> Statements Taken<br><input type="checkbox"/> Video Tape of Incident Available<br><input type="checkbox"/> Wet Surface<br><input type="checkbox"/> Guest Complaint |                                | <u>Lighting Conditions</u><br><input type="checkbox"/> Room Lights  |  | <u>Security Stats (Click One Box)</u><br><input type="checkbox"/> Protected Health Information<br><u>Surface Conditions</u><br><input type="checkbox"/> Marble<br><input type="checkbox"/> Wet / Slippery<br><u>Weather Conditions</u><br><input type="checkbox"/> Clear |                             |
| <b>ADMINISTRATION</b>   |                                |   |  |  |                             |
| FOLLOW UP:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                | COP EBT TO:<br><input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> RA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER |  |  |                             |
| BY OFFICER<br><b>L. Dozier 000041799</b>  |                                | DATE/TIME<br><b>08/09/2015 09:14</b>  | APPROVED BY<br><b>Jacob Johnson 000025575</b>                            | DATE APPROVED<br><b>08/09/15</b>   |                             |
| OFFICER<br><b>L. Dozier 000041799</b>   |                                | IN T/S/H/T<br><b></b>   | ASSIGNED TO<br><b></b>   | CASE STATUS<br><b>Closed</b>   |                             |

CR-1 Dozie/041799 Entered by: Lee Dozier

APDC (Rev. 06/16/06) Print Date: 09/25/2018

VEN 723

**3032**

|   |                                  |   |  |  |      |  |
|---|----------------------------------|---|--|--|------|--|
| Arrest: <input type="checkbox"/>  | Crime: <input type="checkbox"/>  | Non-Criminal: <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |      | CASE #<br><b>150BV-1866</b>  |
| <b>Person Profile</b>   |                                  |   |  |  |      | PAGE 1 OF 1  |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                  |   | OFFENSE(S) cont'd.   |  |      |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/08/15 13:30 Saturday</b> TO <b>08/08/15 14:15 Saturday</b>  |                                  |   | DATE AND TIME REPORTED<br><b>08/08/15 13:30</b>                          |  |      |  |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>  |                                  | LOCATION NAME                                     |  | TYPE OF LOCATION   | BEAT | SECTOR   |
| <b>PERSONS</b>  |                                  |   |  |  |      | HOME NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other   |                                  |   |  |  |      |  |
| CODE: <b>C</b>  | 1 OF 1                           | NAME - LAST, FIRST, MIDDLE, SUFFIX                | DOB  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |      |  |
| <b>MO INFORMATION</b>   |                                  |   |  |  |      |  |
| <p><b>Base Line Vitals &amp; History</b></p> <p>Normal Breathing<br/>Regular Breathing Rhythm<br/>Normal Pulse Rate<br/>Regular Pulse<br/>Skin Temperature Normal<br/>Blood Pressure Normal</p> <p><b>Hair Length</b><br/>Shoulder length</p> <p><b>Odor of Intoxicants</b><br/>Mild</p> <p><b>Patient Assessment</b></p> <p>Patient is Alert<br/>Airway Status Open<br/>Breathing Adequate<br/>Circulation Present<br/>Patient has a Trauma/injury<br/>Symptoms of Illness - OPQRST obtained?<br/>Contusions<br/>Tenderness<br/>Swelling</p> |                                  |   |  |  |      |  |
| CODE: <b>MN</b>   | 1 OF 2                           | NAME - LAST, FIRST, MIDDLE, SUFFIX                | DOB<br><b>05/17/1999</b>   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |      |  |
| <b>CLOTHING</b>   |                                  |   |  |  |      |  |
| CODE: <b>MN</b>   | 2 OF 2                           | NAME - LAST, FIRST, MIDDLE, SUFFIX                | DOB  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |      |  |
| <b>ADMINISTRATION</b>   |                                  |   |  |  |      |  |
| BY OFFICER<br><b>L. Dozier 000041799</b>  | ON DUTY<br><b>08/09/15 09:14</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b>     | DATE APPROVED<br><b>08/09/15</b>   |  |      |  |
| OFFICER:  | UNIT/SHIFT                       | ASSIGNED TO                                       | CASE STATUS<br><b>Closed</b>   |  |      |  |

CR-1 Dozie/041799 Entered by: Lee Dozier

APDC (Rev. 01/22/13) Print Date: 09/25/2018

VEN 724

3033

|   |                                      |  |  |   |                      |
|---|--------------------------------------|--|--|---|----------------------|
| <input type="checkbox"/> Arrest   | <input type="checkbox"/> Crime       | <input checked="" type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   | CASE #<br>1508V-1866 |
| <b>Narrative Report</b>   |                                      |  |  | Page 1 of 1                                     |                      |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                      | OFFENSE(S) cont'd.                               |  |   |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/08/15 13:30 Saturday</b>  |                                      | TO <b>08/08/15 14:15 Saturday</b>                |  | DATE AND TIME REPORTED<br><b>08/08/15 13:30</b> |                      |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>  |                                      | LOCATION NAME                                    |  | TYPE OF LOCATION                                | BEAT SECTOR          |
| <b>NARRATIVE</b>  |                                      |  |  |   |                      |
| <p>On August 8, 2015 at 13:50 hours I was dispatched to the Grand Hall for a report of a guest that had slipped and fallen. I arrived on scene at 13:52 hours to find a female sitting on the marble holding right knee. Front Desk Manager Derleth, Jonathan TM#35611 was speaking with the woman. The woman identified herself as registered guest of suite 12-133 [REDACTED]. [REDACTED] stated that walking toward the exit she slipped on some unknown liquid on the marble falling and striking her right knee and then her right hip on the marble.</p> <p>[REDACTED] consented to examination and treatment. [REDACTED] complained of minor knee pain on a scale of 3 out of 10. [REDACTED] had a small amount of swelling approximately the size of a quarter with some bruising. [REDACTED] had full sensation, pulses and movement above and below her knee.</p> <p>[REDACTED] denied hitting her head or any loss of consciousness. [REDACTED] stated that she did not have any pertinent medical conditions, on any medications or allergies to medications. I applied an ice pack to her knee with some relief. [REDACTED] declined EMS response and requested that she be given a ride in the wheelchair to the taxi line.</p> <p>Prior to transport [REDACTED] and her husband completed the Medical Release, Guest Accident Form and declined to sign the Medical Acknowledgement. An Accident Scene check was conducted with no defects noted other than the liquid. PAD arrived and cleaned the area. Facilities Team Member Heleman, Glen TM#31348 arrived and performed his inspection with no defects noted. Photos were taken and video coverage is available. Security Manager Johnson, Jacob TM#25575 was notified. Front Desk Manager Derleth also informed me after the event that he believes [REDACTED] husband was video recording all interactions with team members including myself.</p> |                                      |  |  |   |                      |
| <b>Attachments</b><br>Medical Release<br>Accident Scene Check<br>Guest Accident Form<br>Billing Folio<br>Photos   |                                      |  |  |   |                      |
| <b>ADMINISTRATION</b>   |                                      |  |  |   |                      |
| BY OFFICER<br><b>L. Dozier 000041799</b>  | DATE/TIME<br><b>08/09/2015 09:14</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b>    | DATE APPROVED<br><b>08/09/15</b>   |   |                      |
| OFFICER<br>[REDACTED]   | UNITS/DET<br>[REDACTED]              | ASSIGNMENT TO<br>[REDACTED]                      | CASE STATUS<br><b>Closed</b>   |   |                      |

|  |  |  |                           |   |  |          |                  |  |      |                                |  |  |
|--|--|--|---------------------------|---|--|----------|------------------|--|------|--------------------------------|--|--|
| Arrest <input type="checkbox"/>  | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109                |  |                           |   |  |          |                  |  |      |                                | CASE#<br>1508V-1869  |  |
| Crime <input type="checkbox"/>   |  |  |                           |   |  |          |                  |  |      |                                | PAGE<br>1  |  |
| Non-Criminal <input checked="" type="checkbox"/>   | CR-1   |  |                           |   |  |          |                  |  |      |                                |  |  |
| OFFENSE(S)<br>Protected Health Information   |  |  |                           |   |  |          |                  |  |      |                                | OFFENSE(S) DOWNS   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>08/08/15 14:00 Saturday  |  |  |                           |   | DATE AND TIME REPORTED<br>08/08/15 14:00 |          |                  | MORE CHARGES<br><input type="checkbox"/> <input checked="" type="checkbox"/> |      | ESTIMATED LOSS VALUE<br>\$0.00 |  |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  |  | LOCATION NAME<br>Lobby 1   |                           |   |  |          |                  | TYPE OF LOCATION<br>Retail   |      | ITEMS                          |  |  |
| PERSONS  |  |  |                           |   |  |          |                  |  |      |                                | MORE NAMES<br><input type="checkbox"/> <input checked="" type="checkbox"/> |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other  |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| CODE<br>MN 1 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Johnson 25575, Jacob                       |  |                           |   | ADDRESS 1                                |          |                  | PHONE 1  |      |                                |  |  |
| OCCUPATION<br>Assistant Security Manager   | SEX  | RACE   | AGE                       | STATE   | ADDRESS 2                                |          |                  | PHONE 2  |      |                                |  |  |
| SS   |  |  |                           | ZIP   | ADDRESS 3                                |          |                  | PHONE 3  |      |                                |  |  |
| CODE<br>MN 2 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Peck, Brittany                             |  |                           |   | ADDRESS 1                                |          |                  | PHONE 1  |      |                                |  |  |
| OCCUPATION<br>Front Desk Mgr   | SEX  | RACE   | AGE                       | STATE   | ADDRESS 2                                |          |                  | PHONE 2  |      |                                |  |  |
| SS   |  |  |                           | ZIP   | ADDRESS 3                                |          |                  | PHONE 3  |      |                                |  |  |
| CODE<br>SO 1 or 1  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Hill, Allan                                |  |                           |   | ADDRESS 1                                |          |                  | PHONE 1  |      |                                |  |  |
| OCCUPATION<br>Security Officer   | SEX  | RACE   | AGE                       | STATE   | ADDRESS 2                                |          |                  | PHONE 2  |      |                                |  |  |
| SS   |  |  |                           | ZIP   | ADDRESS 3                                |          |                  | PHONE 3  |      |                                |  |  |
| CASE SUMMARY / VEHICLE INFORMATION   |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| SUMMARY<br>Protected Health Information: Guest of suite [REDACTED]   |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| VEHICLE OWNERSHIP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LPN <input type="checkbox"/> OF<br>DRIVER'S LICENSE NUMBER AND STATE<br>EXPIRATION DATE<br>REGISTRATION NUMBER<br>VIN NUMBER<br>MOTOR VEHICLE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| SUSPECT(S) / ARRESTEE(S)   |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim   |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| CODE<br>MN 1 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |                           |   | ADDRESS 1                                |          |                  | PHONE 1  |      |                                |  |  |
| RACE<br>SEX<br>WT<br>HT<br>EYE<br>HAIR<br>SSN  | WT   | HAIR   | EYE                       | SEX   | ADDRESS 2                                |          |                  | PHONE 2  |      |                                |  |  |
| OCCUPATION   |  |  |                           |   | ADDRESS 3                                |          |                  | PHONE 3  |      |                                |  |  |
| BOA# / BAMES / TATTOOS<br>FBI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | ARREST   |  |                           | ARRESTEE INFORMATION  |  |          | RELEASE LOCATION |  |      | ARREST DATE / TIME<br>I        |  |  |
| SS   | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | BOOKED #                  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | LAW<br>LAW<br>LAW                        | DETACH # | DISP             | DISP   | DISP | DISP                           | DISP   |  |
| CHARGES  |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| CODE<br>MN 1 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |                           |   | ADDRESS 1                                |          |                  | PHONE 1  |      |                                |  |  |
| RACE<br>SEX<br>WT<br>HT<br>EYE<br>HAIR<br>SSN  | WT   | HAIR   | EYE                       | SEX   | ADDRESS 2                                |          |                  | PHONE 2  |      |                                |  |  |
| OCCUPATION   |  |  |                           |   | ADDRESS 3                                |          |                  | PHONE 3  |      |                                |  |  |
| BOA# / BAMES / TATTOOS<br>FBI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | ARREST   |  |                           | ARRESTEE INFORMATION  |  |          | RELEASE LOCATION |  |      | ARREST DATE / TIME<br>I        |  |  |
| SS   | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | BOOKED #                  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | LAW<br>LAW<br>LAW                        | DETACH # | DISP             | DISP   | DISP | DISP                           | DISP   |  |
| ADMINISTRATION   |  |  |                           |   |  |          |                  |  |      |                                |  |  |
| VICTIM/DEFENDANT PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CHARGE TO<br>PAY <input type="checkbox"/> SET <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> FISCAL/TAX <input type="checkbox"/> WEF <input type="checkbox"/> OTHER |                           |   |  |          |                  |  |      |                                |  |  |
| OFFICER<br>G. Rescigno 080034137   | DETENTION<br>08/10/15 09:49  | APPROVED BY<br>Jacob Johnson 080025575   | DATE APPROVED<br>08/10/15 |   |  |          |                  |  |      |                                |  |  |
| OFFICER  | SEARCHED<br>[REDACTED]   | ARMED TO<br>[REDACTED]   | CASE STATUS<br>Closed     |   |  |          |                  |  |      |                                |  |  |

CR-1 Recd/034137 Entered by: Gary Rescigno

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

VEN 726

3035

|   |                                     |  |                                   |   |  |
|---|-------------------------------------|--|-----------------------------------|---|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                   |   | CASE #<br><b>150BV-1869</b>  |
| Crime   | <input type="checkbox"/>            |  |                                   |   | PAGE <b>1</b> OF <b>1</b>  |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Additional Crimes, Persons and Vehicles</b>                           |                                   |   |  |
| OFFENDER(S)<br><b>Protected Health Information</b>  |                                     | OFFENDER(S) cont'd.  |                                   |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/08/15 14:00 Saturday</b>                        |                                     | TO <b>08/08/15 14:27 Saturday</b>  |                                   | DATE AND TIME REPORTED<br><b>08/08/15 14:00</b>                                   |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |                                     | LOCATION NAME<br><b>Lobby 1</b>  |                                   | TYPE OF LOCATION<br>BEAT <input type="checkbox"/> SECTOR <input type="checkbox"/> |  |
| ADDITIONAL OFFENDER(S)  |                                     | ADDITIONAL OFFENDER(S) NAME  |                                   |   |  |
| <b>PERSONS</b>  |                                     |  |                                   |   |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |                                     |  |                                   |   |  |
| CODE<br><b>GU</b>   | <b>1 or 1</b>                       | NAME : LAST, FIRST, MIDDLE, INITIAL<br>[REDACTED]                        |                                   |   | HOME NUMBER<br>702 <input type="checkbox"/> 401 <input type="checkbox"/> |
| CODE<br>OCUPATION   |                                     | NAME   | LAST                              | INITIAL   | ADDRESS 1<br>[REDACTED]  |
| IS  |                                     | STATE  | SSN                               | EXPIRED   | ADDRESS 2<br>[REDACTED]  |
| CODE<br>TM  | <b>1 or 1</b>                       | NAME : LAST, FIRST, MIDDLE, INITIAL<br><b>Helman, Glen</b>               |                                   |   | PHONE 1<br>[REDACTED]  |
| CODE<br>Facilities  |                                     | NAME   | SSN                               | EXPIRED   | PHONE 2<br>[REDACTED]  |
| IS  | STAD                                | SSN  |                                   | EXPIRED   | PHONE 3<br>[REDACTED]  |
| <b>ADMINISTRATION</b>   |                                     |  |                                   |   |  |
| BY OFFICER<br><b>G. Rescigno 000034137</b>  | LAST/TIME<br><b>08/10/15 09:49</b>  | APPROVED BY<br><b>Jacob Johnson 000025578</b>                            | DAYS APPROVING<br><b>08/10/15</b> |   |  |
| OFFICER   | LAST/INITIAL<br>[REDACTED]          | ASSIGNED TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>      |   |  |

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

VEN 727

**3036**

|  |   |  |                  |  |  |
|--|---|--|------------------|--|--|
| Arrest   | <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |                  |  | CASE #<br>1508V-1869                                 |
| Crime  | <input type="checkbox"/>  | Case MO  |                  |  | PAGE 1 OF 1  |
| Non-Criminal   | <input checked="" type="checkbox"/>   |  |                  |  |  |
| OFFENDER(S)<br>Protected Health Information  |   | OFFENDER(S) Name:  |                  |  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>08/08/15 14:00 Saturday  |   | DATE AND TIME REPORTED<br>08/08/15 14:27 Saturday  |                  |  |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  |   | LOCATION NAME<br>Lobby 1   | TYPE OF LOCATION | BEAT   | SECTOR   |
| <b>MO DATA</b>   |   |  |                  |  |  |
| <u>Incident Information</u><br>Area Checked<br>No Photo<br>PHI - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>Video Tape of Incident Available<br>Wet Surface |   | <u>Lighting Conditions</u><br>Room Lights<br><u>Security Stats (Click One Box)</u><br>Protected Health Information |                  | <u>Surface Conditions</u><br>Marble<br>Flat<br>Wet / Slippery<br><u>Weather Conditions</u><br>Clear<br>Hot |  |
| <b>ADMINISTRATION</b>  |   |  |                  |  |  |
| FOLLOW UP:<br>res <input type="checkbox"/> re <input type="checkbox"/> ex <input checked="" type="checkbox"/>  | GOALS TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> DFT <input type="checkbox"/> OA <input type="checkbox"/> COURT <input type="checkbox"/> PROSECUTOR <input type="checkbox"/> VINEP <input type="checkbox"/> OTHER | APPROVED BY:<br>G. Rescigno 080034137<br>Date/Time: 08/10/2015 09:48<br>Approver ID: Jacob Johnson 080025575       |                  |  | DATE APPROVED:<br>08/10/15<br>CASE STATUS:<br>Closed |
| BY OFFICER:<br>G. Rescigno 080034137   | LAST EDITED:  |  |                  |  |  |
| REASON:  |   |  |                  |  |  |

CR-1 Recd/034137 Entered by: Gary Rescigno

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

VEN 728

3037

|   |                                     |   |                              |  |                      |
|---|-------------------------------------|---|------------------------------|--|----------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |                              |  | CASE #<br>1508V-1869 |
| Crime   | <input type="checkbox"/>            |   |                              |  | PAGE 1 OF 2          |
| Non-Criminal  | <input checked="" type="checkbox"/> |   |                              |  |                      |
| CERFID#S:   |                                     | SERIAL#S:   |                              |  |                      |
| Protected Health Information  |                                     |   |                              |  |                      |
| DATE, TIME AND DAY OF OCCURRENCE:<br>08/08/15 14:00 Saturday  |                                     | TO: 08/08/15 14:27 Saturday   |                              | DATE AND TIME REPORTED:<br>08/08/15 14:00  |                      |
| LOCATION OF OCCURRENCE:<br>1 Lobby 1  |                                     | LOCATION NAME:<br>Lobby 1   |                              | TIME OR LOCATION   | BEAT                 |
| CODES: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     | PERSONS   |                              | ROLE NAMES   |                      |
| CODE<br>MN  | 1 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                          | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                      |
| CLOTHING  |                                     |   |                              |  |                      |
| CODE<br>MN  | 2 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                          | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                      |
| CLOTHING  |                                     |   |                              |  |                      |
| CODE<br>SO  | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                          | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                      |
| CLOTHING  |                                     |   |                              |  |                      |
| <b>ADMINISTRATION</b>   |                                     |   |                              |  |                      |
| BY OFFICER<br><b>G. Rescigno 000034137</b>  | DATE/TIME<br>08/08/15 09:48         | REFERRED TO<br><b>Jacob Johnson 000025579</b>   | DATE APPROVED<br>08/10/15    |  |                      |
| OFFICE<br>Clerk   | SEARCHED                            | ARMED TO  | CASE STATUS<br><b>Closed</b> |  |                      |

CR-1 Recd/034137 Entered by: Gary Rescigno

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

VEN 729

3038

|   |                                     |   |   |  |                      |  |
|---|-------------------------------------|---|---|--|----------------------|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |   |  | CASE #<br>1508V-1869 |  |
| Crime   | <input type="checkbox"/>            |   |   |  | PAGE 2 OF 2          |  |
| Non-Criminal  | <input checked="" type="checkbox"/> |   |   |  |                      |  |
| Offender(s)<br><b>Protected Health Information</b>  |                                     | Offender(s) cont'd.   |   |  |                      |  |
| DATE, TIME AND DAY OF DOCUMENTATION<br>08/08/15 14:00 Saturday  |                                     | TO 08/08/15 14:27 Saturday  |   | DATE AND TIME REPORTED<br>08/08/15 14:00 |                      |  |
| LOCATION OF DOCUMENTATION<br>1 Lobby 1  |                                     | LOCATION RELATED<br>Lobby 1   |   | Type of Location                         | UNIT                 | SECTION  |
| <b>PERSONS</b>  |                                     |   |   |  |                      | NAME NAME  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other<br><b>GU</b> 1 OF 1 [REDACTED] [REDACTED]   |                                     |   |   |  |                      | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| NO INFORMATION  |                                     |   |   |  |                      |  |
| <b>Base Line Vitals &amp; History</b><br>Normal Breathing<br>Regular Breathing Rhythm<br>Rapid Pulse Rate<br>Irregular Pulse<br>Skin Color Pale (Palor)<br>Skin Condition Wet or Moist<br>Blood Pressure High<br>SAMPLE History Obtained?<br><b>Build</b><br>Large<br><b>Complexion</b><br>Pale   |                                     |   |   |  |                      |  |
| <b>Demeanor</b><br>Angry<br><b>Eyes</b><br>Clear<br><b>Hair Length</b><br>Shoulder length<br><b>Hair Style</b><br>Straight<br><b>Medical Supplies</b><br>BP Cuff<br>Stethoscope<br>Cold Packs<br>Disposable Gloves<br><b>Odor of Intoxicants</b><br>None<br><b>Patient Assessment</b><br>Patient is Alert<br>Patient Responds to Verbal Stimulus<br>Airway Status Open<br>Breathing Adequate<br>Circulation Present<br>Patient has a Trauma/Injury<br>Symptoms of Illness - OPQRST obtained?<br>Tachycardia |                                     |   |   |  |                      |  |
| CLOTHING  |                                     |   |   |  |                      |  |
| <b>Flip flops</b><br><br><b>TM</b> 1 OF 1 [REDACTED] [REDACTED]<br>Helman, Glen   |                                     |   |   |  |                      |  |
| This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information.  |                                     |   |   |  |                      |  |
| CLOTHING  |                                     |   |   |  |                      |  |
| ADMINISTRATION  |                                     |   |   |  |                      |  |
| <b>SEARCHED</b><br>G. Rescigno 000034137  |                                     | <b>INDEXED</b><br>08/10/15 09:48  | <b>ARMED AND DANGEROUS</b><br>Jacob Johnson 000025575 | <b>DATE APPROVED</b><br>08/10/15         |                      |  |
| <b>SERIALIZED</b><br>[REDACTED]   |                                     | <b>FILED</b><br>[REDACTED]  | <b>SEARCHED BY</b><br>[REDACTED]                      | <b>DATE SERIALIZED</b><br>[REDACTED]     |                      |  |

CR-1 Rescigno34137 Entered by: Gary Rescigno

APDC (Rev. 01/23/13) Print Date: 06/01/2018

VEN 730

3039

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Narrative Report</b> |   |  | <b>CASE #</b><br>1508V-1869<br><br><b>Page 1 of 2</b> |
| <small>OFFENDER(S) INFO</small><br><b>Protected Health Information</b>  |   | <small>OFFENDER(S) INFO</small>                         |  |   |
| <small>DATE/TIME AND DAY OF OCCURRENCE</small><br>08/08/15 14:00 Saturday   |   | <small>DATE AND TIME REPORTED</small><br>08/08/15 14:00 |  |   |
| <small>LOCATION OF OCCURRENCE</small><br>1 Lobby 1  |   | <small>LOCATION NAME</small><br>Lobby 1                 | <small>TYPE OF INCIDENT</small>  | <small>UNIT</small><br><small>REPORTER</small>        |
| <small>SUMMARY</small><br><p>On August 8, 2015 at 14:00 Security Officer Hill, Alan Tm # 24620 advised Security Dispatch of a slip and fall between Bouchon Bakery and the Guest Entrance/Exit to the suites(Lobby1). Officer Hill advised guest was walking away and refused all medical attention.</p> <p>Assistant Security Manager advised me to respond to Lobby 1. I obtained my Basic Life Support (BLS) bag and responded.</p> <p>Officer Hill upon my arrival advised me the guest was at the Lobby 1 podium, I made contact with guest of suite [REDACTED] whom identified herself as [REDACTED]. I asked Ms. [REDACTED] if she remembers what happened. Ms. [REDACTED] advised me that the incident happened so fast she did not know she fell. [REDACTED] continued to advise me it was not until her back started to hurt that she realized she was on the marble floor. I did notice at this time there were several caution signs surrounding the area where Ms. [REDACTED] slipped.</p> <p>Ms. [REDACTED] when asked by me denied losing consciousness and denied neck pain. I noticed at this time Ms. [REDACTED] was wearing black in color flip flop shoes. I asked Ms. [REDACTED] if she noticed any fluid on the floor before she slipped. Ms. [REDACTED] told me she noticed a puddle of water on the floor.</p> <p>I started to medically evaluate Ms. [REDACTED]. I determined she was alert and oriented to person, place, time and event, however Ms. [REDACTED] skin was pale and cool to the touch as well as being diaphoretic. Ms. [REDACTED] was holding her back. Upon examination of Ms. [REDACTED] back she directed me to the lower lumbar area at the midline. Ms. [REDACTED] continued to advise me the pain was 7 out of 10 on the pain scale with 10 being the worse pain felt, she described the pain as dull and archy. Upon the further taking of Ms. [REDACTED] her blood pressure, I recorded it at 140/86 with her oxygen saturation being at 98% on room air. Ms. [REDACTED] pulse was at 138 beats per minute.</p> <p>Ms. [REDACTED] advised me she has a history of diabetes and asthma and takes medication daily for both. I again asked Ms. [REDACTED] if she felt dizzy or if she passed out before slipping and falling. She again stated no. I offered Ms. [REDACTED] paramedics. She advised me she did not need them. I offered an ice pack and the information pertaining to the locations of area hospitals and clinics. Ms. [REDACTED] agreed with this. I asked Ms. [REDACTED] if she would</p> |   |   |  |   |
| <b>ADMINISTRATION</b>   |   |   |  |   |
| <small>BY OFFICER</small><br>G. Rescigno 090034137  | <small>DATE/TIME</small><br>08/10/2015 09:49  | <small>APPROVED BY</small><br>Jacob Johnson 900025575   | <small>DATE APPROVED</small><br>08/10/15<br><small>REPORT STATUS</small><br>Closed |   |

|   |                                     |   |                                 |                  |            |
|---|-------------------------------------|---|---------------------------------|------------------|------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b>                          |                                 | CASE #           | 150BV-1869 |
| Crime   | <input type="checkbox"/>            | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109      |                                 | Page 2 of 2      |            |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                           |                                 |                  |            |
| CIVILIAN  |                                     | CIVILIAN  |                                 |                  |            |
| Protected Health Information  |                                     | Protected Health Information                      |                                 |                  |            |
| DATE, TIME AND DAY OF OCCURRANCE<br>08/08/15 14:00 Saturday   |                                     | DATE AND TIME REPORTED<br>08/08/15 14:27 Saturday |                                 |                  |            |
| LOCATION OF OCCURRANCE<br>1 Lobby 1   |                                     | LOCATION TIME<br>Lobby 1                          |                                 | TYPE OF INCIDENT | REPORTER   |
| <b>NARRATIVE</b>  |                                     |   |                                 |                  |            |
| complete a guest accident packet. She agreed.   |                                     |   |                                 |                  |            |
| <p>After Ms. [REDACTED] completed the accident packet she advised me she wanted to go to her suite. I gave her a disposable ice pack and advised I would bring a bag of ice to her location after I completed the paperwork. Ms. [REDACTED] exited the area. Facilities Team Member Heleman, Glen Tm # 31348 completed an accident scene check.</p> <p>Upon contacting Surveillance I was advised an unknown guest had dropped a bucket in the area of Ms. [REDACTED] slip and fall, however they could not see if fluid spilled out of it and they also advised me the caution signs were placed there after Ms. [REDACTED] slipped and fell.</p> <p>I obtained the information pertaining to area hospitals along with a bag that I placed ice into and brought up to Ms. [REDACTED].</p> <p>Due to the fact Ms. [REDACTED] injuries were just above her buttocks, no photograhgs were obtained of the injury site.</p> <p>Surveillance states they have coverage of this incident. Front Desk Manager Peck, Brittany Tm # 32974 was notified as Assistant Security Manager Johnson, Jacob Tm # 25575.</p> <p>This report contains the following:</p> <ul style="list-style-type: none"> <li>Scan of guest accident report.</li> <li>Scan of medical release.</li> <li>Scan of medical authorization.</li> <li>Scan of accident scene check.</li> </ul> <p>Photograph 1&amp; 2 are of the area of the slip and fall.<br/>     Photograh # 3 is from the area of the slip and fall, looking towards lobby 1.</p> |                                     |   |                                 |                  |            |
| <b>ADMINISTRATION</b>   |                                     |   |                                 |                  |            |
| BY OFFICER<br>G. Rescigno 000034137   | ON DATE<br>08/10/2015 09:49         | APPROVED BY<br>Jacob Johnson 000025575            | SUPERVISOR APPROVED<br>08/10/15 |                  |            |
| APPROVED<br>Rescigno  | REASON<br>Accident                  | REASON<br>Accident                                | SUPERVISOR STATUS<br>Closed     |                  |            |



VEN 733

**3042**



VEN 734

**3043**



VEN 735

**3044**

GM1G 08/08/2015 VENETIAN RESORT & CASINO 02:38 PM GINFO  
CMD T/A RESERVATION CHANGE 421634629981  
AR 80615 Thu DP 81015 Mon A/C 2 RP WV18ISD GP QVTRVBQ RB -  
STATUS INHSE ACT C/S ETA HOT  
WG TYPE ROOM# R/C RATE A/C  
VE KVNM [REDACTED] 2 OVRID Q NET N PRT N TRN N RNR -

|   |                       |                        |                                   |
|---|-----------------------|------------------------|-----------------------------------|
| LAST [REDACTED]   | FIRST [REDACTED]      | TITLE [REDACTED]       | GTYP [REDACTED]                   |
| Additional Name And Addresses                                 |                       |                        |                                   |
| Enter Additional Name and Address Information and press Enter |                       |                        |                                   |
| LAST [REDACTED]   | FIRST [REDACTED]      | ADDITIONAL GUEST       |                                   |
| COMPANY [REDACTED]  | ATTN [REDACTED]       | PC [REDACTED]          |                                   |
| ADR1 [REDACTED]   | CHG Y/N: Y            |                        |                                   |
| ADR2 [REDACTED]   |                       |                        |                                   |
| CITY [REDACTED]   | STATE/PROV [REDACTED] | ZIP [REDACTED]         | COUNTRY [REDACTED] OVR [REDACTED] |
| PHONE [REDACTED]  | X                     | NATIONALITY [REDACTED] |                                   |
| PASSPORT NUMBER [REDACTED]                                    | COUNTRY [REDACTED]    | EXPIRATION [REDACTED]  |                                   |
| ID TYPE [REDACTED]  | D-O-B [REDACTED]      |                        |                                   |
| WG [REDACTED]   | ROOM# [REDACTED]      | SEX(M/F/ ) [REDACTED]  | SMOKING(Y/N/ ) [REDACTED]         |
| AGE TYPE A/C [REDACTED]                                       | -                     |                        |                                   |

F12=Cancel F5=Display N&A Enter [REDACTED]  
ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

(oo) Brittany Peck  
#32974  
1508U-1869

VEN 736

3045



Incident Report Number: 1505U-1869

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: \_\_\_\_\_

### Security Officer

Time: 2:30 Date: 8-8-11 Guest Suite #: 241-12F

Defects Noted (Explain in detail): Above room arrival  
Caution signs were up. Guest claims  
do have slippers.

Actions Taken: Close fire truck - Guest refund

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

Outside Diagram?  Yes  No

Checked by Security Officer (Name): Resign, Gary TM# 74137

### Engineer

Time: 1435 Date: 8-8-11 Guest Suite #:

Defects Noted (Explain in Detail): Above floor was dry and level

Actions Taken: None

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



WASHING<sup>TON</sup>  
SANDEN #228 BT

Incident Report Number: 150YU - 1069

## 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: \_\_\_\_\_

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

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

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

I WAS WALKING PAST THE ESCALATORS TOWARDS THE 2ND FLOOR  
ENTRANCE WHEN I SLIPPED AND FELL IN WATER ON  
THE FLOOR, AND WOULD ON MY LOWER BACK.

Date of Accident: 8-8-15 Time of Accident: 1:55 PM

Location of Accident (Please be specific): Lobby

Whom do you consider to blame? The Venetian

If you consider The Venetian or The Palazzo responsible, please state why: Because there were NO  
signs stating the floor was wet.

What, if any, injuries did you sustain? Lower Back

What, if any, property damage did you suffer? No

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

Dated this 8 Day of August 2015

Signature of Guest: [REDACTED]

Security Officer: [REDACTED] TM #: 34137

Guest Checkout Date: [REDACTED]



150 80 - 1869

## 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.

 Signature:

Print Name:

Guest's Suite # 24-109

Today's Date: 8/8/15



1508U-1865

## 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]  
 Phone: [REDACTED]

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: 5-8-15 Time: 155 PM

Refused to Sign: \_\_\_\_\_ Signature: \_\_\_\_\_ ID# 34139

Venetian/Palazzo EMT: \_\_\_\_\_

AGE: Male / Female C/C: Lower Lumbar Midline

98/002 Pain - 7/10

Pulse - 138 Hx - Diabetic Asthma O -

Resp - Allergies - PCW/11/15 P -

BP - 140/86 Eyes - R -

Lungs - Meds - Diabetic S -

LOC - Last oral intake - CCFD -

Skins - MedicWest -

BGL - Hydration - Transport -

1508U-1865-00740-01

A

VEN 740

3049

|   |  |  |  |   |                         |   |  |   |                                  |  |
|---|--|--|--|---|-------------------------|---|--|---|----------------------------------|--|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>     | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109        |   |                         |   |  |   | CASE#<br><b>1508P-2554</b>       |  |
| <b>CR-1</b>   |  |  |  |   |                         |   |  | PAGE<br><b>1</b>  |                                  |  |
| OFFENSE(S)<br><b>Protected Health Information</b><br><b>Protected Health Information</b>                          |  |  |  |   |                         |   |  | OFFENSE(S) cont'd   |                                  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/14/15 01:40 Friday</b>  |  |  |  | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b> |                         | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |   |                                  |  |
| LOCATION OF OCCURRENCE<br><b>17 Palazzo Tower 141</b>   |  |  |  | LOCATION NAME                                   |                         | TYPE OF LOCATION  | BEAT SECTION                           |   |                                  |  |
| <b>PERSONS</b>  |  |  |  |   |                         |   |  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                         |  |  |  |   |                         |   |  |   |                                  |  |
| CODE<br><b>GU 1 OF 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |  |   | HOME<br>[REDACTED]      | PHONE 1   |  |   |                                  |  |
| OCCUPATION  | RACE   | SEX  | AGE  | DOB   | HOME<br>[REDACTED]      | PHONE 2   |  |   |                                  |  |
| DL  | STATE  | SS#  |  | INJURIES  | ADDRESS 3<br>[REDACTED] | PHONE 3   |  |   |                                  |  |
| CODE<br><b>GU 2 OF 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |  |   | ADDRESS 1<br>[REDACTED] | PHONE 1   |  |   |                                  |  |
| OCCUPATION  | RACE   | SEX  | AGE  | DOB   | ADDRESS 2<br>[REDACTED] | PHONE 2   |  |   |                                  |  |
| DL  | STATE  | SS#  |  | INJURIES  | ADDRESS 3<br>[REDACTED] | PHONE 3   |  |   |                                  |  |
| CODE<br>OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |  |   | ADDRESS 1<br>[REDACTED] | PHONE 1   |  |   |                                  |  |
| OCCUPATION  | RACE   | SEX  | AGE  | DOB   | ADDRESS 2<br>[REDACTED] | PHONE 2   |  |   |                                  |  |
| DL  | STATE  | SS#  |  | INJURIES  | ADDRESS 3<br>[REDACTED] | PHONE 3   |  |   |                                  |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |  |  |  |   |                         |   |  |   |                                  |  |
| SUMMARY<br><b>Protected health information for Venetian Guest in Suite #17-141 Hammonds, Susan</b>                |  |  |  |   |                         |   |  |   |                                  |  |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF | LICENCE (NO AND STATE)   |  |  | YEAR  | MAKE                    | MODEL   | BODY TYPE                              | COLOR   | VIN                              | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| TOW REPORT<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                 | GARAGE NAME AND PHONE  |  |  | REGISTERED OWNER                                |                         |   | R/O ADDRESS                            |   |                                  |  |
| <b>SUSPECT(S) / ARRESTEE(S)</b>   |  |  |  |   |                         |   |  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim        |  |  |  |   |                         |   |  |   |                                  |  |
| CODE<br>OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |  |   | ADDRESS 1<br>[REDACTED] | PHONE 1   |  |   |                                  |  |
| RACE SEX HT WT HAIR EYE AGE DOB   |  |  |  |   | ADDRESS 2<br>[REDACTED] | PHONE 2   |  |   |                                  |  |
| OCCUPATION  | INJURIES   |  |  |   | ADDRESS 3<br>[REDACTED] | PHONE 3   |  |   |                                  |  |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    | AKA'S  |  |  |   | ARRESTEE DISPOSITION    | RELEASE LOCATION  | ARREST DATE / TIME                     |   |                                  |  |
| DL STATE ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          | BOOKING #  |  | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #                                      | SS#                     | Clerk   |  |   |                                  |  |
| CHARGES   |  |  |  |   |                         |   |  |   |                                  |  |
| CCCE<br>OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                                 |  |  |   | ADDRESS 1<br>[REDACTED] | PHONE 1   |  |   |                                  |  |
| RACE SEX HT WT HAIR EYE AGE DOB   |  |  |  |   | ADDRESS 2<br>[REDACTED] | PHONE 2   |  |   |                                  |  |
| OCCUPATION  | INJURIES   |  |  |   | ADDRESS 3<br>[REDACTED] | PHONE 3   |  |   |                                  |  |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    | AKA'S  |  |  |   | ARRESTEE DISPOSITION    | RELEASE LOCATION  | ARREST DATE / TIME                     |   |                                  | /  |
| DL STATE ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          | BOOKING #  |  | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #                                      | SS#                     | Clerk   |  |   |                                  |  |
| CHARGES   |  |  |  |   |                         |   |  |   |                                  |  |
| <b>ADMINISTRATION</b>   |  |  |  |   |                         |   |  |   |                                  |  |
| VICTIM DES. RES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                | FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br>PAT DEY DA COURT PROBATION VWAP OTHER. |  |   |                         |   |  |   |                                  |  |
| BY OFFICER  |  | DATE/TIME<br><b>08/14/15 05:26</b>                   | APPROVED BY<br><b>Anthony Bersano 000043106</b>                                |   |                         |   |  |   | DATE APPROVED<br><b>08/15/15</b> |  |
| OFFICER   |  | UNIT/SHIFT   | ASSIGNED TO  |   |                         |   |  |   | CASE STATUS<br><b>Closed</b>     |  |

CR-1 Amel/042511 Entered by:

AMDC (Rev. 01/26/12) Print Date: 09/25/2015

VEN 741

3050

|   |   |   |      |                             |
|---|---|---|------|-----------------------------|
| Arrest  | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |      | CASE #<br><b>1508P-2554</b> |
| Crime   | <b>Additional Crimes, Persons and Vehicles</b>                          |   |      | PAGE 1 OF 1                 |
| Non-Criminal  |   |   |      |                             |
| OFFENSE(S)<br><b>Protected Health Information<br/>Protected Health Information</b>              |   | OFFENSE(S) cont'd                               |      |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/14/15 01:40 Friday</b> TO <b>08/14/15 01:20 Friday</b> |   | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b> |      |                             |
| LOCATION OF OCCURENCE<br><b>17 Palazzo Tower 141</b>  | LOCATION NAME   | TYPE OF LOCATION                                | BEAT | SECTOR                      |
| ADDITIONAL OFFENSE(S)   |   | ADDITIONAL OFFENSE(S) cont'd                    |      |                             |
|   |   |   |      |                             |

| <b>ADMINISTRATION</b> |                                    |   |                                  |  |
|-----------------------|------------------------------------|---|----------------------------------|--|
| BY OFF.CER            | DATE/TIME<br><b>08/14/15 05:26</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>08/15/15</b> |  |
| OFF.CER               | UNIT/SHFT                          | ASSIGNED TO                                     | CASE STATUS<br><b>Closed</b>     |  |

APDC (Rev. 09/11/07) Print Date: 09/25/2015

VEN 742

**3051**

|  |  |  |   |                             |
|--|--|--|---|-----------------------------|
| Arrest <input type="checkbox"/>  | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109  |  |   | CASE #<br><b>1508P-2554</b> |
| Crime <input type="checkbox"/>   |  |  |   | PAGE 1 OF 1                 |
| Non-Criminal <input checked="" type="checkbox"/>   | <b>Case MO</b>   |  |   |                             |
| OFFENSE(S)<br><b>Protected Health Information</b><br><b>Protected Health Information</b>   |  | OFFENSE(S) con'td  |   |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/14/15 01:40 Friday</b> TO <b>08/14/15 01:20 Friday</b>   |  | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b>          |   |                             |
| LOCATION OF OCCURENCE<br><b>17 Palazzo Tower 141</b>   | LOCATION NAME  | TYPE OF LOCATION   | BEAT  | SECTOR                      |
| <b>MO DATA</b>   |  |  |   |                             |
| <u>Arson Class</u><br>There was no Arson in this case  |  | <u>Lighting Conditions</u><br>Room Lights<br>Room Lights | <u>Security Stats (Click One Box)</u><br>Protected Health Information<br>Protected Health Information |                             |
| <u>Arson Inhabited</u><br>Property was not Inhabited   |  |  | <u>Surface Conditions</u><br>Marble<br>Dry<br>Marble<br>Flat  |                             |
| <u>Case has Domestic Violence</u><br>No Domestic Violence in this case<br>No weapon involved   |  |  | <u>Weather Conditions</u><br>Clear<br>Cool  |                             |
| <u>Case involves a Hate Crime</u><br>No  |  |  |   |                             |
| <u>Case involves Gang Activity</u><br>No<br>No   |  |  |   |                             |
| <u>Incident Information</u><br>Area Checked<br>Slip & Fall<br>Video Tape of Incident Available<br>PH. - Hotel Guest!<br>No Photos<br>PHI - Hotel Guest<br>No Video Available |  |  |   |                             |
| <b>ADMINISTRATION</b>  |  |  |   |                             |
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | COPIES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> DEY <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER |  |   |                             |
| BY OFFICER   | DATE/TIME<br><b>08/14/2015 05:26</b>   | APPROVED BY<br><b>Anthony Bersano 000043106</b>          | DATE APPROVED<br><b>08/15/15</b>  |                             |
| OFF CER  | UNIT/SHIFT   | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>  |                             |

APDC (Rev. 06/16/06) Print Date: 09/25/2015

VEN 743

**3052**

|  |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|--|---|---|--|-----------------------------|---------------------------------------|-----------------|----------------------------|------------------|------|------|--------------------------|--------|---------------------------|-------------------|--------|------------------|---------------|-------------|--------------------|-------------------|---------|--------------------|-----------------------|-------------------|---------------------|--------------|---------|------------|-------|---------|---------------|-------------------|------|--------|-------|-------------|--|--|------|--|--|------------|--|--|----------|--|--|------------------|--|--|-------------------|--|
| <input type="checkbox"/> Arrest<br><input checked="" type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal  | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |  | CASE #<br><b>1508P-2554</b> |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>Person Profile</b>  |   |   |  | PAGE 1 OF 2                 |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| OFFENSE(S)<br>Protected Health Information<br>Protected Health Information   |   | OFFENSE(S) cont'd                               |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/14/15 01:40 Friday</b> TO <b>08/14/15 01:20 Friday</b>   |   | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b> |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| LOCATION OF OCCURENCE<br><b>17 Palazzo Tower 141</b>   |   | LOCATION NAME                                   | TYPE OF LOCATION   | BEAT      SECTOR            |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>PERSONS</b>   |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Codes: V = Victim   W = Witness   S = Suspect   A = Arrestee   D = Detainee   C = Complainant   R = Party   O = Other  |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| CODE<br><b>GU</b>  | NAME - LAST, FIRST, MIDDLE, S-EPX<br><b>1 OF 2</b>                      | 008   | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>MO INFORMATION</b>  |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <table> <tbody> <tr> <td><b>Base Line Vitals &amp; History</b></td> <td><b>Demeanor</b></td> <td><b>Odor of Intoxicants</b></td> </tr> <tr> <td>Normal Breathing</td> <td>Calm</td> <td>None</td> </tr> <tr> <td>Regular Breathing Rhythm</td> <td>Polite</td> <td><b>Patient Assessment</b></td> </tr> <tr> <td>Normal Pulse Rate</td> <td>Normal</td> <td>Patient is Alert</td> </tr> <tr> <td>Regular Pulse</td> <td>Facial Hair</td> <td>Airway Status Open</td> </tr> <tr> <td>Skin Color Normal</td> <td>Unknown</td> <td>Breathing Adequate</td> </tr> <tr> <td>Skin Condition Normal</td> <td>Facial Hair:Color</td> <td>Circulation Present</td> </tr> <tr> <td><b>Build</b></td> <td>Unknown</td> <td>Tenderness</td> </tr> <tr> <td>Heavy</td> <td>Glasses</td> <td><b>Speech</b></td> </tr> <tr> <td><b>Complexion</b></td> <td>None</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Hair Length</td> <td></td> </tr> <tr> <td></td> <td>Long</td> <td></td> </tr> <tr> <td></td> <td>Hair Style</td> <td></td> </tr> <tr> <td></td> <td>Straight</td> <td></td> </tr> <tr> <td></td> <td>Medical Supplies</td> <td></td> </tr> <tr> <td></td> <td>Disposable Gloves</td> <td></td> </tr> </tbody> </table> |   |   |  |                             | <b>Base Line Vitals &amp; History</b> | <b>Demeanor</b> | <b>Odor of Intoxicants</b> | Normal Breathing | Calm | None | Regular Breathing Rhythm | Polite | <b>Patient Assessment</b> | Normal Pulse Rate | Normal | Patient is Alert | Regular Pulse | Facial Hair | Airway Status Open | Skin Color Normal | Unknown | Breathing Adequate | Skin Condition Normal | Facial Hair:Color | Circulation Present | <b>Build</b> | Unknown | Tenderness | Heavy | Glasses | <b>Speech</b> | <b>Complexion</b> | None | Normal | Clear | Hair Length |  |  | Long |  |  | Hair Style |  |  | Straight |  |  | Medical Supplies |  |  | Disposable Gloves |  |
| <b>Base Line Vitals &amp; History</b>  | <b>Demeanor</b>   | <b>Odor of Intoxicants</b>                      |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Normal Breathing   | Calm  | None  |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Regular Breathing Rhythm   | Polite  | <b>Patient Assessment</b>                       |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Normal Pulse Rate  | Normal  | Patient is Alert                                |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Regular Pulse  | Facial Hair   | Airway Status Open                              |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Skin Color Normal  | Unknown   | Breathing Adequate                              |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Skin Condition Normal  | Facial Hair:Color   | Circulation Present                             |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>Build</b>   | Unknown   | Tenderness                                      |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Heavy  | Glasses   | <b>Speech</b>                                   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>Complexion</b>  | None  | Normal  |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| Clear  | Hair Length   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|  | Long  |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|  | Hair Style  |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|  | Straight  |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|  | Medical Supplies  |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
|  | Disposable Gloves   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>CLOTHING</b>  |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| White shirt blue pants   |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| <b>ADMINISTRATION</b>  |   |   |  |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| BY OFFICER   | DATE/TIME<br><b>08/14/15 05:26</b>                                      | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>08/15/15</b>   |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |
| OFFICER  | UNIT/SHIFT  | ASSIGNED TO                                     | CASE STATUS<br><b>Closed</b>   |                             |                                       |                 |                            |                  |      |      |                          |        |                           |                   |        |                  |               |             |                    |                   |         |                    |                       |                   |                     |              |         |            |       |         |               |                   |      |        |       |             |  |  |      |  |  |            |  |  |          |  |  |                  |  |  |                   |  |

CR-1 Arnol/042511 Entered by:

APDC (Rev. 05/03/11) Print Date: 09/25/2015

VEN 744

3053

|   |                                     |   |   |  |                             |
|---|-------------------------------------|---|---|--|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |  | CASE #<br><b>1508P-2554</b> |
| Crime   | <input type="checkbox"/>            | <b>Person Profile</b>   |   |  | PAGE <b>2 OF 2</b>          |
| Non-Criminal  | <input checked="" type="checkbox"/> |   |   |  |                             |
| OFFENSE(S)<br><b>Protected Health Information<br/>Protected Health Information</b>                      |                                     | OFFENSE(S) cont'd   |   |  |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/14/15 01:40 Friday</b> TO <b>08/14/15 01:20 Friday</b>         |                                     | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b>                         |   |  |                             |
| LOCATION OF OCCURENCE<br><b>17 Palazzo Tower 141</b>  |                                     | LOCATION NAME   | TYPE OF LOCATION                                | BEAT   | SECTOR                      |
| <b>PERSONS</b>  |                                     |   |   |  |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |   |   |  |                             |
| CODE<br><b>GU</b>   | <b>2 OF 2</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX                                      | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>MO INFORMATION</b>   |                                     |   |   |  |                             |
| <b>Base Line Vital &amp; History</b>  |                                     | <b>Eyes</b><br>Normal   | <b>Hair Style</b><br>Straight                   |  |                             |
| Normal Breathing<br>Regular Breathing Rhythm  |                                     | <b>Facial Hair</b><br>Unknown   | <b>Odor of Intoxicants</b><br>Moderate          |  |                             |
| <b>Build</b><br>Thin  |                                     | <b>Facial Hair:Color</b><br>Unknown                                     | <b>Patient Assessment</b><br>Patient is Alert   |  |                             |
| <b>Complexion</b><br>Clear  |                                     | <b>Glasses</b><br>Prescription  | Airway Status Open                              |  |                             |
| <b>Demeanor</b><br>Calm<br>Polite   |                                     | <b>Hair Length</b><br>Long  | Breathing Adequate                              |  |                             |
| <b>CLOTHING</b>   |                                     | <b>Speech</b><br>Normal   |   |  |                             |
| Blue shirt blue pants   |                                     |   |   |  |                             |
| CODE<br><b>OF</b>   | <b>1 OF 1</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Perez, Michael John II</b>     | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CODE<br><b>SU</b>   | <b>1 OF 2</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Hoang, Eddie</b>               | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CODE<br><b>SU</b>   | <b>2 OF 2</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Byers, Nathan</b>              | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CODE<br><b>T</b>  | <b>1 OF 1</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Fesel, Marc</b>                | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>ADMINISTRATION</b>   |                                     |   |   |  |                             |
| BY OFFICER  |                                     | DATE/TIME<br><b>08/14/15 05:26</b>                                      | APPROVED BY<br><b>Anthony Bersano 800043106</b> | DATE APPROVED<br><b>08/15/15</b>   |                             |
| OFFICER   |                                     | UNIT/SHIFT  | ASSIGNED TO                                     | CASE STATUS<br><b>Closed</b>   |                             |

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3054

Arrest  
Crime  
Non-Criminal

**Palazzo Security**  
3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CASE #  
**1508P-2554**

Page 1 of 2

**Narrative Report**

OFFENSE(S)  
**Protected Health Information  
Protected Health Information**

OFFENSE(S) con'td

DATE TIME AND DAY OF OCCURENCE  
**08/14/15 01:40 Friday**

TO **08/14/15 01:20 Friday**

DATE AND TIME REPORTED  
**08/14/15 01:40**

LOCATION OF OCCURENCE  
**17 Palazzo Tower 141**

LOCATION NAME

TYPE OF LOCATION

SECTOR

**NARRATIVE**

On August 14, 2015 at 0130 I observed a female sitting down in the middle of the Hallway by the Venetian Grand Lobby. The female verbally identified herself as Venetian Guest in Suite #17-141 [REDACTED]. [REDACTED] stated she walking with her daughter [REDACTED] down the hallway when she slipped on some water that was left on the floor and fell on her back. [REDACTED] stated that she was not able to stand due to throbbing pain to her hip, foot, and knee.

Upon my initial assessment, [REDACTED] was alert and oriented to person, place, time and event, had a patent airway, with shallow breathing and equal chest rise and fall. [REDACTED] was complaining of pain at a level of 6 on a scale from 1-10 on her right lower leg, foot, and hip. [REDACTED] had adequate pulse, sensory, and motor function in all extremities. I did not note any redness, bruising, contusions, swelling, abrasions, or lacerations on any of her extremities. I advised [REDACTED] that she should medical attention at a local hospital. [REDACTED] declined seeking further medical attention and stated that she wanted to be escorted back up to her suite #17-141.

I helped [REDACTED] up from a seated position on the ground to a wheelchair. When I helped [REDACTED] up I did not note any liquid on the ground. I escorted [REDACTED] back up to her suite without any further incident while Venetian Security Officer Perez, Michael TM#41105 stood by where [REDACTED] slipped and fell to complete a accident scene check with facilities. Perez and Facilities Team Member Fesel, Marc TM# 40143 did not note any defects or hazards within the area.

[REDACTED] filled out a Voluntary Statement and refused to sign a Acknowledgment of First Aid Form. Both Palazzo Security Manager Hoang, Eddie TM#42956 Venetian Front Desk Manager Byers, Nathan TM# 28628 were notified of the incident.

**Attachments**

Accident Scene Check  
Voluntary Statement  
Voluntary Statement  
Billing Portfolio

**ADMINISTRATION**

|            |                         |                                  |                              |
|------------|-------------------------|----------------------------------|------------------------------|
| BY OFFICER | DATE/TIME               | APPROVED BY                      | DATE APPROVED                |
|            | <b>08/14/2015 05:26</b> | <b>Anthony Bersano 000043106</b> | <b>08/15/15</b>              |
| OFFICER    | INIT/SHIFT              | ASSIGNED TO                      | CASE STATUS<br><b>Closed</b> |

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APDC (Rev. 03/17/10) Print Date: 09/25/2015

VEN 746

**3055**

|  |                                     |  |                           |             |
|--|-------------------------------------|--|---------------------------|-------------|
| Arrest   | <input type="checkbox"/>            | <b>Palazzo Security</b>                      |                           | CASE #      |
| Crime  | <input checked="" type="checkbox"/> | 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           | 1508P-2554  |
| Non-Criminal   | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                      |                           | Page 2 of 2 |
| OFFENSE(S)   |                                     | OFFENSE(S) cont'd                            |                           |             |
| <b>Protected Health Information</b><br><b>Protected Health Information</b> |                                     |  |                           |             |
| DATE, TIME AND DAY OF OCCURENCE<br>08/14/15 01:40 Friday                   |                                     | DATE AND TIME REPORTED<br>08/14/15 01:40     |                           |             |
| LOCATION OF OCCURENCE<br>17 Palazzo Tower 141                              | LOCATION NAME                       | TYPE OF LOCATION                             | UNIT                      | SECTOR      |
| NARRATIVE  |                                     |  |                           |             |
| Photographs 1-2  |                                     |  |                           |             |
| <b>ADMINISTRATION</b>  |                                     |  |                           |             |
| BY OFFICER   | DATE/TIME<br>08/14/2015 05:26       | APPROVED BY<br>Anthony Bersano 000043106     | DATE APPROVED<br>08/15/15 |             |
| OFFICER  | UNIT/SHIFT                          | ASSIGNED TO                                  | CASE STATUS<br>Closed     |             |

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VEN 747

**3056**

|  |                                   |   |  |                             |
|--|-----------------------------------|---|--|-----------------------------|
| Arrest<br><input type="checkbox"/>   | Crime<br><input type="checkbox"/> | Non-Criminal<br><input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 | CASE #<br><b>1508P-2554</b> |
| <b>Supplemental Report</b>   |                                   |   |  | PAGE<br><b>1 OF 1</b>       |
| OFFENSE(S)<br><b>Informational</b>   |                                   | OFFENSE(S) cont'd                                   |  |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/14/15 07:45 Friday TO 08/14/15 07:59 Friday</b>   |                                   | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b>     |  |                             |
| LOCATION OF OCCURENCE<br><b>17 Venetian Tower 141, Las Vegas</b>   | LOCATION NAME                     | TYPE OF LOCATION                                    | BEAT   | SECTOR                      |
| CASE SUMMARY<br><b>Protected Health Information - Guest of Suite 17-141 - Hammonds, Susan</b>  |                                   |   |  |                             |
| NARRATIVE  |                                   |   |  |                             |
| <p>On August 14th, 2015 at 7:43am, Security Control contacted me and advised me that the guest of Suite 17-141 was requesting a wheelchair escort to the Taxi Line so she could self-transport to a hospital. I was advised that she had suffered a slip and fall incident on the previous shift at approximately 1:30am. It was noted that Guest Services was contacted to provide the wheelchair escort, but refused due to medical history. I arrived on scene and met with the guest of Suite 17-141 [REDACTED] who was seated on a chaise lounge chair. She did not appear to be in any immediate distress at that time.</p> <p>[REDACTED] was alert and oriented to person, place, time, and events, had a patent airway, and was breathing adequately. She noted that she was not able to ambulate very far on her own and was assisted to the wheelchair. She stated that the pain had gotten worse in her left leg over night and she felt like her left foot and toes were now tingling. She stated that the tingling turned into pain when bearing weight was attempted on the left leg.</p> <p>A wheelchair escort was provided to the Taxi Line where [REDACTED] departed property via Nellis Cab 726 to Sunrise Hospital at 7:59am.</p> <p>Front Desk Manager Perry, Melissa TM#29476 was notified.</p> <p>No attachments available.</p> |                                   |   |  |                             |

#### ADMINISTRATION

|  |  |   |                                  |
|--|--|---|----------------------------------|
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER |   |                                  |
| BY OFFICER<br><b>J. Larson 000025821</b>   | DATE/TIME<br><b>08/14/2015 09:25</b>   | APPROVED BY<br><b>Jacob Johnson 000025575</b> | DATE APPROVED<br><b>08/14/15</b> |
| OFF CER  | UNIT/SHIFT   | ASSIGNED TO                                   | CASE STATUS<br><b>Closed</b>     |

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

APDC (Rev. 03/5/10) Print Date: 09/25/2015

VEN 748

**3057**

|              |                                     |  |  |                             |
|--------------|-------------------------------------|--|--|-----------------------------|
| Arrest       | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  | CASE #<br><b>1508P-2554</b> |
| Crime        | <input type="checkbox"/>            |  |  | PAGE 1 OF 1                 |
| Non-Criminal | <input checked="" type="checkbox"/> | <b>Additional Crimes, Persons and Vehicles</b>                           |  |                             |

|                                    |                    |
|------------------------------------|--------------------|
| OFFENSE(S)<br><b>Informational</b> | OFFENSE(S) cont'd. |
|------------------------------------|--------------------|

DATE, TIME AND DAY OF OCCURENCE  
**08/14/15 07:45 Friday** TO **08/14/15 07:59 Friday** DATE AND TIME REPORTED  
**08/14/15 01:40**

LOCATION OF OCCURENCE **17 Venetian Tower 141, 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  NO

|   |        |   |      |         |          |           |         |
|---|--------|---|------|---------|----------|-----------|---------|
| CODE<br><b>GU</b>                       | 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX                            | HOME | PHONE 1 |          |           |         |
|   |        | RACE  | SEX  | AGE     | DOB      | ADDRESS 2 | PHONE 2 |
| DL                                      | STATE  | SSN   |      |         | INJURIES | ADDRESS 3 | PHONE 3 |
| CODE<br><b>MN</b>                       | 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Perry, Melissa A</b> |      |         |          | ADDRESS 1 | PHONE 1 |
| OCCUPATION<br><b>Front Desk Manager</b> |        | RACE  | SEX  | AGE     | DOB      | ADDRESS 2 | PHONE 2 |
| DL                                      | STATE  | SSN   |      |         | INJURIES | ADDRESS 3 | PHONE 3 |

### ADMINISTRATION

|  |                                    |   |                                  |
|--|------------------------------------|---|----------------------------------|
| BY OFFICER<br><b>J. Larson 000025821</b> | DATE/TIME<br><b>08/14/15 09:25</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b> | DATE APPROVED<br><b>08/14/15</b> |
| OFFICER                                  | UNIT/SHIFT                         | ASSIGNED TO                                   | CASE STATUS<br><b>Closed</b>     |

AMDC (Rev. 09/11/07) Print Date: 09/25/2015

VEN 749

3058

|   |  |   |   |  |   |   |  |                  |   |         |
|---|--|---|---|--|---|---|--|------------------|---|---------|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>                                | <b>Palazzo Security</b><br>3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |   |   |  |                  | CASE#<br><b>1508P-2554</b>  |         |
| <b>CR-1</b>   |  |   |   |  |   |   |  |                  | PAGE<br><b>1</b>  |         |
| OFFENSE(S)<br><b>Protected Health Information</b><br><b>Protected Health Information</b>                          |  |   | OFFENSE(S) cont'd   |  |   |   |  |                  |   |         |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/14/15 01:40 Friday</b>   |  |   | TO <b>08/14/15 01:20 Friday</b>   |  | DATE AND TIME REPORTED<br><b>08/14/15 01:40</b> | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                  |   |         |
| LOCATION OF OCCURENCE<br><b>17 Palazzo Tower 141</b>  |  |   | LOCAT ON NAME   |  | TYPE OF LOCATION                                |   | SEAT                                   | SECTOR           |   |         |
| <b>PERSONS</b>  |  |   |   |  |   |   |  |                  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                         |  |   |   |  |   |   |  |                  |   |         |
| CODE<br><b>GU 1 OF 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |   | SEX  | AGE   | DOB   | ADDRESS 1                              | PHONE 1          |   |         |
| OCCUPATION  | RACE   | WT  | HAIR  | EYE  | INJURIES  | ADDRESS 2   | PHONE 2                                |                  |   |         |
| DL  | STATE  | SS#   |   |  | ADDRESS 3                                       | PHONE 3   |  |                  |   |         |
| CODE<br><b>GU 2 OF 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |   | SEX  | AGE   | DOB   | ADDRESS 1                              | PHONE 1          |   |         |
| OCCUPATION  | RACE   | WT  | HAIR  | EYE  | INJURIES  | ADDRESS 2   | PHONE 2                                |                  |   |         |
| DL  | STATE  | SS#   |   |  | ADDRESS 3                                       | PHONE 3   |  |                  |   |         |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |  |   |   |  |   |   |  |                  |   |         |
| SUMMARY<br><b>Protected health information for Venetian Guest in Suite #17-141 [REDACTED]</b>                     |  |   |   |  |   |   |  |                  |   |         |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF | LICENS E (NO AND STATE)  |   |   | YEAR   | MAKE  | MODEL   | BODY TYPE                              | COLOR            | VIN   |         |
| TOW REPORT<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                 | GARAGE NAME AND PHONE  |   |   | REGISTERED OWNER   |   |   | RIG ADDRESS                            |                  |   |         |
| <b>SUSPECT(S) / ARRESTEE(S)</b>   |  |   |   |  |   |   |  |                  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim        |  |   |   |  |   |   |  |                  |   |         |
| CODE<br><b>OF</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |   | WT   | HAIR  | EYE   | AGE                                    | DOB              | ADDRESS 1   | PHONE 1 |
| RACE  | SEX  | WT  | HAIR  | EYE  | AGE   | DOB   |  |                  | ADDRESS 2   | PHONE 2 |
| OCCUPATION  |  |   |   | INJURIES   |   |   |  |                  | ADDRESS 3   | PHONE 3 |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    | AKA's  |   |   |  |   |   | ARRESTEE DISPOSITION                   | RELEASE LOCATION | ARREST DATE / TIME  |         |
| DL  | STATE  | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | BOOKING #   | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #                                      | SS#   | CIN#                                   |                  |   |         |
| CHARGES   |  |   |   |  |   |   |  |                  |   |         |
| CODE<br><b>OF</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |   | WT   | HAIR  | EYE   | AGE                                    | DOB              | ADDRESS 1   | PHONE 1 |
| RACE  | SEX  | WT  | HAIR  | EYE  | AGE   | DOB   |  |                  | ADDRESS 2   | PHONE 2 |
| OCCUPATION  |  |   |   | INJURIES   |   |   |  |                  | ADDRESS 3   | PHONE 3 |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    | AKA's  |   |   |  |   |   | ARRESTEE DISPOSITION                   | RELEASE LOCATION | ARREST DATE / TIME  |         |
| DL  | STATE  | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | BOOKING #   | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #                                      | SS#   | CIN#                                   |                  |   |         |
| CHARGES   |  |   |   |  |   |   |  |                  |   |         |
| <b>ADMINISTRATION</b>   |  |   |   |  |   |   |  |                  |   |         |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 | FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br>PAT   | DET   | DA   | COURT   | PROBATION   | VWAP                                   | OTHER            |   |         |
| BY OFF DER  |  | DATE/TIME<br><b>08/14/15 05:26</b>  |   | APPROVED BY<br><b>Anthony Bersano 000043105</b>                                |   |   |  |                  | DATE APPROVED<br><b>08/15/15</b>  |         |
| OFFICER   |  | UNIT/SHIFT  |   | ASSIGNED TO  |   |   |  |                  | CASE STATUS<br><b>Closed</b>  |         |

CR-1 Arnol/042511 Entered by:

APDC (Rev. 01/26/12) Print Date 09/25/2015

VEN 750

3059



Incident Report Number: 108P-2854

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 140 am Date: 8-14-15

Guest Suite: ✓

Defects Noted (Explain in detail): NO DEFECTS

Actions Taken: INSPECTED AREA

Lighting Normal? (If no, explain): Normal

Outside Diagram?  Yes  No

Checked by Security Officer (Name): PIEREZ, MICHAEL

TM #: 41105

Engineer

Time: 140 am Date: 8-14-15 Guest Suite: ✓

Defects Noted (Explain in Detail):

No defects noted

Actions Taken: Inspected area.

Checked by Engineer (Name): Marc Fesel

TM #: 40143

VEN 751

3060

GM1G 08/14/2015 VENETIAN RESORT & CASINO 01:48 AM GINFO  
 CMD T/A RESERVATION CHANGE 422172105965  
 AR 81215 Wed DP 81515 Sat A/C 1 RP SPCR GP SPCR6Q RB -  
 STATUS I INHSE ACT C/S ETA HOT 2PM LCO PCR  
 WG TYPE ROOM# R/C RATE A/C  
 VE QNS 17141 140.00 1 OVRID Q NET N PRT N TRN NRG  
 LAST [REDACTED] TITLE MR GTYP RMK  
 COMPANY [REDACTED] ATTN TYP H/B H  
 ADR1/2 [REDACTED]  
 CITY [REDACTED] COUNTRY US X LNG ENG REQ  
 PHONE [REDACTED] ADDL NAMES F/T CPN  
 CREDIT INFO [REDACTED] Agents Who Have Worked On This Reservation  
 STL MTII FMC NBR HIST ID  
 CRDT LMT [REDACTED]  
 DEP REQ AMT [REDACTED]  
 DEP REC AMT [REDACTED]  
 ADV CODE H X  
 CAS# [REDACTED]  
 ^Swipe or F1 Cus ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

|                   | VIP       | PC      | SRC | HC | RSN | HT | PRM | HIST | N             |
|-------------------|-----------|---------|-----|----|-----|----|-----|------|---------------|
| RESERVATIONS      | IIGVENRES |         |     |    |     |    |     |      |               |
| CHECK IN          | FUENTESC  |         |     |    |     |    |     |      |               |
| CHECK OUT         |           |         |     |    |     |    |     |      |               |
| LAST MODIFIED     | FDCA01J   |         |     |    |     |    |     |      |               |
| LAST CONFIRMATION |           | 8/03/15 |     |    |     |    |     |      |               |
|                   |           |         |     |    |     |    |     |      | LAST NUMBER 1 |

Nathan Biers  
 #28628

1508P- 2554

VEN 752

3061

# THE VENETIAN | THE PALAZZO

## SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE \_\_\_\_ OF \_\_\_\_

IR 2554

|   |  |                        |             |
|---|--|------------------------|-------------|
| TYPE OF INCIDENT:   | Slip and fall  |                        |             |
| DATE OCCURRED:  | 5/19/15  | TIME OCCURRED:         | 105 (am)/pm |
| LOCATION OF OCCURRENCE:   | Hallway - Front Lobby Venetian   |                        |             |
| NAME OF PERSON GIVING STATEMENT:  |  |                        |             |
| GUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>   | HOME PHONE #:  | CELL PHONE #:          |             |
| SUITE #: 17-141   | BUSINESS PHONE #:  | PAGER #:               |             |
| LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME   | staying at hotel   |                        |             |
| RESIDENCE ADDRESS   |  |                        |             |
| BUSINESS ADDRESS  |  |                        |             |
| SOCIAL SECURITY NUMBER:   | DATE OF BIRTH:   |                        |             |
| BEST TIME TO CONTACT:   | (am) pm  | BEST PLACE TO CONTACT: | Home        |
| DETAILS:  | I was walking down the hallway and a puddle of water was left on the floor. When I stepped into the water/liquid I fell to the floor. Two men behind me tried to help me up, but my daughters had an employee called. I was unable to stand on my foot. My foot, knee, and hip were throbbing. I also broke on my hand. I was assisted by wheelchair to the room by a hotel paramedic. |                        |             |
| I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): Hotel Room 17-141-Venetian |  |                        |             |
| ON THE 13 DAY OF August AT 1:30 (am)/pm 2015  |  |                        |             |
| WITNESS: <i>Allen, D. Hart</i>  | Signature of person giving statement   |                        |             |
| WITNESS:  |  |                        |             |

VEN 753

3062

# THE VENETIAN® | THE PALAZZO®

## SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE    OF   

INVEST-2554

|  |   |                        |               |
|--|---|------------------------|---------------|
| TYPE OF INCIDENT:  | Slip and Fall   |                        |               |
| DATE OCCURRED:   | 6/9/15  | TIME OCCURRED:         | 10:00 am / pm |
| LOCATION OF OCCURRENCE:  | Hallway / Front Lobby / Staircase   |                        |               |
| NAME OF PERSON GIVING STATEMENT:   |   |                        |               |
| GUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>  | HOME PHONE:   |                        |               |
| SUITE #:   | 17141   | BUSINESS PHONE #:      |               |
| LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:   |   |                        |               |
| RESIDENCE ADDRESS:   |   |                        |               |
| BUSINESS ADDRESS:  |   |                        |               |
| SOCIAL SECURITY NUMBER:  |   |                        |               |
| BEST TIME TO CONTACT:  | (am / pm)   | BEST PLACE TO CONTACT: | Home phone    |
| DETAILS:   | My room was walking down the hallway of the hotel and she slipped and fell backwards because of a puddle of water on the floor. |                        |               |
| I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): |   |                        |               |
| ON THE   | 14  | DAY OF                 | August        |
| WITNESS:   | Mary K. Hines   |                        |               |
| WITNESS:   |   |                        |               |
| Signature of person giving statement   |   |                        |               |

VEN 754

3063



ISCP- 2554

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

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

Name (Print): [REDACTED]

Signature: [REDACTED]

Address: [REDACTED]

Date of Birth: [REDACTED]

Social Security #: [REDACTED]

Phone: [REDACTED]

Witness: [REDACTED]

Witness: [REDACTED]

Date: 5/10/2015

Time: 1:45

Refused to Sign: YES

Venetian/Palazzo EMT: Arnold

ID# 924

VEN 755

3064



VEN 756

**3065**



VEN 757

**3066**

|  |  |  |  |          |   |                                |   |   |  |
|--|--|--|--|----------|---|--------------------------------|---|---|--|
| Arrest <input type="checkbox"/>  | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109                |  |  |          |   |                                | CASE#<br>1508V-7246   |   |  |
| Crime <input type="checkbox"/>   |  |  |  |          |   |                                | PAGE<br>1   |   |  |
| Non-Criminal <input checked="" type="checkbox"/>   | CR-1   |  |  |          |   |                                |   |   |  |
| OFFENDER(S)<br>Protected Health Information  |  |  | OFFENDER(S) cont'd                       |          |   |                                |   |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>08/29/15 23:34 Saturday  |  |  | DATE AND TIME REPORTED<br>08/29/15 23:34 |          | DEATH STATUS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br>\$0.00 |   |   |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  |  |  | LOCATION NAME                            |          | TYPE OF LOCATION  |                                | MAIL <input type="checkbox"/> SECURE <input type="checkbox"/> |   |  |
| PERSONS  |  |  |  |          |   |                                |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                  |  |  |  |          |   |                                |   |   |  |
| CODE<br>C 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1                                |          | PHONE 1   |                                |   |   |  |
| OCCUPATION   | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 2                      | PHONE 2   |   |  |
| CODE<br>MN 1 or 1  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1                                |          | PHONE 1   |                                |   |   |  |
| OCCUPATION   | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 2                      | PHONE 2   |   |  |
| CODE<br>R 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1                                |          | PHONE 1   |                                |   |   |  |
| OCCUPATION   | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 2                      | PHONE 2   |   |  |
| CODE<br>D 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1                                |          | PHONE 1   |                                |   |   |  |
| OCCUPATION   | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 2                      | PHONE 2   |   |  |
| CASE SUMMARY / VEHICLE INFORMATION   |  |  |  |          |   |                                |   |   |  |
| SUMMARY<br>Protected Health Information  |  |  |  |          |   |                                |   |   |  |
| VEHICLE OWNERSHIP  | LICENSE STATE AND STATE  |  | YEAR                                     | MAKE     | MODEL   | BODY TYPE                      | COLOR   | VIN   | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 1                      | PHONE 1   |   |  |
| OWNER REPORT   | ADDRESS NAME AND PHONE   |  | RELEASE DATE/THROU                       |          | RELEASED BY   |                                |   |   |  |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | SEX  | LAST   | FIRST                                    | MIDDLE   | SUFFIX  | ADDRESS 2                      | PHONE 2   |   |  |
| SUSPECT(S) / ARRESTEE(S)   |  |  |  |          |   |                                |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| Codes: D = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim |  |  |  |          |   |                                |   |   |  |
| CODE<br>D 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1                                |          | PHONE 1   |                                |   |   |  |
| SEX  | LAST   | FIRST  | MIDDLE                                   | SUFFIX   | ADDRESS 2   | PHONE 2                        |   |   |  |
| OCCUPATION   | NAME   |  | ADDRESS 3                                |          | PHONE 3   |                                |   |   |  |
| DEA/R/ MARKS / IDENTIFICATION  | NAME   |  | ARRESTEE DISPOSITION                     |          | RELEASE LOCATION  | ARREST DATE / TIME             |   |   |  |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | SEX  | LAST   | FIRST                                    | MIDDLE   | ADDRESS 1   | PHONE 1                        |   |   |  |
| DR.  | STATE  | ARRESTED   | SEARCHED                                 | SEARCHED | DETAINED  | RELEASED                       |   |   |  |
| CHARGES  |  |  |  |          |   |                                |   |   |  |
| ADMINISTRATION   |  |  |  |          |   |                                |   |   |  |
| VALUED PERSONNEL PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>        | FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIER TO<br><input type="checkbox"/> FBI <input type="checkbox"/> HBT <input type="checkbox"/> OA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER |  |          |   |                                |   |   |  |
| BY OFFICER<br>D. Cabada 000943128  |  |  | DATE/TIME<br>08/30/15 23:18              |          | APPROVED BY<br>Matthew Kaufman 000930582  |                                |   | DATE APPROVED<br>08/31/15   |  |
| DEFENDER   |  |  | UNCLASSIFIED                             |          | ASSISTANT TO  |                                |   | CASE STATUS<br>Closed   |  |

CR-1 Cabada043128 Entered by: David Cabada

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

VEN 758

3067

|  |                                   |   |  |  |  |                           |                      |
|--|-----------------------------------|---|--|--|--|---------------------------|----------------------|
| Arrest<br><input type="checkbox"/>   | Crime<br><input type="checkbox"/> | Non-Criminal<br><input checked="" type="checkbox"/> | <p style="text-align: center;"><b>Venetian Security</b><br/>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109</p> <p style="text-align: center;"><b>Additional Crimes, Persons and Vehicles</b></p> |  |  |                           | CASE #<br>1508V-7246 |
|  |                                   |   |  | PAGE 1 OF 1  |  |                           |                      |
| <b>OFFENDER(S)</b><br>Protected Health Information   |                                   |   |  | OFFENDER(S) (cont.)                                    |  |                           |                      |
| DATE, TIME AND DAY OF OCCURRENCE:<br>08/29/15 23:34 Saturday   |                                   |   |  | DATE AND TIME REPORTED:<br>08/29/15 23:34              |  |                           |                      |
| LOCATION OF OCCURRENCE:<br>1 Lobby 1   |                                   | LOCATION NAME:                                      |  | TYPE OF LOCATION                                       |  | REAS                      | RECTOR               |
| ADDITIONAL OFFENSE(S)  |                                   |   |  |  |  |                           |                      |
| <b>PERSONS</b>   |                                   |   |  |  |  |                           |                      |
| Codes: V = Victim, W = Witness, C = Complainant, P = Parent, G = Guardian, R = Party, O = Other<br>CODE: NAME : LAST, FIRST, MIDDLE, SUFFIX<br>TM 1 or 2 Fesel, Marc |                                   |   |  |  |  |                           |                      |
| OCCUPATION:<br>Facilities  |                                   |   |  | ADDRESS 1<br>11 STATE: 89106<br>ADDRESS 2<br>ADDRESS 3 |  |                           |                      |
| CODE: NAME : LAST, FIRST, MIDDLE, SUFFIX<br>TM 2 or 2 De Jesus, Joseph Bantug  |                                   |   |  | ADDRESS 1<br>ADDRESS 2<br>ADDRESS 3                    |  |                           |                      |
| OCCUPATION:<br>Security Officer/EMT  |                                   |   |  | ADDRESS 1<br>ADDRESS 2<br>ADDRESS 3                    |  |                           |                      |
| <b>ADMINISTRATION</b>  |                                   |   |  |  |  |                           |                      |
| BY OFFICER<br>D. Cabada 000043128  |                                   | DATETIME<br>08/30/15 23:18                          |  | APPROVED BY<br>Mathew Kaufman 000030582                |  | DATE APPROVED<br>08/31/15 |                      |
| OFFICE:  |                                   | LINE/DEPT:  |  | ASSIGNED TO:   |  | CASE STATUS:<br>Closed    |                      |

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

VEN 759

3068

|   |  |   |  |                             |
|---|--|---|--|-----------------------------|
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 | CASE #<br><b>1508V-7248</b> |
| Arrest  | Crime  | Non-Criminal  | PAGE 1 OF 1  |                             |
|   |  |   | <b>Case MO</b>   |                             |
| OFFENDER(S)<br><b>Protected Health Information</b>  |  |   | OFFENDER(S) cont'd.  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/29/15 23:34 Saturday</b>  |  |   | DATE AND TIME REPORTED<br><b>08/29/15 23:34</b>                          |                             |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  | LOCATION NAME  | TYPE OF LOCATION  | MEAT   | SECTOR                      |
| <b>MO DATA</b>  |  |   |  |                             |
| <b>Incident Information</b><br><br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>Video Tape of Incident Available | <b>Lighting Conditions</b><br><br>Room Lights<br><b>Security Stats (Click One Box)</b><br><br>Protected Health Information   | <b>Surface Conditions</b><br><br>Marble<br>Flat<br>Wet / Slippery |  |                             |
| <b>ADMINISTRATION</b>   |  |   |  |                             |
| FOLLOW UP<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | LEADER TO<br><input type="checkbox"/> PAX <input type="checkbox"/> O&I <input type="checkbox"/> HQ <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER | APPROVED BY<br><b>Mathew Kaufman 000030582</b>                    | DATE APPROVED<br><b>08/31/15</b>   |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | SIGNATURE  | ASSISTANT TO  | DATE RECEIVED<br><b>Closed</b>   |                             |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 760

**3069**

|   |   |   |  |   |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |   |  | CASE #<br><b>1508V-7246</b><br><br>PAGE <b>1 OF 2</b>                                 |
| OFFENDER<br>Protected Health Information  |   |   |  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/29/15 23:34 Saturday</b>  |   | DATE AND TIME REPORTED<br><b>08/29/15 23:34</b> |  |   |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |   | LOCATION NAME:                                  | TYPE OF LOCATION                               | RELAT. <input type="checkbox"/> <input checked="" type="checkbox"/>                   |
| <b>PERSONS</b>  |   |   |  | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Codes: V = Victim W = Witness S = Suspect A = Arrested D = Detainee C = Complaintant R = Party O = Other<br><b>CODE</b> <b>NAME: LAST, FIRST, MIDDLE, SUFFIX</b> <b>SEX</b> <b>This report contains Person Profile information only.</b><br><b>Please refer to the primary report(s) for additional information.</b>  |   |   |  |   |
| <b>NO INFORMATION</b>   |   |   |  |   |
| <p><b>Base Line Vitals &amp; History</b></p> <p>Normal Breathing<br/>Regular Breathing Rhythm<br/>Normal Pulse Rate<br/>Strong Pulse<br/>Skin Color Normal<br/>Pupils are PEARL.<br/>Blood Pressure Normal</p> <p><b>Build</b><br/>Medium</p> <p><b>Demeanor</b><br/>Calm</p> <p><b>Eyes</b><br/>Clear<br/>Normal</p> <p><b>Hair Length</b><br/>Shoulder length</p> <p><b>Medical Supplies</b></p> <p>B/P Cuff<br/>Stethoscope<br/>Cold Packs<br/>Disposable Gloves<br/>Band-aid<br/>Clean Wipe</p> <p><b>Odor of Intoxicants</b><br/>None</p> <p><b>Patient Assessment</b></p> <p>Patient is Alert<br/>Airway Status Open<br/>Breathing Adequate<br/>Circulation Absent.<br/>Patient has a Trauma/JInjury<br/>Abusions<br/>Tenderness<br/>Swelling</p> <p><b>Speech</b><br/>Normal</p> |   |   |  |   |
| <b>CLOTHING</b>   |   |   |  |   |
| <b>CODE</b> <b>NAME: LAST, FIRST, MIDDLE, SUFFIX</b> <b>SEX</b> <b>This report contains Person Profile information only.</b><br><b>Please refer to the primary report(s) for additional information.</b>  |   |   |  |   |
| <b>CLOTHING</b>   |   |   |  |   |
| <b>CODE</b> <b>NAME: LAST, FIRST, MIDDLE, SUFFIX</b> <b>SEX</b> <b>This report contains Person Profile information only.</b><br><b>Please refer to the primary report(s) for additional information.</b>  |   |   |  |   |
| <b>CLOTHING</b>   |   |   |  |   |
| <b>ADMINISTRATION</b>   |   |   |  |   |
| BY OFFICER<br><b>D. Cabada 000043128</b>  |   | DATE/TIME<br><b>08/30/15 23:18</b>              | APPROVED BY<br><b>Mathew Kaufman 000030582</b> | DATE APPROVED<br><b>08/31/15</b>  |
| REASON<br>Entered   |   | LAST UPDATED<br>08/30/15 23:18                  | RELEASED TO<br>APDC                            | LAST STATUS<br><b>Closed</b>  |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 761

3070

|   |   |  |               |  |
|---|---|--|---------------|--|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |  |               | CASE #<br><b>1508V-7246</b><br><br>PAGE <b>2</b> OF <b>2</b>   |
| <b>OFFENDER</b><br><b>Protected Health Information</b>  |   | <b>OFFENDER cont.</b>  |               |  |
| DATE, TIME AND DAY OF DOCUMENTATION<br><b>08/29/15 23:34 Saturday</b>   |   | DATE AND TIME REPORTED<br><b>08/29/15 23:34</b>  |               |  |
| LOCATION OF DOCUMENTATION<br><b>1 Lobby 1</b>   |   | LOCATION NAME  |               | TYPE OF LOCATION   |
| <b>PERSONS</b>  |   | <small>CODE: V = Victim, W = Witness, S = Suspect, A = Arrestee, D = Detainee, C = Complainant, R = Party, O = Other</small> |               |  |
| CODE  | 1 OF 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |               | NOTE   |
| TM  |   | <b>Fesel, Marc</b>   |               | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |   |  |               |  |
| CODE  | 2 OF 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |               | NOTE   |
| TM  |   | <b>De Jesus, Joseph Baritug</b>  |               | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |   |  |               |  |
| <b>ADMINISTRATION</b>   |   |  |               |  |
| BY OFFICER  | DATE/TIME   | ASSIGNED TO  | LAST APPROVED |  |
| D. Cahada 000043128   | 08/30/15 23:18  | Mathew Kaufman 000030582   | 08/31/15      |  |
| OFFICER   | LAST  | ASSIGNED TO  | LAST APPROVED |  |
|   |   |  | Closed        |  |

CR-I Cahada/043128 Entered by: David Cahada

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

VEN 762

**3071**

|   |  |   |                                  |                              |
|---|--|---|----------------------------------|------------------------------|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                                  | CASE #<br>1508V-7246         |
| <b>Narrative Report</b>   |  |   |                                  | Page 1 of 2                  |
| OFFENDER:<br><b>Protected Health Information</b>  |  | Criminologist                                   |                                  |                              |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/29/15 23:34 Saturday</b>  |  | DATE AND TIME REPORTED<br><b>08/29/15 23:34</b> |                                  |                              |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  | COURT NAME   | NAME OF LOCATION                                | UNIT                             | SECTION                      |
| SUBJECTIVE  |  |   |                                  |                              |
| <p>On 8/29/2015 at approximately 2334 hours Emergency Medical Technician De Jesus, Joseph TM#43129 and I were dispatched to Lobby 1 for a slip and fall. Upon my arrival I made contact with Guest [REDACTED]. [REDACTED] stated [REDACTED] slipped on some clear liquid and hit her head. I noted that Public Area Department was on scene upon my arrival cleaning the wet spill upon my arrival.</p> <p>I noted that [REDACTED] was standing when I arrived on scene. [REDACTED] had a positive and patient airway, adequate breathing, and a positive pulse. [REDACTED] was alert and orientated to person, place, time, and events. I did not note any apparent life threats or major bleed upon my initial assessment. [REDACTED] stated she slip and hit the back of her head and her back. [REDACTED] denied loss of consciousness from the slip and fall. [REDACTED] denied neck or back pain from the incident. I sat [REDACTED] in a wheelchair and assisted her to the front of Bouchon Bakery for privacy. [REDACTED] complained of nausea. Upon a palpitation of [REDACTED] head I noted a minor hematoma to the posterior side of her head. I did not note any blood to the posterior side of her head. I did not note any deformities, contusions, abrasions, penetrations, burns, or lacerations to the posterior side of her head. [REDACTED] denied tenderness to her neck or back upon a physical exam. [REDACTED] denied limited movement to her extremities. [REDACTED] had full pulse, motor, and sensory to all four extremities without limitations. De Jesus obtained a blood pressure of 140 mm Hg upon palpation, a radial pulse of 86, and respirations of 16. [REDACTED] s pupils were equal and reactive bilaterally. I applied an ice pack to the posterior side of [REDACTED] head. [REDACTED] denied Emergency Medical Services at that time but wanted the incident documented. [REDACTED] filled out a Medical Release and a Guest Accident Report. [REDACTED] was advised to seek further medical care. [REDACTED] departed to her Suite without further incident.</p> <p>Facilities Team Member Fesel, Marc TM#40143 arrived on scene and conducted an accident scene check. Photos of the incident area are available and attached to this report. Video coverage of the incident is available per Surveillance. Security Manager Alvonellos, Tim TM#3460 was advised of the incident. Front Desk Manager Lambert, Thomas TM#33254 was advised of the incident. An Accident Scene Check, Guest Accident Form, Medical Release, and Billing Portfolio is attached to this report.</p> |  |   |                                  |                              |
| ADMINISTRATION  |  |   |                                  |                              |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | DATE/TIME<br><b>08/30/2015 23:18</b>                                     | ASSISTED BY<br><b>Mathew Kaufman 000030582</b>  | DATE APPROVED<br><b>08/31/15</b> | DATE STATUS<br><b>Closed</b> |

|  |                                       |  |                                  |                        |                             |
|--|---------------------------------------|--|----------------------------------|------------------------|-----------------------------|
| Arrest   | <input type="checkbox"/>              | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |                        | CASE #<br><b>1508V-7246</b> |
| Crime  | <input type="checkbox"/>              | <b>Narrative Report</b>  |                                  |                        | Page 2 of 2                 |
| Non-Criminal   | <input checked="" type="checkbox"/>   |  |                                  |                        |                             |
| CEREMONY<br>Protected Health Information                           |                                       | CEREMONY<br>Protected Health Information                                 |                                  |                        |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/29/15 23:34 Saturday</b> |                                       | DATE AND TIME REPORTED<br><b>08/29/15 23:34</b>                          |                                  |                        |                             |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>                         | EXCERPT FROM<br><b>None</b>           | TYPE OF LOCATION<br><b>None</b>  | PERIOD<br><b>None</b>            | SECTION<br><b>None</b> |                             |
| INVESTIGATOR<br><b>None</b>  |                                       |  |                                  |                        |                             |
| <b>ADMINISTRATION</b>  |                                       |  |                                  |                        |                             |
| ATTORNEY<br><b>D. Cabada 000043128</b>                             | SUPERVISOR<br><b>08/30/2015 23:18</b> | APPROVED BY<br><b>Mathew Kaufman 000030582</b>                           | DATE APPROVED<br><b>08/31/15</b> |                        |                             |
| OFFICER<br><b>None</b>   | APPROVED BY<br><b>None</b>            | APPROVED BY<br><b>None</b>   | DATE STATUS<br><b>Closed</b>     |                        |                             |

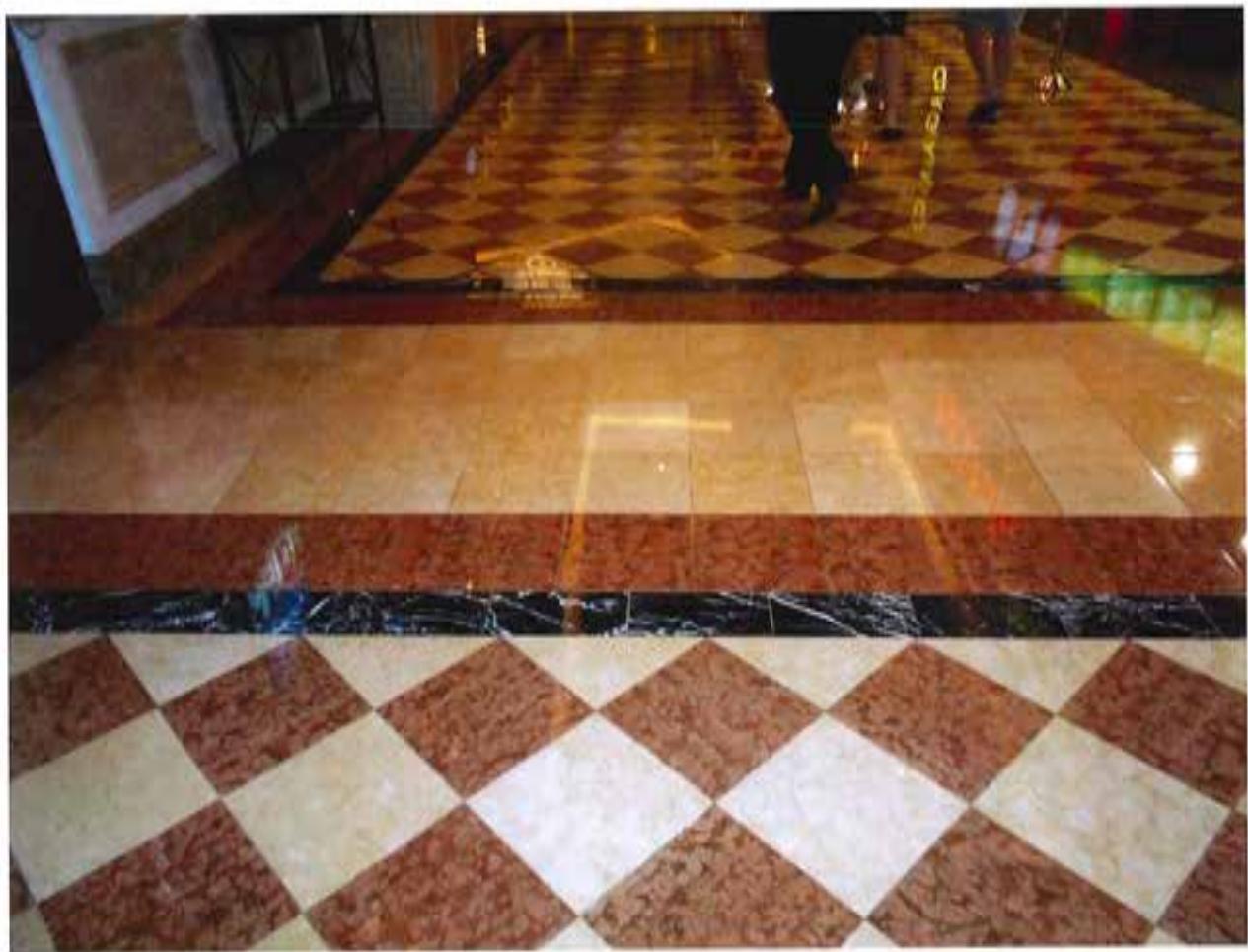
CR-1 Cabada/043128 Entered by: David Cabada

Page 2 of 2

APRS/C (Rev. 01/22/11) Print Date: 06/01/2018

VEN 764

**3073**



VEN 765

**3074**



VEN 766

**3075**



VEN 767

**3076**



VEN 768

**3077**



VEN 769

**3078**



Incident Report Number: 1506V-7246

## Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 2355

Date:

Guest Suite #:

Defects Noted (Explain in detail):

None

Actions Taken:

Outlined facilities

Lighting Normal? (If no, explain): Yes

Outside Diagram?  Yes  No

Checked by Security Officer (Name):

David Cabral

TM #: 43128

Engineer

Time: 12:24 am

Date: 8-30-15

Guest Suite #:

Defects Noted (Explain in Detail):

No defects noted.

Actions Taken: Inspected area

Checked by Engineer (Name): Marc Fesel

TM #: 40143

08/29/2015 SAT 33:27 FAX

0001/001

GM1G 08/30/2015 VENETIAN RESORT & CASINO 12:28 AM GINFO  
 CMD RESERVATION CHANGE 421725995607  
 AR 82515 Tue DP 83015 Sun A/C 2 2 RP MV181SD GP WYEXARQ RB  
 STATUS I INHSE ACT C/S ETA NEAR T/W HOT G/34294/9  
 WG TYPE ROOM R/C RATE A/C  
 YE OONX [REDACTED] 2 2 OVRID Q NET N PRT N TRN - NRG -  
 LAST [REDACTED] FIRST [REDACTED] TITLE [REDACTED] GTYP [REDACTED] RMK  
 COMPANY [REDACTED] ATTN [REDACTED] TYP H/B H  
 ADR1/2 [REDACTED] D STATE/PROV [REDACTED] ZIP [REDACTED] COUNTRY [REDACTED] Y LNG [REDACTED] REQ  
 CITY [REDACTED] ADDL NAMES CPN  
 PHONE 1111 111-1111 X VIP PC SRC OL RSN WD PRM HST N  
 CREDIT INFO Agents Who Have Worked On This Reservation [REDACTED]  
 STL MTH EMC NBR [REDACTED]  
 CRDT LMT [REDACTED]  
 DEP REQ AMT [REDACTED]  
 DEP REC AMT [REDACTED]  
 ADV CODE A X  
 CAS# [REDACTED]  
 HIST ID  
 RESERVATIONS AGENT DATE TIME  
 CHECK IN FDUSIRES 6/18/15 21  
 CHECK OUT FDKUOTM 8/25/15 20:42  
 LAST MODIFIED FDKUOTM 8/25/15 20:45  
 LAST CONFIRMATION 6/19/15 LAST NUMBER 1  
 ^Swipe or F1 Cus ACTIVE FUNCTION KEYS Enter [REDACTED] 1 2 3 4 5 6 7 8 9 10 11 12

Thomas Lambert  
 33254

1508U7246

VEN 771

3080



Incident Report Number: 1508V-7240

## Accident Report – Security

Please type or print clearly.

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

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

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

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

By Whom Employed: [REDACTED]

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

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

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

- Slipped on the a pool of water on the floor. Fell backwards and hit back of the Scalp /head & Neck . hit left elbow. felt dizzy & Nausea .

Date of Accident: 29/08/2015 Time of Accident: 23:35  
Location of Accident (Please be specific): Near The Venetian Gift shop/ Bouchon Bakery

Whom do you consider to blame?: Hotel.

If you consider The Venetian or The Palazzo responsible, please state why: Significant Pool of Water  
on the floor. No signs of warning.  
Photo / Video taken.What, if any, injuries did you sustain?: Head injury , Left elbow , Neck pain .  
What, if any, property damage did you suffer?: Nil

Number of Guests in Your Party at Time of Accident: Four .

Dated this 29 Day of AUGUST 2015 .

Signature of Guest: [REDACTED]

Security Officer: [REDACTED] TM #: 48128  
Guest Checkout Date: [REDACTED]



1508-7246

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

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

Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Refused to Sign: \_\_\_\_\_  
Venetian/Palazzo EMT: *On Duty* ID# 43128

|   |  |   |
|---|--|---|
| Age: _____<br>g/o: _____<br><input type="checkbox"/> CP <input type="checkbox"/> SOB <input type="checkbox"/> Abd' Pain <input type="checkbox"/> Nausea<br><input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Weakness<br><input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Blurred vision<br>Pain Scale _____ out of 10 A/O x _____<br>Trauma: _____ | Gender: M / F<br>Medical Hx:<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____<br>7. _____                     | Notes:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____  |
| Treatment:<br><input type="checkbox"/> Advice only<br><input type="checkbox"/> Vital signs taken<br><input type="checkbox"/> Oxygen: _____ LPM via _____<br><input type="checkbox"/> Other: _____<br>_____<br>_____   | Medications:<br>1. _____ mg<br>2. _____ mg<br>3. _____ mg<br>4. _____ mg<br>5. _____ mg<br>6. _____ mg<br>7. _____ mg<br>8. _____ mg | Vital Signs: Temp: _____<br>1      2      3<br>BP: / / /<br>Pulse: _____<br>Resp: _____<br>Pupils: <input type="checkbox"/> PERRL <input type="checkbox"/> Unequal <input type="checkbox"/> Equal<br><input type="checkbox"/> Nonreactive<br>Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> Wheezing <input type="checkbox"/> Rales<br><input type="checkbox"/> Ronchi<br>Skin: <input type="checkbox"/> Pink <input type="checkbox"/> Warm <input type="checkbox"/> Dry<br><input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic<br><input type="checkbox"/> Jaundiced <input type="checkbox"/> Ashen |
| Dispatched: _____ hours<br>CCFD: Res/Eng _____ Arrival _____<br>MediWest / AMR: _____ Arrival _____   | Allegies: <input type="checkbox"/> NKDA<br>1. _____<br>2. _____<br>3. _____<br>4. _____  | Transport: <input type="checkbox"/> None<br>Hospital via:<br><input type="checkbox"/> Self Transport<br><input type="checkbox"/> MediWest / AMR<br><input type="checkbox"/> Cab # _____   |

VEN 773

3082

|  |   |  |   |   |      |                           |         |  |                      |   |   |
|--|---|--|---|---|------|---------------------------|---------|--|----------------------|---|---|
| Arrest <input type="checkbox"/>  | Venetian Security<br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109 |  |   |   |      |                           |         |  |                      | CASE#<br>1509V-1497   |   |
| Crime <input type="checkbox"/>   |   |  |   |   |      |                           |         |  |                      | PAGE<br>1   |   |
| Non-Criminal <input checked="" type="checkbox"/>   |   |  |   |   |      |                           |         |  |                      |   |   |
| CR-1   |   |  |   |   |      |                           |         |  |                      |   |   |
| OFFENDER(S)<br>Protected Health Information  |   |  |   |   |      |                           |         |  |                      | OFFENDER(S) cont'd  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>09/06/15 18:39 Sunday  |   |  |   | DATE AND TIME REPORTED<br>09/06/15 18:39  |      |                           |         | TYPE OF CRIME<br>FBI <input type="checkbox"/> FBI <input checked="" type="checkbox"/> \$0.00 | ESTIMATED LOSS VALUE |   |   |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  |   | LOCATION NAME<br>Lobby 1   |   |   |      |                           |         |  |                      |   |   |
| PERSONS  |   |  |   |   |      |                           |         |  |                      | PHONE NUMBER<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                  |   |  |   |   |      |                           |         |  |                      |   |   |
| CODE<br>C  | 1 or 1  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | PHONE   |      | ADDRESS 1                 |         | PHONE 1  |                      |   |   |
| DESCRIPTION  |   |  |   |   |      | ADDRESS 2                 |         | PHONE 2  |                      |   |   |
| SL.  | STATE   | SSN  | SEX   | AGE   | NAME | ADDRESS 1                 | PHONE 1 |  |                      |   |   |
| CODE<br>MN   | 1 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | PHONE   |      | ADDRESS 2                 | PHONE 2 |  |                      |   |   |
| OCCUPATION<br>Security Shift Manager   |   |  |   | NAME  |      | ADDRESS 1                 | PHONE 1 |  |                      |   |   |
| SL.  | STATE   | SSN  | SEX   | AGE   | NAME | ADDRESS 2                 | PHONE 2 |  |                      |   |   |
| CODE<br>MN   | 2 or 2  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | PHONE   |      | ADDRESS 1                 | PHONE 1 |  |                      |   |   |
| DESCRIPTION<br>Front Desk Manager  |   |  |   | NAME  |      | ADDRESS 2                 | PHONE 2 |  |                      |   |   |
| SL.  | STATE   | SSN  | SEX   | AGE   | NAME | ADDRESS 2                 | PHONE 2 |  |                      |   |   |
| CASE SUMMARY / VEHICLE INFORMATION   |   |  |   |   |      |                           |         |  |                      |   |   |
| SUMMARY<br>Protected Health Information: Registered guest to Palazzo Suite [REDACTED]                      |   |  |   |   |      |                           |         |  |                      |   |   |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OF            | LICENSE AND STATE   |  |   |   | YEAR | MAKE                      | MODEL   | BODY TYPE  | COLOR                | VIN   | MISS VEHICLE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| TOW REPORT   |   | DAMAGE, NAME AND PHONE   |   | REGISTRATION NUMBER   |      | BIZ ADDRESS               |         |  |                      |   |   |
| TELE <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |   |  |   |   |      |                           |         |  |                      |   |   |
| SUSPECT(S) / ARRESTEE(S)   |   |  |   |   |      |                           |         |  |                      | PHONE NUMBER<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim |   |  |   |   |      |                           |         |  |                      |   |   |
| CODE<br>C  | OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | PHONE   |      | ADDRESS 1                 |         | PHONE 1  |                      |   |   |
| RACE   | SEX   | HT   | WT  | HAIR  | STC  | AGE                       | DOB     | ADDRESS 2  |                      | PHONE 2   |   |
| DESCRIPTION  |   |  |   | NAME  |      | ADDRESS 2                 |         | PHONE 2  |                      |   |   |
| SL.  | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    | RELEASED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION  |      | RELEASE LOCATION          |         | ARREST DATE / TIME   |                      |   |   |
| SL.  | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    | RELEASED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION  |      | RELEASE LOCATION          |         | ARREST DATE / TIME   |                      |   |   |
| CHARGES  |   |  |   |   |      |                           |         |  |                      |   |   |
| CODE<br>C  | OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | PHONE   |      | ADDRESS 1                 |         | PHONE 1  |                      |   |   |
| RACE   | SEX   | HT   | WT  | HAIR  | STC  | AGE                       | DOB     | ADDRESS 2  |                      | PHONE 2   |   |
| DESCRIPTION  |   |  |   | NAME  |      | ADDRESS 2                 |         | PHONE 2  |                      |   |   |
| SL.  | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    | RELEASED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION  |      | RELEASE LOCATION          |         | ARREST DATE / TIME   |                      |   |   |
| CHARGES  |   |  |   |   |      |                           |         |  |                      |   |   |
| ADMINISTRATION   |   |  |   |   |      |                           |         |  |                      |   |   |
| VICTIM DISMISS PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>          |   | PROSECUTOR<br>FBI <input type="checkbox"/> FBI <input checked="" type="checkbox"/> |   | COMMIT TO<br>FAT <input type="checkbox"/> RET <input type="checkbox"/> HB <input type="checkbox"/> COURT <input type="checkbox"/> PREDATION <input type="checkbox"/> VMP <input type="checkbox"/> OTHER |      |                           |         |  |                      |   |   |
| BY OFFICER<br>J. De Jesus 000043129  |   | DATE/TIME<br>09/06/15 20:29  |   | APPROVED BY<br>Mathew Kaufman 000030582   |      | DATE APPROVED<br>09/06/15 |         |  |                      |   |   |
| OFFICER  |   | UNSUBJCT   |   | SUBMITTED TO  |      | CASE STATUS<br>Closed     |         |  |                      |   |   |

CR-1 De Je/043129 Entered by: Joseph De Jesus

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

VEN 774

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|   |  |  |   |  |
|---|--|--|---|--|
| <b>Arrest</b><br><b>Crime</b><br><b>Non-Criminal</b>                                      | <p><b>Venetian Security</b><br/>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109</p> <p><b>Additional Crimes, Persons and Vehicles</b></p> |  |   | <b>CASE #</b><br><b>1509V-1497</b><br><br><b>PAGE 1 OF 1</b> |
| <b>OFFENDER(S)</b><br>Protected Health Information  |  | <b>OFFENDER(S) cont.</b>                                 |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>09/06/15 18:39 Sunday                                 |  | DATE AND TIME REPORTED<br>09/06/15 18:39                 |   |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1   |  | LOCATION NAME<br>Lobby 1                                 |   | TYPE OF LOCATION<br>   |
| ADDITIONAL OFFENDER(S)  |  | ADDITIONAL OFFENDER(S) cont.                             |   |  |
| <b>PERSONS</b>  |  |  |   |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |  |  |   |  |
| CODE  | 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Carlson, Catherine |   |  |
|   |  | RACE   | SEX                                     | AGE  |
|   |  | ADDRESS 1  |   |  |
|   |  | ADDRESS 2  |   |  |
|   |  | ADDRESS 3  |   |  |
|   |  | ADDRESS 4  |   |  |
| CODE  | 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Bantilan, Derek    |   |  |
|   |  | RACE   | SEX                                     | AGE  |
|   |  | ADDRESS 1  |   |  |
|   |  | ADDRESS 2  |   |  |
|   |  | ADDRESS 3  |   |  |
|   |  | ADDRESS 4  |   |  |
| <b>ADMINISTRATION</b>   |  |  |   |  |
| BY OFFICER<br>J. De Jesus 000043129   |  | DATE/TIME<br>09/06/15 20:29                              | ASSIGNED BY<br>Mathew Kaufman 000030582 | DATE APPROVED<br>09/06/15                                    |
| OFFICER   |  |  | ASSIGNED TO                             | CASE STATUS<br>Closed  |

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

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|  |  |   |      |                                  |
|--|--|---|------|----------------------------------|
| Arrest <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109   |   |      | CASE #<br><b>1509V-1497</b>      |
| Crime <input type="checkbox"/>   |  |   |      | PAGE <b>1</b> OF <b>1</b>        |
| Non-Criminal <input checked="" type="checkbox"/>   | <b>Case MO</b>   |   |      |                                  |
| OFFENDER(S)<br><b>Protected Health Information</b>   |  | OFFENDER(S) name                                |      |                                  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>09/06/15 18:39 Sunday</b>   |  | DATE AND TIME REPORTED<br><b>09/06/15 18:39</b> |      |                                  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>   | LOCATION NAME<br><b>Lobby 1</b>  | TYPE OF LOCATION                                | BEAT | SECTOR                           |
| <b>MO DATA</b>   |  |   |      |                                  |
| <b>Incident Information</b><br><br><u>PHI - Hotel Guest</u><br><u>Slip &amp; Fall</u><br><u>Lighting Conditions</u><br>Room Lights | <b>Security Stats (Click One Box)</b><br><br>Protected Health Information<br><br><b>Surface Conditions</b><br><br>Marble<br>Flat<br>Wet / Slippery   |   |      |                                  |
| <b>ADMINISTRATION</b>  |  |   |      |                                  |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | DISPENSE TO<br><input type="checkbox"/> FBI <input type="checkbox"/> DCS <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAP <input type="checkbox"/> OTHER | APPROVED BY<br>Matthew Kaufman 000030582        |      | DATE APPROVED<br><b>09/06/15</b> |
| BY OFFICER<br><b>J. De Jesus 000043129</b>   | DATE/TIME<br><b>09/06/2015 20:29</b>   | ASSIGNED TO<br><b>Joseph De Jesus</b>           |      | CASE STATUS<br><b>Closed</b>     |

CR-1 De Jesus 000043129 Entered by: Joseph De Jesus

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

VEN 776

**3085**

|  |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|--|-------------------------------------|---|---|--|--|--|-------------------|---------------|------------------|--|--------|---|----------|------|-------------------|--|--|--|-------------|--|-------------------------|-------|--|--|------------|------|--------------|--|--|--|------------------|--|--|-------------------|--|----------|----------------------------|--|--|----------|--|-----------------------|---------------------------|--|--|------------------|--|-------------------------------------|--------------------|----------------------------|---|---------------------------|--|---------|---------------------|-----------|-------------|-----------------------|--|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |   |  | CASE #<br>1509V-1497   |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Crime  | <input type="checkbox"/>            |   |   |  | PAGE 1 OF 2  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Non-Criminal   | <input checked="" type="checkbox"/> |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| OFFENDER(S)<br>Protected Health Information  |                                     | OFFENDER(S) INFO  |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| DATE, TIME AND DAY OF OCCURRENCE:<br>09/06/15 18:39 Sunday   |                                     | DATE AND TIME REPORTED:<br>09/06/15 18:39   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| LOCATION OF OCCURRENCE:<br>1 Lobby 1   |                                     | LOCATION NAME:<br>Lobby 1   |   | TYPE OF LOCATION   | BEAT<br>SEC 1100   |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| <b>PERSONS</b>   |                                     |   |   |  | More info<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                    |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| CODE: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other   |                                     |   |   |  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| MO INFORMATION   |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| <table> <tbody> <tr> <td><b>Base Line Vitals &amp; History</b></td> <td><b>Complexion</b></td> <td><b>Speech</b></td> </tr> <tr> <td>Normal Breathing</td> <td>Clear</td> <td>Normal</td> </tr> <tr> <td>Regular Breathing Rhythm</td> <td>Demeanor</td> <td></td> </tr> <tr> <td>Normal Pulse Rate</td> <td>Plebe</td> <td></td> </tr> <tr> <td>Skin Color Normal</td> <td>Hair Length</td> <td></td> </tr> <tr> <td>Skin Temperature Normal</td> <td>Short</td> <td></td> </tr> <tr> <td>Skin Condition Normal</td> <td>Hair Style</td> <td></td> </tr> <tr> <td><b>Build</b></td> <td>Bushy</td> <td></td> </tr> <tr> <td>Medium</td> <td>Medical Supplies</td> <td></td> </tr> <tr> <td></td> <td>Disposable Gloves</td> <td></td> </tr> <tr> <td></td> <td><b>Odor of Intoxicants</b></td> <td></td> </tr> <tr> <td></td> <td>Moderate</td> <td></td> </tr> <tr> <td></td> <td><b>Patient Assessment</b></td> <td></td> </tr> <tr> <td></td> <td>Patient is Alert</td> <td></td> </tr> <tr> <td></td> <td>Airway Status Open</td> <td></td> </tr> <tr> <td></td> <td>Breathing Adequate</td> <td></td> </tr> <tr> <td></td> <td>Circulation Present</td> <td></td> </tr> </tbody> </table>  |                                     |   |   |  |  | <b>Base Line Vitals &amp; History</b>        | <b>Complexion</b> | <b>Speech</b> | Normal Breathing | Clear  | Normal | Regular Breathing Rhythm  | Demeanor |      | Normal Pulse Rate | Plebe  |  | Skin Color Normal  | Hair Length |  | Skin Temperature Normal | Short |  | Skin Condition Normal                              | Hair Style |      | <b>Build</b> | Bushy  |  | Medium   | Medical Supplies |  |  | Disposable Gloves |  |          | <b>Odor of Intoxicants</b> |  |  | Moderate |  |                       | <b>Patient Assessment</b> |  |  | Patient is Alert |  |                                     | Airway Status Open |                            |   | Breathing Adequate        |  |         | Circulation Present |           |             |                       |  |
| <b>Base Line Vitals &amp; History</b>  | <b>Complexion</b>                   | <b>Speech</b>   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Normal Breathing   | Clear                               | Normal  |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Regular Breathing Rhythm   | Demeanor                            |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Normal Pulse Rate  | Plebe                               |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Skin Color Normal  | Hair Length                         |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Skin Temperature Normal  | Short                               |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Skin Condition Normal  | Hair Style                          |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| <b>Build</b>   | Bushy                               |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| Medium   | Medical Supplies                    |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Disposable Gloves                   |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | <b>Odor of Intoxicants</b>          |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Moderate                            |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | <b>Patient Assessment</b>           |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Patient is Alert                    |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Airway Status Open                  |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Breathing Adequate                  |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
|  | Circulation Present                 |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| CLOTHING   |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| CODE: MN 1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX   |                                     | INFO  |   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
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| MN 1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX   |                                     | INFO  |   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
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| CLOTHING   |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
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| CLOTHING   |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| <b>ADMINISTRATION</b>  |                                     |   |   |  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| BY OFFICER<br>J. De Jesus 000043129  |                                     | DATETIME<br>09/06/15 20:29  | APPROVED BY<br>Mathew Kaufman 000030582 | DATE APPROVED<br>09/06/15  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |
| OFFICER  |                                     | LAST NAME   | APPROVED BY                             | CASE STATUS<br>Closed  |  |  |                   |               |                  |  |        |   |          |      |                   |  |  |  |             |  |                         |       |  |  |            |      |              |  |  |  |                  |  |  |                   |  |          |                            |  |  |          |  |                       |                           |  |  |                  |  |                                     |                    |                            |   |                           |  |         |                     |           |             |                       |  |

CR-1 De Je/043129 Entered by: Joseph De Jesus

APPDC (Rev. 01/23/13) Print Date: 06/01/2018

VEN 777

3086

|   |   |  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
|---|---|--|---|--|------------------------------------|--|---------|--|-------------|--|-----------|---------------|---------------------------|--|----------------------------------|--|--|------------------------------|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <p style="text-align: center;"><b>Venetian Security</b><br/>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109</p> <p style="text-align: center;"><b>Person Profile</b></p> |  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
|   | CASE #<br><b>1509V-1497</b><br><br>PAGE <b>2 OF 2</b>   |  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <small>OFFENDER(S)</small><br><b>Protected Health Information</b>   |   | <small>OFFENDER(S) LOCATED</small>                             |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <small>DATE, TIME AND DAY OF OCCURRENCE</small><br><b>09/06/15 18:39 Sunday</b>   |   | <small>DATE AND TIME REPORTED</small><br><b>09/06/15 18:39</b> |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <small>LOCATION OF OCCURRENCE</small><br><b>1 Lobby 1</b>   |   | <small>LOCATION NAME</small><br><b>Lobby 1</b>                 | <small>TYPE OF LOCATION</small><br><b>BLK/F</b> |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <p style="text-align: center;"><b>PERSONS</b></p> <p style="font-size: small;">Codes: V = Victim, W = Witness, B = Suspect, A = Arrestee, D = Defendant, C = Complainant, R = Party, O = Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CODE</td> <td style="width: 10%;">1 OF</td> <td style="width: 10%;">NAME - LAST, FIRST, MIDDLE, SUFFIX</td> <td style="width: 10%;">ID#</td> <td colspan="3">This report contains Person Profile information only.<br/>Please refer to the primary report(s) for additional information.</td> </tr> <tr> <td><b>SO</b></td> <td><b>1 OF 1</b></td> <td><b>Carlson, Catherine</b></td> <td></td> <td colspan="3"></td> </tr> </table> |   |  |   | CODE   | 1 OF                               | NAME - LAST, FIRST, MIDDLE, SUFFIX             | ID#     | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |             |  | <b>SO</b> | <b>1 OF 1</b> | <b>Carlson, Catherine</b> |  |                                  |  |  |                              |
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| <b>SO</b>   | <b>1 OF 1</b>   | <b>Carlson, Catherine</b>                                      |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
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| CODE  | 1 OF 1  | NAME - LAST, FIRST, MIDDLE, SUFFIX                             | ID#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <b>TM</b>   | <b>1 OF 1</b>   | <b>Santillan, Derek</b>  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| <p style="text-align: center;"><b>ADMINISTRATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">BY OFFICER<br/><b>J. De Jesus 000043129</b></td> <td style="width: 33%;">DATE/TIME<br/><b>09/06/15 20:29</b></td> <td style="width: 33%;">APPROVED BY<br/><b>Mathew Kaufman 000030582</b></td> </tr> <tr> <td>OFFICER</td> <td>LAST/INITIAL</td> <td>APPROVED TO</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">DATE APPROVED<br/><b>09/06/15</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">CASE STATUS<br/><b>Closed</b></td> </tr> </table>  |   |  |   | BY OFFICER<br><b>J. De Jesus 000043129</b>   | DATE/TIME<br><b>09/06/15 20:29</b> | APPROVED BY<br><b>Mathew Kaufman 000030582</b> | OFFICER | LAST/INITIAL   | APPROVED TO |  |           |               |                           |  | DATE APPROVED<br><b>09/06/15</b> |  |  | CASE STATUS<br><b>Closed</b> |
| BY OFFICER<br><b>J. De Jesus 000043129</b>  | DATE/TIME<br><b>09/06/15 20:29</b>  | APPROVED BY<br><b>Mathew Kaufman 000030582</b>                 |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
| OFFICER   | LAST/INITIAL  | APPROVED TO  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
|   |   |  |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
|   |   | DATE APPROVED<br><b>09/06/15</b>                               |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |
|   |   | CASE STATUS<br><b>Closed</b>                                   |   |  |                                    |  |         |  |             |  |           |               |                           |  |                                  |  |  |                              |

CR-1 De Je/043129 Entered by: Joseph De Jesus

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

VEN 778

**3087**

|  |                                      |  |                                  |                              |
|--|--------------------------------------|--|----------------------------------|------------------------------|
| Arrest   | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  | CASE #<br><b>1509V-1497</b>  |
| Crime  | <input type="checkbox"/>             | <b>Narrative Report</b>  |                                  | Page 1 of 2                  |
| Non-Criminal   | <input checked="" type="checkbox"/>  |  |                                  |                              |
| OFFENDER:<br>Protected Health Information  |                                      | OFFENDER(S) CODES  |                                  |                              |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>09/06/15 18:39 Sunday</b>   |                                      | DATE AND TIME REPORTED<br><b>09/06/15 18:39</b>                          |                                  |                              |
| LOCATION OR INCIDENT<br><b>1 Lobby 1</b>   | LOCATION NAME<br><b>Lobby 1</b>      | TYPE OF LOCATION   | UNIT                             | ROOM NUMBER                  |
| NARRATIVE  |                                      |  |                                  |                              |
| <p>On 09/06/2015, at 1839 hours, I responded to a slip and fall at Lobby 1. Upon my arrival I was met with Security Officer Carlson, Catherine TM #879 and complainant/registered guest to Palazzo Suite # [REDACTED]</p> <p>[REDACTED] stated on 09/06/2015, at approximately 1835 hours, while exiting the Venetian Tower Elevator Lobby he slipped and fell. [REDACTED] stated there was a spilt drink on the floor which made the floor wet and slippery. [REDACTED] stated his right leg slipped toward his left leg which resulted with him falling to his bottom. [REDACTED] stated his left knee "buckled" and complained of soreness to his knee.</p> <p>I offered Emergency Medical Services (EMS) transport, of which, he declined. I advised Santillan he should see the advice of a physician as soon as possible to prevent further injury. There were no "Caution" signs in the incident area at the time of the incident. Photographs of the incident area and [REDACTED] footwear are attached to this report.</p> <p>[REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately. I assessed [REDACTED] left knee for deformities, contusions, abrasions, punctures, penetrations, burns, tenderness, lacerations, or swelling, of which, none noted. [REDACTED] stated he did not hit his head or lose consciousness at any time. [REDACTED] denied chest pain or shortness of breath. I offered to wrap [REDACTED] sore knee and apply a cold pack to prevent possible swelling, of which, he declined. [REDACTED] was possibly intoxicated due to the moderate smell of alcohol on his breath.</p> <p>[REDACTED] signed and completed a Venetian Acknowledgement of First Aid Assistance and Advice to See Medical Care form, a Medical Authorization form, and a Venetian Accident Report form, of which, is attached to this report. An Accident Scene Check was conducted by Facilities Team Member [REDACTED], Derek TM #14357 and I, of which, no defects where found in the incident area.</p> <p>Front Desk Manager Martinez, Nachelly TM #29943 was notified of this incident and provided a billing portfolio, of which, is attached to this report. Security Manager Alvonellos, Tim TM #3460 was notified of this incident. Video coverage of the incident is available and</p> |                                      |  |                                  |                              |
| <b>ADMINISTRATION</b>  |                                      |  |                                  |                              |
| RECORDED BY<br><b>J. De Jesus 00043129</b>   | DATE/TIME<br><b>09/06/2015 20:29</b> | APPROVED BY<br><b>Matthew Kaufman 000930582</b>                          | DATE APPROVED<br><b>09/06/15</b> | FILE STATUS<br><b>Closed</b> |
| CR-1 De Ju/043129 Entered by: Joseph De Jesus  |                                      |  |                                  |                              |
| Page 1 of 2  |                                      |  |                                  |                              |
| APDC (Rev. 01/22/13) Print Date: 06/01/2018  |                                      |  |                                  |                              |

VEN 779

3088

|   |                                      |  |                                  |                      |                             |
|---|--------------------------------------|--|----------------------------------|----------------------|-----------------------------|
| Arrest  | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |                      | CASE #<br><b>1509V-1497</b> |
| Crime   | <input type="checkbox"/>             | <b>Narrative Report</b>  |                                  |                      | Page 2 of 2                 |
| Non-Criminal  | <input checked="" type="checkbox"/>  |  |                                  |                      |                             |
| OFFENDER(S)<br><b>Protected Health Information</b>                |                                      | OFFENDER(S) cont'd.  |                                  |                      |                             |
| DATE, TIME AND DAY OF OCCURRENCE:<br><b>09/06/15 18:39 Sunday</b> |                                      | DATE AND TIME REPORTED<br><b>09/06/15 18:39</b>                          |                                  |                      |                             |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>                        | Location Name<br><b>Lobby 1</b>      | DATE OR LOCATION   |                                  | REPORT BY<br><b></b> | REASON<br><b></b>           |
| <b>NARRATIVE</b><br>archived per Surveillance.                    |                                      |  |                                  |                      |                             |
| <b>ADMINISTRATION</b>   |                                      |  |                                  |                      |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>                        | DATE/TIME<br><b>09/06/2015 20:29</b> | APPROVED BY<br><b>Matthew Kaufman 000039582</b>                          | DATE APPROVED<br><b>09/06/15</b> |                      |                             |
| OFFICER<br><b></b>  | APPROVED<br><b></b>                  | APPROVED BY<br><b></b>   | DATE APPROVED<br><b>Closed</b>   |                      |                             |

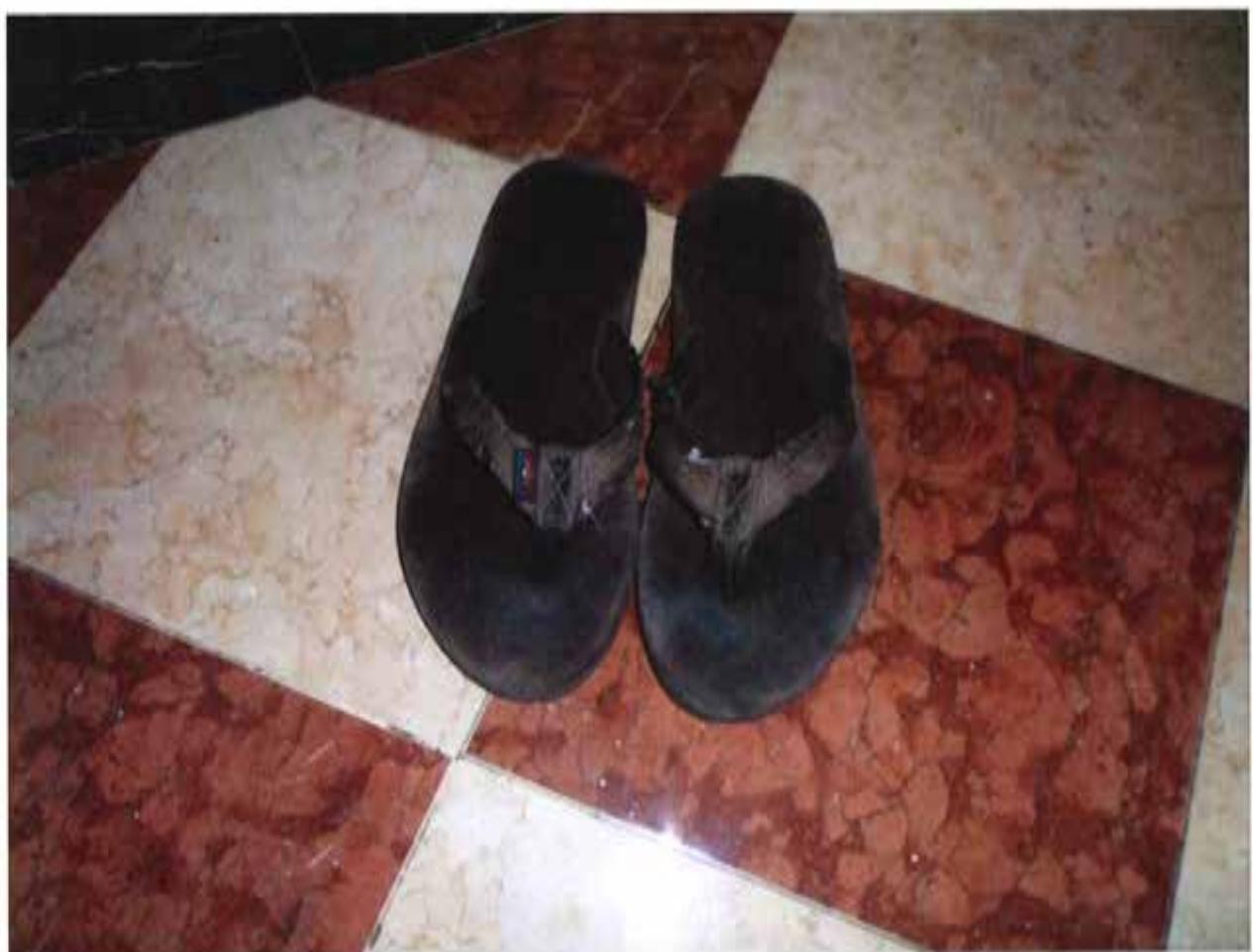
CR-1 De Ju/043129 Entered by: Joseph De Jesus

Page 2 of 2

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

VEN 780

**3089**



VEN 781

**3090**



VEN 782

**3091**



VEN 783

**3092**



VEN 784

**3093**



VEN 785

**3094**



Incident Report Number: 1509V-1497

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1848 Date: 09/06/2015 Guest Suite #: 16-721

Defects Noted (Explain in detail): No Defects

Actions Taken: None

Lighting Normal? (If no, explain): Yes

PICTURE<sup>5</sup>  
Outside Diagram?  Yes  No

Checked by Security Officer (Name): DE JESUS, Joseph TM #: 43129

Engineer

Time: 6:48 PM Date: 9/6/15 Guest Suite #: \_\_\_\_\_

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Derek Santillan TM #: 14853

GM1G 09/06/2015 VENETIAN RESORT & CASINO 07:03 PM GINFO  
 CMD RESERVATION CHANGE 422416370725  
 AR 90315 Thu DP 90715 Mon A/C 1 RP CPRORP GP CSH3M RB -  
 STATUS INHSE ACT C/S ETA PERFECT FILL HOT INV GST C/I  
 WG TYPE ROOM# R/C RATE A/C  
 PA QQNE 16721 110.00 1  
 LAST [REDACTED] FIRST [REDACTED] OVRID NET N PRT N TRN - NRG -  
 E CARD LEVEL Grazie B/P TITLE MR GTYP CS RMK  
 COMPANY [REDACTED] ATTN 2 PM LCO TYP H/B H  
 ADR1/2 [REDACTED]  
 CITY [REDACTED] STATE/PROV [REDACTED] ZIP [REDACTED] COUNTRY US X LNG \_\_\_ REQ  
 PHONE [REDACTED] X VIP D PC SRC CP RSN CA PRM HST N  
 CREDIT INFO [REDACTED] Agents Who Have Worked On This Reservation [REDACTED]  
 STL MTH EVS NBR HST ID  
 CRDT LMT  
 DEP REQ AMT  
 DEP REC AMT  
 ADV CODE X  
 CAS# 569602

|                   | AGENT      | DATE    | TIME          |
|-------------------|------------|---------|---------------|
| RESERVATIONS      | CICDUENESJ | 8/26/15 | 16:49         |
| CHECK IN          | ROMANSA    | 9/03/15 | 18:20         |
| CHECK OUT         |            |         |               |
| LAST MODIFIED     | FDGRANGEM  | 9/05/15 | 14:36         |
| LAST CONFIRMATION |            | 8/26/15 | LAST NUMBER 1 |

^Swipe or F1 Cus ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

*Nancy Macay #29942*

*Nancy Macay*

*12# 1509V-1497*

VEN 787

3096



Incident Report Number: 1509V-1497

## Accident Report – Security

Please type or print clearly.

Name: [REDACTED] Age/DOB: [REDACTED]  
Home Address: [REDACTED] Social Security #: 5 [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Tel: [REDACTED] Your Occupation: [REDACTED]  
By Whom employed: [REDACTED]

Are You a Guest of The Venetian or The Palazzo?: [REDACTED] Suite #: 14-721

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.

*Spotted Slipped on a spit drink and knee buckled. Fall to the ground.*

Date of Accident: 9/6 Time of Accident: 6:35

Location of Accident (Please be specific): Lobby 1

Whom do you consider to blame?: Hotel

If you consider The Venetian or The Palazzo responsible, please state why: *No caution signs for  
Spotted Slipped floor due to the drink on the floor.*

What, if any, injuries did you sustain?: possible ACL tear

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

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

Dated this 9/6 Day of 2015

Signature of Guest: [REDACTED]

Security Officer: DE JESU, JOSEPH TM #: 43129

Guest Checkout Date: [REDACTED]

|   |  |  |  |   |   |  |  |
|---|--|--|--|---|---|--|--|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>                               | Non-Criminal <input checked="" type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |   |   |  | CASE#<br><b>1509V-3312</b>   |
|   |  |  |  | <b>CR-1</b>   |   | PAGE<br><b>1</b>                       |  |
| OFFENSE(S):<br><b>Protected Health Information</b>  |  |  |  | OFFENSE(S) cont'd   |   |  |  |
| DATE/TIME AND DAY OF OCCURRENCE<br><b>09/13/15 23:26 Sunday</b>   |  |  |  | DATE AND TIME REPORTED<br><b>09/13/15 23:26</b>   | MORE CHARGES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |  |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>  |  | LOCATION NAME<br><b>Grand Hall</b>   |  | TYPE OF LOCATION  | BEAT  | SECTOR                                 |  |
| <b>PERSONS</b>  |  |  |  |   |   |  |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |  |  |  |   |   |  |  |
| CODE #<br><b>C 1 of 1</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>[REDACTED]</b>      |  |  |   | HOME<br><b>[REDACTED]</b>   | MOBILE<br><b>[REDACTED]</b>            | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>    |
| OCCUPATION<br><b>Security Manager</b>   | RACE<br><b>C</b>   | SEX<br><b>F</b>  | AGE<br><b>31</b>   | DOB   | ADDRESS 2   | PHONE 2                                |  |
| DL  | STATE  | SSN  | INJURIES   |   | ADDRESS 3   | PHONE 3                                |  |
| CODE #<br><b>MN 1 of 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Kaufman, Mathew</b> |  |  |   | ADDRESS 1   | PHONE 1                                |  |
| OCCUPATION<br><b>Front desk manager</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2   | PHONE 2                                |  |
| DL  | STATE  | SSN  | INJURIES   |   | ADDRESS 3   | PHONE 3                                |  |
| CODE #<br><b>MN 2 of 2</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Lambert, Thomas</b> |  |  |   | ADDRESS 1   | PHONE 1                                |  |
| OCCUPATION  | RACE   | SEX  | AGE  | DOB   | ADDRESS 2   | PHONE 2                                |  |
| DL  | STATE  | SSN  | INJURIES   |   | ADDRESS 3   | PHONE 3                                |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |  |  |  |   |   |  |  |
| SUMMARY   |  |  |  |   |   |  |  |
| Protected Health Information Registered Guest <b>[REDACTED]</b> Suite 6-210   |  |  |  |   |   |  |  |
| VEHICLE USED IN CRIME<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF | LICENSE (NO. AND STATE)<br><b>[REDACTED]</b>                 | YEAR<br><b>[REDACTED]</b>  | MAKE<br><b>[REDACTED]</b>  | MODEL<br><b>[REDACTED]</b>  | BODY TYPE / COLOR<br><b>[REDACTED]</b>  | VIN<br><b>[REDACTED]</b>               | MORE VEHICLES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |
| TOW/REPORT<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | GARAGE NAME AND PHONE<br><b>[REDACTED]</b>                   | REGISTERED OWNER<br><b>[REDACTED]</b>  |  | REG ADDRESS<br><b>[REDACTED]</b>  |   |  |  |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>  |  |  |  |   |   |  |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim  |  |  |  |   |   |  |  |
| CODE #<br><b>CL</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>[REDACTED]</b>      |  |  |   | ADDRESS 1   | PHONE 1                                | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>    |
| RACE<br><b>WT</b>   | SEX<br><b>Ht</b>   | HAIR<br><b>WT</b>  | EYE<br><b>WT</b>   | AGE<br><b>WT</b>  | DOB<br><b>WT</b>  | ADDRESS 2                              | PHONE 2  |
| OCCUPATION  | INJURIES   |  |  |   | ADDRESS 3   | PHONE 3                                |  |
| SCARS / MARKS / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                               | AKA's  |  |  |   | ARRESTEE DISPOSITION  | RELEASE LOCATION                       | ARREST DATE / TIME<br><b>[REDACTED]</b>  |
| CL  | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NC <input type="checkbox"/> | BOOKING #<br><b>[REDACTED]</b>   | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CITATION #<br><b>[REDACTED]</b>   | ISSN #<br><b>[REDACTED]</b>            | CIV  |
| CHARGES   |  |  |  |   |   |  |  |
| CODE #<br><b>CL</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>[REDACTED]</b>      |  |  |   | ADDRESS 1   | PHONE 1                                |  |
| RACE<br><b>WT</b>   | SEX<br><b>Ht</b>   | HAIR<br><b>WT</b>  | EYE<br><b>WT</b>   | AGE<br><b>WT</b>  | DOB<br><b>WT</b>  | ADDRESS 2                              | PHONE 2  |
| OCCUPATION  | INJURIES   |  |  |   | ADDRESS 3   | PHONE 3                                |  |
| SCARS / MARKS / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                               | AKA's  |  |  |   | ARRESTEE DISPOSITION  | RELEASE LOCATION                       | ARREST DATE / TIME<br><b>[REDACTED]</b>  |
| CL  | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NC <input type="checkbox"/> | BOOKING #<br><b>[REDACTED]</b>   | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CITATION #<br><b>[REDACTED]</b>   | ISSN #<br><b>[REDACTED]</b>            | CIV  |
| CHARGES   |  |  |  |   |   |  |  |
| <b>ADMINISTRATION</b>   |  |  |  |   |   |  |  |
| VICTIM DEGREE PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> X                | FOR OWN UP<br><b>YF</b>                                      | COPIES TO<br><b>NO X</b>   | COPIES TO<br><input type="checkbox"/> PAT. <input type="checkbox"/> DEI. <input type="checkbox"/> OA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAVER <input type="checkbox"/> OTHER |   |   |  |  |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | DATETIME<br><b>09/14/15 18:22</b>                            |  | APPROVED BY<br><b>Matthew Kaufman 000030582</b>  | DATE APPROVED<br><b>09/14/15</b>  |   |  |  |
| OFFICER<br><b>[REDACTED]</b>  | UNITS/HRT  |  | ASSIGNED TO<br><b>[REDACTED]</b>   | CASE STATUS<br><b>Closed</b>  |   |  |  |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 789

3098

|              |                                     |  |  |  |                             |
|--------------|-------------------------------------|--|--|--|-----------------------------|
| Arrest       | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |  | CASE #<br><b>1509V-3312</b> |
| Crime        | <input checked="" type="checkbox"/> |  |  |  | PAGE 1 OF 1                 |
| Non-Criminal | <input checked="" type="checkbox"/> | <b>Additional Crimes, Persons and Vehicles</b>                           |  |  |                             |

|  |                    |
|--|--------------------|
| OFFENSE(S)<br>Protected Health Information | OFFENSE(S) cont'd. |
|--|--------------------|

|   |   |                  |      |        |
|---|---|------------------|------|--------|
| DATE, TIME AND DAY OF OCCURENCE<br><b>09/13/15 23:26 Sunday</b> | DATE AND TIME REPORTED<br><b>09/13/15 23:26</b> |                  |      |        |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>           | LOCATION NAME<br><b>Grand Hall</b>              | TYPE OF LOCATION | BEAT | SECTOR |

|                       |                               |
|-----------------------|-------------------------------|
| ADDITIONAL OFFENSE(S) | ADDITIONAL OFFENSE(S) cont'd. |
|-----------------------|-------------------------------|

| <b>PERSONS</b>  |                      |                                    |      |          |           | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |           |         |
|---|----------------------|------------------------------------|------|----------|-----------|---|-----------|---------|
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |                      |                                    |      |          |           |   |           |         |
| CODE SO   | 1 OF 1               | NAME - LAST, FIRST, MIDDLE, SUFFIX |      |          | ADDRESS 1 | PHONE 1   |           |         |
| Lopez, Jose   |                      |                                    | RACE | SEX      | AGE       | DOB   | ADDRESS 2 | PHONE 2 |
| OCCUPATION  | EMT/Security Officer | STATE                              | SSN  | INJURIES |           | ADDRESS 3   | PHONE 3   |         |
| DL  |                      |                                    |      |          |           |   |           |         |
| CODE TM   | 1 OF 1               | NAME - LAST, FIRST, MIDDLE, SUFFIX |      |          | ADDRESS 1 | PHONE 1   |           |         |
| Guagliardo, Peter   |                      |                                    | RACE | SEX      | AGE       | DOB   | ADDRESS 2 | PHONE 2 |
| OCCUPATION  | Facilities           | STATE                              | SSN  | INJURIES |           | ADDRESS 3   | PHONE 3   |         |
| DL  |                      |                                    |      |          |           |   |           |         |
| TM#21536  |                      |                                    |      |          |           |   |           |         |

| <b>ADMINISTRATION</b>                    |                                    |  |                                  |  |  |
|--|------------------------------------|--|----------------------------------|--|--|
| BY OFFICER<br><b>D. Cabada 000043128</b> | DATE/TIME<br><b>09/14/15 18:22</b> | APPROVED BY<br><b>Mathew Kaufman 000030582</b> | DATE APPROVED<br><b>09/14/15</b> |  |  |
| OFFICER                                  | DAY/NIGHT                          | ASSIGNED TO                                    | CASE STATUS<br><b>Closed</b>     |  |  |

APDC (Rev. 02/18/14) Print Date: 09/26/2018

VEN 790

3099

|  |  |  |  |                                  |                             |
|--|--|--|--|----------------------------------|-----------------------------|
| Arrest <input type="checkbox"/>  | Crime <input checked="" type="checkbox"/>  | Non-Criminal <input checked="" type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  | CASE #<br><b>1509V-3312</b> |
| <b>Case MO</b>   |  |  |  |                                  | PAGE 1 OF 1                 |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S) cont'd.   |  |                                  |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>09/13/15 23:26 Sunday</b>  |  | DATE AND TIME REPORTED<br><b>09/13/15 23:26</b>  |  |                                  |                             |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>  | LOCATION NAME<br><b>Grand Hall</b>   | TYPE OF LOCATION   | BEAT   | SECTOR                           |                             |
| <b>MO DATA</b>   |  |  |  |                                  |                             |
| <u>Incident Information</u><br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>Wet Surface | <u>Lighting Conditions</u><br>Room Lights  | <u>Security Stats (Click One Box)</u><br>Protected Health Information<br><u>Surface Conditions</u><br>Marble |  |                                  |                             |
|  |  |  |  |                                  |                             |
| <b>ADMINISTRATION</b>  |  |  |  |                                  |                             |
| FOLLOWUP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    | COPIES TO:<br><input type="checkbox"/> PAT. <input type="checkbox"/> DEM. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER | APPROVED BY<br><b>Mathew Kaufman 000030582</b>   |  | DATE APPROVED<br><b>09/14/15</b> |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | DATE/TIME<br><b>09/14/2015 18:22</b>   | ASSIGNED TO  |  | CASE STATUS<br><b>Closed</b>     |                             |
| OFFICER  | UNIT/BELT  |  |  |                                  |                             |

CR-I Cabada/043128 Entered by: David Cabada

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

VEN 791

3100

|              |                                     |  |  |                             |
|--------------|-------------------------------------|--|--|-----------------------------|
| Arrest       | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  | CASE #<br><b>1509V-3312</b> |
| Crime        | <input checked="" type="checkbox"/> |  |  | PAGE 1 OF 2                 |
| Non-Criminal | <input checked="" type="checkbox"/> |  |  |                             |

## Person Profile

|  |   |   |  |        |
|--|---|---|--|--------|
| OFFENSE(S)<br><b>Protected Health Information</b>  |   | OFFENSE(S) cont'd                               |  |        |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>09/13/15 23:26 Sunday</b>   |   | DATE AND TIME REPORTED<br><b>09/13/15 23:26</b> |  |        |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>   | LOCATION NAME<br><b>Grand Hall</b>  | TYPE OF LOCATION                                | BEAT   | SECTOR |
| <b>PERSONS</b>   |   |   |  |        |
| Codes: V = Violin W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other  |   |   |  |        |
| CODE<br><b>C</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 1</b>                           | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |
| <b>MO INFORMATION</b>  |   |   |  |        |
| <p><b>Base Line Vitals &amp; History</b></p> <p>Normal Breathing<br/>Regular Breathing Rhythm<br/>Normal Pulse Rate<br/>Regular Pulse<br/>Skin Color Normal</p> <p><b>Build</b><br/>Large</p> <p><b>Demeanor</b><br/>Angry</p> <p><b>Eyes</b><br/>Clear</p> <p><b>Hair Length</b><br/>Shoulder length</p> <p><b>Medical Supplies</b><br/>Disposable Gloves</p> <p><b>Odor of Intoxicants</b><br/>Mild</p> <p><b>Patient Assessment</b></p> <p>Patient is Alert<br/>Airway Status Open<br/>Breathing Adequate<br/>Circulation Present<br/>Patient has a Trauma/Injury<br/>Tenderness<br/>Swelling</p> <p><b>Speech</b><br/>Normal</p> |   |   |  |        |
| <b>CLOTHING</b>  |   |   |  |        |
| CODE<br><b>MN</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 2</b><br><b>Kaufman, Mathew</b> | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |
| <b>CLOTHING</b>  |   |   |  |        |
| CODE<br><b>MN</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>2 OF 2</b><br><b>Lambert, Thomas</b> | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |
| <b>CLOTHING</b>  |   |   |  |        |
| CODE<br><b>SO</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 OF 1</b><br><b>Lopez, Jose</b>     | DOB   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |
| <b>CLOTHING</b>  |   |   |  |        |
| <b>ADMINISTRATION</b>  |   |   |  |        |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | DATE/TIME<br><b>09/14/15 18:22</b>  | APPROVED BY<br><b>Mathew Kaufman 000030582</b>  | DATE APPROVED<br><b>09/14/15</b>   |        |
| OFFICER<br>  | UNITS/HB#<br>   | ASSIGNED TO<br>                                 | CASE STATUS<br><b>Closed</b>   |        |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 792

3101

|   |                                     |  |                  |  |                             |
|---|-------------------------------------|--|------------------|--|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                  |  | CASE #<br><b>1509V-3312</b> |
| Crime   | <input checked="" type="checkbox"/> | <b>Person Profile</b>  |                  |  | PAGE 2 OF 2                 |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                  |  |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) cont'd  |                  |  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>09/13/15 23:26 Sunday</b>  |                                     | DATE AND TIME REPORTED<br><b>09/13/15 23:26</b>                          |                  |  |                             |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>  |                                     | LOCATION NAME<br><b>Grand Hall</b>                                       | TYPE OF LOCATION | BEAT   | SECTOR                      |
| <b>PERSONS</b>  |                                     |  |                  |  |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |                  |  |                             |
| CODE<br><b>TM</b>   | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Guagliardo, Peter</b>           | DOB              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CLOTHING:   |                                     |  |                  |  |                             |

| <b>ADMINISTRATION</b>                    |                                    |  |                                  |
|--|------------------------------------|--|----------------------------------|
| BY OFFICER<br><b>D. Cabada 000043128</b> | DATE/TIME<br><b>09/14/15 18:22</b> | APPROVING OFFICER<br><b>Mathew Kaufman 000030582</b> | DATE APPROVED<br><b>09/14/15</b> |
| OFFICER<br><b></b>                       | UNIT/SUPERVISOR<br><b></b>         | ASSIGNED TO<br><b></b>                               | CASE STATUS<br><b>Closed</b>     |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 793

**3102**

|   |                                     |  |      |             |
|---|-------------------------------------|--|------|-------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b>                     |      | CASE #      |
| Crime   | <input checked="" type="checkbox"/> | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |      | 1509V-3312  |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                      |      | Page 1 of 1 |
| OFFENSE(S)<br>Protected Health Information                |                                     | OFFENSE(S) cont'd.                           |      |             |
| DATE, TIME AND DAY OF OCCURRENCE<br>09/13/15 23:26 Sunday |                                     | DATE AND TIME REPORTED<br>09/13/15 23:26     |      |             |
| LOCATION OF OCCURRENCE<br>Grand Hall, Las Vegas           | LOCATION NAME<br>Grand Hall         | TYPE OF LOCATION                             | BEAT | SECTOR      |

## NARRATIVE

On 9/13/2015 at approximately 2326 hours I was dispatched to the Grand Hall for a slip and fall. Upon my arrival I made contact with a female later identified as Registered Guest [REDACTED] Suite 6210. [REDACTED] stated she was walking down the Grand Hall when she slipped on a red liquid substance on the marble flooring. I noted that Public Area Department was on scene cleaning the spill upon my arrival.

Upon my arrival I noted [REDACTED] was standing on her two feet leaning against a pillar. [REDACTED] had a positive and patient airway, adequate breathing, and a positive pulse. [REDACTED] was alert and orientated to person, place, time, and events. I did not note any major trauma or bleeding upon my initial assessment. [REDACTED] stated she fell to her rear end but complained of right ankle pain. [REDACTED] did not complain of any head, neck, or back pain at that time. I sat [REDACTED] in my wheel chair and continued my assessment. [REDACTED] stated she had previously injured her right ankle a couple years ago. Upon a physical exam of [REDACTED] right ankle [REDACTED] complained of ankle tenderness to lateral portion of her right ankle. I also noted minor swelling to her right ankle. I did not note any deformities, contusions, abrasions, penetrations, burns, or lacerations to her right ankle. [REDACTED] had full pulse, motor, and sensory to all 4 extremities without limitations. [REDACTED] was able to rotate her ankle without limitations. [REDACTED] did not complain of any additional injuries at that time. [REDACTED] declined Emergency Medical Services at that time but stated she wanted the incident documented. [REDACTED] stated she wanted to talk to a Front Desk Manager due to her dress getting wet during the incident. [REDACTED] walked to the Front Desk and talked to Front Desk Manager Lambert, Thomas TM#33254.

Overnight Emergency Medical Technician Lopez, Jose TM#28512 arrived on scene and relieved me at approximately 2340 hours.

Lopez obtained an Accident Scene check conducted by Facilities Team Member Guagliardo, Peter TM#21636. Lopez obtained a Medical Authorization, Accident Report, and a Medical Release form from [REDACTED]. A Billing Portfolio is attached to this report. Photos of the incident area and shoes are attached to this report. Front Desk Manager Lambert was aware of the incident. Security Manager Kaufman, Mathew TM#30582 was notified of the incident.

| ADMINISTRATION                    |                               |   |                           |
|-----------------------------------|-------------------------------|---|---------------------------|
| BY OFFICER<br>D. Cabada 000043128 | DATE/TIME<br>09/14/2015 18:22 | APPROVED BY<br>Mathew Kaufman 000030582 | DATE APPROVED<br>09/14/15 |
| OFFICER                           | INITIALS**                    | ASSIGNED TO                             | CASE STATUS<br>Closed     |

|  |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
|--|---|---|-----------|--|--|---|-------|--|------------------|-----|--|---------|--|---------|
| Arrest <input type="checkbox"/>  | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |           |  |  |   |       |  |                  |     | CASE#<br><b>1512V-5875</b>   |         |  |         |
| Crime <input type="checkbox"/>   |   |   |           |  |  |   |       |  |                  |     | PAGE<br><b>1</b>   |         |  |         |
| Non-Criminal <input checked="" type="checkbox"/>   | <b>CR-1</b>   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| OFFENSE(S)<br><b>Protected Health Information</b>  |   |   |           |  |  |   |       |  |                  |     | OFFENSE(S) cont'd.   |         |  |         |
| DATE, TIME AND DAY OF OCCURENCE<br><b>12/27/15 15:32 Sunday</b>  |   |   |           |  | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b>                                | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |       | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                  |     |  |         |  |         |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>  |   | LOCATION NAME<br><b>Lobby 1</b>   |           |  | TYPE OF LOCATION   |   | BEAT  |  | SECTOR           |     |  |         |  |         |
| <b>PERSONS</b><br>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                                  |   |   |           |  |  |   |       |  |                  |     | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |         |  |         |
| CODE<br><b>C 1 OF 1</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX                                |   |           |  | HOME   | CELLULAR  |       |  |                  |     |  |         |  |         |
| OCCUPATION   | RACE  | SEX   | AGE       | DOB  | ADDRESS 2  |   |       |  |                  |     | PHONE 2  |         |  |         |
| DL   | STATE   |   |           | SS#  | INJURIES   | ADDRESS 3   |       |  |                  |     |  | PHONE 3 |  |         |
| CODE<br><b>MN 1 OF 1</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                |   |           |  | ADDRESS 1  |   |       |  |                  |     |  | PHONE 1 |  |         |
| OCCUPATION   | RACE  | SEX   | AGE       | DOB  | ADDRESS 2  |   |       |  |                  |     |  | PHONE 2 |  |         |
| DL   | STATE   |   |           | SS#  | INJURIES   | ADDRESS 3   |       |  |                  |     |  | PHONE 3 |  |         |
| CODE<br><b>R 1 OF 1</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX                                |   |           |  | ADDRESS 1  |   |       |  |                  |     |  | PHONE 1 |  |         |
| OCCUPATION   | RACE  | SEX   | AGE       | DOB  | ADDRESS 2  |   |       |  |                  |     |  | PHONE 2 |  |         |
| DL   | STATE   |   |           | SS#  | INJURIES   | ADDRESS 3   |       |  |                  |     |  | PHONE 3 |  |         |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| SUMMARY<br><b>Protected Health Information Guest [REDACTED] Suite 14-109</b>   |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> OF                 |   | LICENSE (NO. AND STATE)   |           |  | YEAR   | MAKE  | MODEL | BODY TYPE                              | COLOR            | VIN | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |  |         |
| TOW REPORT<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   | GARAGE NAME AND PHONE   |           |  | REGISTERED OWNER   |   |       | R/O ADDRESS                            |                  |     |  |         |  |         |
| <b>SUSPECT(S)/ ARRESTEE(S)</b><br>Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim |   |   |           |  |  |   |       |  |                  |     | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |         |  |         |
| CODE<br><b>OF</b>  | 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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | AKA's   |           |  |  | ARRESTEE DISPOSITION  |       |  | RELEASE LOCATION |     | ARREST DATE / TIME<br><b>/</b>   |         |  |         |
| DL   | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | BOOKING # |  | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #  | SS#   | CIT#                                   |                  |     |  |         |  |         |
| CHARGES  |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| CODE<br><b>OF</b>  | 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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | AKA's   |           |  |  | ARRESTEE DISPOSITION  |       |  | RELEASE LOCATION |     | ARREST DATE / TIME<br><b>/</b>   |         |  |         |
| DL   | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | BOOKING # |  | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION #  | SS#   | CIT#                                   |                  |     |  |         |  |         |
| CHARGES  |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| <b>ADMINISTRATION</b>  |   |   |           |  |  |   |       |  |                  |     |  |         |  |         |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   | FOLLOW-UP<br>YE <input type="checkbox"/> NO <input checked="" type="checkbox"/> |           | COPIES TO:<br>PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER: |  |   |       |  |                  |     |  |         |  |         |
| BY OFFICER<br><b>D. Cabada 000043128</b>   |   | DATETIME<br><b>12/27/15 20:53</b>   |           | APPROVED BY<br><b>Tim Alvonellos 000003460</b>   |  | DATE APPROVED<br><b>12/27/15</b>  |       |  |                  |     |  |         |  |         |
| OFFICER  |   | UNIT/SHIFT  |           | ASSIGNED TO  |  | CASE STATUS<br><b>Closed</b>  |       |  |                  |     |  |         |  |         |

CR-1 Cabad/043128 Entered by: David Cabada

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

VEN 795

3104

|   |                                     |  |   |                  |         |                             |         |
|---|-------------------------------------|--|---|------------------|---------|-----------------------------|---------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                  |         | CASE #<br><b>1512V-5875</b> |         |
| Crime   | <input type="checkbox"/>            | <b>Additional Crimes, Persons and Vehicles</b>                           |   |                  |         | PAGE <b>1</b> OF <b>1</b>   |         |
| Non-Criminal  | <input checked="" type="checkbox"/> | OFFENSE(S)<br><b>Protected Health Information</b>                        |   | OFFENSE(S) contd |         |                             |         |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>12/27/15 15:32 Sunday</b>                          |                                     |  | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b> |                  |         |                             |         |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |                                     | LOCATION NAME<br><b>Lobby 1</b>  |   | TYPE OF LOCATION | BFAI    | SECTOR                      |         |
| ADDITIONAL OFFENSE(S)   |                                     |  |   |                  |         |                             |         |
| <b>PERSONS</b>  |                                     |  |   |                  |         |                             |         |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |                                     |  |   |                  |         |                             |         |
| CODE<br><b>TM</b>   | <b>1 OF 1</b>                       | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Navara, Shane</b>               |   | ADDRESS 1        | PHONE 1 |                             |         |
| OCCUPATION<br><b>Facilities</b>   |                                     | RACE<br><b>BN</b>  | SEX<br><b>M</b>                                 | AGE<br><b>0</b>  | DOB     | ADDRESS 2                   | PHONE 2 |
| DL STATE  |                                     | SSN  |   | INJURIES         |         | ADDRESS 3                   | PHONE 3 |
| <b>ADMINISTRATION</b>   |                                     |  |   |                  |         |                             |         |
| BY OFFICER<br><b>D. Cabada 900043128</b>  | DATETIME<br><b>12/27/15 20:53</b>   | ASSIGNED BY<br><b>Tim Alvanellos 000003460</b>                           | DATE APPROVED<br><b>12/27/15</b>                |                  |         |                             |         |
| OFFICER   | UNIT/SHIP                           | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>                    |                  |         |                             |         |

APDC (Rev. 02/18/14) Print Date: 01/10/2018

VEN 796

**3105**

|  |  |   |   |                                  |
|--|--|---|---|----------------------------------|
| Arrest <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |   |   | CASE #<br><b>1512V-5875</b>      |
| Crime <input type="checkbox"/>   | Case MO  |   |   | PAGE 1 OF 1                      |
| Non-Criminal <input checked="" type="checkbox"/>   |  |   |   |                                  |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S) cont'd                               |   |                                  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>12/27/15 15:32 Sunday</b>  |  | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b> |   |                                  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>  | LOCATION NAME<br><b>Lobby 1</b>  | TYPE OF LOCATION                                | BEAT  | SECTOR                           |
| <b>MO DATA</b>   |  |   |   |                                  |
| <b>Incident Information</b><br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>Video Tape of Incident Available<br>Wet Surface |  | <b>Lighting Conditions</b><br>Room Lights       | <b>Security Stats (Click One Box)</b><br><input type="checkbox"/> Protected Health Information<br><input type="checkbox"/> Surface Conditions<br>Marble<br><input type="checkbox"/> Weather Conditions<br>Clear |                                  |
|  |  |   |   |                                  |
| <b>ADMINISTRATION</b>  |  |   |   |                                  |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | COPIES TO<br><input type="checkbox"/> PAY <input type="checkbox"/> DRY <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER | DATE/TIME:<br><b>12/27/2015 20:53</b>           | APPROVED BY<br><b>Tim Alvarellas 000003480</b>  | DATE APPROVED<br><b>12/27/15</b> |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | UNIT/SHIFT   | ACKNOWLEDG'D                                    | CASE STATUS<br><b>Closed</b>  |                                  |

CR-I Cabada/043128 Entered by: David Cabada

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

VEN 797

**3106**

|   |                                     |  |                                  |  |                             |
|---|-------------------------------------|--|----------------------------------|--|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |  | CASE #<br><b>1512V-5875</b> |
| Crime   | <input type="checkbox"/>            | <b>Person Profile</b>  |                                  |  | PAGE <b>1 OF 2</b>          |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                                  |  |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) cont'd  |                                  |  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>12/27/15 15:32 Sunday</b>  |                                     | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b>                          |                                  |  |                             |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |                                     | LOCATION NAME<br><b>Lobby 1</b>  | TYPE OF LOCATION                 | BEAT   | SECTOR                      |
| <b>PERSONS</b><br>Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other   |                                     |  |                                  | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                             |
| CODE<br><b>C</b>  | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>[REDACTED]</b>                  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>NO INFORMATION</b>   |                                     |  |                                  |  |                             |
| <p><b>Base Line Vitals &amp; History</b></p> <p>Normal Breathing<br/>Regular Breathing Rhythm<br/>Normal Pulse Rate<br/>Regular Pulse<br/>Skin Color Normal<br/>Skin Temperature Normal<br/>Pupils are PEARL<br/>Blood Pressure Normal</p> <p><b>Build</b><br/>Medium</p> <p><b>Demeanor</b><br/>Calm</p> <p><b>Eyes</b><br/>Normal</p> <p><b>Glasses</b><br/>Prescription</p> <p><b>Hair Length</b><br/>Short</p> <p><b>Medical Supplies</b><br/>B/P Cuff<br/>Stethoscope<br/>Cold Packs<br/>Disposable Gloves</p> <p><b>Odor of Intoxicants</b><br/>None</p> <p><b>Patient Assessment</b><br/>Patient is Alert<br/>Airway Status Open<br/>Breathing Adequate<br/>Circulation Present<br/>Patient has a Trauma/Injury<br/>Contusions<br/>Tenderness<br/>Swelling</p> <p><b>Speech</b><br/>Accent</p> |                                     |  |                                  |  |                             |
| <b>CLOTHING</b>   |                                     |  |                                  |  |                             |
| CODE<br><b>R</b>  | 1 of 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Alvonellos, Tim</b>             | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>CLOTHING</b>   |                                     |  |                                  |  |                             |
| CODE<br><b>MN</b>   | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Lambert, Thomas</b>             | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>CLOTHING</b>   |                                     |  |                                  |  |                             |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |  |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | DATETIME<br><b>12/27/15 20:53</b>   | APPROVED BY<br><b>Tim Alvonellos 000003460</b>                           | DATE APPROVED<br><b>12/27/15</b> |  |                             |
| OFFICER   | UNITS/SHIFT                         | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |  |                             |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 798

3107

|  |                                     |  |                                  |  |                             |
|--|-------------------------------------|--|----------------------------------|--|-----------------------------|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |  | CASE #<br><b>1512V-5875</b> |
| Crime  | <input type="checkbox"/>            | <b>Person Profile</b>  |                                  |  | PAGE 2 OF 2                 |
| Non-Criminal   | <input checked="" type="checkbox"/> |  |                                  |  |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>  |                                     | OFFENSE(S) CONT'D  |                                  |  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>12/27/15 15:32 Sunday</b>   |                                     | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b>                          |                                  |  |                             |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>   |                                     | LOCATION NAME<br><b>Lobby 1</b>  | TYPE OF LOCATION                 | BEAT   | SECTOR                      |
| <b>PERSONS</b>   |                                     |  |                                  |  |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other                    |                                     |  |                                  |  |                             |
| Count  | <b>1</b> of <b>1</b>                | NAME, LAST, FIRST, MIDDLE, SUFFIX  | DOB                              | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                             |
| This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                                     |  |                                  |  |                             |
| CLOTHING [ ]   |                                     |  |                                  |  |                             |
| <b>ADMINISTRATION</b>  |                                     |  |                                  |  |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | DATE/TIME<br><b>12/27/15 20:53</b>  | APPROVED BY<br><b>Tim Alfonellos 000003460</b>                           | DATE APPROVED<br><b>12/27/15</b> |  |                             |
| CHINGER  | UNIV/SHIFT                          | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |  |                             |

CR-1 Cabada/043128 Entered by: David Cabada

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

VEN 799

**3108**

|  |                                     |  |                           |      |                      |
|--|-------------------------------------|--|---------------------------|------|----------------------|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           |      | CASE #<br>1512V-5875 |
| Crime  | <input type="checkbox"/>            | Narrative Report   |                           |      | Page 1 of 2          |
| Non-Criminal   | <input checked="" type="checkbox"/> |  |                           |      |                      |
| OFFENSE(S)<br><b>Protected Health Information</b>  |                                     | OFFENSE(S) (cont'd)  |                           |      |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br>12/27/15 15:32 Sunday  |                                     | DATE AND TIME REPORTED<br>12/27/15 15:32                                 |                           |      |                      |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  |                                     | LOCATION NAME<br>Lobby 1   | TYPE OF LOCATION          | BEAT | SECTOR               |
| NARRATIVE  |                                     |  |                           |      |                      |
| <p>On 12/27/2015 at approximately 1532 hours, I was dispatched to Lobby 1 for a slip and fall. Upon my arrival I made contact with a male later identified as Guest [REDACTED] (Suite 14-109). [REDACTED] stated he was walking towards Lobby 1 when she slipped on a clear fluid. [REDACTED] stated he was able to walk to Lobby 1 to await my arrival after the incident.</p> <p>Upon my arrival [REDACTED] was sitting in a chair. [REDACTED] had a positive and patent airway, was adequately breathing, with a positive pulse. [REDACTED] was alert and orientated to person, place, time, and events. I did not note any visible bleeding or major trauma upon my initial assessment.</p> <p>[REDACTED] stated when he slipped he fell to his knees. [REDACTED] denied hitting his head or losing consciousness from the incident. [REDACTED] denied any head, neck, or back pain at that time. I noted [REDACTED] had full pulse, motor, and sensory to all four extremities without limitations.</p> <p>Upon a visual exam of [REDACTED]'s left knee I noted swelling and a contusion. Upon a physical exam [REDACTED] complained of tenderness to his patella. I did not note any deformities, abrasions, penetrations, burns, or lacerations to [REDACTED]'s left knee. [REDACTED] was able to flex and extend his left knee with limited restricted mobility. [REDACTED] also stated his right knee hurt but it wasn't as bad as his left. I did note any abnormalities to his right knee.</p> <p>[REDACTED] denied Emergency Medical Services at that time. [REDACTED] stated he want to file a report but wanted to fill it out in his Suite. I provided a wheelchair assist to Suite 14-109. Upon arrival [REDACTED] filled out an Accident Report, Medical Authorization, and Medical Release. I applied ice packs to [REDACTED]'s right and left knee. I obtained a blood pressure of 138/86 mm Hg, a pulse of 78 beats per minute, an oxygen saturation of 97% on room air, and respirations of 18 breaths per minute. [REDACTED] denied further medical attention at that time. [REDACTED] stated he would see his primary care physician in a couple days.</p> <p>Facilities Team Member Navara, Shane TM#14329 conducted an Accident Scene Check. Photos of the incident are available. Video coverage of the incident is available per Surveillance under log entry DL20150062503. Front Desk Manager Lambert, Thomas</p> |                                     |  |                           |      |                      |
| <b>ADMINISTRATION</b>  |                                     |  |                           |      |                      |
| BY OFFICER<br>D. Cabada 000043128  | DATE/TIME<br>12/27/2015 20:53       | APPROVED BY<br>Tim Alvonelles 000003460                                  | DATE APPROVED<br>12/27/15 |      |                      |
| OFFICER  | UNITS/HRT                           | ASSIGNED TO  | CASE STATUS<br>Closed     |      |                      |

|  |                                      |  |  |       |                             |
|--|--------------------------------------|--|--|-------|-----------------------------|
| <input type="checkbox"/> Arrest  | <input type="checkbox"/> Crime       | <input checked="" type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |       | CASE #<br><b>1512V-5875</b> |
| <b>Narrative Report</b>  |                                      |  |  |       | Page 2 of 2                 |
| OFFENDER(S)<br><b>Protected Health Information</b>   |                                      |  | OFFENSE(S) cont'd  |       |                             |
| DATE, TIME AND DAY OF INCIDENT<br><b>12/27/15 15:32 Sunday</b>   |                                      |  | DATE AND TIME REPORTED<br><b>12/27/15 15:32</b>                          |       |                             |
| LOCATION OF INCIDENT<br><b>1 Lobby 1</b>   | LOCATION NAME<br><b>Lobby 1</b>      | TYPE IN LOCATION                                 |  | INPUT | DECATOR                     |
| <p><b>NARRATIVE</b></p> <p>TM#33254 was advised of the incident. Security Manager Alvonellos, Tim TM#3460 was advised of the incident.</p> |                                      |  |  |       |                             |
| <b>ADMINISTRATION</b>  |                                      |  |  |       |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | DATE/TIME<br><b>12/27/2015 20:53</b> | APPROVED BY<br><b>Tim Alvonellos 000003460</b>   | INITIATED<br><b>12/27/15</b>   |       |                             |
| OFFICER<br><b></b>   | UNIT/DEPT<br><b></b>                 | ASSIGNEE ID NO<br><b></b>                        | CASE STATUS<br><b>Closed</b>   |       |                             |

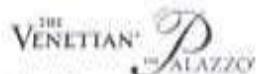
CR-I Cabada/143128 Entered by: David Cabada

Page 2 of 2

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

VEN 801

**3110**



Incident Report Number: 1512V-5875

**Accident Scene Check - Security**

Please type or print clearly

Guard Name: \_\_\_\_\_

**Security Officer**Title: Officer Date: 12/27/15 Guest Room #: 17000Defects found (List them in detail):  
NoneGuest description: Asian male, short hair, (Asian)  
Address: Tablet RoomLighting Normal? If no explain: YesComments: AC off D/HChecked by Security Officer (Initials): JL Date: 12/27/15**Engineer**Title: 2557734 Date: 12-27-15 Guest Room #: 17000, Room 34, Drawing 2  
Defects found (List them in detail): No Defects FoundActions Taken: No Actions takenChecked by Engineer (Initials): Robert Alvarado G Date: 12/27/15

Printed on 04/09/2016

Name: 1512V-5875.Acc. Scene Chk.1.jpg

Photo Date Time:

Case Booking #:

VEN 802

3111



1512V-5875

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

- I am satisfied I have been informed that such as initial (Emergency) First Aid treatment and evaluation has been rendered to me by a Wellman or Fellow Emergency Medical Technician (EMT) who is not a medical doctor and that my provider have some knowledge that I should seek the advice of a physician as soon as possible.
- I am satisfied I was transported to a Hospital or Fellow Emergency Medical Technician (EMT) and have been advised that I shall seek the advice of a physician as soon as possible.

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date \_\_\_\_\_ Dec 17, 2005 \_\_\_\_\_ Time \_\_\_\_\_ 5:45 AM \_\_\_\_\_  
Refined to sign \_\_\_\_\_  
Witnessed Name \_\_\_\_\_ Date \_\_\_\_\_ 12/12/05 \_\_\_\_\_  

|  |            |         |                                       |            |        |
|--|------------|---------|---------------------------------------|------------|--------|
| Age  | Height     | Weight  |                                       |            |        |
| Sex  |            |         |                                       |            |        |
| <input type="checkbox"/> 0-11 yrs. <input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female |            |         |                                       |            |        |
| <input type="checkbox"/> Walking <input type="checkbox"/> Dismounted <input type="checkbox"/> Wheelchair     |            |         |                                       |            |        |
| <input type="checkbox"/> Drowsy <input type="checkbox"/> Stuporose <input type="checkbox"/> Delirious        |            |         |                                       |            |        |
| Pain Scale _____ 0-10/10 A/D n. _____  |            |         |                                       |            |        |
| Treatment  | Medication | Dose    | Date Rec'd                            | Time       | Temp   |
| <input type="checkbox"/> Administered  |            |         | <input type="checkbox"/> Yes          | 2          | 2      |
| <input type="checkbox"/> Vital signs taken   |            |         | <input type="checkbox"/> No           | 2          | 2      |
| <input type="checkbox"/> Diagnose _____ LPM 10 _____   |            |         |                                       |            |        |
| <input type="checkbox"/> Other _____   |            |         |                                       |            |        |
| Assessment/Disposition notes Y/N   |            |         |                                       |            |        |
| Discharged _____ hours   | Admitting  | 135000A | Transport                             | Reserve w/ | 1100am |
| COPD Rating _____ Initial _____  |            |         | <input type="checkbox"/> No Transport |            |        |
| Medications (ANDS) _____ Initial _____   |            |         | <input type="checkbox"/> Ambulance    |            |        |
|  |            |         | <input type="checkbox"/> Other        |            |        |

Name: 1512V-5875.Med Release.1.jpg

Photo Date Time:

Case Booking #:

VEN 803

3112



Incident Report Number: 1512V-5875

## Accident Report - Security

Please type or print clearly.

Name: [REDACTED] Age: 008 Sex: Male

Home Address: [REDACTED] Home Security: [REDACTED]

City: [REDACTED] Zip Code: [REDACTED]

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

By Whom Employed:

Am I a Guest of The Venetian or The Palazzo? Yes Date: 10/10/04

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

Please Note: At great intervals while you were doing what happened take your accident:

[REDACTED]  
There is [REDACTED] in the floor I couldn't see it  
and stopped walking on it. Sat on the floor.

Date of Accident: Dec 27, 2015 Time of Accident: 3:30 PM

Location of Accident (Please be specific): Hallway between room and security desk.

Where do you normally live?: [REDACTED] Room: [REDACTED]

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

[REDACTED]  
[REDACTED] There is no signs of [REDACTED] that can  
that floor.

What, if any, equipment was used?

What, if any, property damage did you suffer?

Number of Guests in Your Party at Time of Accident:

Dated this: 27 Month: Dec Year: 2015

Signature of Guest: [REDACTED]

Security Officer: [REDACTED] Date: 10/10/04

Guest Checked Out:

[REDACTED]

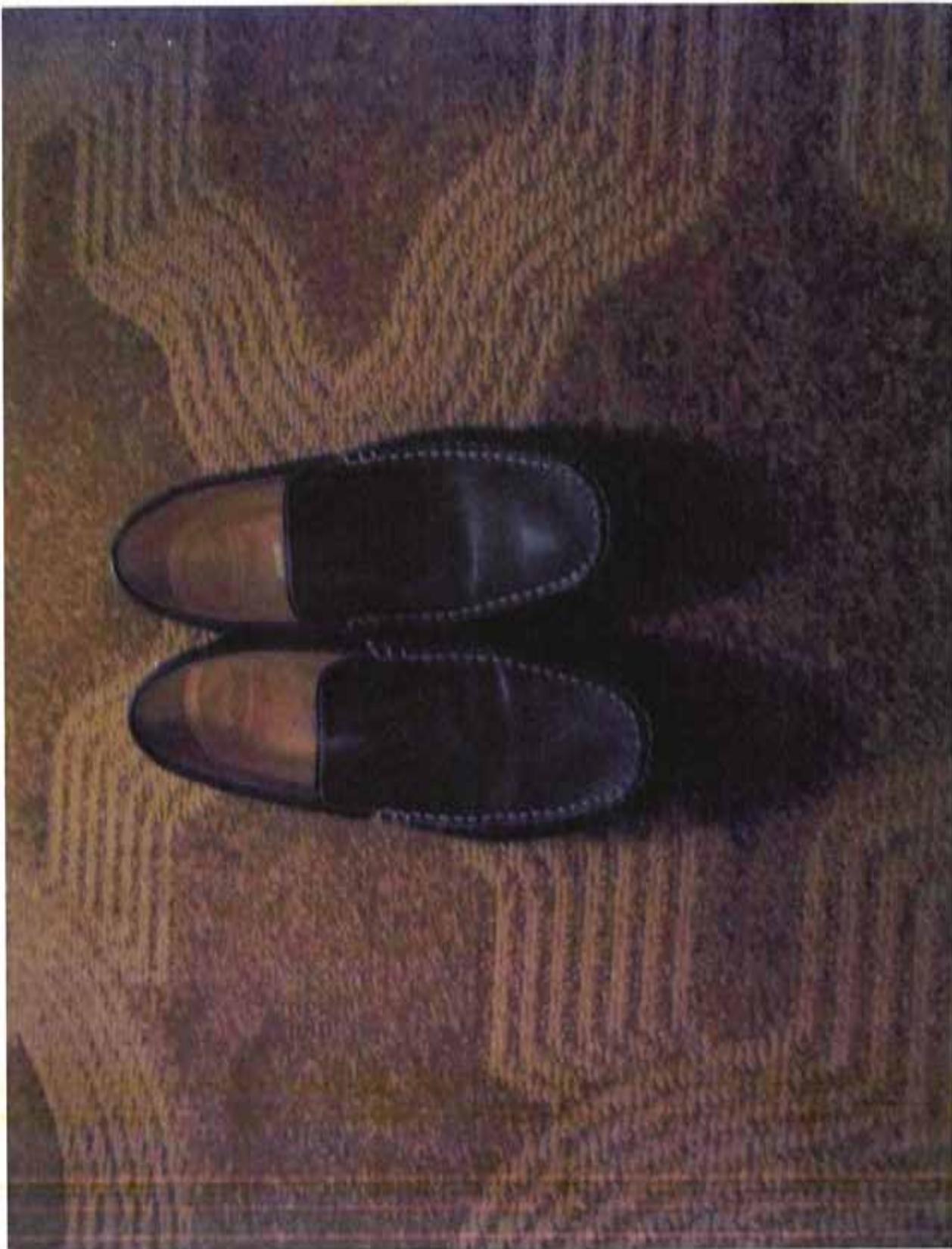
Name: 1512V-5875.Gst. Acc. Form.1.jpg

Photo Date/Time:

Case Booking #: [REDACTED]

VEN 804

3113



VEN 805

**3114**



VEN 806

**3115**



VEN 807

**3116**



VEN 808

**3117**



VEN 809

**3118**

|   |                                     |  |     |  |                          |  |         |                                  |  |  |  |   |  |                                       |
|---|-------------------------------------|--|-----|--|--------------------------|--|---------|----------------------------------|--|--|--|---|--|---------------------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |     |  |                          |  |         |                                  |  |  |  | CASE#<br><b>1602V-4290</b>  |  |                                       |
| Crime   | <input type="checkbox"/>            |  |     |  |                          |  |         |                                  |  |  |  | PAGE<br><b>1</b>  |  |                                       |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |     |  |                          |  |         |                                  |  |  |  |   |  |                                       |
| <b>OFFENDER(S)</b><br>Protected Health Information  |                                     |  |     |  |                          |  |         |                                  |  |  |  | OFFENDER(S) cont'd.   |  |                                       |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>02/20/16 14:56 Saturday</b>  |                                     |  |     |  |                          |  |         |                                  |  |  |  | DATE AND TIME REPORTED  | WIRE CHARGE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$0.00</b> |
| LOCATION OF OCCURRENCE<br><b>1 Guest Service Podium</b>   |                                     |  |     |  |                          |  |         |                                  |  |  |  | TYPE OF LOCATION  | BEAT   | SECURITY                              |
| <b>PERSONS</b><br>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                                   |                                     |  |     |  |                          |  |         |                                  |  |  |  | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                       |
| CODE<br><b>MN 1 or 2</b>  |                                     | NAME - LAST, FIRST, MIDDLE, SUFFIX   |     | ADDRESS 1  |                          | PHONE 1  |         |                                  |  |  |  |   |  |                                       |
| Johnson 25575, Jacob  |                                     | NAME   | SEX | AGE  | DOB<br><b>05/17/1993</b> | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| OCCUPATION<br><b>Asst Sec Manager</b>   |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 3  | PHONE 3 |                                  |  |  |  |   |  |                                       |
| CODE<br><b>MN 2 or 2</b>  |                                     | NAME - LAST, FIRST, MIDDLE, SUFFIX   |     | ADDRESS 1  |                          | PHONE 1  |         |                                  |  |  |  |   |  |                                       |
| O'Brien, Devon  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 3  | PHONE 3 |                                  |  |  |  |   |  |                                       |
| CODE<br><b>GU 1 or 1</b>  |                                     | NAME - LAST, FIRST, MIDDLE, SUFFIX   |     | ADDRESS 1  |                          | PHONE 1  |         |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 3  | PHONE 3 |                                  |  |  |  |   |  |                                       |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |                                     |  |     |  |                          |  |         |                                  |  |  |  |   |  |                                       |
| SUMMARY<br>Protected Health Information- Guest of Solte [REDACTED]  |                                     |  |     |  |                          |  |         |                                  |  |  |  |   |  |                                       |
| VEHICLE USED IN CRIME<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                 |                                     | LICENSE NO AND STATE<br><input type="checkbox"/> LP  |     | YEAR<br><input type="checkbox"/> MAKE<br><input type="checkbox"/> MODEL<br><input type="checkbox"/> COLOR<br><input type="checkbox"/> VR   |                          | MORE VEHICLES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |         |                                  |  |  |  |   |  |                                       |
| TOW REPAIR<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                    |                                     | GARAGE NAME AND PHONE<br><input type="checkbox"/> REREGISTERED OWNER   |     | REGISTRATION NUMBER<br><input type="checkbox"/> BUSINESS   |                          | RELEASE DATE / TIME<br><input type="checkbox"/> /  |         |                                  |  |  |  |   |  |                                       |
| <b>SUSPECT(S) / ARRESTEE(S)</b><br>Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim |                                     |  |     |  |                          |  |         |                                  |  |  |  | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                       |
| CODE<br><b>CODE</b>   |                                     | NAME - LAST, FIRST, MIDDLE, SUFFIX   |     | ADDRESS 1  |                          | PHONE 1  |         |                                  |  |  |  |   |  |                                       |
| NAME<br><b>NAME SEX AGE</b>   |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 3  | PHONE 3 |                                  |  |  |  |   |  |                                       |
| SCARS / MARKS / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                       |                                     | ARREST DATE / TIME<br><input type="checkbox"/> /   |     | ARRESTEE IDENTIFICATION<br><input type="checkbox"/> RELEASE LOCATION<br><input type="checkbox"/> ARREST DATE / TIME<br><input type="checkbox"/> /  |                          |  |         |                                  |  |  |  |   |  |                                       |
| NAME<br><b>NAME SEX AGE</b>   |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 1  | PHONE 1 |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| SCARS / MARKS / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                       |                                     | ARREST DATE / TIME<br><input type="checkbox"/> /   |     | ARRESTEE IDENTIFICATION<br><input type="checkbox"/> RELEASE LOCATION<br><input type="checkbox"/> ARREST DATE / TIME<br><input type="checkbox"/> /  |                          |  |         |                                  |  |  |  |   |  |                                       |
| NAME<br><b>NAME SEX AGE</b>   |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 1  | PHONE 1 |                                  |  |  |  |   |  |                                       |
| OCCUPATION  |                                     | NAME   | SEX | AGE  | DOB                      | ADDRESS 2  | PHONE 2 |                                  |  |  |  |   |  |                                       |
| SCARS / MARKS / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                       |                                     | ARREST DATE / TIME<br><input type="checkbox"/> /   |     | ARRESTEE IDENTIFICATION<br><input type="checkbox"/> RELEASE LOCATION<br><input type="checkbox"/> ARREST DATE / TIME<br><input type="checkbox"/> /  |                          |  |         |                                  |  |  |  |   |  |                                       |
| <b>ADMINISTRATION</b>   |                                     |  |     |  |                          |  |         |                                  |  |  |  |   |  |                                       |
| VICTIM HANDED PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>          |                                     | FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |     | COPIES & TO<br><input type="checkbox"/> FBI <input type="checkbox"/> DEPT. <input type="checkbox"/> HHS <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER |                          | APPROVED BY<br><b>George Valley 000013454</b>  |         | DATE APPROVED<br><b>02/22/16</b> |  |  |  |   |  |                                       |
| BY OFFICER<br><b>G. Rescigno 000034137</b>  |                                     | DATE HANDLED<br><b>02/22/16 08:31</b>  |     | UNHANDLED  |                          | ASSIGNED TO<br><b>Rescigno G</b>   |         | DATE STATUS<br><b>Closed</b>     |  |  |  |   |  |                                       |

CR-1 Recd:034137 Entered by: Gary Rescigno

APDC (Rev. 08/10/16) Print Date: 06/04/2018

VEN 810

3119

|  |  |   |                  |   |
|--|--|---|------------------|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal      | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Case MO</b>   |   |                  | CASE #<br>1602V-4290<br><br>PAGE 1 OF 1 |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S)<br><b>Protected Health Information</b> |                  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>02/20/16 14:56 Saturday  |  | DATE AND TIME REPORTED<br>02/20/16 14:58          |                  |   |
| LOCATION OF OCCURRENCE<br><b>1 Guest Service Podium</b>  |  | LOCATION NAME                                     | TYPE OF LOCATION | BEAT                                    |
| <b>MO DATA</b>   |  |   |                  |   |
| <b>Incident Information</b><br><br>No Photos<br>PHI - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>No Video Available | <b>Lighting Conditions</b><br><br>Room Lights<br><b>Security State (Click One Box)</b><br><br>Protected Health Information   | <b>Weather Conditions</b><br><br>Clear<br>Cool    |                  |   |
| <b>ADMINISTRATION</b>  |  |   |                  |   |
| FOLLOW UP:<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | COMES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> 911 <input type="checkbox"/> 9A <input type="checkbox"/> CHART <input type="checkbox"/> PROMOTION <input type="checkbox"/> VISIT <input type="checkbox"/> OTHER | APPROVED BY<br>George Valley 000013454            |                  |   |
| BY OFFICER<br><b>G. Rescigno 000034137</b>   | DATE APPROVED<br><b>02/22/2016 08:31</b>   | DATE APPROVED<br><b>02/22/16</b>                  |                  |   |
| UNCLASSIFIED   | APPROVED BY<br><b>Rescigno</b>   | APPROVED TO<br><b>Closed</b>                      |                  |   |

CR-1 Recd/014137 Entered by: Gary Rescigno

APDC (Rev. 06/16/08) Print Date: 06/04/2018

VEN 811

3120

|   |                                     |  |  |  |  |               |              |
|---|-------------------------------------|--|--|--|--|---------------|--------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |  | CASE #   | 1602V-4290    |              |
| Crime   | <input checked="" type="checkbox"/> |  |  |  | PAGE   | 1 OF 1        |              |
| Non-Criminal  |                                     |  |  |  |  |               |              |
| <b>Person Profile</b>   |                                     |  |  |  |  |               |              |
| Offender<br>Protected Health Information  |                                     |  |  | Offender<br>Protected Health Information |  |               |              |
| DATE, TIME AND DAY OF OCCURRENCE<br>02/20/16 14:56 Saturday   |                                     |  |  | DATE AND TIME REPORTED<br>02/20/16 14:56 |  |               |              |
| LOCATION OF OCCURRENCE<br>1 Guest Service Podium  |                                     | LOCATION CODE:   |  | TYPE OF LOCATION                         |  | BEAT          | NEIGHBORHOOD |
| <b>PERSONS</b>  |                                     |  |  |  |  |               |              |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |  |  |  |               |              |
| CODE  | 1 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Johnson 25575, Jacob               |  | DOB                                      | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |               |              |
| CLOTHING  |                                     |  |  |  |  |               |              |
| CODE<br>MN 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX<br>O'Brien, Devon                                  |                                     |  |  |  |  |               |              |
| CLOTHING  |                                     |  |  |  |  |               |              |
| FRONT DESK MANAGER  |                                     |  |  |  |  |               |              |
| CODE  | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                         |  | DOB<br>[REDACTED]                        | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |               |              |
| MO INFORMATION  |                                     |  |  |  |  |               |              |
| Base Line Vitals & History  |                                     | Eyes   |  | Speech                                   |  |               |              |
| Normal Breathing  |                                     | Clear  |  | Accord                                   |  |               |              |
| Regular Breathing Rhythm  |                                     | Glasses  |  |  |  |               |              |
| Normal Pulse Rate   |                                     | None   |  |  |  |               |              |
| Skin Color Normal   |                                     | Hair Length  |  |  |  |               |              |
| SAMPLE History Obtained?  |                                     | Short  |  |  |  |               |              |
| Build   |                                     | Hair Style   |  |  |  |               |              |
| Thin  |                                     | Straight   |  |  |  |               |              |
| Complexion  |                                     | Odor of Intoxicants  |  |  |  |               |              |
| Medium  |                                     | None   |  |  |  |               |              |
| Demeanor  |                                     | Patient Assessment   |  |  |  |               |              |
| Angry   |                                     | Patient is Alert   |  |  |  |               |              |
|   |                                     | Patient Responds to Verbal Stimulus                                      |  |  |  |               |              |
|   |                                     | Airway Status Open   |  |  |  |               |              |
|   |                                     | Breathing Adequate   |  |  |  |               |              |
|   |                                     | Circulation Present  |  |  |  |               |              |
|   |                                     | Patient has a Trauma/Injury  |  |  |  |               |              |
|   |                                     | Tenderness   |  |  |  |               |              |
| CLOTHING  |                                     |  |  |  |  |               |              |
| ADMINISTRATION  |                                     |  |  |  |  |               |              |
| OFFICER   | REPORTER                            | APPROVED BY  |  |  |  | DATE APPROVED |              |
| G. Rescigno 000034137   | 02/22/16 08:31                      | George Valley 000013464  |  |  |  | 02/22/16      |              |
| OFFICE  | REPORTER                            | APPROVED TO  |  |  |  | DATE APPROVED | Closed       |

CR-1 Rescigno/034137 Entered by: Gary Rescigno

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 812

3121

|   |  |   |                           |   |
|---|--|---|---------------------------|---|
| <input type="checkbox"/> Arrest<br><input checked="" type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                           | <b>CASE #</b><br>1602V-4290<br><br><b>Page 1 of 2</b> |
| <b>Narrative Report</b>   |  |   |                           |   |
| OFFENDER(S)<br>Protected Health Information   |  | OFFENDER(S) cont'd                        |                           |   |
| DATE, TIME AND DAY OF OCCURRENCE:<br>02/20/16 14:56 Saturday  |  | DATE AND TIME REPORTED:<br>02/20/16 14:56 |                           |   |
| LOCATION OF OCCURRENCE:<br>1 Guest Service Podium   |  | LOCATION NAME                             | TYPE OF LOCATION          | UNIT / SECTOR   |
| <b>NARRATIVE</b>  |  |   |                           |   |
| <p>On February 20, 2016 at 14:56 I was asked to respond to guest service podium by the front desk for a guest who wanted to report an incident that happened earlier in the day. I obtained my paperwork and responded.</p> <p>Upon arrival I met with guest of suite [REDACTED] who advised me she had slipped and fallen earlier in the day on February 20, 2016 between 11:45 am and 12:05 pm by the escalator next to Juice Farm ( Lobby 1). [REDACTED] went on to tell me she was walking from the guest elevators towards the casino when she slipped on liquid and fell to the marble floor , using her right and left wrists to break her fall. I asked Ms. [REDACTED] if she was hurt or if she had hit her head. Ms. [REDACTED] denied hitting her head or loosing consciousness but did tell me her right forearm and wrist were hurting her.</p> <p>Ms. [REDACTED] showed me her right forearm. I noticed a slight contusion midway between the elbow and wrist upon the posterior side. Ms. [REDACTED] continued to tell me that upon any movement of her right wrist in any direction she had severe pain in the forearm that she rated at a 6 out of 10 on the pain scale and described the pain as throbbing and burning in nature. I evaluated her right hand/wrist and forearm. Ms. [REDACTED] was positive for pulse ( 82 beats per minute and strong at the right radial site), motor and sensation all upon the aforementioned right hand/wrist and forearm. Ms. [REDACTED] could raise her right arm above her head with no pain. I offered paramedics. Ms. [REDACTED] refused all medical offered and stated she was getting married on February 21, 2016 and did not want to spend her time in a hospital. Ms. [REDACTED] continued to tell me she wanted to document this incident and wait until she gets home to [REDACTED] to see her own doctor. Ms. [REDACTED] asked about compensation if she has to see her doctor. I advised Ms. [REDACTED] that I would give her the information she needed if she wanted to file a claim.</p> <p>Ms. [REDACTED] also told me she did not report it earlier because she did not have any pain until later in the day. Ms. [REDACTED] said she blamed the Venetian because they are slow in cleaning up the spill and there was no caution sign. Ms. [REDACTED] told me she was wearing blue jeans, a brown leather jacket and leather souled boots when she slipped. However at this time Ms. [REDACTED] was wearing a different outfit including sneakers therefore I obtained no photographs of her shoe wear at this time.</p> |  |   |                           |   |
| <b>ADMINISTRATION</b>   |  |   |                           |   |
| BY OFFICER<br>G. Rescigno 000034137   | DATE/TIME<br>02/22/2016 08:31  | APPROVED BY<br>George Valley 000013454    | DATE APPROVED<br>02/22/16 |   |
| Officer   | Comments   | Approved By                               | Initials                  |   |
|   |  |   | Closed                    |   |

|   |                                     |  |   |                   |                  |
|---|-------------------------------------|--|---|-------------------|------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b>                     |   | CASE #            | 1602V-4299       |
| Crime   | <input checked="" type="checkbox"/> | 3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109 |   | Page 2 of 2       |                  |
| Non-Criminal  | <input type="checkbox"/>            | <b>Narrative Report</b>                      |   |                   |                  |
| OFFENDER(S)<br>Protected Health Information   |                                     | OFFICER(S) ON SCENE                          |   |                   |                  |
| DATE, TIME AND DAY OF OCCURRENCE<br>02/20/16 14:56 Saturday   |                                     | DATE AND TIME REPORTED<br>02/20/16 14:56     |   |                   |                  |
| LOCATION OF OCCURRENCE<br>1 Guest Service Podium  |                                     | LOCATION NAME                                |   | TYPES OF LOCATION | DATE<br>00/00/00 |
| NARRATIVE<br><br>Ms. [REDACTED] completed the guest accident form and I gave her this report number along with the number to Risk Management and the follow-up procedure. I again offered paramedics before departing. Ms. [REDACTED] refused all medical offered, once again.<br><br>I notified Assistant Security Manager Johnson, Jacob Tm #25575 and Front Desk Manager O'Brien, Devon Tm #29630. Surveillance advised the coverage of this incident is inconclusive.<br><br>No Accident Scene Check was completed due to the fact the incident occurred earlier before being reported.<br>This report contains the following:<br><br>Scan of Guest Accident Form.<br>Scan of Medical Release.<br>Scan of Medical Authorization |                                     |  |   |                   |                  |
| <b>ADMINISTRATION</b>   |                                     |  |   |                   |                  |
| ADDRESS<br>G. Rescigno 000034137  | INITIALED<br>02/22/2016 08:31       | SUPERVISED BY<br>George Valley 000013454     | DATE APPROVED<br>02/22/16<br>STATUS<br>Closed |                   |                  |

CR-1 Rescigno34137 Entered by: Gary Rescigno

Page 2 of 2

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 814

3123



15-131

1602V - 4290

Incident Report Number:

## 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? \_\_\_\_\_ 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.

+ Approximately between 11:45 and 12:05 noon, I slipped and fell in "lobby 1" at the venetian, on a very wet floor and landed on my right arm.

Date of Accident: 2-20-16 Time of Accident: 11:45 AM - 12/01-

Location of Accident (Please be specific) Lobby 1 by Tally Furn / Escalator.

Whom do you consider to blame? The VENETIAN HOTEL

+ If you consider The Venetian or The Palazzo responsible, please state why: For having a large wet patch on a Marble floor, and not having either STAFF to dry it or a sign to prevent it.

What, if any, injuries did you sustain? R& forearm from Elbow to wrist.

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

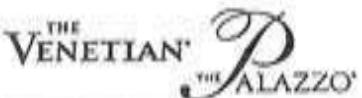
Number of Guests in Your Party at Time of Accident: 1

Dated this 20 Day of Feb 2016

+ Signature of Guest: [REDACTED]

Security Officer: [Signature] TM # 34132

Guest Checkout Date: [REDACTED]



16020-4290

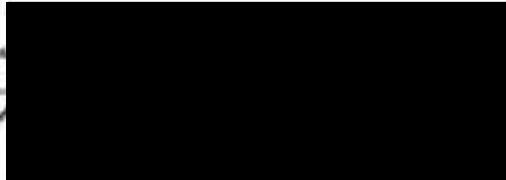
## Medical Authorization – Security

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 #: 15-131

Today's Date: 2-20-15

FORM NO. 816-1000 (REV. 10-93)

VEN 816

3125

## 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 (First)   |  |
| Signature:     |  |
| Address:       |  |
| Date of Birth: |  |
| Phone:         |  |

Witness: \_\_\_\_\_  
 Witness: \_\_\_\_\_  
 Date: 2-20-16 Time: 1110  
 Refused to Sign: ✓ ID# 34123  
 Venetian/Palazzo EMT: ✓

|        |                                   |                         |                      |
|--------|-----------------------------------|-------------------------|----------------------|
| AGE:   | Male / Female                     | C/C: <u>RT FUSU ARM</u> | Pain - <u>6/10</u>   |
| Pulse: | <u>82</u>                         | <u>STRONG</u>           | O - <u>THROTTLED</u> |
| Resp:  |                                   |                         | P -                  |
| BP:    | <u>Allergies - PEWICLAR, H1N1</u> |                         | Q -                  |
| Eyes:  | <u>CLEAR</u>                      |                         | R -                  |
| Lungs: | <u>Meds - None</u>                |                         | S -                  |
| LOC:   | <u>NEUTRAL</u>                    |                         | T -                  |
| Skins: | <u>WARM</u>                       |                         | CCFD -               |
| BGL:   | <u>Last oral intake -</u>         |                         | MedicWest -          |
|        | <u>Hydration -</u>                |                         | Transport -          |

FORM #0-07-011-00204-00-00

VEN 817

GM1G 02/20/2016 VENETIAN RESORT & CASINO 03:28 PM GINFO  
 CMD RESERVATION CHANGE 423941847968  
 AR 21916 Fri DP 22316 Tue A/C 2 RP WYP18GL GP KWVEXGN RB -  
 STATUS I INHSE ACT C/S ETA OPEN POS HOT WEDDING  
 WG TYPE ROOM# RATE A/C OVRID Q NET N PRT N TRN N RRG -  
 VE KKNS 15131 163.18 2 E  
 LAST J [REDACTED] FIRST [REDACTED] TITLE [REDACTED] GTYP [REDACTED] RMK  
 COMPANY [REDACTED] ATTN [REDACTED] TYP H/B II  
 ADR1/ [REDACTED] STATE/PROV [REDACTED] ZIP [REDACTED] COUNTRY US X LNG [REDACTED] REQ CPN  
 CITY [REDACTED] ADDL NAMES [REDACTED]  
 PHONE [REDACTED] X VIP PC SRC OP RSN WD PRM HST N  
 CREDIT INFO [REDACTED] Agents Who Have Worked On This Reservation [REDACTED]  
 STL MTH FVS NBR HIST ID 423941847969  
 CRDT LMT [REDACTED] AGENT [REDACTED] DATE [REDACTED] TIME [REDACTED]  
 DEP REQ AMT [REDACTED] RESERVATIONS HBS1RES 1/26/16 12:28  
 DEP REC AMT [REDACTED] CHECK IN FDH1NGP1TN 2/19/16 21:48  
 ADV CODE A X CHECK OUT [REDACTED]  
 CASH# LAST MODIFIED FDKLEINAUB 2/19/16 22:16  
 LAST CONFIRMATION 1/27/16 LAST NUMBER 1

^Swipe or F1 Cus ACTIVE FUNCTION KEYS

1 2 3 4 5 6 7 8 9 10 11 12

1602U-4390

Devin O'Brien 29630

VEN 818

3127

|   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
|---|--|--|---|---|---|---|--|---------------------------------------|-------|--|--|----------------------------------|--|
| Arrest <input type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109                 |  |   |   |   |   |  |                                       |       | CASE#<br><b>1603V-1233</b>   |  |                                  |  |
| Crime <input type="checkbox"/>  |  |  |   |   |   |   |  |                                       |       | PAGE<br><b>1</b>   |  |                                  |  |
| Non-Criminal <input checked="" type="checkbox"/>  |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| <b>CR-1</b>   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| OFFENDER(S)<br>Protected Health Information   |  |  |   |   |   |   |  |                                       |       | OFFENDER(S) cont'd.  |  |                                  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>03/06/16 13:59 Sunday</b>  |  |  |   | TO <b>03/06/16 14:37 Sunday</b>   |   | DATE AND TIME REPORTED<br><b>03/06/16 13:59</b> | INC CHARGES<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$0.00</b> |       |  |  |                                  |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1, Las Vegas</b>   |  |  |   | LOCATION NAME   |   | TYPE OF LOCATION                                |  | INC/LOSS                              |       |  |  |                                  |  |
| PERSONS   |  |  |   |   |   |   |  |                                       |       | PHONE NAMES<br><input type="checkbox"/> <input checked="" type="checkbox"/>  |  |                                  |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| CODE<br><b>GU</b>   | 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]   |   |   | ADDRESS 1   | PHONE 1   |  |                                       |       |  |  |                                  |  |
| OCCUPATION<br>[REDACTED]  |  |  |   | SEX   | AGE   | DOB   | ADDRESS 2  | PHONE 2                               |       |  |  |                                  |  |
| CODE<br><b>TM</b>   | 1 or 3   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Johnson 25576, Jacob</b>  |   |   | ADDRESS 1   | PHONE 1   |  |                                       |       |  |  |                                  |  |
| OCCUPATION<br><b>Security Manager</b>   |  |  |   | SEX   | AGE   | DOB<br><b>05/17/1999</b>                        | ADDRESS 2  | PHONE 2                               |       |  |  |                                  |  |
| CODE<br><b>TM</b>   | 2 or 3   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Kirchmeier, Kyle</b>  |   |   | ADDRESS 1   | PHONE 1   |  |                                       |       |  |  |                                  |  |
| OCCUPATION<br><b>Vip Services</b>   |  |  |   | SEX   | AGE   | DOB   | ADDRESS 2  | PHONE 2                               |       |  |  |                                  |  |
| TL  | STATE  | SSN  | INMATE  | TL  | STATE   | SSN   | INMATE   | TL                                    | STATE | SSN  | INMATE   |                                  |  |
| CASE SUMMARY / VEHICLE INFORMATION  |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| SUMMARY<br>Protected Health Information. Guest of Venetian [REDACTED]   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| VEHICLE LIKED IN CRIME<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CP  | LICENSE #/S AND STATE<br>[REDACTED]  |  |   |   | YEAR  | MAKE  | MODEL  | BODY TYPE                             | COLOR | VIN  | DEMO/VEHICLE ID<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |  |
| TOW REPORT<br>TOWAGE NAME AND PHONE<br>[REDACTED] REGISTRATION NUMBER<br>[REDACTED] NO ADDRESS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| SUSPECT(S) / ARRESTEE(S)  |  |  |   |   |   |   |  |                                       |       | PHONE NUMBER<br><input type="checkbox"/> <input checked="" type="checkbox"/> |  |                                  |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim  |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| CODE<br><b>PA</b>   | OF   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]   |   |   | ADDRESS 1   | PHONE 1   |  |                                       |       |  |  |                                  |  |
| NAME<br>SEX<br>HT   | WT   | HT   | NAME<br>SEX<br>HT   | AGE   | DOB   | ADDRESS 2                                       | PHONE 2  |                                       |       |  |  |                                  |  |
| OCCUPATION<br>[REDACTED]  |  |  |   | SSN   | INMATE  | ADDRESS 3                                       | PHONE 3  |                                       |       |  |  |                                  |  |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | ARREST<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            | ARRESTEE IMPOSITION<br>WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | RELEASE LOCATION<br>STATION/DEPT<br>[REDACTED]                                | RELEASE DATE / TIME<br>/  | ARREST DATE / TIME<br>/   |   |  |                                       |       |  |  |                                  |  |
| TL  | STATE<br>ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |                                       |       |  |  |                                  |  |
| CHARGES   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| CODE<br><b>PA</b>   | OF   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]   |   |   | ADDRESS 1   | PHONE 1   |  |                                       |       |  |  |                                  |  |
| NAME<br>SEX<br>HT   | WT   | HT   | NAME<br>SEX<br>HT   | AGE   | DOB   | ADDRESS 2                                       | PHONE 2  |                                       |       |  |  |                                  |  |
| OCCUPATION<br>[REDACTED]  |  |  |   | SSN   | INMATE  | ADDRESS 3                                       | PHONE 3  |                                       |       |  |  |                                  |  |
| SCARS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | ARREST<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            | ARRESTEE IMPOSITION<br>WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | RELEASE LOCATION<br>STATION/DEPT<br>[REDACTED]                                | RELEASE DATE / TIME<br>/  | ARREST DATE / TIME<br>/   |   |  |                                       |       |  |  |                                  |  |
| TL  | STATE<br>ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INMATE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |                                       |       |  |  |                                  |  |
| CHARGES   |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| ADMINISTRATION  |  |  |   |   |   |   |  |                                       |       |  |  |                                  |  |
| VE/TIM DEFENSE PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | FOLLOW UP<br>TO <input type="checkbox"/> NO <input checked="" type="checkbox"/>          | COPIES TO<br>FBI <input type="checkbox"/> DEA <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VIFFP <input type="checkbox"/> OTHER <input type="checkbox"/> |   |   |   |   |  |                                       |       |  |  |                                  |  |
| BY OFFICER<br><b>D. Winn 000031215</b>  |  |  |   | DATE/TIME<br><b>03/06/16 16:47</b>  |   | APPROVED BY<br><b>George Valley 000013454</b>   |  | DISMISSED BY<br>[REDACTED]            |       | APPROVED TO<br>[REDACTED]  |  | DATE APPROVED<br><b>03/07/16</b> |  |
| DISMISSED<br>[REDACTED]   |  |  |   | DISMISSED<br>[REDACTED]   |   | APPROVED TO<br>[REDACTED]                       |  | APPROVED BY<br>[REDACTED]             |       | DATE APPROVED<br><b>Closed</b>   |  | CASE STATUS                      |  |

CR-1 Winn/031215 Entered by: David Winn

APPC: (Rev. 08/10/16) Print Date: 05/04/2018

VEN 819

3128

|   |                                   |   |  |  |         |             |                      |
|---|-----------------------------------|---|--|--|---------|-------------|----------------------|
| Arrest<br><input type="checkbox"/>  | Crime<br><input type="checkbox"/> | Non-Criminal<br><input checked="" type="checkbox"/> | <p style="text-align: center;"><b>Venetian Security</b><br/>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109</p> <p style="text-align: center;"><b>Additional Crimes, Persons and Vehicles</b></p> |  |         |             | CASE #<br>1603V-1233 |
|   |                                   |   |  |  |         | PAGE 1 OF 1 |                      |
| OFFENDER(S)<br>Protected Health Information   |                                   | OFFENDER(S) CODED                                   |  |  |         |             |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br>03/06/16 13:59 Sunday                                     |                                   | TO: 03/06/16 14:37 Sunday                           |  | DATE AND TIME REPORTED<br>03/06/16 13:59 |         |             |                      |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas  |                                   | LOCATION NAME                                       |  | TYPE OF LOCATION                         |         | BEAT        | SECTOR               |
| ADDITIONAL OFFENDER(S)  |                                   | ADDITIONAL OFFENDER(S) CODED                        |  |  |         |             |                      |
| <b>PERSONS</b>  |                                   |   |  |  |         |             |                      |
| Codes: V = Victim, W = Witness, C = Convenant, P = Parent, G = Guardian, R = Party, O = Other |                                   |   |  |  |         |             |                      |
| CODE<br>TM  | 3 or 3                            | NAME: LAST, FIRST, MIDDLE, SUFFIX                   |  | ADDRESS 1                                | PHONE 1 |             |                      |
| Facilities  |                                   | RACE  | SEX  | AGE                                      | DOB     | ADDRESS 2   | PHONE 2              |
| R:  |                                   | STATE   | SSN  | BLK/BLD                                  | BLK/BLD | ADDRESS 3   | PHONE 3              |
| <b>ADMINISTRATION</b>   |                                   |   |  |  |         |             |                      |
| BY OFFICER<br>D. Winn 000031215   | DATE/TIME<br>03/06/16 16:47       | APPROVED BY<br>George Valley 000013454              | DATE APPROVED<br>03/07/16  |  |         |             |                      |
| OFFICER   | LAST/STRT                         | ASSIGNED TO   | CASE STATUS<br>Closed  |  |         |             |                      |

APDC (Rev. 03/18/14) Print Date: 06/04/2018

VEN 820

3129

|  |                                     |  |  |  |                      |                                  |
|--|-------------------------------------|--|--|--|----------------------|----------------------------------|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |  |  | CASE #<br>1603V-1233 |                                  |
| Crime  | <input type="checkbox"/>            | <b>Case MO</b>   |  |  | PAGE 1 OF 1          |                                  |
| Non-Criminal   | <input checked="" type="checkbox"/> |  |  |  |                      |                                  |
| OFFENSE(S)<br><b>Protected Health Information</b>  |                                     | OFFENSE(S) cont'd.   |  |  |                      |                                  |
| DATE, TIME AND DAY OF OCCURRENCE<br>03/06/16 13:59 Sunday                                    |                                     | TO 03/06/16 14:37 Sunday   |  | DATE AND TIME REPORTED<br>03/06/16 13:59   |                      |                                  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas   |                                     | LOCATION NAME  |  | TYPE OF LOCATION   | BEAT                 | SECTOR                           |
| <b>MO DATA</b>   |                                     |  |  |  |                      |                                  |
| <b>Arson Class</b><br>There was no Arson in this case  |                                     | <b>Case involves Gang Activity</b><br>No   |  | <b>Security Stats (Click One Box)</b><br>Protected Health Information<br><b>Surface Conditions</b><br>Marble<br>Flat<br>Wet / Slippery |                      |                                  |
| <b>Arson Inhabited</b><br>Property was not inhabited   |                                     | <b>Incident Information</b><br>Photos Taken<br>PHI - Hotel Guest<br>Video Tape of Incident Available<br>Wet Surface  |  |  |                      |                                  |
| <b>Case has Domestic Violence</b><br>No Domestic Violence in this case<br>No weapon involved |                                     |  |  |  |                      |                                  |
| <b>Case Inv. Anti-R. Rights Crime</b><br>No  |                                     |  |  |  |                      |                                  |
| <b>Case involves a Hate Crime</b><br>No  |                                     |  |  |  |                      |                                  |
| <b>ADMINISTRATION</b>  |                                     |  |  |  |                      |                                  |
| <b>FOLLOW UP</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |                                     | <b>COMMIT TO:</b><br><input type="checkbox"/> NOT <input type="checkbox"/> DEP. <input type="checkbox"/> DM <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VACR <input type="checkbox"/> OTHER |  |  |                      |                                  |
| <b>BY OFFICER</b><br>D. Winn 000031215   |                                     | <b>DATE/TIME</b><br>03/06/2016 16:47   | <b>APPROVED BY</b><br>Georgia Valley 000013454 |  |                      | <b>DATE APPROVED</b><br>03/07/16 |
| <b>OFFICER</b><br>D. Winn  |                                     | <b>LAST EDITED</b><br>03/06/2016 16:47   | <b>ASSIGNED TO</b><br>Georgia Valley 000013454 |  |                      | <b>STATUS</b><br>Closed          |

CR-1 Winn/031215 Entered by: David Winn

APDC (Rev. 06/16/06) Print Date: 06/04/2018

VEN 821

3130

|  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
|--|--------------------------------------|---|----------------------------------|--|-----------------------------|--|--|-----------------|---------------------------|------------------|------|------------------|-------------------|-------|------------|-------------------------|------|----------|-----------------------|-------|--------|--------------|----------------|--------|------|------|--|-------------------|--------------------|--|-------|-----------------|--|--|----------------------------|--|--|------|--|
| Arrest   | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |                                  |  | CASE #<br><b>1603V-1233</b> |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Crime  | <input type="checkbox"/>             |   |                                  |  | PAGE <b>1 OF 1</b>          |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Non-Criminal   | <input checked="" type="checkbox"/>  |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| OFFENDER(S)<br>Protected Health Information  |                                      | OFFENDER(S) INFO  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>03/06/16 13:59 Sunday</b>   |                                      | TO <b>03/06/16 14:37 Sunday</b>   |                                  | DATE AND TIME REPORTED<br><b>03/06/16 13:59</b>  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby, Las Vegas</b>  |                                      | LOCATION NAME   |                                  | TYPE OF LOCATION   |                             | BEAT   |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
|  |                                      |   |                                  |  |                             | SECTION  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>PERSONS</b>   |                                      |   |                                  |  |                             | More names <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Codes: V = Victim, W = Witness, B = Suspect, A = Arrestee, D = Defense, C = Complainant, R = Party, O = Other  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| CODE   | 1 OF 1                               | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>GU</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| NO INFORMATION   |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <table border="0"> <tr> <td><b>Basis Line Vitals &amp; History</b></td> <td><b>Demeanor</b></td> <td><b>Patient Assessment</b></td> </tr> <tr> <td>Normal Breathing</td> <td>Calm</td> <td>Patient is Alert</td> </tr> <tr> <td>Skin Color Normal</td> <td>Poile</td> <td>Tenderness</td> </tr> <tr> <td>Skin Temperature Normal</td> <td>Eyes</td> <td>Swelling</td> </tr> <tr> <td>Skin Condition Normal</td> <td>Clear</td> <td>Speech</td> </tr> <tr> <td><b>Build</b></td> <td><b>Glasses</b></td> <td>Normal</td> </tr> <tr> <td>Thin</td> <td>None</td> <td></td> </tr> <tr> <td><b>Complexion</b></td> <td><b>Hair Length</b></td> <td></td> </tr> <tr> <td>Clear</td> <td>Shoulder length</td> <td></td> </tr> <tr> <td></td> <td><b>Odor of Intoxicants</b></td> <td></td> </tr> <tr> <td></td> <td>None</td> <td></td> </tr> </table> |                                      |   |                                  |  |                             |  | <b>Basis Line Vitals &amp; History</b> | <b>Demeanor</b> | <b>Patient Assessment</b> | Normal Breathing | Calm | Patient is Alert | Skin Color Normal | Poile | Tenderness | Skin Temperature Normal | Eyes | Swelling | Skin Condition Normal | Clear | Speech | <b>Build</b> | <b>Glasses</b> | Normal | Thin | None |  | <b>Complexion</b> | <b>Hair Length</b> |  | Clear | Shoulder length |  |  | <b>Odor of Intoxicants</b> |  |  | None |  |
| <b>Basis Line Vitals &amp; History</b>   | <b>Demeanor</b>                      | <b>Patient Assessment</b>   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Normal Breathing   | Calm                                 | Patient is Alert  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Skin Color Normal  | Poile                                | Tenderness  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Skin Temperature Normal  | Eyes                                 | Swelling  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Skin Condition Normal  | Clear                                | Speech  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>Build</b>   | <b>Glasses</b>                       | Normal  |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Thin   | None                                 |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>Complexion</b>  | <b>Hair Length</b>                   |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| Clear  | Shoulder length                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
|  | <b>Odor of Intoxicants</b>           |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
|  | None                                 |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| CLOTHING   |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| CODE   | 1 OF 3                               | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>TM</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <table border="0"> <tr> <td><b>CLOTHING</b></td> <td></td> </tr> </table>  |                                      |   |                                  |  |                             |  | <b>CLOTHING</b>                        |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>CLOTHING</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| CODE   | 2 OF 3                               | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>TM</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <table border="0"> <tr> <td><b>CLOTHING</b></td> <td></td> </tr> </table>  |                                      |   |                                  |  |                             |  | <b>CLOTHING</b>                        |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>CLOTHING</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| CODE   | 3 OF 3                               | NAME - LAST, FIRST, MIDDLE, SUFFIX  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| <b>TM</b>  |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| ADMINISTRATION   |                                      |   |                                  |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| BY OFFICER<br><b>D. Winn 000031215</b>   | REPORTED BY<br><b>03/06/16 16:47</b> | ARRIVED BY<br><b>George Valley 000013454</b>  | DATE APPROVED<br><b>03/07/16</b> |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |
| OFFICER  | LAW ENF.                             | ARRIVED BY  | DATE APPROVED<br><b>Closed</b>   |  |                             |  |  |                 |                           |                  |      |                  |                   |       |            |                         |      |          |                       |       |        |              |                |        |      |      |  |                   |                    |  |       |                 |  |  |                            |  |  |      |  |

CR-I Winn/031215 Entered by: David Winn

AFDC (Rev. 01/23/13) Print Date: 06/04/2018

VEN 822

3131

|  |                                     |  |                           |                  |                |
|--|-------------------------------------|--|---------------------------|------------------|----------------|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b>                     |                           | CASE #           | 1603V-1233     |
| Crime  | <input type="checkbox"/>            | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           | Page 1 of 1      |                |
| Non-Criminal   | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                      |                           |                  |                |
| Offender(s)  |                                     | Corporation/Name                             |                           |                  |                |
| Protected Health Information   |                                     |  |                           |                  |                |
| DATE, TIME AND PLACE OF OCCURRENCE   | 03/06/16 13:59 Sunday               | TO   | 03/06/16 14:37 Sunday     | SUPERVISOR NAME  | 03/06/16 13:59 |
| LOCATION OF OCCURRENCE   | 1 Lobby 1, Las Vegas                | LOCATION NAME                                |                           | TYPE OF LOCATION |                |
| NARRATIVE  |                                     |  |                           |                  |                |
| <p>At 2:00PM, on March 6, 2016, I was dispatched by Venetian Security Control to Lobby 1 in regards to a slip and fall.</p> <p>I arrived on scene to find guest of Venetian suite [REDACTED] seated on the floor. [REDACTED] stated [REDACTED] was walking when she slipped on a wet spot on the marble floor. [REDACTED] stated she fell forward and landed on both knees. [REDACTED] stated she did not have pain in either knee but had pain in her right ankle and left middle toe.</p> <p>I found [REDACTED] to be without tenderness or swelling to both knees upon palpation. I found [REDACTED] to have tenderness and swelling to her right ankle and left middle toe. I provided a wheelchair escort to her suite. I provided [REDACTED] with a bag of ice for her right ankle and a bag of ice for her left middle toe. I offered [REDACTED] to have paramedics respond for her injuries which she declined. I advised [REDACTED] to seek evaluation and treatment from a physician if her injuries worsened.</p> <p>An Accident Scene Check was completed by Facilities Engineer Chavez, Rafael TM#9648 and myself in which no defects were noted to the marble floor. I observed liquid on the marble floor when I arrived on scene to provided first-aid to [REDACTED]. The Public Areas Department was notified and the floor was cleaned.</p> <p>Per Control, video coverage of the incident was saved as evidence.</p> <p>VIP Manager Kirchmeier, Kyle TM#9130 and Security Manager Johnson, Jacob TM#25575 were notified of the incident.</p> <p>Attached are the following:</p> <ol style="list-style-type: none"> <li>1. Voluntary Statement</li> <li>2. Medical Release</li> <li>3. Accident Scene Check</li> <li>4-9. Photographs</li> </ol> |                                     |  |                           |                  |                |
| <b>ADMINISTRATION</b>  |                                     |  |                           |                  |                |
| ENTERED BY<br>D. Winn 000031215  | LAST UPDATED<br>03/06/2016 16:47    | APPROVED BY<br>George Valley 000013454       | DATE APPROVED<br>03/07/16 |                  |                |
| OFFICER<br>[REDACTED]  | LAST UPDATED<br>[REDACTED]          | APPROVED BY<br>[REDACTED]                    | DATE APPROVED<br>Closed   |                  |                |



VEN 824

**3133**



VEN 825

**3134**



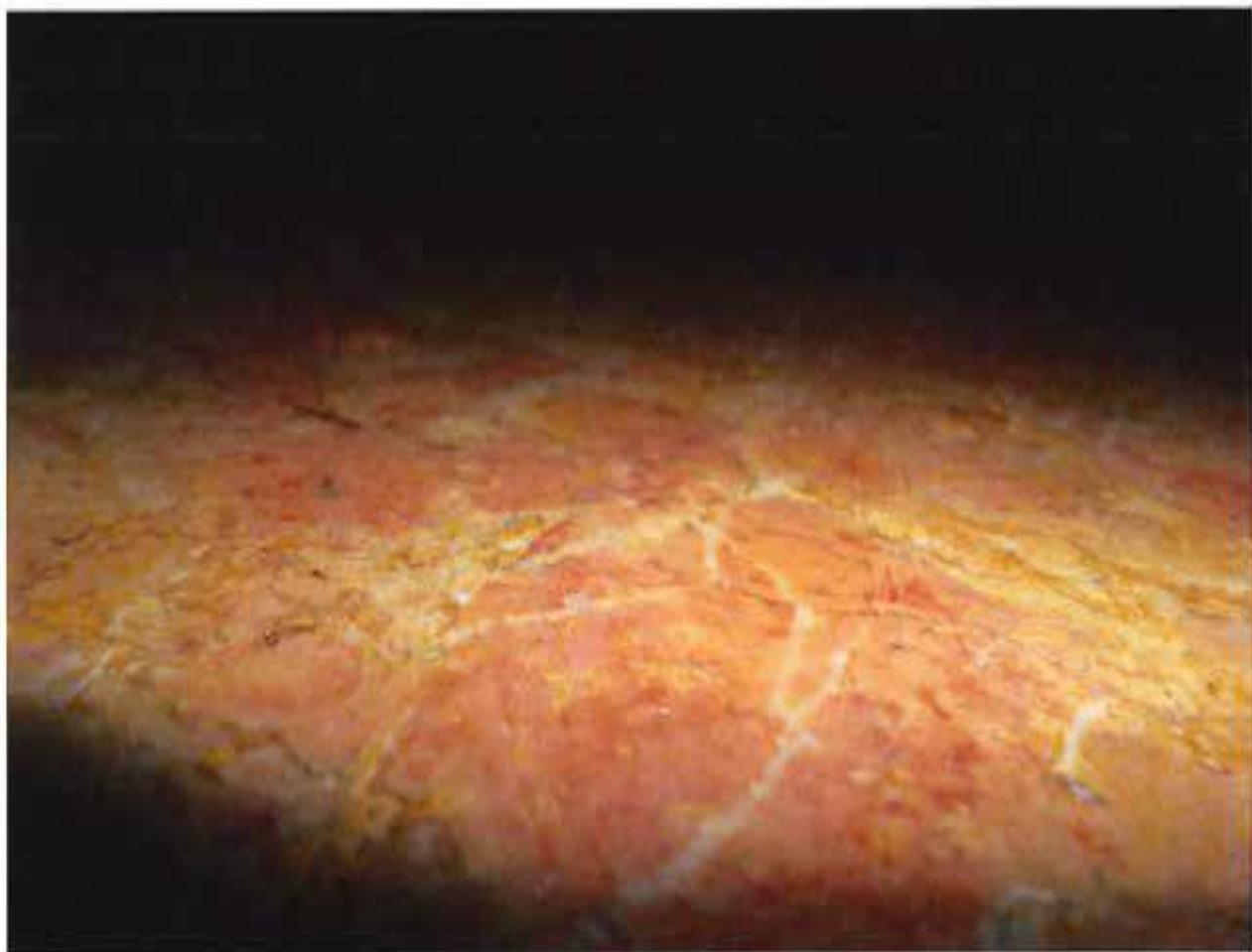
VEN 826

**3135**



VEN 827

**3136**



VEN 828

**3137**



VEN 829

**3138**



SECURITY DEPARTMENT  
VOLUNTARY STATEMENT

PAGE 1 OF 1

IR 160-1233

|  |                              |                |                        |
|--|------------------------------|----------------|------------------------|
| Type of Incident:  | FALL ON WET FLOOR IN LOBBY   |                |                        |
| Date Occurred:   | 2/10/02                      | Time Occurred: | 2:00 AM/PM             |
| Location of Occurrence:  | ELEVATOR LOBBY               |                |                        |
| Name of Person Giving Statement:   |                              |                |                        |
| Guest of the Hotel? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>  | Home Phone #:                | Cell Phone #:  |                        |
| Suite #:   | Business Phone #:            | Pager #:       |                        |
| Local Address or Phone if Different from Home:   |                              |                |                        |
| Residence Address:   |                              |                |                        |
| Business Address:  |                              |                |                        |
| Social Security Number:  | Date of Birth: <u>9/1/44</u> |                |                        |
| Best Time to Contact:  |                              | (AM/PM)        | Best Place to Contact: |
| Details:<br><u>WATER ON MARBLE FLOOR AND SLIPPED</u>   |                              |                |                        |
| I have read this statement and I affirm to the truth and accuracy of the facts contained herein. This statement was completed at (location): |                              |                |                        |
| on the <u>10</u> day of <u>MARCH</u> at <u>2:00</u>  |                              |                |                        |
| Witness: _____   |                              |                |                        |
| Witness: _____   |                              |                |                        |

VEN 830

3139



Incident Report Number: 16-291-1233

## Accident Scene Check – Security

Please type or print clearly.

Guest Name: \_\_\_\_\_

### Security Officer

Time: 2:08pm Date: 03/06/2016 Guest Suite #: LOBBY 1

Defects Noted (Explain in detail): Liquid on floor. No defects to marble floor.

Actions Taken: NOTIFIED PAD TO CLEAN FLOOR.

Lighting Normal? (If no, explain): yes

Outside Diagram?  Yes  No

Checked by Security Officer (Name): Wang Lijun TM #: 31215

### Engineer

Time: 2:08 pm Date: March -06-16 Guest Suite #: guest elevator area - Leehonda "

Defects Noted (Explain in Detail): No issues.

Actions Taken:

Checked by Engineer (Name): Daniel chen TM #: 9648



1603V-1293

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

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

Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: 07/06/2014 Time: 2:49 PM  
Refused to Sign: \_\_\_\_\_  
Venetian/Palazzo EMT: bpl ID#: 2215  
AGE: \_\_\_\_\_ Male / Female: \_\_\_\_\_ C/C: \_\_\_\_\_

|                             |                    | Pain -      |
|-----------------------------|--------------------|-------------|
| Pulse -                     | Hx -               | O -         |
| Resp -                      |                    | P -         |
| BP -                        | Allergies -        | Q -         |
| Eyes -                      |                    | R -         |
| Lungs -                     | Meds -             | S -         |
| LOC -                       |                    | T -         |
| Skins -                     | Last oral intake - | CCFD -      |
| BGL -                       | Hydration -        | MedicWest - |
| FORM NO. GE-HSL-0979M-03-01 |                    | Transport - |

VEN 832

3141

|   |  |  |  |  |   |  |      |                                |                           |       |            |  |
|---|--|--|--|--|---|--|------|--------------------------------|---------------------------|-------|------------|--|
|   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |  |  |   |  |      |                                |                           |       |            |  |
| Arrest  | <input type="checkbox"/>   |  |  |  |   |  |      |                                |                           | CASE# | 1603V-5018 |  |
| Crime   | <input type="checkbox"/>   |  |  |  |   |  |      |                                |                           | PAGE  | 1          |  |
| Non-Criminal  | <input checked="" type="checkbox"/>                                      |  |  |  |   |  |      |                                |                           |       |            |  |
| <b>CR-1</b>   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| OFFENDER(S)<br>Protected Health Information   |  |  |  | DEFENDANT(S) name  |   |  |      |                                |                           |       |            |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>03/25/16 13:14 Friday   |  |  |  | DATE AND TIME REPORTED<br>03/25/16 13:14   |   | DEMO. SERVICES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>  |      | ESTIMATED LOSS VALUE<br>\$0.00 |                           |       |            |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1   |  |  |  | LOCATION NAME  |   | TYPE OF LOCATION   |      | REASON                         |                           |       |            |  |
| <b>PERSONS</b>  |  |  |  |  |   |  |      |                                |                           |       |            |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| CODE: MN 1 or 1   |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1  |   | PHONE 1  |      |                                |                           |       |            |  |
| OCCUPATION<br>Front Desk Supervisor   |  | RACE   | SEX  | AGE  | DOB   | ADDRESS 2  |      | PHONE 2                        |                           |       |            |  |
| ID: STATE   |  | SSN  |  |  |   | ADDRESS 3  |      | PHONE 3                        |                           |       |            |  |
| CODE: GU 1 or 1   |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 4  |   | PHONE 4  |      |                                |                           |       |            |  |
| OCCUPATION  |  | RACE   | SEX  | AGE  | DOB   | ADDRESS 5  |      | PHONE 5                        |                           |       |            |  |
| ID: STATE   |  | SSN  |  |  |   | ADDRESS 6  |      | PHONE 6                        |                           |       |            |  |
| CODE: TM 1 or 1   |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 7  |   | PHONE 7  |      |                                |                           |       |            |  |
| OCCUPATION<br>Facilities  |  | RACE   | SEX  | AGE  | DOB   | ADDRESS 8  |      | PHONE 8                        |                           |       |            |  |
| ID: STATE   |  | SSN  |  |  |   | ADDRESS 9  |      | PHONE 9                        |                           |       |            |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| SUBSUMMARY<br>Protected Health Information - Guest of Suite [REDACTED]  |  |  |  |  |   |  |      |                                |                           |       |            |  |
| VEHICLE USED IN CRIME<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CHP <input type="checkbox"/> CP |  |  |  | LICENSED IN U.S. AND STATES  |   | YEAR   | MAKE | MODEL                          | BODY TYPE                 | COLOR | VIN        |  |
| OWNER REPORT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI <input type="checkbox"/> MEI         |  |  |  | DRIVER'S NAME AND PHONE  |   | REGISTERED OWNER   |      | REG ADDRESS                    |                           |       |            |  |
| <b>SUSPECT(S) / ARRESTEE(S)</b>   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim  |  |  |  |  |   |  |      |                                |                           |       |            |  |
| CODE: SF  |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1  |   | PHONE 1  |      |                                |                           |       |            |  |
| RACE  |  | SEX  | WT   | HT   | WT  | HT   | AGE  | DOB                            | ADDRESS 2                 |       | PHONE 2    |  |
| OCCUPATION  |  |  |  | ADDRESS 3  |   | PHONE 3  |      |                                |                           |       |            |  |
| SEARCH / ARREST / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI                         |  | ARREST   |  | ARRESTEE INFORMATION   |   | RELEASE LOCATION   |      | ARREST DATE / TIME             |                           |       |            |  |
| ID: STATE   |  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | DETAINED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI             | SEARCHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | CITATION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI   | SSN  | DOB                            | COURT                     |       |            |  |
| COMMITTEE   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| CODE: SF  |  |  |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   | ADDRESS 1  |      | PHONE 1                        |                           |       |            |  |
| RACE  |  | SEX  | WT   | HT   | WT  | HT   | AGE  | DOB                            | ADDRESS 2                 |       | PHONE 2    |  |
| OCCUPATION  |  |  |  | ADDRESS 3  |   | PHONE 3  |      |                                |                           |       |            |  |
| SEARCH / ARREST / TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI                         |  | ARREST   |  | ARRESTEE INFORMATION   |   | RELEASE LOCATION   |      | ARREST DATE / TIME             |                           |       |            |  |
| ID: STATE   |  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | DETAINED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI             | SEARCHED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI | CITATION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEI   | SSN  | DOB                            | COURT                     |       |            |  |
| COMMITTEE   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| <b>ADMINISTRATION</b>   |  |  |  |  |   |  |      |                                |                           |       |            |  |
| VICTIM DESIGN & PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> MEI            |  |  | FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> MEI |  |   | COPIED TO<br><input type="checkbox"/> PAT <input type="checkbox"/> DEP. <input type="checkbox"/> MEI <input type="checkbox"/> COURT <input type="checkbox"/> PROSECUTOR <input type="checkbox"/> VICTIM <input type="checkbox"/> OTHER |      |                                |                           |       |            |  |
| BY OFFICER<br>J. Larson 000025821   |  |  | DATE/TIME<br>03/25/16 16:37  |  |   | APPROVED BY<br>Jacob Johnson 000025575   |      |                                | DATE APPROVED<br>03/26/16 |       |            |  |
| OFFICER   |  |  | SUBDRAFT   |  |   | ASSIGNED TO  |      |                                | CASE STATUS<br>Closed     |       |            |  |

CR-1 Larson/025821 Entered by: Joseph Larson

APDC (Rev. 08/10/16) Print Date: 06/04/2018

VEN 833

3142

|  |  |  |      |                                    |
|--|--|--|------|------------------------------------|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal                              | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Case MO</b>   |  |      | CASE #: 1603V-5018<br>PAGE: 1 OF 1 |
| OFFENDER(s)<br>Protected Health Information  |  | OFFENDER(s) cont'd.  |      |                                    |
| DATE, TIME AND DAY OF OCCURRENCE<br>03/28/16 13:14 Friday  |  | DATE AND TIME REPORTED<br>03/28/16 13:35 Friday  |      |                                    |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  | LOCATION NAME  | TYPE OF LOCATION   | BEAT | SECTOR                             |
| <b>MO DATA</b>   |  |  |      |                                    |
| <b>Incident Information</b><br>Area Checked<br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Video Tape of Incident Available<br>Wet Surface | <b>Lighting Conditions</b><br>Room Lights  | <b>Security Stats (Click One Box)</b><br>Protected Health Information<br><b>Surface Conditions</b><br>Marble<br>Flat<br>Wet / Slippery |      |                                    |
| <b>ADMINISTRATION</b>  |  |  |      |                                    |
| <b>POLAROID</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | <b>COPIES TO:</b><br><input type="checkbox"/> PAT <input type="checkbox"/> DEPT <input type="checkbox"/> IM <input type="checkbox"/> COURT <input type="checkbox"/> PROMOTION <input type="checkbox"/> WARD <input type="checkbox"/> OTHER |  |      |                                    |
| <b>BY OFFICER</b><br>J. Larson 000025821   | <b>DATETIME</b><br>03/28/2016 16:37  | <b>APPROVED BY</b><br>Jacob Johnson 000025575  |      | <b>DATE APPROVED</b><br>03/28/16   |
| <b>OFFICER</b><br>J. Larson  | <b>DEPARTMENT</b><br>ASSISTANT TO  | <b>ASSIGNED TO</b><br>Joseph Larson  |      | <b>CASE STATUS</b><br>Closed       |

CR-1 Larson/025821 Entered by: Joseph Larson

APDC (Rev. 06/16/06) Print Date: 06/14/2016

VEN 834

3143

|   |  |  |   |  |
|---|--|--|---|--|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b>  |  |   | CASE #<br><b>1603V-5018</b><br><br>PAGE <b>1</b> OF <b>1</b>   |
| <b>Protected Health Information</b>   |  |  |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>03/25/16 13:14 Friday</b>  |  | DATE AND TIME REPORTED<br><b>03/25/16 13:14</b>      |   |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |  | LOCATION NAME<br><b></b>                             |   | TYPE OF LOCATION<br><b></b>  |
| <b>PERSONS</b>  |  | HOME NAMES<br><b></b>                                |   |  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other               |  |  |   |  |
| <b>NAME</b><br><b>MN</b>  | <b>1 OF 1</b><br><b>Kim, Sharry</b>  | <b>HOME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b></b> | <b>HOME</b><br><b></b>                  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |   |  |
| <b>NAME</b><br><b>GU</b>  | <b>1 OF 1</b><br><b></b>   | <b>HOME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b></b> | <b>HOME</b><br><b></b>                  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>NO INFORMATION</b>   |  |  |   |  |
| <b>Build</b><br>Medium  | <b>Hair Length</b><br>Long   | <b>Speech</b><br>Normal                              |   |  |
| <b>Complexion</b><br>Medium   | <b>Hair Style</b><br>Wavy  |  |   |  |
| <b>Demeanor</b><br>Calm   | <b>Odor of Intoxicants</b><br>None   |  |   |  |
| <b>Eyes</b><br>Normal   | <b>Patient Assessment</b><br>Patient is Alert<br>Airway Status Open<br>Breathing Adequate<br>Circulation Present<br>Patient has a Trauma/Briuy<br>Tenderness |  |   |  |
| <b>Glasses</b><br>None  |  |  |   |  |
| <b>CLOTHING</b>   |  |  |   |  |
| <b>NAME</b><br><b>TM</b>  | <b>1 OF 1</b><br><b>Chavez, Rafael</b>   | <b>HOME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b></b> | <b>HOME</b><br><b></b>                  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>   |  |  |   |  |
| <b>ADMINISTRATION</b>   |  |  |   |  |
| <b>BY OFFICER</b><br><b>J. Larson 000025821</b>   | <b>SEARCHED</b><br><b>03/25/16 16:37</b>   | <b>INDEXED BY</b><br><b>Jacob Johnson 000025575</b>  | <b>DATE APPROVED</b><br><b>03/26/16</b> |  |
| <b>OFFICER</b><br><b></b>   | <b>SEARCHED BY</b><br><b></b>  | <b>INDEXED BY</b><br><b></b>                         | <b>CASE STATUS</b><br><b>Closed</b>     |  |

CR-1 Larson/025821 Entered by: Joseph Larson

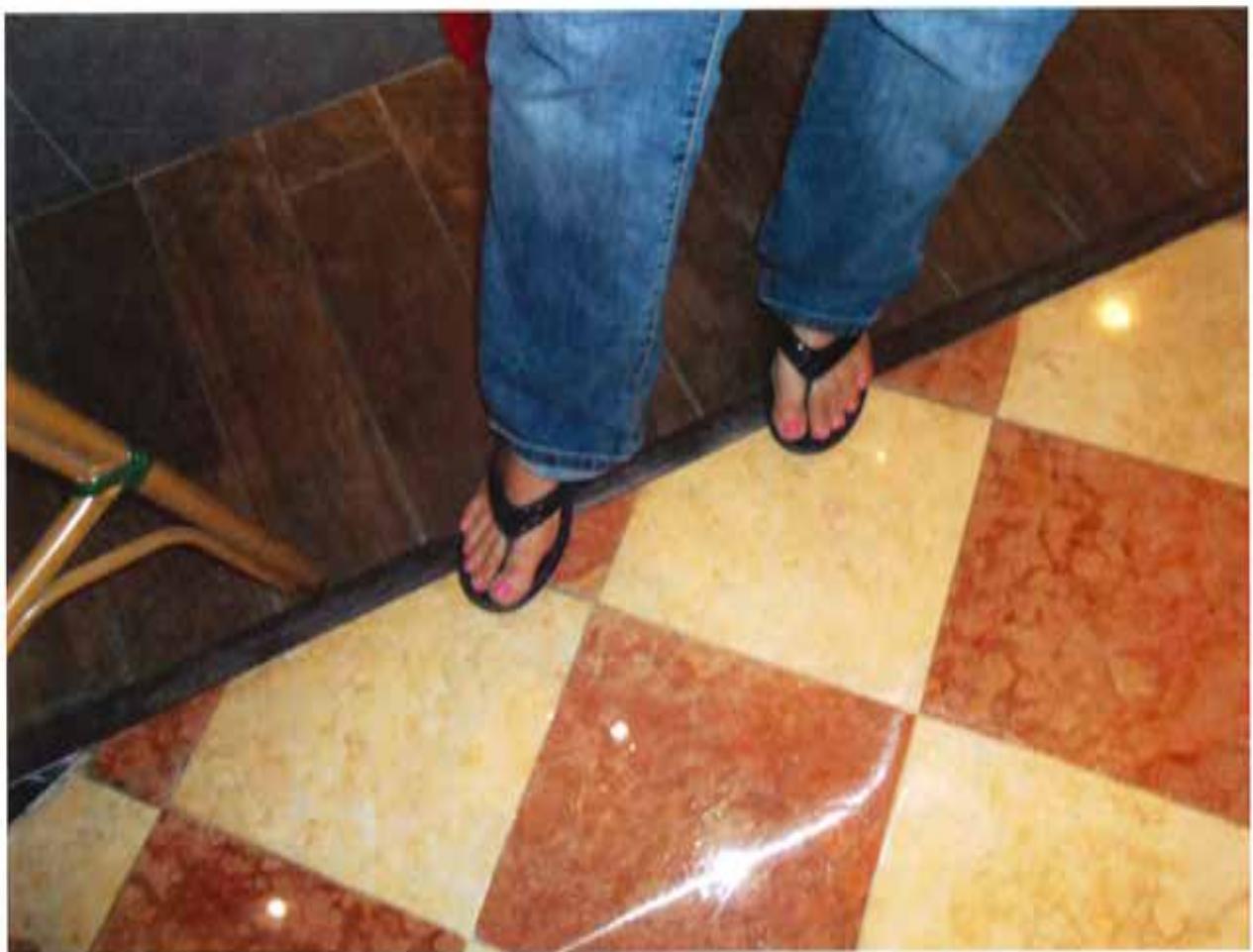
APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 835

3144

|   |                                     |   |                           |                      |
|---|-------------------------------------|---|---------------------------|----------------------|
| Arrest  | <input type="checkbox"/>            | Venetian Security<br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109 |                           | CASE #<br>1603V-501B |
| Crime   | <input type="checkbox"/>            | Narrative Report  |                           | Page 1 of 2          |
| Non-Criminal  | <input checked="" type="checkbox"/> |   |                           |                      |
| OFFENDER(S)<br>Protected Health Information   |                                     | OFFENDER(S) cont'd  |                           |                      |
| DATE, TIME AND DAY OF INCIDENT<br>03/25/16 13:14 Friday   |                                     | DATE AND TIME REPORTED<br>03/25/16 13:14                          |                           |                      |
| LOCATION OF INCIDENT<br>1 Lobby 1   | LOCATION NAME                       | TYPE OF LOCATION  | DEPT                      | SECTION              |
| NARRATIVE   |                                     |   |                           |                      |
| <p>On March 25th, 2016 at 1:14pm, I was dispatched to the area near the Casino Level Guest Elevator Lobby (Lobby 1) post for report of a guest who had slipped and fallen. I arrived on scene and was directed to the area of Juice Farm where I met with the additional guest of Suite [REDACTED]. She was ambulatory and did not appear to be in any immediate distress at that time.</p> <p>[REDACTED] was alert and oriented to person, place, time, and events, had a patent airway, and was breathing adequately. She reported she was walking through the area near the trashcan adjacent Juice Farm when she slipped and fell to the floor. Her right foot stepped in a puddle of clear liquid which caused her foot to slide out. She fell onto her right knee and denied any injuries or pain to any other areas of her body. She denied striking her head, denied any loss of consciousness, or any head, neck, or back pain. She rated her pain in the right knee at a 7 on a 1-10 severity scale. She was able to ambulate and bear weight on the right leg without issue. She denied any weakness or dizziness as well.</p> <p>[REDACTED] declined any medical attention and declined to complete a Guest Accident packet. [REDACTED] agreed to document the incident via Medical Release to which she was provided one. While she completed that, I checked the area of incident and noted a long black streak in the middle of the puddle of clear fluid on the marble flooring next to the trashcan. I observed one yellow caution stanchion present to which I obtained two more to block the area off.</p> <p>[REDACTED] declined any further assistance and I confirmed the refusal of medical attention via the Medical Release. She was provided a Risk Management business card with the incident report number written on it. She departed the area at 1:22pm without further incident.</p> <p>An Accident Scene Check was conducted by Facilities Team Member Chavez, Rafael TM#9648 which found no defects in the area of incident. Public Areas Department Team Members arrived on scene shortly after and cleaned the area.</p> <p>Video coverage is available per Security Control.</p> <p>Risk Management was notified.</p> |                                     |   |                           |                      |
| ADMINISTRATION  |                                     |   |                           |                      |
| ENTERED<br>J. Larson 000025821  | SERIALIZED<br>03/25/2016 16:37      | INDEXED BY<br>Jacob Johnson 000025975                             | DATE APPROVED<br>03/26/16 |                      |
| FILED<br>[REDACTED]   | SEARCHED<br>[REDACTED]              | COMPUTER SEARCHED<br>[REDACTED]                                   | CLOSED STATUS<br>Closed   |                      |

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Narrative Report</b> | CASE #<br><b>1603V-5018</b><br><br>Page 2 of 2                 |  |
| <small>OFFENDER(S)</small><br><b>Protected Health Information</b>  |   | <small>OFFENDER(S) name</small>                                |  |
| <small>DATE, TIME AND DAY OF OCCURRENCE</small><br><b>03/25/16 13:14 Friday</b>  |   | <small>DATE AND TIME REPORTED</small><br><b>03/25/16 13:14</b> |  |
| <small>LOCATION OF OCCURRENCE</small><br><b>1 Lobby 1</b>  | <small>LOCATION NAME</small>  | <small>TYPE OF INCIDENT</small>                                | <small>NOTES</small>                           |
| <small>MARRIAGE</small><br><br><p>Front Desk Manager Kim, Sharry TM#30825 was notified.</p> <p>Attached Items</p> <ul style="list-style-type: none"> <li>2 Photographs of [REDACTED] shoes (top and bottom)</li> <li>3 Photographs of the area of incident after I added two additional caution stanchions</li> <li>1 Scan of the Medical Release</li> <li>1 Scan of the Accident Scene Check</li> </ul> |   |  |  |
| <b>ADMINISTRATION</b>  |   |  |  |
| <small>BY OFFICER</small><br><b>J. Larson 000025821</b>  | <small>DATE/TIME</small><br><b>03/25/2016 10:37</b>   | <small>ASSIGNED TO</small><br><b>Jacob Johnson 000025975</b>   | <small>LAST UPDATED</small><br><b>03/26/16</b> |
| <small>OFFICER</small>   | <small>REPORT BY</small>  | <small>ASSIGNED TO</small>                                     | <small>CASE STATUS</small><br><b>Closed</b>    |



VEN 838

**3147**



VEN 839

**3148**



VEN 840

**3149**



VEN 841

**3150**



VEN 842

**3151**



1600N-5018

Incident Report Number: 45074-217A

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 1320 Date: 3/25/16 Guest Suite: ACROSS FROM JEWEL FARM  
Defects Noted (Explain in detail): MARBLE FLOORING AROUND TRASH CAN HAS STANDING FLUID PRESENT (CLEAR). FLOORING WAS FLAT AND EVEN, NO OBSTRUCTIONS PRESENT.

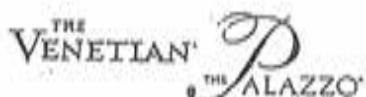
Actions Taken: CONTACTED FACILITIES FOR AN ACCIDENT SCENE CHECKLighting Normal? (If no, explain): YESOutside Diagram?  Yes  NoChecked by Security Officer (Name): LARSON, JOE TM #: 25821

Engineer

Time: 1:23 pm. Date: 03-23-16 Guest Suite #: Venetian grand theater lobby  
Defects Noted (Explain in Detail): No

Actions Taken:

Note - call DAD to drain the wet areaChecked by Engineer (Name): DAD TM #: 946458



1603J-5018

## 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:                 | 3/25/14 |
| Refused to Sign:      |         |
| Venetian/Palazzo EMT: |         |

Social Security #: 501-A

Time: 1320

ID#: 26821

(R) foot slipped forward down onto (R) knee  
78/10, throbbing  
able to bear weight, ambulate

(R) video

154959 0001 00724-01-01

VEN 844

3153

|  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
|--|-------------------------------------|--|-----------|---|------------|---|----------------------|--|------------------|--------|--|---|
| Arrest   | <input type="checkbox"/>            | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109                |           |   |            |   |                      |  |                  |        |  | CASE#<br><b>1604V-1850</b>  |
| Crime  | <input type="checkbox"/>            |  |           |   |            |   |                      |  |                  |        |  | PAGE<br><b>1</b>  |
| Non-Criminal   | <input checked="" type="checkbox"/> | CR-1   |           |   |            |   |                      |  |                  |        |  |   |
| OFFENSE(S)<br>Protected Health Information   |                                     |  |           |   |            |   |                      |  |                  |        |  | OFFENSE(S) cont'd   |
| DATE, TIME AND DAY OF OCCURENCE<br>04/09/16 14:44 Saturday   |                                     | TO<br>04/09/16 15:39 Saturday  |           | DATE AND TIME REPORTED<br>04/09/16 14:44  |            | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                      | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                  |        |  |   |
| LOCATION OF OCCURENCE<br>Grand Hall, Las Vegas   |                                     | LOCATION NAME  |           |   |            | TYPE OF LOCATION  |                      | BEAT                                   |                  | SECTOR |  |   |
| <b>PERSONS</b>   |                                     |  |           |   |            |   |                      |  |                  |        |  | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                      |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |  |           | ADDRESS 1   |            |   | PHONE                |  |                  |        |  |   |
| O 1 of 1   | [REDACTED]                          |  |           |   |            |   |                      |  |                  |        |  |   |
| OCCUPATION   | RACE                                | SEX  | AGE       | DOB   | ADDRESS 2  |   |                      | PHONE 2                                |                  |        |  |   |
| DL   | STATE                               | SSN  | INJURIES  |   | ADDRESS 3  |   |                      | PHONE 3                                |                  |        |  |   |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |  |           | ADDRESS 1   |            |   | PHONE 1              |  |                  |        |  |   |
| SO 1 of 1  | Balon, Archie                       |  |           |   |            |   |                      |  |                  |        |  |   |
| OCCUPATION   | RACE                                | SEX  | AGE       | DOB   | ADDRESS 2  |   |                      | PHONE 2                                |                  |        |  |   |
| DL   | STATE                               | SSN  | INJURIES  |   | ADDRESS 3  |   |                      | PHONE 3                                |                  |        |  |   |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |  |           | ADDRESS 1   |            |   | PHONE 1              |  |                  |        |  |   |
| TM 1 of 2  | Johnson 25575, Jacob                |  |           |   |            |   |                      |  |                  |        |  |   |
| OCCUPATION   | RACE                                | SEX  | AGE       | DOB   | ADDRESS 2  |   |                      | PHONE 2                                |                  |        |  |   |
| DL   | STATE                               | SSN  | INJURIES  |   | ADDRESS 3  |   |                      | PHONE 3                                |                  |        |  |   |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| SUMMARY<br>Protected Health Information. Non-guest [REDACTED]  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> | LICENSE NO AND STATE<br>OF          |  |           | PEAK  |            | NAME  | MODEL                | BODY TYPE                              | COLOR            | VIN    | MORE VEHICL. DA<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| TOWED/SCRAPPED<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                          | GARAGE NAME AND PHONE               |  |           | REG. STEREO OWNER   |            | NO ADDRESS  |                      |  |                  |        |  |   |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>   |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim     |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |  |           | ADDRESS 1   |            |   | PHONE 1              |  |                  |        |  |   |
| OF   | RACE                                | SEX  | WT        | HAIR  | EYE        | AGE   | DOB                  | ADDRESS 2                              |                  |        | PHONE 2  |   |
| OCCUPATION   |                                     |  |           | INJURIES  |            | ADDRESS 3   |                      |  | PHONE 3          |        |  |   |
| SCARS/MARKS/TATTOOS<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                | AKA'S                               |  |           |   |            |   | ARRESTEE DISPOSITION | RELEASE LOCATION                       | ARREST DATE/TIME |        |  |   |
| DL   | STATE                               | ARRESTED<br>YRS <input type="checkbox"/> MO <input type="checkbox"/>             | BOOKING # | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | CITATION # | ESN   |                      |  |                  | CIP    |  |   |
| CHARGES  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |  |           | ADDRESS 1   |            |   | PHONE 1              |  |                  |        |  |   |
| OF   | RACE                                | SEX  | WT        | HAIR  | EYE        | AGE   | DOB                  | ADDRESS 2                              |                  |        | PHONE 2  |   |
| OCCUPATION   |                                     |  |           | INJURIES  |            | ADDRESS 3   |                      |  | PHONE 3          |        |  |   |
| SCARS/MARKS/TATTOOS<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                | AKA'S                               |  |           |   |            |   | ARRESTEE DISPOSITION | RELEASE LOCATION                       | ARREST DATE/TIME |        |  |   |
| DL   | STATE                               | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>             | BOOKING # | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | CITATION # | ESN   |                      |  |                  | CIP    |  |   |
| CHARGES  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| <b>ADMINISTRATION</b>  |                                     |  |           |   |            |   |                      |  |                  |        |  |   |
| VIC/TM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>              |                                     | FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |           | CODE TO:<br>PAT. <input type="checkbox"/> DEP. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWP <input type="checkbox"/> OTHER: |            |   |                      |  |                  |        |  |   |
| BY OFFICER<br>D. Winn 000031215  |                                     | DATE/HR<br>04/10/16 15:01  |           | APPROVED BY<br>George Valley 000013454  |            | DATE APPROVED<br>04/11/16   |                      |  |                  |        |  |   |
| OFFICER  |                                     | UNITS/SHIFT  |           | ASSIGNED TO   |            | CASE STATUS<br>Closed   |                      |  |                  |        |  |   |

CR-1 Winn/031215 Entered by: David Winn

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

VEN 845

3154

|   |   |                                   |                   |           |   |                             |
|---|---|-----------------------------------|-------------------|-----------|---|-----------------------------|
| Arrest <input type="checkbox"/>   | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                   |                   |           |   | CASE #<br><b>1604V-1850</b> |
| Crime <input type="checkbox"/>  | <b>Additional Crimes, Persons and Vehicles</b>                    |                                   |                   |           |   | PAGE 1 OF 1                 |
| Non-Criminal <input checked="" type="checkbox"/>  |   |                                   |                   |           |   |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |   | OFFENSE(S) cont'd.                |                   |           |   |                             |
| DATE, TIME AND DAY OF OCCURRANCE<br><b>04/09/16 14:44 Saturday</b>                        |   | TO <b>04/09/16 15:39 Saturday</b> |                   |           | DATE AND TIME REPORTED<br><b>04/09/16 14:44</b> |                             |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>                                     |   | LOCATION NAME                     |                   |           | TYPE OF LOCATION                                | BEAT                        |
| ADDITIONAL OFFENSE(S)   |   | ADDITIONAL OFFENSE(S) cont'd.     |                   |           |   |                             |
| <b>PERSONS</b>  |   |                                   |                   |           |   |                             |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |   |                                   |                   |           |   |                             |
| CODE<br><b>TM</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Chavez, Rafael</b>       |                                   |                   | ADDRESS 1 | PHONE 1   |                             |
| OCCUPATION<br><b>Facilities</b>   | RACE<br><b>SSN</b>  | SEX<br><b>M</b>                   | AGE<br><b>DOB</b> | ADDRESS 2 | PHONE 2   |                             |
| STATE   | INJURES   |                                   |                   | ADDRESS 3 | PHONE 3   |                             |

|  |                                    |   |                                  |  |  |
|--|------------------------------------|---|----------------------------------|--|--|
| <b>ADMINISTRATION</b>                  |                                    |   |                                  |  |  |
| BY OFFICER<br><b>D. Winn 000031215</b> | DATE/TIME<br><b>04/10/16 15:01</b> | APPROVED BY<br><b>George Valley 000013454</b> | DATE APPROVED<br><b>04/11/16</b> |  |  |
| OFFICER                                | UNIT/SHIFT                         | ASSIGNEE/TC                                   | CASE STATUS<br><b>Closed</b>     |  |  |

APDC (Rev. 02/18/14) Print Date: 09/26/2018

VEN 846

**3155**

|  |  |   |      |                             |
|--|--|---|------|-----------------------------|
| Arrest <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |      | CASE #<br><b>1604V-1850</b> |
| Crime <input type="checkbox"/>   | <b>Case MO</b>   |   |      | PAGE 1 OF 1                 |
| Non-Criminal <input checked="" type="checkbox"/>   |  |   |      |                             |
| OFFENSE(S):<br><b>Protected Health Information</b>   |  | OFFENSE(S) cont'd.  |      |                             |
| DATE TIME AND DAY OF OCCURENCE<br><b>04/09/16 14:44 Saturday</b>                             |  | DATE AND TIME REPORTED<br><b>04/09/16 15:39 Saturday</b>              |      |                             |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>  | LOCATION NAME  | TYPE OF LOCATION  | BEAT | SECTOR                      |
| <b>MO DATA</b>   |  |   |      |                             |
| <b>Arson Class</b><br>There was no Arson in this case  | <b>Case Inv. Anti-R. Rights Crime</b><br>No                              | <b>Incident Information</b>   |      |                             |
| <b>Arson Inhabited</b><br>Property was not Inhabited   | <b>Case involves a Hate Crime</b><br>No                                  | Photos Taken<br>PHI - Non-Guest<br>Video Tape of Incident Available   |      |                             |
| <b>Case has Domestic Violence</b><br>No Domestic Violence in this case<br>No weapon involved | <b>Case involves Gang Activity</b><br>No                                 | <b>Security Stats (Click One Box)</b><br>Protected Health Information |      |                             |

|  |  |   |   |                                  |  |
|--|--|---|---|----------------------------------|--|
| <b>ADMINISTRATION</b>  |  |   |   |                                  |  |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | COPIES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> DEI <input type="checkbox"/> DM <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> MMWAP <input type="checkbox"/> OTHER |   |                                  |  |
| BY OFFICER<br><b>D. Winn 000031215</b>   |  | DATETIME<br><b>04/10/2016 15:01</b>   | APPROVED BY<br><b>George Valley 000013454</b> | DATE APPROVED<br><b>04/11/16</b> |  |
| OFF PER<br>  |  | JNT SHIFT   | ASSIGNED TO                                   | CASE STATUS<br><b>Closed</b>     |  |

CR-1 Winn/031215 Entered by: David Winn

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

VEN 847

3156

|  |                                     |   |                           |             |            |
|--|-------------------------------------|---|---------------------------|-------------|------------|
| Arrest   | <input type="checkbox"/>            | Venetian Security                                 |                           | CASE #      | 1604V-1850 |
| Crime  | <input checked="" type="checkbox"/> | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109      |                           | Page 1 of 1 |            |
| Non-Criminal   | <input checked="" type="checkbox"/> | Narrative Report                                  |                           |             |            |
| OFFENSE(S)<br>Protected Health Information   |                                     | OFFENSE(S) cont'd                                 |                           |             |            |
| DATE TIME AND DAY OF OCCURRANCE<br>04/09/16 14:44 Saturday   |                                     | DATE AND TIME REPORTED<br>04/09/16 15:39 Saturday |                           |             |            |
| LOCATION OF OCCURENCE<br>Grand Hall, Las Vegas   |                                     | LOCAT ON NAME                                     | TYPE OF INCIDENT          | BEAT        | SECTOR     |
| NARRATIVE  |                                     |   |                           |             |            |
| <p>At 2:44PM, on April 9, 2016, I was dispatched by Venetian Security Control to the Grand Hall in regards to a report of someone who had slipped and fell. Control dispatched Security Officer Balon, Archie TM#19941 to make first contact.</p> <p>I arrived on scene to meet with non-guest [REDACTED] who was standing and speaking with Balon. [REDACTED] stated she had been walking when she slipped in a puddle of water and fell to the ground. [REDACTED] stated she fell forward and landed on her knees and hands. [REDACTED] stated her knees and hands were sore but she did not have any injuries at the time the report was filed. [REDACTED] completed a report with Venetian Security.</p> <p>First-aid was not provided to [REDACTED] by Venetian Security due to her not reporting any injuries.</p> <p>Facilities was notified for an Accident Scene Check. Balon waited for Facilities to arrive on scene until 3:45PM. After Facilities did not arrive on scene, Balon departed. At 1:30PM on April 10, 2016, an Accident Scene Check was completed by Facilities Engineer Chavez, Rafael TM#9648 and myself in which no defects were noted to the marble at the floor at that time. It should be noted that the time the report was completed, there was a puddle of water in the area where [REDACTED] fell. When Balon arrived on scene, he placed "Caution" signs around the puddle of water. The Public Areas Department was notified to clean up the water.</p> <p>Per Control, Video coverage of the incident is available.</p> <p>Security Manager Johnson, Jacob TM#25575 was notified of the incident.</p> <p>Attached are the following:</p> <ol style="list-style-type: none"> <li>1. Voluntary Statement</li> <li>2. Medical Release</li> <li>3. Accident Scene Check</li> <li>4-8. Photographs</li> </ol> |                                     |   |                           |             |            |
| ADMINISTRATION   |                                     |   |                           |             |            |
| BY OFFICER<br>D. Winn 000031215  | DATE REC'D<br>04/10/2016 15:01      | APPROVED BY<br>George Valley 000013454            | DATE APPROVED<br>04/11/16 |             |            |
| SUPERVISOR   | UN TIE-HIT                          | ASSIGNED TO                                       | CASE STATUS<br>Closed     |             |            |

CR-I Winn/031215 Entered by: David Winn

Page 1 of 1

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

VEN 848

3157

|   |  |  |   |  |            |   |                                |   |   |  |         |
|---|--|--|---|--|------------|---|--------------------------------|---|---|--|---------|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>   | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109               |  |            |   |                                |   |   | CASE#<br>1604V-1926  |         |
| CR-1  |  |  |   |  |            |   |                                |   | PAGE<br>1   |  |         |
| OFFENDER(S)<br>Information  |  |  |   | OFFENDER(S) cont.  |            |   |                                |   |   |  |         |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/09/16 19:34 Saturday   |  |  |   | DATE AND TIME REPORTED<br>04/09/16 19:34                                       |            | MISS CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br>\$0.00 |   |   |  |         |
| LOCATION OF DOCUMENTS<br>1 Lobby 1  |  |  |   | LOCATION NAME  |            | TYPE OF LOCATION  |                                | SECTION   |   |  |         |
| PERSONS   |  |  |   |  |            |   |                                |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |         |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |  |  |   |  |            |   |                                |   |   |  |         |
| CODE<br>V   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1   |  | PHONE 1    |   |                                |   |   |  |         |
| OCCUPATION  |  | RACE   | SEX   | AGE  | DOB        | ADDRESS 2   |                                | PHONE 2   |   |  |         |
| DE  |  | STATE  | SUB   | MAIL   | BUSINESS   | ADDRESS 3   |                                | PHONE 3   |   |  |         |
| CODE<br>MN  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1   |  | PHONE 4    |   |                                |   |   |  |         |
| OCCUPATION  |  | RACE   | SEX   | AGE  | DOB        | ADDRESS 2   |                                | PHONE 5   |   |  |         |
| DE  |  | STATE  | SUB   | MAIL   | BUSINESS   | ADDRESS 3   |                                | PHONE 6   |   |  |         |
| CASE SUMMARY / VEHICLE INFORMATION  |  |  |   |  |            |   |                                |   |   |  |         |
| SUMMARY<br>Unknown male slipped and fell in front of Juice Farm located at the Venetian when he walked between two wet floor signs. Unknown male was offered medical assistance, but declined and refused to give any information. Coverage is available. |  |  |   |  |            |   |                                |   |   |  |         |
| VEHICLE USED IN CRIME   |  | LICENSE (MG AND STATE)   |   | YEAR   | MAIL       | MODEL   | BODY TYPE                      | COLOR   | VIN   | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| TAN/REPORT  |  | GARAGE NAME AND PHONE  |   | REGISTERED OWNER   |            | REG ADDRESS   |                                |   |   |  |         |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |  |   |  |            |   |                                |   |   |  |         |
| SUSPECT(S) / ARRESTEE(S)  |  |  |   |  |            |   |                                |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |         |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim  |  |  |   |  |            |   |                                |   |   |  |         |
| CODE<br>OF  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1   |  | PHONE 1    |   |                                |   |   |  |         |
| RACE  | SEX  | MT   | ST  | MAIL   | DOB        | ADDRESS 2   |                                | PHONE 2   |   |  |         |
| OCCUPATION  |  | SUBS   |   | MAILS  |            | ADDRESS 3   |                                | PHONE 3   |   |  |         |
| GUARD / MARRIED / TATTOOS   |  | SUBS   |   | MAILS  |            | ARRESTEE DISPOSITION  |                                | RECEIVE LOCATION  | ARREST DATE / TIME  | /  |         |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | STATE  | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | DETAINED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DETAINED # | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 | DETAINED #                     | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DETAINED #  | /  |         |
| CHARGES   |  |  |   |  |            |   |                                |   |   |  |         |
| CODE - LAST, FIRST, MIDDLE, SUFFIX  |  |  |   |  |            |   |                                |   |   | ADDRESS 1  | PHONE 1 |
| RACE  | SEX  | MT   | ST  | MAIL   | DOB        | ADDRESS 2   |                                | PHONE 2   |   |  |         |
| OCCUPATION  |  | SUBS   |   | MAILS  |            | ADDRESS 3   |                                | PHONE 3   |   |  |         |
| GUARD / MARRIED / TATTOOS   |  | SUBS   |   | MAILS  |            | ARRESTEE DISPOSITION  |                                | RECEIVE LOCATION  | ARREST DATE / TIME  | /  |         |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | STATE  | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | DETAINED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | WARRANT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DETAINED # | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 | DETAINED #                     | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DETAINED #  | /  |         |
| CHARGES   |  |  |   |  |            |   |                                |   |   |  |         |
| ADMINISTRATION  |  |  |   |  |            |   |                                |   |   |  |         |
| DEFENDANT PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPY TO:<br><input type="checkbox"/> FBI <input type="checkbox"/> DEPT <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROSECUTOR <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER |   | DATE/TIME<br>04/10/16 23:17  |            |   |                                |   | ARRESTED BY<br>Matthew Kaufman 000030562  | DATE APPROVED<br>04/11/16  |         |
| BY OFFICER<br>C. Reano 000037213  | BY OFFICER<br>Christian Reano  | ASSISTED BY  |   |  |            |   |                                |   | CASE STATUS<br>Closed   |  |         |

CR-1 Reano/037213 Entered by: Christian Reano

APDC (Rev. 08/10/16) Print Date: 06/04/2018

VEN 849

3158

|   |   |  |                            |   |
|---|---|--|----------------------------|---|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Case MO</b>                              |  |                            | CASE #<br>1604V-1926<br><br>PAGE 1 of 1 |
| OFFENDER(S)<br>Informational  |   | OFFENSE(S) NAME  |                            |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/09/16 19:34 Saturday   |   | DATE AND TIME REPORTED<br>04/09/16 19:34   |                            |   |
| LOCATION OF OCCURRENCE<br>1 Lobby 1   | LOCATION NAME   | TYPE OF LOCATION   | MEAT                       | SECTOR                                  |
| <b>MO DATA</b>  |   |  |                            |   |
| <b>Arson Class</b><br>There was no Arson in this case<br><br><b>Arson Inhabited</b><br>Property was not Inhabited<br><br><b>Case has Domestic Violence</b><br>No Domestic Violence in this case<br><br><b>Case Inv. Anti-R. Rights Crime</b><br>No<br><br><b>Case involves a Hate Crime</b><br>No | <b>Incident Information</b><br>No Prosecution Desired<br>Slip & Fall<br>Video Tape of Incident Available<br>Wet Surface | <b>Lighting Conditions</b><br>Room Lights<br><br><b>Surface Conditions</b><br>Marlin<br>Flat<br>Wet / Slippery<br><br><b>Weather Conditions</b><br>Clear |                            |   |
| <b>ADMINISTRATION</b>   |   |  |                            |   |
| FOLLOWUP:<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | COPIES TO:  |  |                            |   |
| BY OFFICER:<br>C. Roanos 000037213  | RECEIVED BY:<br>04/10/2016 23:17  | APPROVED BY:<br>Matthew Kaufman 000030582  | DATE APPROVED:<br>04/11/16 |   |
| OFFICER:  | UNSUBMIT  | DISPOSED TO:   | CASE STATUS:<br>Closed     |   |

CR-1 Roanos/037213 Entered by: Christian Roanos

APDC (Rev. 06/16/06) Print Date: 06/04/2018

VEN 850

3159

| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |            | CASE #   | 1604V-1926   |
|---|-------------------------------------|--|---|------------|--|--|
| Crime   | <input checked="" type="checkbox"/> |  |   |            | PAGE   | 1 OF 1   |
| Non-Complaint   | <input checked="" type="checkbox"/> |  |   |            |  |  |
| OFFENDER  |                                     | OFFENDER(S) cont.  |   |            |  |  |
| Informational   |                                     |  |   |            |  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/09/16 19:34 Saturday   |                                     | TIME OF REPORTED<br>04/09/16 19:34                                       |   |            |  |  |
| LOCATION OF OCCURRENCE<br>1 Lobby   |                                     | LOCATION NAME:   |   |            | TYPE OF LOCATION   | BEAT   |
|   |                                     |  |   |            |  | SECTION  |
| PERSONS   |                                     |  |   |            | PERSON NAMES   |  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Database C = Complainant R = Party O = Other<br><b>V</b> 1 of 1 <small>NAME: LAST, FIRST, MIDDLE, SUFFIX</small> |                                     |  |   |            | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
|   |                                     |  |   |            | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |  |
| NO INFORMATION  |                                     |  |   |            |  |  |
| Build   | Glasses                             |  |   | Speech     |  |  |
| Heavy   | None                                |  |   | Exited     |  |  |
| Complexion  | Hair Length                         |  |   | Repetitive |  |  |
| Clear   | Short                               |  |   | Slurred    |  |  |
| Demeanor  | Hair Style                          |  |   |            |  |  |
| Intoxicated   | Crew cut                            |  |   |            |  |  |
| Eyes  | Odor of Intoxicants                 |  |   |            |  |  |
| Drooping  | Strong                              |  |   |            |  |  |
| Facial Hair   |                                     |  |   |            |  |  |
| Unshaven  |                                     |  |   |            |  |  |
| <b>CODE</b><br><b>MN</b>  |                                     | <b>NAME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b>Kaufman, Mathew</b>      |   |            |  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING  |                                     |  |   |            |  |  |
|   |                                     |  |   |            |  |  |
| ADMINISTRATION  |                                     |  |   |            |  |  |
| BY OFFICER<br><b>C. Reano</b> 000037213   | DATE ENTERED<br>04/10/16 23:17      | ENTERED BY<br><b>Mathew Kaufman</b> 000030582                            | DATE APPROVED<br>04/11/16<br>APPROVAL STATUS<br><b>Closed</b> |            |  |  |
| COMMITTEE   | COMMITTEE BY                        | COMMITTED BY   |   |            |  |  |

CR-1 Reano/037213 Entered by: Christian Reano

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 851

3160

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Narrative Report</b> |  |  | CASE #<br>1604V-1926<br><br>Page 1 of 1 |
| <b>OFFENDER</b><br>Informational  |   | <b>OFFENDER INFO</b>                                   |  |   |
| DATE/TIME INCIDENT OCCURRED<br>04/09/16 19:34 Saturday  |   | DATE/TIME REPORT RECEIVED<br>04/09/16 19:48 Saturday   |  |   |
| LOCATION OF INCIDENT<br>1 Lobby 1   |   | LOCATION<br>UNKNOWN                                    | TIME OF LOCATION<br>UNKNOWN  | DEPT.<br>SECURITY                       |
| <small>NARRATIVE</small> <p>On 4/9/2016 at 1933 hours while on post at the casino level tower elevator (Lobby 1), I witnessed an unknown male walk between two wet floor signs and slip and fall. I notified Venetian Security Control of the incident.</p> <p>I approached the unknown male and asked if he needed medical attention. He declined all medical and stated he wanted to leave. I insisted he wait and speak with an Emergency Medical Technician (EMT) but declined and departed the incident area. I contacted Surveillance who had positive coverage of the incident.</p> <p>I contacted Venetian Evening Shift Security Manager Kaufman, Mathew (TM#30582) of the incident and returned to my post at Lobby 1.</p> <p>Attachments:<br/>       -Photograph of the unknown male</p> |   |  |  |   |
| <b>ADMINISTRATION</b>   |   |  |  |   |
| <small>BY OFFICER</small><br>CR-1 Reano/037213  | <small>SEARCHED</small><br>04/10/2016 23:17   | <small>APPROVED BY</small><br>Mathew Kaufman 000030582 | <small>DATE APPROVED</small><br>04/11/16<br><small>CASE STATUS</small><br>Closed |   |

CR-1 Reano/037213 Entered by/ Christian Reano

Page 1 of 1

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 852

**3161**



S - 4/9/2016 7.35.18 PM PDT

VEN 853

**3162**

|  |   |   |  |   |                              |   |   |  |
|--|---|---|--|---|------------------------------|---|---|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>  | Non-Criminal <input checked="" type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                              |   | CASE#<br><b>1604V-2136</b>  |  |
|  |   |   |  | PAGE<br><b>1</b>  |                              |   |   |  |
| <b>OFFENSE(S)</b><br>Protected Health Information  |   |   |  | OFFENSE(S) cont'd.  |                              |   |   |  |
| DATE, TIME AND DAY OF OFFENSE<br><b>04/10/16 13:51 Sunday</b>  |   |   |  | TO  | <b>04/10/16 14:45 Sunday</b> | DATE AND TIME REPORTED<br><b>04/10/16 13:51</b> | MORE CHARGES<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| LOCATION OF OFFENSE<br><b>Grand Hall, Las Vegas</b>  |   |   |  | LOCATION NAME   |                              | TYPE OF LOCATION                                | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b>  |  |
|  |   |   |  |   |                              | HEAT  | SECTOR  |  |
| <b>PERSONS</b>   |   |   |  |   |                              |   |   |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other  |   |   |  |   |                              |   |   |  |
| CODE<br><b>GU 1 OF 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |  | ADDRESS 1   | PHONE 1                      |   |   |  |
| OCCUPATION   | RACE  | SEX   | AGE  | DOB   | ADDRESS 2                    | PHONE 2   |   |  |
| DL   | STATE   | SEX   | INJURIES   |   | ADDRESS 3                    | PHONE 3   |   |  |
| CODE<br><b>GU 2 OF 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |  | ADDRESS 1   | PHONE 1                      |   |   |  |
| OCCUPATION   | RACE  | SEX   | AGE  | DOB   | ADDRESS 2                    | PHONE 2   |   |  |
| DL   | STATE   | SEX   | INJURIES   |   | ADDRESS 3                    | PHONE 3   |   |  |
| CODE<br><b>TM 1 OF 1</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |  | ADDRESS 1   | PHONE 1                      |   |   |  |
| OCCUPATION   | RACE  | SEX   | AGE  | DOB   | ADDRESS 2                    | PHONE 2   |   |  |
| DL   | STATE   | SEX   | INJURIES   |   | ADDRESS 3                    | PHONE 3   |   |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |   |   |  |   |                              |   |   |  |
| SUMMARY  |   |   |  |   |                              |   |   |  |
| Protected Health Information. Previous guest of Venetian suite 16-135 [REDACTED]   |   |   |  |   |                              |   |   |  |
| VEHICLE USED IN CRIME<br>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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |   |  |   |                              |   |   |  |
| TOW REPORT GARAGE NAME AND FRONT REGISTERED OWNER TOW ADDRESS<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |   |  |   |                              |   |   |  |
| <b>SUSPECT(S)/ARRESTEE(S)</b>  |   |   |  |   |                              |   |   |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim                           |   |   |  |   |                              |   |   |  |
| CODE<br><b>CF</b>  | 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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | AKA'S   |   |  | ARRESTEE DISPOSITION  | RELEASE LOCATION             | ARREST DATE/TIME                                |   |  |
| DL   | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | BOOKING #  | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION#                    | SSN   | CR#   |  |
| CHARGES  |   |   |  |   |                              |   |   |  |
| CODE<br><b>OF</b>  | 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<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | AKA'S   |   |  | ARRESTEE DISPOSITION  | RELEASE LOCATION             | ARREST DATE/TIME                                |   |  |
| DL   | STATE   | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | BOOKING #  | WARRANT<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION#                    | SSN   | CR#   |  |
| CHARGES  |   |   |  |   |                              |   |   |  |
| <b>ADMINISTRATION</b>  |   |   |  |   |                              |   |   |  |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    | FOLLOW-UP<br>YE <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DEPT TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> RET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWP <input type="checkbox"/> OTHER |  |   |                              |   |   |  |
| BY OFFICER<br><b>D. Winn 000031215</b>   | DATE/TIME<br><b>04/10/16 19:06</b>  | APPROVED BY<br><b>George Valley 000013454</b>   | DATE APPROVED<br><b>04/11/16</b>   |   |                              |   |   |  |
| OFFICER<br>UNPRSHFT  |   | ASSIGNED TO   | CASE STATUS<br><b>Closed</b>   |   |                              |   |   |  |

CR-1 Winn/031215 Entered by: David Winn

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

VEN 854

3163

|  |   |   |                                  |                              |
|--|---|---|----------------------------------|------------------------------|
| Arrest <input type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109  |   |                                  | CASE #<br><b>1604V-2136</b>  |
| Crime <input type="checkbox"/>   | <b>Case MO</b>  |   |                                  | PAGE 1 OF 1                  |
| Non-Criminal <input checked="" type="checkbox"/>                                 |   |   |                                  |                              |
| OFFENSE(S)<br><b>Protected Health Information</b>                                |   | OFFENSE(S) cont'd.  |                                  |                              |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>04/10/16 13:51 Sunday</b>                 |   | DATE AND TIME REPORTED<br><b>04/10/16 13:51</b>                       |                                  |                              |
| LOCATION OF OCCURENCE<br><b>Grand Hall, Las Vegas</b>                            | LOCATION NAME   | TYPE OF LOCATION  | BEAT                             | SECTOR                       |
| <b>MO DATA</b>   |   |   |                                  |                              |
| <u>Arson Class</u><br>There was no Arson in this case                            | <u>Case involves a Hate Crime</u><br>No   | <u>Security Stats (Click One Box)</u><br>Protected Health Information |                                  |                              |
| <u>Arson Inhabited</u><br>Property was not Inhabited                             | <u>Case Involves Gang Activity</u><br>No  |   |                                  |                              |
| <u>Case has Domestic Violence</u><br>No Domestic Violence in this case           | <u>Incident Information</u><br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Video Tape of Incident Available   |   |                                  |                              |
| <u>Case Inv. Anti-R. Rights Crime</u><br>No                                      |   |   |                                  |                              |
| <b>ADMINISTRATION</b>  |   |   |                                  |                              |
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO:<br><input type="checkbox"/> PA <input type="checkbox"/> RET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER |   |                                  |                              |
| BY OFFICER<br><b>D. Winn 000031215</b>   | DATE/TIME<br><b>04/10/2016 19:06</b>  | APPROVED BY<br><b>George Valley 000013454</b>                         | DATE APPROVED<br><b>04/11/16</b> | CASE STATUS<br><b>Closed</b> |
| OFFICER  | UNIT/SHIFT  | ASSIGNED TO   |                                  |                              |

CR-1 Winn/031215 Entered by: David Winn

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

VEN 855

3164

|   |  |  |                           |  |        |            |
|---|--|--|---------------------------|--|--------|------------|
| Arrest  | <input type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           |  | CASE # | 1604V-2136 |
| Crime   | <input type="checkbox"/>   |  |                           |  | PAGE   | 1 OF 1     |
| Non-Criminal  | <input checked="" type="checkbox"/>                                  | <b>Person Profile</b>  |                           |  |        |            |
| OFFENSE(S)<br><b>Protected Health Information</b>   |  | OFFENSE(S) cont'd.   |                           |  |        |            |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/10/16 13:51 Sunday   |  | TO 04/10/16 14:45 Sunday   |                           | DATE AND TIME REPORTED<br>04/10/16 13:51   |        |            |
| LOCATION OF OCCURRENCE<br>Grand Hall, Las Vegas   |  | LOCATION NAME  |                           | TYPE OF LOCATION   | DEPT   | SECTOR     |
| <b>PERSONS</b>  |  |  |                           |  |        |            |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |  |  |                           |  |        |            |
| CODE<br>GU  | 1 OR 2   | NAME - LAST, FIRST, MIDDLE & SUFFIX<br>Palm, Jason                       | DOB                       | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |            |
| <b>MO INFORMATION</b>   |  |  |                           |  |        |            |
| <u>Base Line Vitals &amp; History</u><br>Normal Breathing   | <u>Hair Length</u><br>Short  | <u>Speech</u><br>Normal  |                           |  |        |            |
| <u>Build</u><br>Medium  | <u>Medical Supplies</u><br>Soft Roll Bandage                         |  |                           |  |        |            |
| <u>Complexion</u><br>Clear  | <u>Odor of Intoxicants</u><br>None                                   |  |                           |  |        |            |
| <u>Demeanor</u><br>Angry  | <u>Patient Assessment</u><br>Patient is Alert                        |  |                           |  |        |            |
| <u>Eyes</u><br>Clear  | Patient has a Trauma/Injury<br>Deformities<br>Tenderness<br>Swelling |  |                           |  |        |            |
| CODE<br>GU  | 2 OR 2   | NAME - LAST, FIRST, MIDDLE & SUFFIX<br>Floyd, Nicole                     | DOB                       | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |            |
| CODE<br>TM  | 1 OR 1   | NAME - LAST, FIRST, MIDDLE & SUFFIX<br>Valley, George 13454              | DOB                       | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |            |
| <b>CLOTHING</b>   |  |  |                           |  |        |            |
| <b>ADMINISTRATION</b>   |  |  |                           |  |        |            |
| BY OFFICER<br>D. Winn 000031215   | DATE/TIME<br>04/10/16 19:06  | APPROVED BY<br>George Valley 000013454                                   | DATE APPROVED<br>04/11/16 |  |        |            |
| OFFICER   | UNITS/SHIFT  | ASSIGNED TO  | CUST STATUS<br>Closed     |  |        |            |

CR-I Winn/031215 Entered by: David Winn

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

VEN 856

3165

|   |                                     |   |                  |             |            |
|---|-------------------------------------|---|------------------|-------------|------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b>                        |                  | CASE #      | 1604V-2136 |
| Crime   | <input type="checkbox"/>            | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109    |                  | Page 1 of 2 |            |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                         |                  |             |            |
| OFFENSE(S)<br>Protected Health Information                |                                     | OFFENSE(S) cont'd                               |                  |             |            |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/10/16 13:51 Sunday |                                     | DATE AND TIME REPORTED<br>04/10/16 14:45 Sunday |                  |             |            |
| LOCATION OF OCCURRENCE<br>Grand Hall, Las Vegas           |                                     | LOCATION NAME                                   | TYPE OF LOCATION | BEAT        | SECTOR     |
| NARRATIVE   |                                     |   |                  |             |            |

At 1:52PM, on April 10, 2016, I was dispatched by Venetian Security Control to Concierge in regards to a guest who had slipped and fell.

I arrived at Concierge and was directed to the Valet where I found previous guest of Venetian suite 16-135 [REDACTED], seated and holding his right wrist. [REDACTED] stated he was walking through the Grand Hall when he slipped and fell. [REDACTED] stated he broke his fall with his right hand. [REDACTED] stated he felt as if he had a fracture to the radius bone of his right wrist.

I observed [REDACTED] to have a deformity, swelling, and tenderness to his right wrist proximal to his right thumb. I advised [REDACTED] to seek medical treatment at a hospital so that he could receive definitive care from a physician if his right arm was indeed fractured. [REDACTED] refused paramedic response and stated he was going to go to the airport to make his flight. [REDACTED] requested for his fianc?, [REDACTED], to assist in splinting his wrist because she was a Physicians Assistant. [REDACTED] and I splinted [REDACTED] right wrist. I found [REDACTED] to have sensation, circulation, and motor function distal to his right wrist after splinting.

An Accident Scene Check was complete by Facilities Engineer Navara, Shane TM#14329 and myself in which no defects were noted to the marble floor in the Grand Hall.

Per Surveillance, video coverage of the incident is available.

It should be noted that [REDACTED] completed a Voluntary Statement for the Incident. [REDACTED] refused to complete a Voluntary Statement or Medical Release due to him being right handed. [REDACTED] allowed a photograph of the top of his sandals to be obtained, but refused to show the bottom of his sandals.

Front Desk Manager Kim, Sharry TM#30825 and Security Manager Valley, George TM#13454 were notified of the incident.

Attached are the following:

1. Voluntary Statement
2. Medical Release
3. Accident Scene Check

| ADMINISTRATION                  |                                 |  |                           |
|---------------------------------|---------------------------------|--|---------------------------|
| BY OFFICER<br>D. Winn 000031215 | REPORT TIME<br>04/10/2016 19:08 | APPROVED BY<br>George Valley 000013454 | DATE APPROVED<br>04/11/16 |
| OFFICER<br>[REDACTED]           | [REDACTED]                      | ASSISTANT<br>[REDACTED]                | STATUS<br>Closed          |

|  |  |  |                                  |         |                             |
|--|--|--|----------------------------------|---------|-----------------------------|
| Arres:   | <input type="checkbox"/>                 | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |         | CASE #<br><b>1604V-2136</b> |
| Crime  | <input type="checkbox"/>                 | <b>Narrative Report</b>  |                                  |         | Page 2 of 2                 |
| Non-Criminal:  | <input checked="" type="checkbox"/>      |  |                                  |         |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>                |  | OFFENSE(S) cont's  |                                  |         |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>04/10/16 13:51 Sunday</b> |  | DATE AND TIME REPORTED<br><b>04/10/16 13:51</b>                          |                                  |         |                             |
| LOCATION OF OCCURRENCE<br><b>Grand Hall, Las Vegas</b>           | LOCATION NAME                            | TYPE OF LOCATION   | BEAT                             | SECTION |                             |
| NARRATIVE  |  |  |                                  |         |                             |
| <b>4-6. Photographs</b>  |  |  |                                  |         |                             |
| <b>ADMINISTRATION</b>  |  |  |                                  |         |                             |
| BY OFFICER<br><b>D. Winn 000031215</b>                           | DATE APPROVED<br><b>04/10/2016 19:06</b> | APPROVED BY<br><b>George Valley 000013454</b>                            | DATE APPROVED<br><b>04/11/16</b> |         |                             |
| OFFICER<br><b></b>   | UNITS/HRT<br><b></b>                     | ASSIGNED TO<br><b></b>   | CASE STATUS<br><b>Closed</b>     |         |                             |

CR-1 Winn/031215 Entered by: David Winn

Page 2 of 2

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

VEN 858

**3167**

|   |                                    |  |   |  |           |   |                                |                    |                     |   |  |
|---|------------------------------------|--|---|--|-----------|---|--------------------------------|--------------------|---------------------|---|--|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>     | Non-Criminal <input checked="" type="checkbox"/>                                 | Venetian Security<br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109             |  |           |   |                                |                    | CASE#<br>1604V-2459 |   |  |
|   |                                    |  | CR-1  |  |           |   |                                |                    | PAGE<br>1           |   |  |
| OFFENDER(S)<br><b>Protected Health Information</b>  |                                    |  | OFFENDER(S) cont'd.   |  |           |   |                                |                    |                     |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/12/16 15:40 Tuesday  |                                    |  | DATE AND TIME REPORTING<br>04/12/16 15:40                                     |  |           | MORE OFFENDERS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br>\$0.00 |                    |                     |   |  |
| LOCATION OF OCCURRENCE<br>1 Control   |                                    |  | LOCATION NAME   |  |           | TYPE OF LOCATION  |                                | SEAT               | SEAT/2P             |   |  |
| <b>PERSONS</b><br>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |                                    |  |   |  |           |   |                                |                    |                     |   |  |
| CODE<br>C 1 or 1  | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 1  |           |   | PHONE 1                        |                    |                     |   |  |
| OCCUPATION  | RACE                               | SEX  | AGE   | DOB  | ADDRESS 2 |   |                                | PHONE 2            |                     |   |  |
| 1.  | STATE                              | SSN  | SSN   | SSN  | ADDRESS 3 |   |                                | PHONE 3            |                     |   |  |
| CODE<br>MN 1 or 2   | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 4  |           |   | PHONE 4                        |                    |                     |   |  |
| OCCUPATION  | RACE                               | SEX  | AGE   | DOB  | ADDRESS 5 |   |                                | PHONE 5            |                     |   |  |
| 1.  | STATE                              | SSN  | SSN   | SSN  | ADDRESS 6 |   |                                | PHONE 6            |                     |   |  |
| CODE<br>MN 2 or 2   | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 7  |           |   | PHONE 7                        |                    |                     |   |  |
| OCCUPATION  | RACE                               | SEX  | AGE   | DOB  | ADDRESS 8 |   |                                | PHONE 8            |                     |   |  |
| 1.  | STATE                              | SSN  | SSN   | SSN  | ADDRESS 9 |   |                                | PHONE 9            |                     |   |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |                                    |  |   |  |           |   |                                |                    |                     |   |  |
| SUMMARY<br><b>Protected Health Information</b> [REDACTED]   |                                    |  |   |  |           |   |                                |                    |                     |   |  |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                | OF                                 | LICENSE (NO. AND STATE)  |   |  | YEAR      | MAKE  | MODEL                          | BODY TYPE          | COLOR               | VIN   | MORE VEHICLES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| CAR/BIKE  |                                    |  | REGISTRATION NUMBER   |  |           | REGISTERED OWNER  |                                |                    | AD ADDRESS          |   |  |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | STATE                              | NAME   | STREET  | APT#   | ZIP       | NAME  | STREET                         | APT#               | ZIP                 | NAME  | STREET   |
| <b>SUSPECT(S) / ARRESTEE(S)</b>   |                                    |  |   |  |           |   |                                |                    |                     |   |  |
| CODE<br>S   | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 1  |           |   | PHONE 1                        |                    |                     | MORE NAMES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| RACE  | SEX                                | HT   | WT  | NAME   | STREET    | APT#  | ZIP                            | NAME               | STREET              | APT#  | ZIP  |
| OCCUPATION  | MATERIALS                          |  |   | ADDRESS 2  |           |   | PHONE 2                        |                    |                     |   |  |
| 1.  | STATE                              | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | BOOKED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION   |           |   | RELEASE LOCATION               | ARREST DATE / TIME |                     |   |  |
| CODE<br>A   | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 3  |           |   | PHONE 3                        |                    |                     |   |  |
| RACE  | SEX                                | HT   | WT  | NAME   | STREET    | APT#  | ZIP                            | NAME               | STREET              | APT#  | ZIP  |
| OCCUPATION  | MATERIALS                          |  |   | ADDRESS 4  |           |   | PHONE 4                        |                    |                     |   |  |
| 1.  | STATE                              | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | BOOKED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION   |           |   | RELEASE LOCATION               | ARREST DATE / TIME |                     |   |  |
| CODE<br>D   | NAME - LAST, FIRST, MIDDLE, SUFFIX |  |   | ADDRESS 5  |           |   | PHONE 5                        |                    |                     |   |  |
| RACE  | SEX                                | HT   | WT  | NAME   | STREET    | APT#  | ZIP                            | NAME               | STREET              | APT#  | ZIP  |
| OCCUPATION  | MATERIALS                          |  |   | ADDRESS 6  |           |   | PHONE 6                        |                    |                     |   |  |
| 1.  | STATE                              | ARRESTED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | BOOKED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ARRESTEE INFORMATION   |           |   | RELEASE LOCATION               | ARREST DATE / TIME |                     |   |  |
| <b>ADMINISTRATION</b>   |                                    |  |   |  |           |   |                                |                    |                     |   |  |
| VICTIM DESIRES PROSECUTION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |                                    | FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   | DISPOSED TO<br>PAY <input type="checkbox"/> DEF <input type="checkbox"/> IN <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WAIF <input type="checkbox"/> OTHER |           |   |                                |                    |                     |   |  |
| BY OFFICER<br>D. Cabada 000043128   |                                    | DATE/TIME<br>04/13/16 19:35  |   | APPROVED BY<br>Tim Alvarado 000003400  |           | DATE APPROVED<br>04/14/16   |                                |                    |                     |   |  |
| OFFICER   |                                    | LINE#100001  |   | ASSIGNED TO  |           | CASE STATUS<br>Closed   |                                |                    |                     |   |  |

CR-1 Cabada/043128 Entered by: David Cabada

AFDC (Rev. 08/10/16) Print Date: 06/04/2018

VEN 859

3168

|   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Arrest<br><input checked="" type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |  | CASE #<br><b>1604V-2459</b><br><br>PAGE <b>1</b> OF <b>1</b>                  |
| <b>Additional Crimes, Persons and Vehicles</b>  |  |   |  |   |
| <b>OFFENDER(S)</b><br>Protected Health Information  |  | <b>OFFENDER(S) ASSISTED</b>   |  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>04/12/16 15:40 Tuesday</b>   |  |   | DATE AND TIME REPORTED<br><b>04/12/16 15:40</b>      |   |
| LOCATION OF OCCURRENCE<br><b>1 Control</b>  |  | LOCATION NAME<br><small>RENTAL UNIT NUMBER</small>                  |  | TYPE OF LOCATION<br><small>ROOM NUMBER</small>                                |
| ADDITIONAL OFFENDER(S)<br><small>RENTAL UNIT NUMBER</small>   |  |   |  |   |
| <b>PERSONS</b>  |  |   |  |   |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                             |  |   |  |   |
| <b>CODE:</b><br><b>SO</b>   | <b>1</b> OR <b>1</b>   | <b>NAME : LAST, FIRST, MIDDLE, SUFFIX</b><br><b>Escochar, Felix</b> |  | <b>ADDRESS 1</b><br><small>STREET ADDRESS</small><br><small>APT/ROOM#</small> |
| <b>OCCUPATION</b><br><b>Security Officer</b>  |  | <b>RACE</b><br><small>ASIAN</small>                                 | <b>SEX</b><br><small>MALE</small>                    | <b>PHONE 1</b><br><small>HOME</small>   |
|   |  | <b>SSN</b><br><small>000-00-0000</small>                            | <b>BIRTH</b><br><small>01/01/1980</small>            | <b>ADDRESS 2</b><br><small>STREET ADDRESS</small><br><small>APT/ROOM#</small> |
|   |  |   |  | <b>PHONE 2</b><br><small>WORK</small>   |
| <b>ADMINISTRATION</b>   |  |   |  |   |
| <b>BY OFFICER</b><br><b>D. Cabada 000043128</b>   |  | <b>SUPERVISOR</b><br><b>04/13/16 19:35</b>                          | <b>APPROVED BY</b><br><b>Tim Alvarelae 000003460</b> | <b>DATE APPROVED</b><br><b>04/14/16</b>                                       |
| <b>OFFICER</b><br><small>000043128</small>  |  | <small>SUPERVISOR</small><br><small>04/13/16 19:35</small>          | <b>ASSIGNED TO</b><br><small>000003460</small>       | <b>CASE STATUS</b><br><b>Closed</b>   |

APDC (Rev. 02/18/14) Print Date: 06/04/2016

VEN 860

3169

|   |   |  |                                 |   |
|---|---|--|---------------------------------|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109<br><b>Case MO</b>  |  |                                 | CASE #:<br><b>1604V-2459</b><br><br>PAGE <b>1</b> OF <b>1</b> |
| <small>OFFENDER(S)</small><br>Protected Health Information  |   | <small>OFFENDER(S) cont.</small>   |                                 |   |
| <small>DATE, TIME AND DAY OF OCCURRENCE</small><br><b>04/12/16 15:40 Tuesday</b>                                      |   | <small>DATE AND TIME REPORTED</small><br><b>04/12/16 15:40</b>   |                                 |   |
| <small>LOCATION OF OCCURRENCE</small><br><b>1 Control</b>   | <small>LOCATION NAME</small>  |  | <small>TYPE OF LOCATION</small> | <small>BEAT</small><br><small>SECTOR</small>                  |
| <b>MO DATA</b>  |   |  |                                 |   |
| <b>Incident Information</b><br>No Phots<br>PH - Hotel Guest<br>Slip & Fall<br>No Video Available                      | <b>Lighting Conditions</b><br>Room Lights   | <b>Security State (Click One Box)</b><br>Protected Health Information<br><b>Surface Conditions</b><br>Matted |                                 |   |
| <b>ADMINISTRATION</b>   |   |  |                                 |   |
| <small>FOLLOWUP</small><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                        | <small>COPIED TO:</small><br><input type="checkbox"/> FBI <input type="checkbox"/> DIA <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> INSPECTOR <input type="checkbox"/> FINGER <input type="checkbox"/> OTHER | <small>APPROVED BY:</small><br>Tim Alvionellus 600003460<br><small>DATE APPROVED:</small><br><b>04/14/16</b> |                                 |   |
| <small>RE-OFFICER:</small><br><b>D. Cabada 000043128</b>  | <small>DATE APPROVED:</small><br><b>04/13/2016 19:35</b>  | <small>DATE STATUS:</small><br><b>Closed</b>   |                                 |   |
| CR-1 Cabada043128 Entered by: David Cabada  |   |  |                                 |   |
| APDC (Rev. 06/16/06) Print Date: 06/04/2016   |   |  |                                 |   |

CR-1 Cabada043128 Entered by: David Cabada

APDC (Rev. 06/16/06) Print Date: 06/04/2016

VEN 861

**3170**

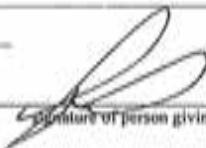
|  |                                     |   |                           |      |                      |
|--|-------------------------------------|---|---------------------------|------|----------------------|
| Arrest   | <input type="checkbox"/>            | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           |      | CASE #<br>1604V-2459 |
| Crime  | <input checked="" type="checkbox"/> | Narrative Report  |                           |      | Page 1 of 1          |
| Non-Criminal   | <input checked="" type="checkbox"/> |   |                           |      |                      |
| Offense(s)<br>Protected Health Information   |                                     | Offense(s) Info   |                           |      |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br>04/12/16 15:40 Tuesday   |                                     | DATE AND TIME REPORTED<br>04/12/16 15:40                          |                           |      |                      |
| LOCATION OF OCCURRENCE<br>1 Control  |                                     | LOCATION NAME   | TYPE OF LOCATION          | DEPT | SECTION              |
| NARRATIVE  |                                     |   |                           |      |                      |
| <p>On 4/12/2016 at approximately 1540 hours, Security Control received a call from a [REDACTED] later identified as previous Guest [REDACTED]. [REDACTED] called [REDACTED] but he was at work and was not able to talk at that time. [REDACTED] called back at 1910 hours to report a injury that occurred on 4/10/2016.</p> <p>[REDACTED] stated he was walking past Lobby 1 when he slipped on what he stated was "fluid". [REDACTED] stated the slip and fall occurred around the hours of 2230-2315. [REDACTED] stated at the time of the slip and fall a uniformed Security Officer named "Felix" was attempting to stop foot traffic around the area the incident occurred. [REDACTED] continued to walk past Felix and slipped. [REDACTED] stated he fell to his right knee and right wrist. [REDACTED] stated after the slip and fall he was able to get up and walk back to his Suite to change his clothes. [REDACTED] stated after he changed his clothes he went out to see a show.</p> <p>[REDACTED] stated at the time the slip and fall occurred he did not think he was injured. When I talked to [REDACTED] he stated he was now feeling a sharp pain in his right knee. [REDACTED] stated he was not limited by his injury but was in pain. [REDACTED] stated he has previously injured his right knee. [REDACTED] stated he has not seen a Physician at the time I talked to him. [REDACTED] stated he did not file a report at the time the slip and fall occurred.</p> <p>I told [REDACTED] I would generate a report about the incident.</p> <p>I referred [REDACTED] to Claims Unit/Risk Management Department.</p> <p>Security Manager Kaufman, Mathew TM# 30582 was advised of the incident. Front Desk Manager Liu, Albert TM# 33627 was advised of the incident.</p> <p>No photos of the incident are available. Control located video coverage of the incident. The incident occurred at 2202 hours.</p> <p>The video coverage is available. A Voluntary Statement statement from Security Officer Escobar, Felix TM# 39959 is available and attached to this report.</p> |                                     |   |                           |      |                      |
| ADMINISTRATION   |                                     |   |                           |      |                      |
| BY OFFICER<br>D. Cabada 000043128  | DATE/TIME<br>04/13/2016 19:35       | APPROVED BY<br>Tim Alvarado 000003460                             | DATE APPROVED<br>04/14/16 |      |                      |
| OFFICE<br>[REDACTED]   | REASON<br>[REDACTED]                | REASON FOR<br>[REDACTED]  | CASE STATUS<br>Closed     |      |                      |

# THE VENETIAN® | THE PALAZZO®

## SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE    OF   

IR 1604V-24 5%

|  |  |
|--|--|
| TYPE OF INCIDENT:  |  |
| DATE OCCURRED: _____ TIME OCCURRED: _____ am / pm  |  |
| LOCATION OF OCCURRENCE: _____  |  |
| NAME OF PERSON GIVING STATEMENT: <u>FELIX ESCOBAR 37959</u>  |  |
| GUEST OF THE HOTEL? YES: <input type="checkbox"/> NO: <input type="checkbox"/> HOME PHONE #: _____ CELL PHONE #: _____   |  |
| SUITE #: _____ BUSINESS PHONE #: _____ PAGER #: _____  |  |
| LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: _____   |  |
| RESIDENCE ADDRESS: _____   |  |
| BUSINESS ADDRESS: _____  |  |
| SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____   |  |
| BEST TIME TO CONTACT: _____ (am / pm) BEST PLACE TO CONTACT: _____   |  |
| DETAILS:<br><u>On Sunday April 10, 2016, I OFFERED FELIX ESCOBAR NOTIFICATION OF A WET SPELL BY THE VENETIAN GUEST ELEVATOR Lobby. I block the stairs section with wet spell signs and poles when a man with dreadlocks wearing blue and white attire attempted to go through the closed section. He slipped and I managed to hold him before he fell. I offered medical attention which he declined. He then left the area heading back to the elevators.</u> |  |
| I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): _____   |  |
| ON THE _____ DAY OF _____ AT _____ (am / pm) 20 _____  |  |
| WITNESS: _____   |  |
| WITNESS: _____   |  |
| <br>Signature of person giving statement   |  |

VEN 863

3172

|   |                                |  |  |  |  |                                |                  |           |   |                     |   |
|---|--------------------------------|--|--|--|--|--------------------------------|------------------|-----------|---|---------------------|---|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/> | Non-Criminal <input checked="" type="checkbox"/> | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109  |  |  |                                |                  |           |   | CASE#<br>1605V-0952 |   |
|   |                                |  |  |  |  |                                |                  |           | PAGE<br>1   |                     |   |
| OFFENDER(S)<br>Protected Health Information   |                                |  | OFFENDER(S) INFO   |  |  |                                |                  |           |   |                     |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/05/16 21:12 Thursday   |                                |  | DATE AND TIME REPORTED<br>05/05/16 21:12   |  | MOBILE NUMBER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br>\$0.00 |                  |           |   |                     |   |
| LOCATION OF OCCURRANCE<br>1 Lobby 1   |                                |  | LOCATION NAME  |  | TYPE OF LOCATION   |                                | STAT             |           |   |                     |   |
| PERSONS   |                                |  |  |  |  |                                |                  |           | PHONE NUMBER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |                     |   |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |                                |  |  |  |  |                                |                  |           |   |                     |   |
| CODE<br>C   | 1 or 1                         | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | RACE   | SEX  | AGE                            | SOC              | ADDRESS 1 |   | PHONE 1             |   |
| OCCUPATION  |                                |  |  |  |  |                                |                  | ADDRESS 2 |   | PHONE 2             |   |
| CODE<br>MN  | 1 or 2                         | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | RACE   | SEX  | AGE                            | SOC              | ADDRESS 1 |   | PHONE 1             |   |
| OCCUPATION<br>Security Shift Manager  |                                |  |  |  |  |                                |                  | ADDRESS 2 |   | PHONE 2             |   |
| CODE<br>MN  | 2 or 2                         | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | RACE   | SEX  | AGE                            | SOC              | ADDRESS 1 |   | PHONE 1             |   |
| OCCUPATION<br>Front desk manager  |                                |  |  |  |  |                                |                  | ADDRESS 2 |   | PHONE 2             |   |
| CASE SUMMARY / VEHICLE INFORMATION  |                                |  |  |  |  |                                |                  |           |   |                     |   |
| SUMMARY<br>Protected Health Information, registered guest to Suite [REDACTED]   |                                |  |  |  |  |                                |                  |           |   |                     |   |
| VEHICLE USED IN CRIME   |                                |  | LOCKING TYPE AND STATE   |  | YEAR   | MAKE                           | MODEL            | BODY TYPE | COLOR   | VIN                 | OWNER VEHICLE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    |
| OWNER INFORMATION   |                                |  | DRIVER NAME AND PHONE  |  | PROPRIETOR OWNER   |                                |                  |           | NO ADDRESS  |                     |   |
| CODE<br>CR  |                                |  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  | ADDRESS 1  |                                | ADDRESS 2        |           | PHONE 1   |                     | PHONE NUMBER<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |
| RACE SEX HT WT  |                                |  | NAME   | AGE  | ADDRESS 1  |                                | ADDRESS 2        |           | PHONE 1   |                     | PHONE 2   |
| OCCUPATION  |                                |  | NAME   |  | ADDRESS 1  |                                | ADDRESS 2        |           | PHONE 1   |                     | PHONE 2   |
| BURNS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                |  | ARREST   |  | ARRESTED INFORMATION   |                                | RELEASE LOCATION |           | ARREST DATE / TIME  |                     | I   |
| CODE<br>CR  | OF                             | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | ARRESTED   | DETAIN   | STATION #                      | DETAIN           | RELEASE   | DATE  | TIME                |   |
| RACE SEX HT WT  |                                |  | NAME   | AGE  | ADDRESS 1  |                                | ADDRESS 2        |           | PHONE 1   |                     | PHONE 2   |
| OCCUPATION  |                                |  | NAME   |  | ADDRESS 1  |                                | ADDRESS 2        |           | PHONE 1   |                     | PHONE 2   |
| BURNS / MARKS / TATTOOS<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                |  | ARREST   |  | ARRESTED INFORMATION   |                                | RELEASE LOCATION |           | ARREST DATE / TIME  |                     | I   |
| CODE<br>CR  | OF                             | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | ARRESTED   | DETAIN   | STATION #                      | DETAIN           | RELEASE   | DATE  | TIME                |   |
| CHARGES   |                                |  |  |  |  |                                |                  |           |   |                     |   |
| CODE<br>CR  | OF                             | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  | ARRESTED   | DETAIN   | STATION #                      | DETAIN           | RELEASE   | DATE  | TIME                |   |
| ADMINISTRATION  |                                |  |  |  |  |                                |                  |           |   |                     |   |
| VICTIM DEFENSE PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |                                |  | FOLLOW UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | COPIES TO<br><input type="checkbox"/> PAT <input type="checkbox"/> DEI <input type="checkbox"/> DM <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> WWP <input type="checkbox"/> OTHER |  |                                |                  |           |   |                     |   |
| BY OFFICER<br>J. Buscemi 30741  |                                |  | DATE/TIME<br>05/05/16 22:42  | APPROVED BY<br>Tim Alvarellas 050003460  |  | DTS APPROVED<br>05/05/16       |                  |           |   |                     |   |
| OFFICER   |                                |  | UNITS/DEPT   | ASSIGNED TO  |  | DATE STATUS<br>Closed          |                  |           |   |                     |   |

CR-1 Buscemi/30741 Entered by: Jeff Buscemi

APDC (Rev. 08/10/16) Print Date: 06/04/2018

VEN 864

3173

|   |  |  |  |                                  |                             |         |          |  |
|---|--|--|--|----------------------------------|-----------------------------|---------|----------|--|
| Arrest<br>Crime<br>Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Additional Crimes, Persons and Vehicles</b> |  |  |                                  | CASE #<br><b>1605V-0952</b> |         |          |  |
|   |  |  |  |                                  | PAGE <b>1</b> OF <b>1</b>   |         |          |  |
| OFFENDER(S)<br>Protected Health Information   |  | OFFENDER(S) NAME   |  |                                  |                             |         |          |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>05/05/16 21:12 Thursday</b>                        |  | DATE AND TIME REPORTED<br><b>05/05/16 21:12</b>                  |  |                                  |                             |         |          |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>  |  | LOCATION NAME  |  | TYPE OF LOCATION                 |                             | DEA#    | SECTION# |  |
| ADDITIONAL OFFENDER(S)  |  | ADDITIONAL OFFENDER(S) NAME                                      |  |                                  |                             |         |          |  |
| <b>PERSONS</b>  |  |  |  |                                  |                             |         |          |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |  |  |  |                                  |                             |         |          |  |
| CODE:<br><b>SO</b>  | 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Johnson, James B337</b> |  | ADDRESS 1                        | PHONE 1                     |         |          |  |
| OCCUPATION<br><b>Security Officer</b>   | RACE   | SEX  | AGE  | DOB                              | ADDRESS 2                   | PHONE 2 |          |  |
| RE:   | STATE  | SSN  | ADDRESS  |                                  | ADDRESS 3                   | PHONE 3 |          |  |
| CODE:<br><b>TM</b>  | 1 or 1   | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Navara, Shane</b>       |  | ADDRESS 1                        | PHONE 1                     |         |          |  |
| OCCUPATION<br><b>Facilities</b>   | RACE   | SEX  | AGE  | DOB                              | ADDRESS 2                   | PHONE 2 |          |  |
| RE:   | STATE  | SSN  | ADDRESS  |                                  | ADDRESS 3                   | PHONE 3 |          |  |
| <b>ADMINISTRATION</b>   |  |  |  |                                  |                             |         |          |  |
| BY OFFICER<br><b>J. Buscemi 30741</b>   | PATRIMONIAL<br><b>05/05/16 22:42</b>   |  | ARMED/ARMED<br><b>Tim Alvonellos 000003460</b> | DATE APPROVED<br><b>05/05/16</b> |                             |         |          |  |
| OFFICER   | REPORTER<br><b>3074047</b>   |  | ARMED/ARMED TO<br><b>ARMED TO</b>              | CASE STATUS<br><b>Closed</b>     |                             |         |          |  |

APDC (Rev. 02/18/14) Print Date: 06/04/2018

VEN 865

**3174**

|  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal                              | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Case MO</b> |  |  | CASE #<br>1605V-0952<br><br>PAGE 1 OF 1 |
| OFFENDER(s)<br>Protected Health Information  |  | OFFENDER(s) info.  |  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/05/16 21:12 Thursday  |  | DATE AND TIME REPORTED<br>05/05/16 21:12   |  |   |
| LOCATION OF OCCURRENCE<br>1 Lobby 1  | LOCATION NAME  | TYPE OF LOCATION   | BEAT   | SECTOR                                  |
| <b>MO DATA</b>   |  |  |  |   |
| <b>Incident Information</b><br>Area Checked<br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Video Tape of Incident Available<br>Wet Surface |  | <b>Lighting Conditions</b><br>Room Lights  | <b>Security State (Click One Box)</b><br><input type="checkbox"/> Protected Health Information<br><b>Surface Conditions</b><br><input type="checkbox"/> Marble<br><input type="checkbox"/> Flat<br><input type="checkbox"/> Wet / Slippery |   |
| <b>ADMINISTRATION</b>  |  |  |  |   |
| <b>FOLLOW-UP</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | COPIES TO:<br><input type="checkbox"/> P.A. <input type="checkbox"/> P.D. <input type="checkbox"/> D.C. <input type="checkbox"/> C.E.O.R. <input type="checkbox"/> Requests <input type="checkbox"/> W.M.P. <input type="checkbox"/> OTHER |  |   |
| <b>BY OFFICER</b><br>J. Buscemi 30741  |  | DATE/TIME<br>05/05/2016 22:42  | APPROVED BY<br>Tim Alfonsetti 000003460  | DATE APPROVED<br>05/05/16               |
| <b>OFFICER</b><br>UNKNOWN  |  | ASSIGNED TO  | CASE STATUS<br>Closed  |   |

CR-I Buscemi/30741 Entered by: Jeff Buscemi

APDC (Rev. 06/16/06) Print Date: 06/04/2016

VEN 866

3175

|   |                                     |  |                           |                  |        |             |           |
|---|-------------------------------------|--|---------------------------|------------------|--------|-------------|-----------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           |                  | CASE # | 1605V-0952  |           |
| Crime   | <input checked="" type="checkbox"/> |  |                           |                  |        | Page 1 of 1 |           |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Narrative Report</b>  |                           |                  |        |             |           |
| OFFENDER(S)<br>Protected Health Information   |                                     | OFFENDER(S) name:  |                           |                  |        |             |           |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/05/16 21:12 Thursday   |                                     | DATE AND TIME REPORTED<br>05/05/16 21:12                                 |                           |                  |        |             |           |
| LOCATION OF OCCURRENCE<br>1 Lobby 1   |                                     | LOCATED NAME   |                           | DATE OF LOCATION |        | STAT        | RECD DATE |
| <b>NARRATIVE</b>  |                                     |  |                           |                  |        |             |           |
| <p>On 05/05/2016, at 2112 hours, I was dispatched to the Venetian Casino, Guest Elevator Lobby, in regard to an injured guest. Upon my arrival, with Security Officer Johnson, James (TM# 8337), we made contact with registered guest to Suite [REDACTED] [REDACTED] was complaining of tenderness to [REDACTED] right wrist. [REDACTED] stated on 05/05/2016, at approximately 2110 hours, while walking from the Guest Elevators towards the Venetian Casino, she slipped and fell to the marble tile surface. [REDACTED] stated she landed on her right wrist. [REDACTED] stated there was an unknown liquid on the marble tile surface that caused her to fall. [REDACTED] stated she did not lose consciousness, did not sustain any other injuries, and did not feel pain anywhere.</p> <p>[REDACTED] was alert and oriented to person, place, time and event, had a patent airway, and was breathing adequately. [REDACTED] declined inspection of her injury. [REDACTED] described the wrist pain as "tender". I offered [REDACTED] a chemical ice pack of which she declined. [REDACTED] declined further medical assistance, of which, a medical history or vital signs were not obtained.</p> <p>I offered [REDACTED] Emergency Medical Services, of which, she declined. [REDACTED] declined to complete any paperwork. [REDACTED] departed the area without further incident. A check for camera coverage with Security Dispatch met with positive results and is archived for further review. Photographs of the incident area were obtained.</p> <p>An Accident Scene Check was completed by Facilities Navarra, Shane (TM# 14329) and I, of which, no defects were found to the marble tile surface, however, an unknown liquid was found in the incident area. I contacted Public Area Department to clean and dry the incident area.</p> <p>Front Desk Manager Phung, Royce (TM# 38312) was notified of the incident and provided a Billing Portfolio for Suite #16-120. Claims Unit/ Risk Management were notified of the incident. Security Manager Alvonellos, Tim (TM# 3460) was notified of the incident.</p> |                                     |  |                           |                  |        |             |           |
| <b>ADMINISTRATION</b>   |                                     |  |                           |                  |        |             |           |
| APPROVED BY<br>J. Buscemi 30741   | DATE/TIME<br>05/05/2016 22:42       | APPROVED BY<br>Tim Alvonellos 000003460                                  | DATE APPROVED<br>05/05/16 |                  |        |             |           |
| RECD DATE<br>[REDACTED]   | RECD TIME<br>[REDACTED]             | RECD BY<br>[REDACTED]  | RECD STATUS<br>Closed     |                  |        |             |           |



VEN 868

3177



VEN 869

**3178**



VEN 870

**3179**



VEN 871

**3180**



Incident Report Number: 1605V-1952

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: [REDACTED]

### Security Officer

Time: 0119 Date: 5/5/16 Guest Suite #: 16-120

Defects Noted (Explain in detail): No signs on table, no defects to table

Actions Taken: Contacted PAO + Facilities

Lighting Normal? (If no, explain): Yes

Outside Diagram?  Yes  No

Checked by Security Officer (Name): Jeff Buscemi TM# 200741

### Engineer

Time: 9:22 PM Date: 5-5-16 Guest Suite #: elevator no 804

Defects Noted (Explain in Detail): No Defects Found

Actions Taken: NO actions TAKEN

Checked by Engineer (Name): Shane Nardone TM# 14329

GM1G 05/05/2016 VENETIAN RESORT & CASINO 09:36 PM GINFO  
 CMD RESERVATION CHANGE 424323752421  
 AR 50516 Thu DP 50816 Sun A/C 1 RP ID20RV GP KVIDAAR RB -  
 STATUS INHSE ACT C/S ETA HOT  
 WG TYPE ROOM# R/C RATE A/C  
 VE KVNM [REDACTED] 1 OVRID Q NET N PRT Y TRN \_ NRG \_  
 LAST [REDACTED] FIRST [REDACTED] CARD LEVEL Grazie TITLE \_\_\_\_\_ GTYP \_\_\_\_\_  
 COMPANY [REDACTED] ATTN \_\_\_\_\_ TYP H/B II RMK \_\_\_\_\_  
 ADR1/2 \_\_\_\_\_  
 CITY [REDACTED] STATE/PROV [REDACTED] ZIP [REDACTED] COUNTRY US Y LNG REQ  
 PHONE [REDACTED] X VIP PC SRC HA RSN HT PRM HST N ADDL NAMES F/T CPN  
 CREDIT INFO Agents Who Have Worked On This Reservation [REDACTED]  
 STL MTH FVS NBR HIST ID 424323752424  
 CRDT LMT \_\_\_\_\_ AGENT DATE TIME  
 DEP REQ AMT \_\_\_\_\_ RESERVATIONS HHGVENRES 3/04/16 6:57  
 DEP REC AMT \_\_\_\_\_ CHECK IN FDWHITTER 5/05/16 11:09  
 ADV CODE F X CHECK OUT \_\_\_\_\_  
 CASH# 824390 LAST MODIFIED FDWHITTER 5/05/16 11:10  
 LAST CONFIRMATION 3/05/16 LAST NUMBER 1

^Swipe or F1 Cus ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

16054-C952

Raquel Phung 38312

VEN 873

3182

|  |                                      |  |  |   |   |  |                                     |  |  |
|--|--------------------------------------|--|--|---|---|--|-------------------------------------|--|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>       | Non-Criminal <input checked="" type="checkbox"/>                     | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109    |   |   |  |                                     |  | CASE#<br>1605V-5069  |
| CR-1   |                                      |  |  |   |   |  |                                     | PAGE<br>1  |  |
| OFFENDER<br>Protected Health Information   |                                      |  |  | OFFENSE(S) committed  |   |  |                                     |  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:56 Wednesday   |                                      |  | DATE ARREST/TIME REPORTED<br>05/25/16 00:56                          |   | WINE DRUNK?   |  | ESTIMATED LOSS VALUE<br>\$0.00      |  |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas   |                                      |  | LOCATION NAME  |   | TYPE OF LOCATION  |  | SEAT                                |  |  |
| PERSONS  |                                      |  |  |   |   |  |                                     | MORE NAMES<br><input type="checkbox"/> <input checked="" type="checkbox"/> |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other  |                                      |  |  |   |   |  |                                     |  |  |
| CODE<br>MN   | 1 or 2                               | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>McCaslin, Amy                  |  |   | ADDRESS 1   | PHONE 1  |                                     |  |  |
| OCCUPATION<br>Front Desk Manager   |                                      |  | RAISE  | SEX   | AGE   | DOB  | ADDRESS 2                           |  |  |
| CODE<br>MN   | 2 or 2                               | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Coronado, Nicholas             |  |   | ADDRESS 1   | PHONE 1  |                                     |  |  |
| OCCUPATION<br>Security Manager   |                                      |  | RAISE  | SEX   | AGE   | DOB  | ADDRESS 2                           |  |  |
| CODE<br>R  | 1 or 1                               | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>Ballesteros, John              |  |   | ADDRESS 1   | PHONE 1  |                                     |  |  |
| OCCUPATION<br>Facilities Team Member   |                                      |  | RAISE  | SEX   | AGE   | DOB  | ADDRESS 2                           |  |  |
| CODE<br>R  | 1 or 1                               | NAME - LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                     |  |   | ADDRESS 1   | PHONE 1  |                                     |  |  |
| CASE SUMMARY / VEHICLE INFORMATION   |                                      |  |  |   |   |  |                                     |  |  |
| Summary<br>Protected Health Information-Registered Guest Suite [REDACTED]  |                                      |  |  |   |   |  |                                     |  |  |
| VEHICLE USED IN CRIME<br>YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OF <input type="checkbox"/> | LICENSE # 000-0000-0000              |  |  | YEAR  | MAKE  | MODEL  | VEHICLE TYPE                        | EXPIRATION   | DRIVE VEHICLE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| OWNER REPORT<br>NAME, PHONE  |                                      |  | REGISTRATION NUMBER  |   |   | REGISTRATION ADDRESS   |                                     |  |  |
| SUSPECT(S) / ARRESTEE(S)   |                                      |  |  |   |   |  |                                     |  | MORE NAMES<br><input type="checkbox"/> <input checked="" type="checkbox"/>           |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim                                     |                                      |  |  |   |   |  |                                     |  |  |
| CODE<br>NAME<br>OF   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  |  | ADDRESS 1   | PHONE 1   |  |                                     |  |  |
| RAISE<br>SEX<br>DOB  | WT                                   | HAIR   | EYES   | AGE   | DOB   | ADDRESS 2  | PHONE 2                             |  |  |
| OCCUPATION   |                                      |  | INJURIES   |   |   | ADDRESS 3  | PHONE 3                             |  |  |
| CODE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | STATE                                | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | SEARCHED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ARMED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | WEAPONS<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ARRESTED DISPOSITION<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | RELEASE LOCATION                    | ARREST DATE / TIME<br>/  |  |
| Offender   |                                      |  |  |   |   |  |                                     |  |  |
| CODE<br>NAME<br>OF   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |  |  | ADDRESS 1   | PHONE 1   |  |                                     |  |  |
| RAISE<br>SEX<br>DOB  | WT                                   | HAIR   | EYES   | AGE   | DOB   | ADDRESS 2  | PHONE 2                             |  |  |
| OCCUPATION   |                                      |  | INJURIES   |   |   | ADDRESS 3  | PHONE 3                             |  |  |
| CODE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | STATE                                | ARRESTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | SEARCHED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ARMED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | WEAPONS<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | ARRESTED DISPOSITION<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | RELEASE LOCATION                    | ARREST DATE / TIME<br>/  |  |
| Offender   |                                      |  |  |   |   |  |                                     |  |  |
| ADMINISTRATION   |                                      |  |  |   |   |  |                                     |  |  |
| SEARCHED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>                               | SEARCHED BY<br>J. Dietrich 060044780 | SEARCHED DATE<br>05/29/16 07:35                                      | SEARCHED BY<br>Richard Davies 060028074                              | SEARCHED BY<br>Luis Perez   | SEARCHED BY<br>Approved by  | SEARCHED BY<br>Closed  | SEARCHED BY<br>APPROVED<br>05/29/16 | SEARCHED BY<br>DATE APPROVED<br>05/29/16                                   |  |

CR-1 Distr/044780 Entered by: Joshua Dietrich

APDC (Rev. 08/10/16) Print Date: 06/04/2016

VEN 874

3183

|   |                                     |  |   |   |            |                           |            |  |
|---|-------------------------------------|--|---|---|------------|---------------------------|------------|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |   |            | CASE #                    | 1605V-5069 |  |
| Crime   | <input checked="" type="checkbox"/> |  |   |   |            | PAGE                      | 1 OF 1     |  |
| Non-Criminal  | <input type="checkbox"/>            | <b>Additional Crimes, Persons and Vehicles</b>                           |   |   |            |                           |            |  |
| OFFENDER(S)   |                                     | OFFENDER(S) DATA   |   |   |            |                           |            |  |
| Protected Health Information  |                                     |  |   |   |            |                           |            |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:58 Wednesday                              |                                     | TO: 05/25/16 01:48 Wednesday   |   | DATE AND TIME REPORTED:<br>05/25/16 00:56 |            |                           |            |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas  |                                     | LOCATION NAME  |   | TYPE OF LOCATION                          |            | BEAT                      | SECTOR     |  |
| ADDITIONAL OFFENDER(S)  |                                     | ADDITIONAL OFFENDER(S) DATA  |   |   |            |                           |            |  |
| <b>PERSONS</b>  |                                     |  |   |   |            |                           |            | MORE NAMES<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party D = Other |                                     |  |   |   |            |                           |            |  |
| CODE<br>GU  | 1 or 1                              | NAME : LAST, FIRST, MIDDLE, SUFFIX<br>[REDACTED]                         |   | RACE                                      | SEX        | AGE                       | DOB        | PHONE 1<br>[REDACTED]  |
| OCCUPATION  |                                     | [REDACTED]   | [REDACTED]                              | [REDACTED]                                | [REDACTED] | [REDACTED]                | [REDACTED] | PHONE 2<br>[REDACTED]  |
| CODE<br>SO  | 1 or 2                              | NAME : LAST, FIRST, MIDDLE, SUFFIX<br>Giselbach, Eve                     |   | RACE                                      | SEX        | AGE                       | DOB        | PHONE 1<br>[REDACTED]  |
| OCCUPATION  |                                     | [REDACTED]   | [REDACTED]                              | [REDACTED]                                | [REDACTED] | [REDACTED]                | [REDACTED] | PHONE 2<br>[REDACTED]  |
| CODE<br>SO  | 2 or 2                              | NAME : LAST, FIRST, MIDDLE, SUFFIX<br>Barr-Wilson, Joseph                |   | RACE                                      | SEX        | AGE                       | DOB        | PHONE 1<br>[REDACTED]  |
| OCCUPATION  |                                     | [REDACTED]   | [REDACTED]                              | [REDACTED]                                | [REDACTED] | [REDACTED]                | [REDACTED] | PHONE 2<br>[REDACTED]  |
| <b>ADMINISTRATION</b>   |                                     |  |   |   |            |                           |            |  |
| BY OFFICER<br>J. Dietrich 000044789   |                                     | DATE/TIME<br>05/29/16 07:35  | APPROVED BY<br>Richard Davies 000026074 |   |            | DATE APPROVED<br>05/29/16 |            |  |
| OFFICER   |                                     | UNNOTED  | ASSIGNED TO                             |   |            | CASE STATUS<br>Closed     |            |  |

APDC (Rev. 03/18/14) Print Date: 06/04/2018

VEN 875

3184

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|---|--|---|--|---|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Case MO</b>   |   |  | CASE #<br>1605V-5069<br><br>PAGE 1 OF 1 |
| OFFENDER(S)<br>Protected Health Information   |  | OFFENDER(S) name  |  |   |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:56 Wednesday  |  | DATE AND TIME REPORTED<br>05/25/16 00:56                |  |   |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas  |  | LOCATION NAME   | TYPE OF LOCATION   | BEAT SECTOR                             |
| <b>MO DATA</b>  |  |   |  |   |
| <u>Arson Case</u><br>There was no Arson in this case<br><u>Case has Domestic Violence</u><br>No Domestic Violence in this case<br><u>Case Inv. Anti-R. Rights Crime</u><br>No<br><u>Case involves a Hate Crime</u><br>No<br><u>Case involves Gang Activity</u><br>No<br><u>Incident Information</u><br>Area Checked<br>Intoxicated Person<br>Photos Taken<br>P.H.I - Hotel Guest<br>Slip & Fall<br>Statements Taken<br>Victim Cooperative<br>Video Tape of Incident Available |  | <u>Lighting Conditions</u><br>Room Lights<br>Moon Light | <u>Security Stats (Click One Box)</u><br><input type="checkbox"/> Protected Health Information<br><u>Surface Conditions</u><br>Dry<br>Marble<br>Flat<br><u>Weather Conditions</u><br>Clear<br>Cool |   |
| <b>ADMINISTRATION</b>   |  |   |  |   |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | COPIES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> RET. <input type="checkbox"/> SA <input type="checkbox"/> COURT <input type="checkbox"/> PROSECUTOR <input type="checkbox"/> WMAF <input type="checkbox"/> OTHER |   |  | DATE APPROVED<br>05/29/16               |
| BY OFFICER<br>J. Dietrich 000044780   | SIGNATURE<br>05/29/2016 07:35  | APPROVED BY<br>Richard Davies 000028074                 | DATE APPROVED<br>05/29/16  |   |
| OFFICER   | SIGNATURE  | ASSIGNED TO   | DATE APPROVED  |   |
|   |  |   | CASE STATUS<br><b>Closed</b>   |   |

CR-1 Dietrich/044780 Entered by: Joshua Dietrich

AFDC (Rev. 06/18/06) Print Date: 06/04/2018

VEN 876

**3185**

|  |                                     |  |  |   |  |
|--|-------------------------------------|--|--|---|--|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109 |  |   | CASE #<br><b>1605V-5069</b>  |
| Crime  | <input type="checkbox"/>            |  |  |   | PAGE <b>1 OF 2</b>   |
| Non-Criminal   | <input checked="" type="checkbox"/> |  |  |   |  |
| <b>Person Profile</b>  |                                     |  |  |   |  |
| OFFENDER   |                                     | PROTECTED  |  | OFFENDER(S) OFF                                 |  |
| Protected Health Information   |                                     |  |  |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>05/25/16 00:56 Wednesday</b>                                      |                                     | TO <b>05/25/16 01:46 Wednesday</b>                                       |  | DATE AND TIME REPORTED<br><b>05/25/16 00:56</b> |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1, Las Vegas</b>  |                                     | LOCATION NAME:   |  | TYPE OF LOCATION                                | BEAT SECTOR  |
| <b>PERSONS</b>   |                                     |  |  |   |  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party, O = Other |                                     |  |  |   |  |
| CODE   | <b>R</b>                            | <b>1 OF 1</b>  | NAME : LAST, FIRST, MIDDLE, SUFFIX<br><b>[REDACTED]</b>          | SO#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING   |                                     |  |  |   |  |
| CODE   | <b>MN</b>                           | <b>1 OF 2</b>  | NAME : LAST, FIRST, MIDDLE, SUFFIX<br><b>McCaslin, Amy</b>       | SO#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING   |                                     |  |  |   |  |
| CODE   | <b>MN</b>                           | <b>2 OF 2</b>  | NAME : LAST, FIRST, MIDDLE, SUFFIX<br><b>Coronado, Nicholas</b>  | SO#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING   |                                     |  |  |   |  |
| CODE   | <b>SO</b>                           | <b>1 OF 2</b>  | NAME : LAST, FIRST, MIDDLE, SUFFIX<br><b>Gizelbach, Eve</b>      | SO#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING   |                                     |  |  |   |  |
| CODE   | <b>SO</b>                           | <b>2 OF 2</b>  | NAME : LAST, FIRST, MIDDLE, SUFFIX<br><b>Barr-Wilson, Joseph</b> | SO#   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| CLOTHING   |                                     |  |  |   |  |
| <b>ADMINISTRATION</b>  |                                     |  |  |   |  |
| SO OFFICER<br><b>J. Dietrich 000044760</b>   | SO OFFICER<br><b>05/29/16 07:35</b> | APPROVED BY<br><b>Richard Davies 000028074</b>                           | DATE APPROVED<br><b>05/29/16</b>                                 |   |  |
| OFFICER<br><b>[REDACTED]</b>   | OFFICER<br><b>[REDACTED]</b>        | APPROVED TO<br><b>[REDACTED]</b>   | CASE STATUS<br><b>Closed</b>                                     |   |  |

CR-1 Dietr/044760 Entered by: Joshua Dietrich

AFDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 877

3186

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|--|---|--|---------------------------|--|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |  |                           | <b>CASE #</b><br>1805V-5069<br><br><b>PAGE</b> 2 OF 2  |
| OFFENDER(S)<br>Protected Health Information  |   | OFFENDER(S) cont'd.                      |                           |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:56 Wednesday   |   | DATE AND TIME REPORTED<br>05/25/16 00:06 |                           |  |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas   |   | LOCATION NAME:                           | TYPE OF LOCATION          | BEAT SECTOR  |
| <b>PERSONS</b>   |   |  |                           | MORE NAMES<br><input type="checkbox"/> <input type="checkbox"/>  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Datasource C = Complainant R = Party O = Other<br><b>CODE</b> GU <b>1 OF 1</b> <small>(Last, First, Middle, Suffix)</small> <b>SEX</b> <small>Male Female</small>   |   |  |                           | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| NO INFORMATION   |   |  |                           |  |
| <b>Base Line Vital &amp; History</b><br>Normal Breathing<br>Regular Breathing Rhythm<br>Skin Color Normal<br>Skin Temperature Normal<br>Skin Condition Normal<br>Pupils are PEARL<br>SAMPLE: History Obtained?<br><b>Build</b><br>Small<br><b>Complexion</b><br>Clear<br><b>Demeanor</b><br>Calm<br>Polite<br>Nervous<br>Talkative |   |  |                           |  |
| <b>Eyes</b><br>Clear<br><b>Facial Hair</b><br>Unknown<br><b>Facial Hair Color</b><br>Unknown<br><b>Glasses</b><br>None<br><b>Hair Length</b><br>Long<br><b>Hair Style</b><br>Straight<br><b>Medical Supplies</b><br>Flashlight or Penlight<br>Triangular Bandage<br>Cold Packs   |   |  |                           |  |
| <b>Color of Intoxicants</b><br>Mild<br><b>Patient Assessment</b><br>Patient is Alert<br>Airway Status Open<br>Breathing Adequate<br>Circulation Present<br>Patient has a Trauma/Injury<br>Symptoms of Illness - OPQRST obtained?<br>Tenderness<br><b>Speech</b><br>Normal  |   |  |                           |  |
| CLOTHING   |   |  |                           |  |
| ADMINISTRATION   |   |  |                           |  |
| RECEIVED BY<br>J. Dietrich 000044780   | ENTERED BY<br>05/26/16 07:35  | COMPLETED BY<br>Richard Davies 000028074 | DATE APPROVED<br>05/26/16 |  |
| OFFICER  | Entered   | Completed by                             | DATE STATUS<br>Closed     |  |

CR-I Dietrich044780 Entered by: Joshua Dietrich

APIC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 878

3187

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|--|--|---|----------------------------------|--|
| <input checked="" type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                                  | CASE #<br><b>1605V-5069</b><br><br>Page 1 of 3 |
| <b>Narrative Report</b>  |  |   |                                  |  |
| OFFENDER(S)<br>Protected Health Information  |  | OFFENDER(S) INFO                                  |                                  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>05/25/16 00:56 Wednesday</b>  |  | EXACT DATE TIME OCCURRED<br><b>05/25/16 00:56</b> |                                  |  |
| LOCATION OF INCIDENT<br><b>1 Lobby 1, Las Vegas</b>  | LOCATION NAME  | TYPE OF LOCATION                                  | UNIT                             | SECTION  |
| <b>Incident Info:</b>  |  |   |                                  |  |
| <p>On May 25, 2016, at approximately 0056 hours Security Officer Barr, Joseph TM# 40517 was approached in the first floor Venetian hotel elevator bank by registered guest [REDACTED] (identified by [REDACTED] driver's license) of [REDACTED] who stated that she had been involved in a slip and fall at approximately 06:49 P.M. earlier in the day (IR# 1605V-5035).</p> <p>[REDACTED] had originally refused medical care and departed the scene. Barr advised dispatch that [REDACTED] was requesting emergency medical care. I was dispatched by Security Dispatch to for a report of a slip and fall.</p> <p>I had Emergency Medical Technician Giselbach, Eve TM# 31617 bring my Basic life support bag for me and I arrived on scene at approximately 0103 hours. I made contact with [REDACTED] stated that earlier she had slipped in something wet and fallen in the first floor Venetian hotel elevator bank lobby and had not wanted medical care at that time "because she had meetings to attend". [REDACTED] returned to the Venetian hotel elevator lobby at approximately 0056 hours, stating that she would like medical assistance.</p> <p>Due to the reported nature of the incident, I began a focused medical assessment for head, neck, and spinal injury. [REDACTED] stated that she had not hit her head or back during her fall and that she had no head, neck, or back pain. I palpated her head, neck, and spine and found no deformities or tenderness. [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 aching to her right shoulder which presented with tenderness. [REDACTED] had no deformities, contusions, crepitus, abrasions, penetration, punctures, burns, lacerations, or swelling to the right shoulder.</p> <p>Giselbach had [REDACTED] perform a range of motion test, during which [REDACTED] stated that it hurt to move her arm at the shoulder joint. [REDACTED] reported no pain or limitation below the elbow or above the shoulder joint. Giselbach had [REDACTED] complete a grip test, and [REDACTED] presented equal grips. Giselbach palpated the joint and [REDACTED] stated that it was aching more when palpated or attempted to move. I recommended that [REDACTED] go to a hospital for further medical care, due to the nature of her injury, which [REDACTED] declined. I applied a triangular bandage to [REDACTED]</p> |  |   |                                  |  |
| <b>ADMINISTRATION</b>  |  |   |                                  |  |
| BY OFFICER<br><b>J. Dietrich 000044780</b>   | DATE/TIME<br><b>05/29/2016 07:35</b>                                     | APPROVED BY<br><b>Richard Davies 000028074</b>    | DATE APPROVED<br><b>05/29/16</b> |  |
| REASON<br><b>CLOSED</b>  | SIGNATURE<br><b>[REDACTED]</b>   | APPROVAL TO<br><b>[REDACTED]</b>                  | CASE STATUS<br><b>Closed</b>     |  |

CR-1 Dietrich044780 Entered by: Joshua Dietrich

Page 1 of 1

APDC (Rev. 01/22/13) Print Date: 06/04/2016

VEN 879

3188

|  |   |  |                           |                        |
|--|---|--|---------------------------|------------------------|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Narrative Report</b> |  |                           | CASE #<br>1805V-0069   |
|  |   |  |                           | Page 2 of 3            |
| OFFENDER(S)<br>Protected Health Information  |   | (OFFENDER(S) AND)                        |                           |                        |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:56 Wednesday   |   | DATE AND TIME REPORTED<br>05/25/16 00:56 |                           |                        |
| LOCATION OF OCCURRENCE<br>1 Lobby 1, Las Vegas   |   | LOCATION NAME                            | TYPE OF LOCATION          | ROOM NUMBER<br>SECTION |
| <b>NARRATIVE</b>   |   |  |                           |                        |
| <p>right arm and gave her a cold pack. [REDACTED] declined any further medical treatment.</p> <p>Initial vital signs are as follows: pulse - respirations - 18 breaths/minute, full and effective; eyes - pupils are equal and reactive to light; skins - pink, normal, warm. Due to a focused medical assessment, no other vital signs were taken.</p> <p>[REDACTED] signed medical a medical release, a medical authorization, and filled out a Venetian Voluntary statement. Photographs of the incident area and [REDACTED] injury, shoes, and face were taken. An accident scene check was completed with Facilities Engineer Ballesteros, John TM# 36325. No defects were found.</p> <p>[REDACTED] returned to her suite without assistance via the Venetian hotel elevator lobby.</p> <p>Assistant Security Manager Coronado, Nicholas TM# 32415 and Front Desk Manager McCaslin, Amy TM# 37759 is aware of this incident.</p> <p>Photographs were taken.<br/>Positive video coverage per surveillance.</p> <p>Attached are the following:</p> <ul style="list-style-type: none"> <li>1 Accident Scene Check</li> <li>2 Medical Authorization</li> <li>3 Medical Release</li> <li>4 Reservation Portfolio</li> <li>5 Venetian Voluntary statement</li> <li>6 Photograph of incident area</li> <li>7 Photograph of [REDACTED]</li> <li>8 Photograph of injury area (clothed)</li> <li>9 Photograph of top of [REDACTED] shoes</li> <li>10 Photograph of bottom of [REDACTED] shoes</li> <li>11 Photograph of right side of [REDACTED] s shoes</li> <li>12 Photograph of left side of [REDACTED] s shoes</li> </ul> |   |  |                           |                        |
| <b>ADMINISTRATION</b>  |   |  |                           |                        |
| BY OFFICER<br>J. Dietrich 090044780  | DATE/TIME<br>05/29/2016 07:35   | APPROVED BY<br>Richard Davies 000028074  | DATE APPROVED<br>05/29/16 |                        |
| OFFICE   | SEARCHED  | ARMED TO                                 | CLASS STATUS<br>Closed    |                        |

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Narrative Report</b> | CASE #<br>1605V-5069<br><br>Page 3 of 3   |
| OFFICER(S)  |   | OFFICER(S) ON SITE                        |
| Protected Health Information  |   |   |
| DATE, TIME AND DAY OF OCCURRENCE:<br>05/25/16 09:56 Wednesday   |   | DATE AND TIME RECEIVED:<br>05/25/16 09:56 |
| LOCATION OF OCCURRENCE:<br>1 Lobby 1, Las Vegas   | EXAMINER NAME:  | TYPE OF LOCATION:<br>None                 |
| NARRATIVE:  |   |   |
| <b>ADMINISTRATION</b>   |   |   |
| BY OFFICER:<br>J. Dietrich 000044780  | DATE/TIME:<br>05/29/2016 07:35  | APPROVED BY:<br>Richard Davies 000026974  |
| REASON:<br>None   | REASON FOR CLOSURE:<br>None   | CASE STATUS:<br>Closed                    |

CR-1 Dietrich/044780 Entered by: Joshua Dietrich

Page 3 of 3

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 881

3190

|   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S, LAS VEGAS, NV 89109<br><b>Supplemental Report</b>   |  |   | CASE #<br>1605V-5069<br>PAGE<br>1 OF 1 |
| OFFENDER(S)   |  | Criminal history                         |   |  |
| DATE, TIME AND DAY OF OCCURRENCE<br>05/25/16 00:56 Wednesday  |  | DATE AND TIME REPORTED<br>05/25/16 00:56 |   |  |
| LOCATION OF OCCURRENCE  | LOCATION NAME  | TYPES OF LOCATION                        | BEAT  | SECTOR                                 |
| <b>CASE SUMMARY</b><br>Observed a female guest on the floor and asked if she wanted medical attention and she refused.  |  |  |   |  |
| <b>NARRATIVE</b><br><p>On 05-23-2016 at 1849 hours, while posted at the lobby 1 post, I Security Officer Silos, Paul #18320, I observed a female guest laying on the floor, located near the rope stanchions. I then approached the female guest and asked if she request for medical attention and she refused.</p> <p>I checked the surrounding area and found a wet spill near the stanchions.</p> <p>I took a wet floor sign and placed it on the wet spill and called P.A.D for a wet spill clean up.</p> <p>I then asked the female guest again if she wants medical attention and she refused.</p> |  |  |   |  |
| <b>ADMINISTRATION</b>   |  |  |   |  |
| POLICE OFFICER<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | APPROVAL<br><input type="checkbox"/> PAID <input type="checkbox"/> RET <input type="checkbox"/> DA <input type="checkbox"/> CASH <input type="checkbox"/> FINGERPRINT <input type="checkbox"/> VISA <input type="checkbox"/> OTHER |  |   |  |
| BY OFFICER<br>P. Silos 000018320  | DATE APPROVED<br>05/26/2016 22:38  | APPROVED BY<br>Tim Alivonellos 000003460 | DATE APPROVED<br>05/27/16<br><small>LAW ENFORCEMENT</small> |  |
| <small>APDC (Rev. 01/22/13) Print Date: 06/04/2018</small>  |  |  |   |  |

Supp-1-Silos/018320 Entered by: Paul Silos

APDC (Rev. 01/22/13) Print Date: 06/04/2018

VEN 882

3191



VEN 883

**3192**



VEN 884

**3193**



VEN 885

**3194**



VEN 886

**3195**



VEN 887

**3196**



VEN 888

**3197**



VEN 889

**3198**

05/25/2016 WED 3:09 FAX

001/001

GM1G 05/25/2016 VENETIAN RESORT & CASINO 02:17 AM GINFO  
CMD RESERVATION CHANGE 424796254454  
AR 52216 Sun DP 52516 Wed A/C 1 RP RACKGZ2 GP YICMNE RB  
STATUS I JNHSE ACT C/S ETA HOT  
WG TYPE ROOM R/C RATE A/C  
VE QCNX [REDACTED] 1 OVRID Q NET N PRT X TRN NRG  
LAST [REDACTED] FIRST [REDACTED] TITLE [REDACTED] GTYP [REDACTED] RMK  
COMPANY [REDACTED] ATTN [REDACTED] TYP H/B II  
ADR1/2 [REDACTED]  
CITY [REDACTED] STATE/PROV [REDACTED] ZIP [REDACTED] COUNTRY US X LNG [REDACTED] REQ CPN  
PHONE [REDACTED] X VIP PC SRC ID RSN YE PRM HST N  
CREDIT INFO [REDACTED] Agents Who Have Worked On This Reservation [REDACTED]  
STL MTH FAX NBR HIST ID 424796254455  
CRDT LMT 1  
DEP REQ AMT [REDACTED]  
DEP REC AMT [REDACTED]  
ADV CODE A X  
CASH# [REDACTED]  
^Swipe or F1 Cus ACTIVE FUNCTION KEYS Enter 1 2 3 4 5 6 7 8 9 10 11 12

1605 V-5069

Amy McLaughlin 37759

VEN 890

3199

# THE VENETIAN® | THE PALAZZO®

## SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE    OF   

IR J605V-5069

|  |                       |                |                            |
|--|-----------------------|----------------|----------------------------|
| TYPE OF INCIDENT:  | fall                  |                |                            |
| DATE OCCURRED:   | 5/29/16               | TIME OCCURRED: | 7:00 am (pm)               |
| LOCATION OF OCCURRENCE:  | Casino Elevator Lobby |                |                            |
| NAME OF PERSON GIVING STATEMENT:   |                       |                |                            |
| GUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>  | HOME PHONE #:         | 703 757 7817   | CELL PHONE #: 301 755 3223 |
| SUITE #:   | BUSINESS PHONE #:     | PAGER #:       |                            |
| LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:   |                       |                |                            |
| RESIDENCE ADDRESS:   |                       |                |                            |
| BUSINESS ADDRESS:  |                       |                |                            |
| SOCIAL SECURITY NUMBER:  |                       | DATE OF BIRTH: |                            |
| BEST TIME TO CONTACT: _____ (am / pm) BEST PLACE TO CONTACT: _____   |                       |                |                            |
| DETAILS: fell while walking to elevator while walking on wet area  |                       |                |                            |
| I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): |                       |                |                            |
| ON THE _____ DAY OF _____ AT _____ (am / pm) 20_____   |                       |                |                            |
| WITNESS: _____   |                       |                |                            |
| WITNESS: _____   |                       |                |                            |

VEN 891

3200



Incident Report Number: 1605V - 5069

## Accident Scene Check – Security

Please type or print clearly.

Guest Name: \_\_\_\_\_

Security Officer

Time: 0137 A.M. Date: 5/25/16 Guest Suite #: 4236

Defects Noted (Explain in detail): No defects noted.

Actions Taken: No Actions taken

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

Outside Diagram?  Yes  No

Checked by Security Officer (Name): Dietrich, Joshua TM #: 44780

Engineer

Time: 1:44 AM Date: 5/25/16 Guest Suite #: \_\_\_\_\_

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): John Blue STEROS TM #: 360365



1605 V-5069

## 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 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: [REDACTED]

Guest's Suite #: [REDACTED]

Signature: [REDACTED]

Today's Date: 5/25/10

FORM NO. 064-7, 06/04/03-0F

VEN 893

3202



1605V-5069

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

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

Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: 5/23/16  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Refused to Sign: \_\_\_\_\_  
Venetian/Palazzo EMT: \_\_\_\_\_ ID#: \_\_\_\_\_  
AGE: \_\_\_\_\_ Male / Female: \_\_\_\_\_ C/C: \_\_\_\_\_

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

FORM NO. 04-1111-00704-0002

VEN 894

3203

|  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
|--|--|--|--|---|--|--|---|-----------------------------|--------------------------------|------------------------------------|-------------------------------|--------------------------------|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>         | Non-Criminal <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |  |  | CASE#<br><b>1607V-3405</b>  |                             |                                |                                    |                               |                                |
|  |  |  |  | <b>CR-1</b>   |  | PAGE<br><b>1</b>   |   |                             |                                |                                    |                               |                                |
| <b>OFFENSE(S)</b><br><b>Protected Health Information</b>   |  |  |  | <b>OFFENSE(S) cont.</b>   |  |  |   |                             |                                |                                    |                               |                                |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/15/16 23:25 Friday</b>   |  |  |  | DATE AND TIME REPORTED<br><b>07/15/16 23:25</b>                                 | MORE CHARGES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b>   |   |                             |                                |                                    |                               |                                |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>  |  |  |  | LOCATION NAME   | TYPE OF LOCATION   | BEAT   | SECTOR  |                             |                                |                                    |                               |                                |
| <b>PERSONS</b>   |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| CODE<br><b>C 1 OF 1</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX     |  |  | INJURE  | PHONE  |  |   |                             |                                |                                    |                               |                                |
| OCCUPATION   | RACE                                   | SEX  | AGE  | DOB   | ADDRESS 1  | PHONE 1  |   |                             |                                |                                    |                               |                                |
| DL   | STATE                                  | SSN  | INJURIES   |   | ADDRESS 2  | PHONE 2  |   |                             |                                |                                    |                               |                                |
| DL   | STATE                                  | SSN  | INJURIES   |   | ADDRESS 3  | PHONE 3  |   |                             |                                |                                    |                               |                                |
| CODE<br><b>MN 1 OF 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX     |  |  | ADDRESS 1   | PHONE 1  |  |   |                             |                                |                                    |                               |                                |
| OCCUPATION   | RACE                                   | SEX  | AGE  | DOB   | ADDRESS 2  | PHONE 2  |   |                             |                                |                                    |                               |                                |
| DL   | STATE                                  | SSN  | INJURIES   |   | ADDRESS 3  | PHONE 3  |   |                             |                                |                                    |                               |                                |
| CODE<br><b>MN 2 OF 2</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX     |  |  | ADDRESS 1   | PHONE 1  |  |   |                             |                                |                                    |                               |                                |
| OCCUPATION   | RACE                                   | SEX  | AGE  | DOB   | ADDRESS 2  | PHONE 2  |   |                             |                                |                                    |                               |                                |
| DL   | STATE                                  | SSN  | INJURIES   |   | ADDRESS 3  | PHONE 3  |   |                             |                                |                                    |                               |                                |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| SUMMARY  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| Protected Health Information: Registered guest to Venetian Suite #23-218                                   |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| VEHICLE USED IN CRIME  |  |  |  | LICENSE (NO. AND STATE)   | YEAR   | MAKE   | MODEL   |                             |                                |                                    |                               |                                |
| YES <input type="checkbox"/>   | NO <input type="checkbox"/>            | UNK <input type="checkbox"/>                     | OF   |   |  |  | BODY TYPE COLOR   |                             |                                |                                    |                               |                                |
| OWNER/REPORT   |  |  |  | REGISTERED OWNER  |  | VIC ADDRESS  |   |                             |                                |                                    |                               |                                |
| YES <input type="checkbox"/>   | Z <input type="checkbox"/>             | NO <input type="checkbox"/>                      |  |   |  |  | MORE VEHICLES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                             |                                |                                    |                               |                                |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>   |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| CODE<br><b>OF</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX     |  |  | ADDRESS 1   | PHONE  |  |   |                             |                                |                                    |                               |                                |
| RACE   | SEX                                    | WT   | HAIR   | EYE   | AGE  | DOB  | ADDRESS 2   | PHONE 2                     |                                |                                    |                               |                                |
| OCCUPATION   | INJURIES                               |  |  |   |  | ADDRESS 3  | PHONE 3   |                             |                                |                                    |                               |                                |
| SCARS/MARKS/TATTOOS  | AKA's                                  |  |  | ARRESTEE DISPOSITION  | RELEASE LOCATION   |  | ARREST DATE / TIME  |                             |                                |                                    |                               |                                |
| YES <input type="checkbox"/>   | NO <input type="checkbox"/>            | DL   | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | BOOKING #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION #  | SSN                         | DOB                            | CHG                                |                               |                                |
| CHARGES  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| CODE<br><b>OF</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX     |  |  | ADDRESS 1   | PHONE  |  |   |                             |                                |                                    |                               |                                |
| RACE   | SEX                                    | WT   | HAIR   | EYE   | AGE  | DOB  | ADDRESS 2   | PHONE 2                     |                                |                                    |                               |                                |
| OCCUPATION   | INJURIES                               |  |  |   |  | ADDRESS 3  | PHONE 3   |                             |                                |                                    |                               |                                |
| SCARS/MARKS/TATTOOS  | AKA's                                  |  |  | ARRESTEE DISPOSITION  | RELEASE LOCATION   |  | ARREST DATE / TIME  |                             |                                |                                    |                               |                                |
| YES <input type="checkbox"/>   | NO <input type="checkbox"/>            | DL   | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | BOOKING #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION #  | SSN                         | DOB                            | CHG                                |                               |                                |
| CHARGES  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| <b>ADMINISTRATION</b>  |  |  |  |   |  |  |   |                             |                                |                                    |                               |                                |
| VICTIM DESIRES PROSECUTION   |  | FOLLOW UP  |  | DISPENS TO:   |  | DET.   |   | <input type="checkbox"/> DA | <input type="checkbox"/> COURT | <input type="checkbox"/> PROBATION | <input type="checkbox"/> VMAP | <input type="checkbox"/> OTHER |
| YES <input type="checkbox"/>   | NO <input checked="" type="checkbox"/> | YE <input type="checkbox"/>                      | NO <input type="checkbox"/>  | DA  | DA   | DA   | DA  |                             |                                |                                    |                               |                                |
| BY OFFICER   |  | DATE/TIME  |  | APPROVED BY   |  |  |   | DATE APPROVED               |                                |                                    |                               |                                |
| <b>J. De Jesus 000043129</b>   |  | <b>07/17/16 18:48</b>                            |  | <b>Anthony Bersano 000043106</b>  |  |  |   | <b>07/17/16</b>             |                                |                                    |                               |                                |
| OFF PER  |  | UNIT/SHT   |  | ASSIGNED TO   |  |  |   | CASE STATUS                 |                                |                                    |                               |                                |
|  |  |  |  |   |  |  |   | <b>Closed</b>               |                                |                                    |                               |                                |

CR-1 De Je/013129 Entered by: Joseph De Jesus

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

VEN 895

3204

|   |                                     |   |                             |  |                  |  |         |                           |                              |
|---|-------------------------------------|---|-----------------------------|--|------------------|--|---------|---------------------------|------------------------------|
| Arrest  | <input type="checkbox"/>            | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                             |  |                  |  |         |                           | CASE #<br><b>1607V-3405</b>  |
| Crime   | <input checked="" type="checkbox"/> |   |                             |  |                  |  |         |                           | PAGE 1 OF 1                  |
| Non-Criminal  | <input checked="" type="checkbox"/> |   |                             |  |                  |  |         |                           |                              |
| <b>Additional Crimes, Persons and Vehicles</b>  |                                     |   |                             |  |                  |  |         |                           |                              |
| OFFENSE(S):<br>Protected Health Information   |                                     |   |                             | OFFENSE(S) cont'd                        |                  |  |         |                           |                              |
| DATE, TIME AND DAY OF OCCURENCE<br>07/15/16 23:25 Friday                                  |                                     |   |                             | DATE AND TIME REPORTED<br>07/15/16 23:25 |                  |  |         |                           |                              |
| LOCATION OF OCCURENCE<br>Lobby 1, Las Vegas   |                                     |   | LOCATION NAME               |  | TYPE OF LOCAT CN |  | BEAT    | SECTOR                    |                              |
| ADDITIONAL OFFENSE(S)   |                                     |   |                             |  |                  |  |         |                           | ADDITIONAL OFFENSE(S) cont'd |
| <b>PERSONS</b>  |                                     |   |                             |  |                  |  |         |                           |                              |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |                                     |   |                             |  |                  |  |         |                           |                              |
| CONF  | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |                             | ADDRESS 1                                |                  |  | PHONE 1 |                           |                              |
| SO 1 OF 2   | Cabada, David                       |   |                             |  |                  |  |         |                           |                              |
| OCCUPATION<br>Security Officer/ EMT   | RACE                                | SEX   | AGE                         | DOB                                      | ADDRESS 2        |  |         | PHONE 2                   |                              |
| STATE   | SSN                                 |   |                             |  |                  |  |         | PHONE 3                   |                              |
| INJURIES  |                                     |   |                             | ADDRESS 3                                |                  |  |         |                           |                              |
| VOICE   | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |                             | ADDRESS 4                                |                  |  | PHONE 1 |                           |                              |
| SO 2 OF 2   | Harper, Loren                       |   |                             |  |                  |  |         |                           |                              |
| OCCUPATION<br>Security Officer  | RACE                                | SEX   | AGE                         | DOB                                      | ADDRESS 2        |  |         | PHONE 2                   |                              |
| STATE   | SSN                                 |   |                             |  |                  |  |         | PHONE 3                   |                              |
| INJURIES  |                                     |   |                             | ADDRESS 3                                |                  |  |         |                           |                              |
| CODE  | NAME - LAST, FIRST, MIDDLE, SUFFIX  |   |                             | ADDRESS 1                                |                  |  | PHONE 1 |                           |                              |
| TM 1 OF 1   | Estela, Rosa                        |   |                             |  |                  |  |         |                           |                              |
| OCCUPATION<br>Facilities engineer   | RACE                                | SEX   | AGE                         | DOB                                      | ADDRESS 2        |  |         | PHONE 2                   |                              |
| STATE   | SSN                                 |   |                             |  |                  |  |         | PHONE 3                   |                              |
| INJURIES  |                                     |   |                             | ADDRESS 3                                |                  |  |         |                           |                              |
| <b>ADMINISTRATION</b>   |                                     |   |                             |  |                  |  |         |                           |                              |
| BY OFFICER<br>J. De Jesus 000043129   |                                     |   | DATE/TIME<br>07/17/16 18:48 | APPROVED BY<br>Anthony Bersano 000043106 |                  |  |         | DATE APPROVED<br>07/17/16 |                              |
| OFFICER   |                                     |   | UNITS/SHIFT                 | ASSIGNED TO                              |                  |  |         | CASE STATUS<br>Closed     |                              |

APDC (Rev. 02/18/14) Print Date: 09/26/2018

VEN 896

3205

|  |  |  |  |                             |
|--|--|--|--|-----------------------------|
| Arrest <input type="checkbox"/>                  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |  | CASE #<br><b>1607V-3405</b> |
| Crime <input type="checkbox"/>                   |  |  |  | PAGE 1 OF 1                 |
| Non-Criminal <input checked="" type="checkbox"/> | <b>Case MO</b>   |  |  |                             |

|   |                   |
|---|-------------------|
| OFFENSE(S)<br><b>Protected Health Information</b> | OFFENSE(S) cont'd |
|---|-------------------|

|   |   |
|---|---|
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/15/16 23:25 Friday</b> | DATE AND TIME REPORTED<br><b>07/15/16 23:25</b> |
|---|---|

|  |               |                  |      |        |
|--|---------------|------------------|------|--------|
| LOCATION OF OCCURENCE<br><b>Lobby 1, Las vegas</b> | LOCATION NAME | TYPE OF LOCATION | DEAT | SECTOR |
|--|---------------|------------------|------|--------|

### **MO DATA**

|                                  |                                       |                           |
|----------------------------------|---------------------------------------|---------------------------|
| <u>Incident Information</u>      | <u>Lighting Conditions</u>            | <u>Surface Conditions</u> |
| Photos Taker                     | Room Lights                           | Marble                    |
| PHI - Hotel Guest                | <u>Security Stats (Click One Box)</u> | Flat                      |
| Video Tape of Incident Available | Protected Health Information          |                           |

| <b>ADMINISTRATION</b>  |   |   |                                  |                              |
|--|---|---|----------------------------------|------------------------------|
| PC: OWN/P<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | COMES PC.<br><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<br><b>J. De Jesus 000043129</b>                                       | DATE/TIME<br><b>07/17/2016 18:48</b>  | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>07/17/16</b> | CASE STATUS<br><b>Closed</b> |
| OFFICER  | UNIT/DT   | ASS GHED TO                                     |                                  |                              |

CR-1 De Je/043129 Entered by: Joseph De Jesus

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

VEN 897

**3206**

|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Arrest<br><input type="checkbox"/> Crime<br><input checked="" type="checkbox"/> Non-Criminal  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109<br><b>Person Profile</b> |   |  | CASE #<br><b>1607V-3405</b><br><br>PAGE 1 OF 2   |
| <b>OFFENSE(S):</b><br><b>Protected Health Information</b>  |   | <b>OFFENSE(S) cont'd.</b>   |  |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/15/16 23:25 Friday</b>  |   | DATE AND TIME REPORTED<br><b>07/15/16 23:25</b>                       |  |  |
| LOCATION OF OCCURENCE<br><b>Lobby 1, Las vegas</b>   |   | LOCATION NAME   |  | TYPE OF LOCATION   |
| <b>PERSONS</b>   |   |   |  |  |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other  |   |   |  |  |
| <b>CODE</b><br><b>C</b>  | <b>1 OF 1</b>   | <b>NAME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b>[REDACTED]</b>        | <b>DOB</b>   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>NO INFORMATION</b>  |   |   |  |  |
| <b>Base Line Vitals &amp; History</b><br>Normal Breathing<br>Regular Breathing Rhythm<br>Normal Pulse Rate<br>Regular Pulse<br>Skin Color Normal<br>Skin Temperature Normal<br>Skin Condition Normal<br><b>Build</b><br>Small                              |   |   |  |  |
| <b>Complexion</b><br>Clear<br><b>Demeanor</b><br>Calm<br>Polite<br><b>Eyes</b><br>Normal<br><b>Glasses</b><br>None<br><b>Hair Length</b><br>Shoulder length<br><b>Hair Style</b><br>Straight<br><b>Medical Supplies</b><br>Cold Packs<br>Disposable Gloves |   |   |  |  |
| <b>CLOTHING</b>  |   |   |  |  |
| <b>CODE</b><br><b>MN</b>   | <b>1 OF 2</b>   | <b>NAME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b>Alvonellos, Tim</b>   | <b>DOB</b>   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>  |   |   |  |  |
| <b>CODE</b><br><b>MN</b>   | <b>2 OF 2</b>   | <b>NAME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b>Derleth, Jonathan</b> | <b>DOB</b>   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>  |   |   |  |  |
| <b>CODE</b><br><b>SO</b>   | <b>1 OF 2</b>   | <b>NAME - LAST, FIRST, MIDDLE, SUFFIX</b><br><b>Cabada, David</b>     | <b>DOB</b>   | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |
| <b>CLOTHING</b>  |   |   |  |  |
| <b>ADMINISTRATION</b>  |   |   |  |  |
| BY OFFICER<br><b>J. De Jesus 000043129</b>   | DATE/TIME<br><b>07/17/16 18:48</b>  | APPROVED BY<br><b>Anthony Bersano 000043108</b>                       | DATE APPROVED<br><b>07/17/16</b><br><br>CASE STATUS<br><b>Closed</b> |  |
| CR-I De Je/043129 Entered by: Joseph De Jesus  |   |   |  |  |
| APDC (Rev. 01/22/13) Print Date: 09/26/2018  |   |   |  |  |

CR-I De Je/043129 Entered by: Joseph De Jesus

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

VEN 898

3207

|   |                                     |  |  |  |      |                             |
|---|-------------------------------------|--|--|--|------|-----------------------------|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>      | Non-Criminal <input checked="" type="checkbox"/>           | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |      | CASE #<br><b>1607V-3405</b> |
| <b>Person Profile</b>   |                                     |  |  |  |      | PAGE <b>2 OF 2</b>          |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     |  | OFFENSE(S); contd  |  |      |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/15/16 23:25 Friday</b>   |                                     |  | DATE AND TIME REPORTED<br><b>07/15/16 23:25</b>                          |  |      |                             |
| LOCATION OF OCCURENCE<br><b>Lobby 1, Las vegas</b>  |                                     | LOCATION NAME  |  | TYPE OF LOCATION   | BEAT | SECTOR                      |
| <b>PERSONS</b>  |                                     |  |  |  |      |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |  |  |      |                             |
| CODE<br><b>SO</b>   | 2 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Harper, Loren</b> | DOB  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |      |                             |
| CLOTHING  |                                     |  |  |  |      |                             |
| CONT-<br><b>TM</b>  | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Estela, Rosa</b>  | DOB  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |      |                             |
| CLOTHING  |                                     |  |  |  |      |                             |
| <b>ADMINISTRATION</b>   |                                     |  |  |  |      |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>  | ENTERED BY<br><b>07/17/16 18:48</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b>            | DATE APPROVED<br><b>07/17/16</b>   |  |      |                             |
| SUPERIOR  | UNITS/SHIFT                         | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>   |  |      |                             |

CR-I De Je/043129 Entered by: Joseph De Jesus

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

VEN 899

**3208**

|  |                                      |  |                                  |      |                             |
|--|--------------------------------------|--|----------------------------------|------|-----------------------------|
| Arrest   | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |      | CASE #<br><b>1607V-3405</b> |
| Crime  | <input checked="" type="checkbox"/>  | <b>Narrative Report</b>  |                                  |      | Page 1 of 2                 |
| Non-Criminal   | <input checked="" type="checkbox"/>  |  |                                  |      |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>  |                                      | OFFENSE(S) CONT'D.   |                                  |      |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/15/16 23:25 Friday</b>   |                                      | DATE AND TIME REPORTED<br><b>07/15/16 23:25</b>                          |                                  |      |                             |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>  |                                      | LOCATION NAME  | TYPE OF LOCATION                 | BEAT | SECTOR                      |
| <b>NARRATIVE</b>   |                                      |  |                                  |      |                             |
| <p>On 07/15/2016, at 2336 hours, I was dispatched to the Venetian Elevator Lobby (Lobby 1) in regards to an injured guest. Upon my arrival, I was met with Venetian Security Officer Harper, Loren TM #41808 and complainant/registered guest to Venetian Suite #23-218</p> <p>[REDACTED]</p> <p>[REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately with sufficient tidal volume. [REDACTED] stated on 07/15/2016, at approximately 2325 hours, while walking towards the Venetian Mid-Rise Elevator Lobby, she lost her footing over ice cream that was spilled on the floor. [REDACTED] stated she fell forward onto her knees and hands. [REDACTED] stated she suffered from a sore left hand and will probably end up having bruised knees. [REDACTED] stated there were no wet floor signs present in the incident area. [REDACTED] stated she was allergic to penicillin, had no known medical conditions and was not prescribed any medications.</p> <p>I offered [REDACTED] Emergency Medical Services (EMS), but she declined. I advised her she should seek the advice of a physician as soon as possible to prevent further injury.</p> <p>[REDACTED] denied back pain, neck pain, chest pain, shortness of breath, nausea and blurred vision. [REDACTED] stated she did not hit her head or lose consciousness at any time during the incident. I examined [REDACTED] arms and legs for deformities, contusions, abrasions, punctures, penetrations, burns, tenderness, lacerations and swelling, of which, none was noted. I assessed her arms and legs for pulse, motor movement, and sensation, of which, was met with positive results. I applied a cold pack to her left hand.</p> <p>[REDACTED] signed and completed a Venetian Acknowledgement of First Aid Assistance and Advice to Seek Medical Care Form, a Venetian Accident Report Form, and a Venetian Medical Authorization Form, of which, are attached to this report. An accident Scene Check was conducted by Facilities Team Member Estela, Rosa TM #41453 and I, of which, no defects were noted in the incident area, but an unknown substance was present in the area. Public Area Department (PAD) was contacted to remove the substance from the floor. A copy of the accident scene check is attached to this report.</p> <p>I provided [REDACTED] with incident report information and referred her to Risk Management for</p> |                                      |  |                                  |      |                             |
| <b>ADMINISTRATION</b>  |                                      |  |                                  |      |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>   | DATE-TIME<br><b>07/17/2016 18:48</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>07/17/16</b> |      |                             |
| OFFICER<br>[REDACTED]  | UNINITIATED                          | ASSIGNED TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>     |      |                             |

|  |                                      |  |                                  |                   |                      |
|--|--------------------------------------|--|----------------------------------|-------------------|----------------------|
| Arrest   | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |                   | CASE #<br>1607V-3405 |
| Crime  | <input type="checkbox"/>             | <b>Narrative Report</b>  |                                  |                   | Page 2 of 2          |
| Non-Criminal   | <input checked="" type="checkbox"/>  | OFFENSE(S)<br>Protected Health Information                               |                                  | OFFENSE(S) cont'd |                      |
| DATE, TIME AND DAY OF OCCURRENCE<br>07/15/16 23:25 Friday  |                                      | DATE AND TIME REPORTED<br>07/15/16 23:25                                 |                                  |                   |                      |
| LOCATION OF OCCURRENCE<br>Lobby 1, Las vegas   |                                      | LOCATION NAME  | TYPE OF LOCATION                 | DEPT              | SECTOR               |
| <p><b>NARRATIVE</b></p> <p>further questions.</p> <p>Photographs of the incident area and [REDACTED] footwear are attached to this report. Video coverage of the incident is available and archived per Venetian Security Control.</p> <p>Venetian Front Desk Manager Derleth, Jonathan TM #35611 was notified of this incident and provided a billing portfolio for suite #23-218. Security Manager Alvonellos, Tim TM #3460 was notified of this incident.</p> |                                      |  |                                  |                   |                      |
| <b>ADMINISTRATION</b>  |                                      |  |                                  |                   |                      |
| BY OFFICER<br><b>J. De Jesus 000043129</b>   | DATE/TIME<br><b>07/17/2016 18:48</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>07/17/16</b> |                   |                      |
| OFFICER<br>[REDACTED]  | INITIALS<br>[REDACTED]               | ASSIGNED TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>     |                   |                      |

CR-1 De Jc/043129 Entered by: Joseph De Jesus

Page 2 of 2

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

VEN 901

3210

|   |  |   |  |  |   |  |                            |  |
|---|--|---|--|--|---|--|----------------------------|--|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |   |  | CASE#<br><b>1608V-0995</b> |  |
|   |  |   |  | <b>CR-1</b>  |   | PAGE<br><b>1</b>                       |                            |  |
| OFFENSE(S)<br><b>Informational</b>  |  |   |  | OFFENSE(S) contd.  |   |  |                            |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/06/16 23:07 Friday</b>  |  |   |  | DATE AND TIME REPORTED<br><b>08/06/16 23:07</b>                                | MORE CHARGES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                            |  |
| LOCATION OF OCCURRENCE<br><b>Casino, Las Vegas</b>  |  |   |  | LOCATION NAME  | TYPE OF LOCATION  | BEAT                                   | SECTOR                     |  |
| <b>PERSONS</b>  |  |   |  |  |   |  |                            |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other   |  |   |  |  |   |  |                            |  |
| CODE <b>C</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |  | ADDRESS 1  | PHONE 1   |  |                            |  |
| OCCUPATION  | NAME   | SEX   | AGE  | DOB  | ADDRESS 2   | PHONE 2                                |                            |  |
| DL  | STATE  | SSN   | INJURIES   | ADDRESS 3  | PHONE 3   |  |                            |  |
| CODE <b>MN</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |  | ADDRESS 1  | PHONE 1   |  |                            |  |
| OCCUPATION  | NAME   | SEX   | AGE  | DOB  | ADDRESS 2   | PHONE 2                                |                            |  |
| DL  | STATE  | SSN   | INJURIES   | ADDRESS 3  | PHONE 3   |  |                            |  |
| CODE <b>MN</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |  | ADDRESS 1  | PHONE 1   |  |                            |  |
| OCCUPATION  | NAME   | SEX   | AGE  | DOB  | ADDRESS 2   | PHONE 2                                |                            |  |
| DL  | STATE  | SSN   | INJURIES   | ADDRESS 3  | PHONE 3   |  |                            |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>   |  |   |  |  |   |  |                            |  |
| SUMMARY   |  |   |  |  |   |  |                            |  |
| Guest from 36-111 slipped on clear fluid near Pit 9. Security was attempting to block foot traffic around the wet spill. Guest denied an EMT or to fill out paperwork. Guest called back and stated having head, back, and knee pain but denied any assistance. |  |   |  |  |   |  |                            |  |
| VEHICLE USED IN CRIME<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF   | LICENSE (NO. AND STATE)  |   | YEAR   | MAKE   | MODEL   | BODY TYPE                              | COLOR                      |  |
| TOW/REPORT<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | GARAGE NAME AND PHONE  |   | REGISTERED OWNER   |  | TOW ADDRESS   |  |                            |  |
| MORE VEHICLES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |   |  |  |   |  |                            |  |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>  |  |   |  |  |   |  |                            |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim  |  |   |  |  |   |  |                            |  |
| CODE <b>S</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |  | ADDRESS 1  | PHONE 1   |  |                            |  |
| OF  | RACE   | SEX   | WT   | HAIR   | EYE   | AGE                                    | DOB                        |  |
| INJURIES  | ADDRESS 2  | PHONE 2   |  |  |   |  |                            |  |
| OCCUPATION  | ADDRESS 3  | PHONE 3   |  |  |   |  |                            |  |
| SCARS/MARKS/TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | AKA's  |   |  | ARRESTEE DISPOSITION   | RELEASE LOCATION  | ARREST DATE/TIME                       |                            |  |
| DL  | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | BOOKING #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION #  | SSN                                    |                            |  |
| CHARGES   |  |   |  |  |   |  |                            |  |
| CODE <b>A</b>   | NAME - LAST, FIRST, MIDDLE, SUFFIX   |   |  | ADDRESS 1  | PHONE 1   |  |                            |  |
| OF  | RACE   | SEX   | WT   | HAIR   | EYE   | AGE                                    | DOB                        |  |
| INJURIES  | ADDRESS 2  | PHONE 2   |  |  |   |  |                            |  |
| OCCUPATION  | ADDRESS 3  | PHONE 3   |  |  |   |  |                            |  |
| SCARS/MARKS/TATTOOS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | AKA's  |   |  | ARRESTEE DISPOSITION   | RELEASE LOCATION  | ARREST DATE/TIME                       |                            |  |
| DL  | STATE  | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | BOOK NO #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CITATION #  | SSN                                    |                            |  |
| CHARGES   |  |   |  |  |   |  |                            |  |
| <b>ADMINISTRATION</b>   |  |   |  |  |   |  |                            |  |
| VICTIM DESIRES PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | FOLLOW UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | COPIES TO:<br><input type="checkbox"/> PAY. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWIP <input type="checkbox"/> OTHER: |  |  |   |  |                            |  |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | DATE/TIME<br><b>08/06/16 21:23</b>   | APPROVED BY<br><b>Anthony Bersano 000043106</b>   | DATE APPROVED<br><b>08/06/16</b>   |  |   |  |                            |  |
| OFFICER   | UNITS/HASH   | ASSIGNED TO   | CASE STATUS<br><b>Closed</b>   |  |   |  |                            |  |

CR-1 Cabada/043128 Entered by: David Cabeda

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

VEN 902

3211

|   |  |  |  |   |           |         |                             |
|---|--|--|--|---|-----------|---------|-----------------------------|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>                                       | Non-Criminal <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |           |         | CASE #<br><b>1608V-0995</b> |
| <b>Additional Crimes, Persons and Vehicles</b>  |  |  |  |   |           |         | PAGE 1 OF 2                 |
| OFFENSE(S)<br>Informational   |  |  |  | OFFENSE(S) cont'd.                              |           |         |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 23:07 Friday</b>                          |  |  |  | DATE AND TIME REPORTED<br><b>08/05/16 23:07</b> |           |         |                             |
| LOCATION OF OCCURENCE<br><b>Casino, Las vegas</b>   |  | LOCATION NAME                                    |  | TYPE OF LOCATION                                |           | BEAT    | SECTOR                      |
| ADDITIONAL OFFENSE(S)   |  |  |  | ADDITIONAL OFFENSE(S) cont'd.                   |           |         |                             |
| <b>PERSONS</b>  |  |  |  |   |           |         |                             |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other |  |  |  |   |           |         |                             |
| CODE<br><b>SO 1 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>De Jesus, Joseph Bantug</b> |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>EMT Evenings</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>SO 2 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Keezer, Dale</b>            |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Field Training Officer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>SO 3 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Vasquez, Justin</b>         |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Security Officer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>SO 4 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Bowers, David</b>           |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Security Officer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>SO 5 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Platt, Amber</b>            |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Security Officer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>SO 6 OF 6</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Robinson, Laferious</b>     |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Field Training Officer</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| CODE<br><b>TM 1 OF 1</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Hinton, Eddie</b>           |  |  | ADDRESS 1                                       | PHONE 1   |         |                             |
| OCCUPATION<br><b>Facilities</b>   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2 | PHONE 2 |                             |
| DL STATE  | SSN  | INJURIES   |  | ADDRESS 3                                       | PHONE 3   |         |                             |
| <b>ADMINISTRATION</b>   |  |  |  |   |           |         |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>  |  | DATETIME<br><b>08/06/16 21:23</b>                | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>08/06/16</b>                |           |         |                             |
| OFFICER   |  | UNITS/HY   | ASSISTANT TO   | CASE STATUS<br><b>Closed</b>                    |           |         |                             |

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

VEN 903

3212

|   |  |  |      |                             |
|---|--|--|------|-----------------------------|
| Arrest <input type="checkbox"/>                                 | Crime <input type="checkbox"/>                 | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |      | CASE #<br><b>1608V-0995</b> |
| Non-Criminal <input checked="" type="checkbox"/>                | <b>Additional Crimes, Persons and Vehicles</b> |  |      | PAGE 2 OF 2                 |
| OFFENSE(S)<br><b>Informational</b>                              |  | OFFENSE(S) cont'd.   |      |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/05/16 23:07 Friday</b> |  | DATE AND TIME REPORTED<br><b>08/05/16 23:07</b>                          |      |                             |
| LOCATION OF OCCURENCE<br><b>Casino, Las vegas</b>               | LOCATION NAME                                  | TYPE OF LOCATION   | BEAT | SECTOR                      |
| ADDITIONAL OFFENSE(S)   |  | ADDITIONAL OFFENSE(S) cont'd.  |      |                             |
|   |  |  |      |                             |

| <b>ADMINISTRATION</b>                    |                                    |   |                                  |
|--|------------------------------------|---|----------------------------------|
| BY OFFICER<br><b>D. Cabada 000043128</b> | DATE/TIME<br><b>08/06/16 21:23</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>08/06/16</b> |
| OFFICER                                  | UNIT/SHIFT                         | ASSIGNED TO                                     | CASE STATUS<br><b>Closed</b>     |

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

VEN 904

**3213**

|   |   |  |  |   |        |                      |
|---|---|--|--|---|--------|----------------------|
| Arrest <input type="checkbox"/>   | Crime <input type="checkbox"/>  | Non-Criminal <input checked="" type="checkbox"/>   | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |        | CASE #<br>1608V-0995 |
| <b>Case MO</b>  |   |  |  |   |        | PAGE 1 OF 1          |
| OFFENSE(S)<br><b>Informational</b>  |   |  | OFFENSE(S) cont'd.   |   |        |                      |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/05/16 23:07 Friday</b>                                 |   |  | DATE AND TIME REPORTED<br><b>08/05/16 23:07</b>                          |   |        |                      |
| LOCATION OF OCCURENCE<br><b>Casino, Las vegas</b>   | LOCATION NAME   | TYPE OF LOCATION   |  | BEAT  | SECTOR |                      |
| <b>MO DATA</b>  |   |  |  |   |        |                      |
| <u>Incident Information</u><br>Area Checked<br>Photos Taken<br>Video Tape of Incident Available |   | <u>Lighting Conditions</u><br>Room Lights<br><u>Security Stats (Click One Box)</u><br>Incident Involving Hotel Guest |  | <u>Surface Conditions</u><br>Marble<br>Wet / Slippery<br><u>Weather Conditions</u><br>Clear |        |                      |
| <b>ADMINISTRATION</b>   |   |  |  |   |        |                      |
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                | COMES TO:<br><input type="checkbox"/> PAT. <input type="checkbox"/> DST. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER |  |  |   |        |                      |
| BY OFFICER<br><b>D. Cabada 000043128</b>  | DATE/TIME<br><b>08/06/2016 21:23</b>  | APPROVED BY<br><b>Anthony Bersano 000043106</b>  | DATE APPROVED<br><b>08/06/16</b>   |   |        |                      |
| OFFICER   | UNIT/SHIFT  | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>   |   |        |                      |

CR-I Cabada/043128 Entered by: David Cabada

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

VEN 905

3214

|  |                                      |  |                                  |        |                             |
|--|--------------------------------------|--|----------------------------------|--------|-----------------------------|
| Arrest   | <input type="checkbox"/>             | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |        | CASE #<br><b>1608V-0995</b> |
| Crime  | <input type="checkbox"/>             |  |                                  |        | Page 1 of 2                 |
| Non-Criminal   | <input checked="" type="checkbox"/>  | <b>Narrative Report</b>  |                                  |        |                             |
| OFFENSE(S)<br><b>Informational</b>   |                                      | OFFENSE(S) cont'd  |                                  |        |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 23:07 Friday</b>   |                                      | DATE AND TIME REPORTED<br><b>08/05/16 23:07</b>                          |                                  |        |                             |
| LOCATION OF OCCURRENCE<br><b>Casino, Las vegas</b>   | CLAT./ON NAV-                        | TYPE OF LOCATION   | BEAT                             | SECTOR |                             |
| <b>NARRATIVE</b>   |                                      |  |                                  |        |                             |
| <p>On 8/5/2016 at approximately 2304 hours Emergency Medical Technician De Jesus, Joseph TM# 43129 and I were patrolling the casino floor when we noticed a clear liquid on the marble flooring near Pit 9. Control was notified of the wet spill and was advised to contact Public Area Department. De Jesus discovered the wet slip extended the entire length of Pit 9.</p> <p>Security Officers Vasquez, Justin TM# 37325; Bowers, David TM# 31838; Platt, Amber TM# 33396; Field Training Officers Keezer, Dale TM# 34663 and Robinson, Laterrious TM# 35165 arrived on scene. Security Officers on scene moved the table game chairs into the walkway to attempt to block off the wet areas. Security Officers were also advising Guests passing by to watch their step due to fluid being on the ground. Control was advised to call Public Area Department for a second time.</p> <p>At approximately 2307 hours a Guest walked into one of the wet areas. The Guest slipped and fell in the fluid. I was near the Guest at the time the slip and fall occurred. I witnessed the Guest on her back. As I was walking up to the Guest she was getting up to her feet, unassisted. I identified my-self as an Emergency Medical Technician and asked if she was injured. The Guest denied any injuries at that time. The Guest denied any medical assistance at that time. The Guest did not wish to file a report at that time. The Guest stated she was staying in Suite 36-111 but did not provide a name. The Guest departed the incident area without further incident. Registered Guest to Suite 36-111 was a [REDACTED]</p> <p>Control was notified of the incident. Keezer retrieved a few caution signs and placed them along side Pit 9. Public Area Department arrived on scene at 2315 hours to clean the wet spill. Facilities Team Member arrived on scene and conducted an Accident Scene Check. Photos of the incident area were obtained. Surveillance was notified of the incident. Surveillance stated having positive video coverage of the incident. I departed the incident area without further incident.</p> <p>At approximately 2325 hours the Guest from Suite 36-111 called Control. The Guest stated that when she fell she hit her head, hurt her back, and also hurt her knee. The Guest stated she did not wish to file a report or see a Emergency Medical Technician at that time. The Guest stated she was getting married in the morning and would call back at a later time.</p> |                                      |  |                                  |        |                             |
| <b>ADMINISTRATION</b>  |                                      |  |                                  |        |                             |
| BY OFFICER<br><b>D. Cabada 000043128</b>   | DATE TIME<br><b>08/06/2016 21:23</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>08/06/16</b> |        |                             |
| SEARCHED<br><b>[REDACTED]</b>  | INDEXED<br><b>[REDACTED]</b>         | ASSIGNED TO<br><b>[REDACTED]</b>   | CASE STATUS<br><b>Closed</b>     |        |                             |

CR-I Cabada/043128 Entered by: David Cabada

Page 1 of 2

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

VEN 906

**3215**

|   |                                     |  |                  |  |             |            |  |
|---|-------------------------------------|--|------------------|--|-------------|------------|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                  |  | CASE #      | 1608V-0995 |  |
| Crime   | <input type="checkbox"/>            | <b>Narrative Report</b>  |                  |  | Page 2 of 2 |            |  |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                  |  |             |            |  |
| OFFENSE(S)<br>Informational   |                                     | OFFENSE(S) cont'd.   |                  |  |             |            |  |
| DATE / TIME AND DAY OF OCCURRENCE<br>08/05/16 23:07 Friday  |                                     | DATE AND TIME REPORTED<br>08/05/16 23:07                                 |                  |  |             |            |  |
| INCIDENT ADDRESS/PHONE:<br>Casino, Las vegas  |                                     | LOCATION NAME:   | TYPE OF LOCATION |  | WHAT        | SECTOR     |  |
| <b>NARRATIVE</b>  |                                     |  |                  |  |             |            |  |
| <p>Security Manager Bersano, Tony TM# 43106 was advised of the incident. Front Desk Manager Byers, Nathan TM# 28628 was advised of the incident. Photos of the incident area are available and attached to this report. An Accident Scene Check and Billing Portfolio is available and attached to this report. Refer to Surveillance for video coverage.</p> |                                     |  |                  |  |             |            |  |

#### **ADMINISTRATION**

|  |                                      |   |                                  |
|--|--------------------------------------|---|----------------------------------|
| BY OFFICER<br><b>D. Cabada 000043128</b> | DATE/TIME<br><b>08/06/2016 21:23</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>08/06/16</b> |
| OFFICER<br>                              | IN/NON SHIFT<br>                     | ASSIGNED TO<br>                                 | CASE STATUS<br><b>Closed</b>     |

CR-1 Cabad/043128 Entered by: David Cabada

Page 2 of 2

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

VEN 907

**3216**

|  |  |  |  |   |  |                                    |                               |
|--|--|--|--|---|--|------------------------------------|-------------------------------|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>                                     | Non-Criminal <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |  |                                    | CASE#<br><b>1608V-0947</b>    |
|  |  |  |  | <b>CR-1</b>   |  | PAGE<br><b>1</b>                   |                               |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S) cont'd                                |  |   |  |                                    |                               |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 17:04 Friday</b>   |  | DATE AND TIME REPORTED<br><b>08/05/16 17:04</b>  |  | MORE CHARGES<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                                    |                               |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>  |  | LOCATION NAME                                    |  | TYPE OF LOCATION  |  | BEAT                               | SECTOR                        |
| <b>PERSONS</b>   |  |  |  |   |  |                                    |                               |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other                  |  |  |  |   |  |                                    |                               |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                 |  |  | HOME  | HOME                                   |                                    |                               |
| <b>C</b>   | <b>1 of 1</b>  |  |  |   |  |                                    |                               |
| OCCUPATION   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2                              | PHONE 2                            |                               |
| OL   | STATE  | SSN  | INJURIES   |   | ADDRESS 3                              | PHONE 3                            |                               |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                 |  |  | ADDRESS 1   | PHONE 1                                |                                    |                               |
| <b>MN</b>  | <b>1 of 2</b> Alvonellos, Tim                                      |  |  |   |  |                                    |                               |
| OCCUPATION   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2                              | PHONE 2                            |                               |
| D-   | STATE  | SSN  | INJURIES   |   | ADDRESS 3                              | PHONE 3                            |                               |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                 |  |  | ADDRESS 1   | PHONE 1                                |                                    |                               |
| <b>MN</b>  | <b>2 of 2</b> Heng, Monique  |  |  |   |  |                                    |                               |
| OCCUPATION   | RACE   | SEX  | AGE  | DOB   | ADDRESS 2                              | PHONE 2                            |                               |
| OL   | STATE  | SSN  | INJURIES   |   | ADDRESS 3                              | PHONE 3                            |                               |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |  |  |  |   |  |                                    |                               |
| SUMMARY  |  |  |  |   |  |                                    |                               |
| Protected Health Information: Registered guest to Venezia Suite #8-432 [REDACTED]                          |  |  |  |   |  |                                    |                               |
| VEHICLE USED IN CRIME  |  | LICENSE NO. AND STATE                            |  | YEAR  | MAKE                                   | MODEL                              | BODY TYPE COLOR               |
| YER <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF                   |  |  |  |   |  |                                    | VIN                           |
| TOW REPO RT  |  | GARAGE NAME AND PHONE                            |  | REGISTERED OWNER  |  | RIO ADDRESS                        |                               |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |   |  |                                    |                               |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>   |  |  |  |   |  |                                    |                               |
| Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim |  |  |  |   |  |                                    |                               |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                 |  |  | ADDRESS 1   | PHONE 1                                |                                    |                               |
| OF   |  |  |  |   |  |                                    |                               |
| RACE   | SEX  | HT   | WT   | HAIR EYE AGE  | DOB                                    | ADDRESS 2                          | PHONE 2                       |
| OCCUPATION   |  |  |  |   |  | ADDRESS 3                          | PHONE 3                       |
| SCARS / MARKS / TATTOOS  | AKA'S  |  |  | ARRESTEE DISPOSITION  |  | RELEASE LOCATION                   | ARREST DATE / TIME            |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |  | WARRANT   | CITATION #                             | SSN                                | Off                           |
| OL   | STATE  | ARRESTED   | BOOKING  | WARRANT   | CITATION #                             | SSN                                | Off                           |
|  | YES <input type="checkbox"/> NO <input type="checkbox"/>           |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                            |  |                                    |                               |
| CHARGES  |  |  |  |   |  |                                    |                               |
| CODE   | OF   | NAME - LAST, FIRST, MIDDLE, SUFFIX               |  |   | ADDRESS 1                              | PHONE 1                            |                               |
| RACE   | SEX  | HT   | WT   | HAIR EYE AGE  | DOB                                    | ADDRESS 2                          | PHONE 2                       |
| OCCUPATION   |  |  |  |   |  | ADDRESS 3                          | PHONE 3                       |
| SCARS / MARKS / TATTOOS  | AKA'S  |  |  | ARRESTEE DISPOSITION  |  | RELEASE LOCATION                   | ARREST DATE / TIME            |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |  | WARRANT   | CITATION #                             | SSN                                | Off                           |
| OL   | STATE  | ARRESTED   | BOOKING  | WARRANT   | CITATION #                             | SSN                                | Off                           |
|  | YES <input type="checkbox"/> NO <input type="checkbox"/>           |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                            |  |                                    |                               |
| CHARGES  |  |  |  |   |  |                                    |                               |
| <b>ADMINISTRATION</b>  |  |  |  |   |  |                                    |                               |
| VICTIM DESIRES PROSECUTION   |  | FOLLOW-UP  |  | COPIES TO:  |  |                                    |                               |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | YE <input type="checkbox"/> NO <input checked="" type="checkbox"/> | <input type="checkbox"/> PAT                     | <input type="checkbox"/> DEF.  | <input type="checkbox"/> DA   | <input type="checkbox"/> COLO          | <input type="checkbox"/> PROBATION | <input type="checkbox"/> VWAP |
| BY OFFICER   |  | DATETIME   |  | APPROVED BY   |  |                                    |                               |
| <b>J. De Jesus 000043129</b>   |  | <b>08/05/16 21:53</b>                            |  | <b>Anthony Bersano 000043106</b>  |  |                                    |                               |
| OFFICER  |  | UNIT/SHIFT                                       |  | ASSIGNED TO   |  |                                    |                               |
| DATE APPROVED<br><b>08/05/16</b>   |  |  |  |   |  |                                    |                               |
| CASE STATUS<br><b>Closed</b>   |  |  |  |   |  |                                    |                               |

CR-1 De Je/043129 Entered by: Joseph De Jesus

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

VEN 908

3217

| Arrest <input type="checkbox"/>  | Venetian Security<br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |               |   |                  |     |           | CASE #<br><b>1608V-0947</b> |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---------------|---|------------------|-----|-----------|-----------------------------|--|------|------------------------------------|------|-----|-----|-----|-----------|---------|------------------|-----------------------|--|--|--|--|--|--|---------------------------------------|--|------|-----|-----|-----|-----------|---------|--------------|--|--|--|--|--|--|---------|----------|--|--|--|--|--|--|--|------------------|----------------------|--|--|--|--|-----------|---------|--|--|------|-----|-----|-----|-----------|---------|--------------|--|--|--|--|--|--|---------|----------|--|--|--|--|--|--|--|------------------|----------------------|--|--|--|--|-----------|---------|---------------------------------|--|------|-----|-----|-----|-----------|---------|--------------|--|--|--|--|--|--|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Crime <input type="checkbox"/>   |   |               |   |                  |     |           | PAGE 1 OF 1                 |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Criminal <input checked="" type="checkbox"/>   | <b>Additional Crimes, Persons and Vehicles</b>                    |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OFFENSE(S)<br>Protected Health Information   |   |               | OFFENSE(S) cont'd.                              |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>08/05/16 17:04 Friday</b>  |   |               | DATE AND TIME REPORTED<br><b>08/05/16 17:04</b> |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LOCATION OF OCCURENCE<br><b>Lobby 1, Las vegas</b>   |   | LOCATION NAME |   | TYPE OF LOCATION |     | BEAT      | SECTOR                      |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADDITIONAL OFFENSE(S)  |   |               | ADDITIONAL OFFENSE(S) cont'd.                   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p align="center"><b>PERSONS</b></p> <p>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</p> <table border="1"> <thead> <tr> <th>CODE</th> <th>NAME - LAST, FIRST, MIDDLE, SUFFIX</th> <th>RACE</th> <th>SEX</th> <th>AGE</th> <th>DOB</th> <th>ADDRESS 1</th> <th>PHONE 1</th> </tr> </thead> <tbody> <tr> <td><b>SO 1 OF 2</b></td> <td><b>Vaquez, Justin</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">OCCUPATION<br/><b>Security Officer</b></td> <td>RACE</td> <td>SEX</td> <td>AGE</td> <td>DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">DL STATE SSN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">INJURIES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>SO 2 OF 2</b></td> <td><b>Cabada, David</b></td> <td></td> <td></td> <td></td> <td></td> <td>ADDRESS 1</td> <td>PHONE 1</td> </tr> <tr> <td colspan="2">OCCUPATION<br/><b>Security Officer/ EMT</b></td> <td>RACE</td> <td>SEX</td> <td>AGE</td> <td>DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">DL STATE SSN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">INJURIES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TM 1 OF 1</b></td> <td><b>Navara, Shane</b></td> <td></td> <td></td> <td></td> <td></td> <td>ADDRESS 1</td> <td>PHONE 1</td> </tr> <tr> <td colspan="2">OCCUPATION<br/><b>Facilities</b></td> <td>RACE</td> <td>SEX</td> <td>AGE</td> <td>DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> </tr> <tr> <td colspan="2">DL STATE SSN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PHONE 3</td> </tr> <tr> <td colspan="2">INJURIES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="9"> <p align="right">MORE NAMES<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></p> </td> </tr> </tbody> </table> |   |               |   |                  |     |           |                             |  | CODE | NAME - LAST, FIRST, MIDDLE, SUFFIX | RACE | SEX | AGE | DOB | ADDRESS 1 | PHONE 1 | <b>SO 1 OF 2</b> | <b>Vaquez, Justin</b> |  |  |  |  |  |  | OCCUPATION<br><b>Security Officer</b> |  | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2 | DL STATE SSN |  |  |  |  |  |  | PHONE 3 | INJURIES |  |  |  |  |  |  |  | <b>SO 2 OF 2</b> | <b>Cabada, David</b> |  |  |  |  | ADDRESS 1 | PHONE 1 | OCCUPATION<br><b>Security Officer/ EMT</b> |  | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2 | DL STATE SSN |  |  |  |  |  |  | PHONE 3 | INJURIES |  |  |  |  |  |  |  | <b>TM 1 OF 1</b> | <b>Navara, Shane</b> |  |  |  |  | ADDRESS 1 | PHONE 1 | OCCUPATION<br><b>Facilities</b> |  | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2 | DL STATE SSN |  |  |  |  |  |  | PHONE 3 | INJURIES |  |  |  |  |  |  |  | <p align="right">MORE NAMES<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |  |  |  |  |  |  |  |  |
| CODE   | NAME - LAST, FIRST, MIDDLE, SUFFIX                                | RACE          | SEX   | AGE              | DOB | ADDRESS 1 | PHONE 1                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SO 1 OF 2</b>   | <b>Vaquez, Justin</b>   |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OCCUPATION<br><b>Security Officer</b>  |   | RACE          | SEX   | AGE              | DOB | ADDRESS 2 | PHONE 2                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DL STATE SSN   |   |               |   |                  |     |           | PHONE 3                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES   |   |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SO 2 OF 2</b>   | <b>Cabada, David</b>  |               |   |                  |     | ADDRESS 1 | PHONE 1                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OCCUPATION<br><b>Security Officer/ EMT</b>   |   | RACE          | SEX   | AGE              | DOB | ADDRESS 2 | PHONE 2                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DL STATE SSN   |   |               |   |                  |     |           | PHONE 3                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES   |   |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TM 1 OF 1</b>   | <b>Navara, Shane</b>  |               |   |                  |     | ADDRESS 1 | PHONE 1                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OCCUPATION<br><b>Facilities</b>  |   | RACE          | SEX   | AGE              | DOB | ADDRESS 2 | PHONE 2                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DL STATE SSN   |   |               |   |                  |     |           | PHONE 3                     |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES   |   |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p align="right">MORE NAMES<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></p>   |   |               |   |                  |     |           |                             |  |      |                                    |      |     |     |     |           |         |                  |                       |  |  |  |  |  |  |                                       |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |  |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |                  |                      |  |  |  |  |           |         |                                 |  |      |     |     |     |           |         |              |  |  |  |  |  |  |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |                                   |   |                                  |
|--|-----------------------------------|---|----------------------------------|
| <b>ADMINISTRATION</b>                      |                                   |   |                                  |
| BY OFFICER<br><b>J. De Jesus 000043129</b> | DATETIME<br><b>08/05/16 21:53</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b> | DATE APPROVED<br><b>08/05/16</b> |
| OFFICER                                    | DEPT/SHIFT                        | ASSIGNED TO                                     | CASE STATUS<br><b>Closed</b>     |

APDC (Rev. 02/18/14) Print Date: 09/26/2018

VEN 909

**3218**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109   |  | CASE #<br>1608V-0947                               |
| <b>Case MO</b>   |  |  |  |  | PAGE 1 OF 1  |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S) cont'd                                |  |  |  |
| DATE, TIME AND DAY OF OCCURENCE<br>08/05/16 17:04 Friday   |  | DATE AND TIME REPORTED<br>08/05/16 17:04         |  |  |  |
| LOCATION OF OCCURENCE<br>Lobby 1, Las vegas  | LOCATION NAME  |  | TYPE OF LOCATION   | BEAT                                     | SECTOR   |
| <b>MO DATA</b>   |  |  |  |  |  |
| <u>Incident Information</u><br>Photos Taken<br>PHI - Hotel Guest:<br>Slip & Fall<br>No Video Available | <u>Lighting Conditions</u><br>Room Lights  |  | <u>Security Stats (Click One Box)</u><br>Protected Health Information<br><u>Surface Conditions</u><br>Marble<br>Flat |  |  |
| <b>ADMINISTRATION</b>  |  |  |  |  |  |
| FOLLOW UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                       | COPIES TO:<br><input type="checkbox"/> PAT. <input type="checkbox"/> DEI. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER | CATETIME<br>08/05/2016 21:53                     |  | APPROVED BY<br>Anthony Bersano 000043106 | DATE APPROVED<br>08/05/16<br>CASE STATUS<br>Closed |
| BY OFFICER<br>J. De Jesus 000043129  | INITIALED  | ASSIGNED TO                                      |  |  |  |
| OFFICER  |  |  |  |  |  |

CR-1 De Jo/043129 Entered by: Joseph De Jesus

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

VEN 910

3219

|   |                                     |  |  |  |                             |
|---|-------------------------------------|--|--|--|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  |  | CASE #<br><b>1608V-0947</b> |
| Crime   | <input type="checkbox"/>            | <b>Person Profile</b>  |  |  | PAGE 1 OF 2                 |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |  |  |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) contd.  |  |  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 17:04 Friday</b>  |                                     | DATE AND TIME REPORTED<br><b>08/05/16 17:04</b>                          |  |  |                             |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>   |                                     | LOCATION NAME  | TYPE OF LOCATION   | BEAT   | SECTOR                      |
| <b>PERSONS</b>  |                                     |  |  |  |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other               |                                     |  |  |  |                             |
| CODE<br><b>C</b>  | 1 OF 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Alvonellos, Tim</b>             | DOB<br><b>009</b>  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>MO INFORMATION</b>   |                                     |  |  |  |                             |
| <b>Base Line Vitals &amp; History</b>   |                                     | <b>Demeanor</b><br>Calm<br>Polite  | <b>Patient Assessment</b><br>Patient is Alert<br>Airway Status Open<br>Breathing Adequate<br>Circulation Present |  |                             |
| Normal Breathing<br>Regular Breathing Rhythm<br>Skin Color Normal<br>Skin Temperature Normal<br>Skin Condition Normal |                                     | <b>Eyes</b><br>Normal  | <b>Speech</b><br>Normal  |  |                             |
| <b>Build</b><br>Small   |                                     | <b>Glasses</b><br>None   |  |  |                             |
| <b>Complexion</b><br>Clear  |                                     | <b>Hair Length</b><br>Shoulder length                                    |  |  |                             |
|   |                                     | <b>Hair Style</b><br>Straight  |  |  |                             |
|   |                                     | <b>Odor of Intoxicants</b><br>None                                       |  |  |                             |
| <b>CLOTHING</b>   |                                     |  |  |  |                             |
| CODE<br><b>MN</b>   | 1 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Heng, Monique</b>               | DOB<br><b>009</b>  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>CLOTHING</b>   |                                     |  |  |  |                             |
| CODE<br><b>MN</b>   | 2 OF 2                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Vasquez, Justin</b>             | DOB<br><b>002</b>  | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| <b>CLOTHING</b>   |                                     |  |  |  |                             |
| <b>ADMINISTRATION</b>   |                                     |  |  |  |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>  | DATE/TIME<br><b>08/05/16 21:53</b>  | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>08/05/16</b>   |  |                             |
| OFFICER<br><b></b>  | UNNUMBERED                          | ASSIGNED TO<br><b></b>   | CASE STATUS<br><b>Closed</b>   |  |                             |

CR-J De Je/043129 Entered by: Joseph De Jesus

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

VEN 911

3220

|   |                                     |  |                                  |  |                             |
|---|-------------------------------------|--|----------------------------------|--|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |  | CASE #<br><b>1608V-0947</b> |
| Crime   | <input type="checkbox"/>            | <b>Person Profile</b>  |                                  |  | PAGE 2 OF 2                 |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                                  |  |                             |
| OFFENSE(S):<br><b>Protected Health Information</b>  |                                     | OFFENSE(S) CONT'D  |                                  |  |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 17:04 Friday</b>  |                                     | DATE AND TIME REPORTED<br><b>08/05/16 17:04</b>                          |                                  |  |                             |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>   |                                     | LOCATION NAME  | TYPE OF LOCATION                 | BEAT   | SECTOR                      |
| <b>PERSONS</b>  |                                     |  |                                  |  |                             |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |                                  |  |                             |
| CODE<br><b>SO</b>   | 2 OF 2                              | NAME: LAST, FIRST, MIDDLE, SUFFIX<br><b>Cabada, David</b>                | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CLOTHING  |                                     |  |                                  |  |                             |
| CODE<br><b>TM</b>   | 1 OF 1                              | NAME: LAST, FIRST, MIDDLE, SUFFIX<br><b>Navara, Shane</b>                | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |                             |
| CLOTHING  |                                     |  |                                  |  |                             |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |  |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>  | DATE/TIME<br><b>08/05/16 21:53</b>  | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>08/05/16</b> |  |                             |
| OFFICER   | UNITS/DEPT                          | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |  |                             |

CR-1 De Je/043129 Entered by: Joseph De Jesus

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

VEN 912

**3221**

|  |                                     |  |                           |             |            |
|--|-------------------------------------|--|---------------------------|-------------|------------|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b>                     |                           | CASE #      | 1608V-0947 |
| Crime  | <input type="checkbox"/>            | 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                           | Page 1 of 2 |            |
| Non-Criminal   | <input checked="" type="checkbox"/> | <b>Narrative Report</b>                      |                           |             |            |
| OFFENSE(S)<br>Protected Health Information   |                                     | OFFENSE(S) cont.                             |                           |             |            |
| DATE, TIME AND DAY OF OCCURRENCE<br>08/05/16 17:04 Friday  |                                     | DATE AND TIME REPORTED<br>08/05/16 17:04     |                           |             |            |
| LOCATION OF DOCUMENT<br>Lobby 1, Las Vegas   |                                     | LOCATION NAME                                | TYPE OF LOCATION          | BEAT        | SECTOR     |
| NARRATIVE  |                                     |  |                           |             |            |
| <p>On 08/05/2016, at 1705 hours, I was dispatched to the escalators near Venetian Lobby 1 in regards to an injured guest. Upon my arrival, I was met with Venetian Security Officer Vasquez, Justin TM #37325, Emergency Medical Technician (EMT) Cabada, David TM #43128 and complainant/registered guest to Venezia Suite #8-432 [REDACTED]. I noted [REDACTED] standing in an upright position. I noted the Public Area Department (PAD) cleaning the incident area.</p> <p>[REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately with sufficient tidal volume. [REDACTED] stated on 08/05/2016, at approximately 1717 hours, while walking towards the Venetian Tower, she "slipped in a large pool of water." [REDACTED] stated she "landed directly on back." [REDACTED] stated her left foot slipped forward and she caught herself with her right hand. [REDACTED] complained of a sore/tight lower back, which she had previous surgery. [REDACTED] stated she had no known allergies, no known medical conditions and was not prescribed any medications. [REDACTED] stated she did not hit her head or lose consciousness at any time during the incident.</p> <p>I offered Emergency Medical Service (EMS), but she declined. I advised [REDACTED] she should seek the advice of a physician as soon as possible to prevent further injury.</p> <p>[REDACTED] denied neck pain, chest pain, shortness of breath, nausea and blurred vision. EMT Cabada offered a cold pack for her lower back, but she declined.</p> <p>I offered [REDACTED] a seat on my wheelchair to complete the accident report, but she declined. [REDACTED] signed and completed a Venetian Acknowledgement of First Aid Assistance and Advice to Seek Medical Care Form, a Venetian Accident Report Form, and a Venetian Medical Authorization Form, of which all are attached to this report.</p> <p>I provided [REDACTED] with accident report information and referred her to Risk Management for further questions.</p> <p>An Accident Scene Check was conducted by Facilities Team Member Navara, Shane TM #14329 and I, of which no defects were found in the incident area. A copy of the Accident Scene Check is attached to this report. Photographs of the incident area and [REDACTED]</p> |                                     |  |                           |             |            |
| <b>ADMINISTRATION</b>  |                                     |  |                           |             |            |
| BY OFFICER<br>J. De Jesus 000043129  | DAYENTERED<br>08/05/2016 21:53      | APPROVED BY<br>Anthony Bersano 000043106     | DATE APPROVED<br>08/05/16 |             |            |
| OFFICER<br>[REDACTED]  | UNITS/HI<br>[REDACTED]              | ASSIGN DOT#<br>[REDACTED]                    | CASE STATUS<br>Closed     |             |            |

|   |                                     |  |                                  |        |                             |
|---|-------------------------------------|--|----------------------------------|--------|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |        | CASE #<br><b>1608V-0947</b> |
| Crime   | <input type="checkbox"/>            | <b>Narrative Report</b>  |                                  |        | Page 2 of 2                 |
| -Non-Criminal   | <input checked="" type="checkbox"/> |  |                                  |        |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) con'td.   |                                  |        |                             |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>08/05/16 17:04 Friday</b>  |                                     | DATE AND TIME REPORTED<br><b>08/05/16 17:04</b>                          |                                  |        |                             |
| LOCATION OF OCCURRENCE<br><b>Lobby 1, Las vegas</b>   | LOCATION NAME                       | TYPE OF LOCATION   | BEAT                             | SECTOR |                             |
| <b>NARRATIVE</b><br><br>footwear are attached to this report. Video coverage of the incident is available per Venetian Surveillance, but is a "long shot."<br><br>Front Desk Manager Heng, Monique TM #22350 and Security Manager Alvonellos, Tim TM #3460 was notified of this incident. |                                     |  |                                  |        |                             |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |        |                             |
| BY OFFICER<br><b>J. De Jesus 000043129</b>  | DAE/TIME<br><b>08/05/2016 21:53</b> | APPROVED BY<br><b>Anthony Bersano 000043106</b>                          | DATE APPROVED<br><b>08/05/16</b> |        |                             |
| OFFICER<br>UNIT/SHIFT   | ASSIGNED TO                         | CASE STATUS<br><b>Closed</b>   |                                  |        |                             |

CR-I De Je/043129 Entered by: Joseph De Jesus

Page 2 of 2

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

VEN 914

3223

|  |   |   |  |   |   |           |  |                    |  |   |  |  |
|--|---|---|--|---|---|-----------|--|--------------------|--|---|--|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>  | Non-Criminal <input checked="" type="checkbox"/>  | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |   |           |  |                    | CASE#<br><b>1607V-1506</b>   |   |  |  |
|  |   |   | <b>CR-1</b> <i>R100007942</i>  |   |   |           |  |                    | PAGE<br><b>1</b>   |   |  |  |
| <b>OFFENSE(S)</b><br>Protected Health Information  |   |   | <b>OFFENSE(S) cont'd</b>   |   |   |           |  |                    |  |   |  |  |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/07/16 12:15 Thursday</b>   |   |   | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b>                          |   | MORE CHARGES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |           | ESTIMATED LOSS VALUE<br><b>\$ 0.00</b> |                    |  |   |  |  |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>   |   |   | LOCATION NAME  |   | TYPE OF LOCATION  |           | BEAT                                   | SECTOR             |  |   |  |  |
| <b>PERSONS</b>   |   |   |  |   |   |           |  |                    | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |  |  |
| Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other  |   |   |  |   |   |           |  |                    |  |   |  |  |
| CODE<br><b>MN</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 of 1 Johnson 25575, Jacob</b>                                  |   |  | ADDRESS 1   |   |           | PHONE 1                                |                    |  |   |  |  |
| OCCUPATION<br><b>Security Manager</b>  | RACE  | SEX   | AGE<br><b>17</b>   | DOB<br><b>05/17/1999</b>  | ADDRESS 2   |           |  | PHONE 2            |  |   |  |  |
| DL   | STATE   | SSN   | INJURIES   |   | ADDRESS 3   |           |  | PHONE 3            |  |   |  |  |
| CODE<br><b>SO</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 of 1 Chreane, Michael</b>                                      |   |  | ADDRESS 1   |   |           | PHONE 1                                |                    |  |   |  |  |
| OCCUPATION   | RACE  | SEX   | AGE  | DOB   | ADDRESS 2   |           |  | PHONE 2            |  |   |  |  |
| DL   | STATE   | SSN   | INJURIES   |   | ADDRESS 3   |           |  | PHONE 3            |  |   |  |  |
| CODE<br><b>GU</b>  | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>1 of 1 [REDACTED]</b>  |   |  | HOME [REDACTED]   |   |           | CELLULAR [REDACTED]                    |                    |  |   |  |  |
| OCCUPATION   | RACE  | SEX   | AGE  | DOB   | ADDRESS 2   |           |  | PHONE 2            |  |   |  |  |
| DL   | STATE   | SSN   | INJURIES   |   | ADDRESS 3   |           |  | PHONE 3            |  |   |  |  |
| <b>CASE SUMMARY / VEHICLE INFORMATION</b>  |   |   |  |   |   |           |  |                    |  |   |  |  |
| SUMMARY<br>Protected Health Information - Registered Guest of Suite 14-231 [REDACTED]  |   |   |  |   |   |           |  |                    |  |   |  |  |
| VEHICLE USED IN CRIME<br><input type="checkbox"/> 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<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |  |
| TOW/REPORT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                 | GARAGE NAME AND PHONE   |   |  | REGISTERED OWNER  |   |           | R/R ADDRESS                            |                    |  |   |  |  |
| <b>SUSPECT(S)/ ARRESTEE(S)</b>   |   |   |  |   |   |           |  |                    | MORE NAMES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |  |  |
| Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim                                 |   |   |  |   |   |           |  |                    |  |   |  |  |
| CODE<br><b>OF</b>  | 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<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    | AKA's   |   |  | ARRESTEE DISPOSITION  |   |           | RELEASE LOCATION                       | ARREST DATE / TIME | /  |   |  |  |
| DL   | STATE   | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | BOOKING #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CITATION #  | SSN       | CM#                                    |                    |  |   |  |  |
| CHARGES  |   |   |  |   |   |           |  |                    |  |   |  |  |
| CODE<br><b>OF</b>  | 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<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    | AKA's   |   |  | ARRESTEE DISPOSITION  |   |           | RELEASE LOCATION                       | ARREST DATE / TIME | /  |   |  |  |
| DL   | STATE   | ARRESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | BOOKING #  | WARRANT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CITATION #  | SSN       | CM#                                    |                    |  |   |  |  |
| CHARGES  |   |   |  |   |   |           |  |                    |  |   |  |  |
| <b>ADMINISTRATION</b>  |   |   |  |   |   |           |  |                    |  |   |  |  |
| VICTIM DESIRES PROSECUTION<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                 | FOLLOW UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | COPIES TO:<br><input type="checkbox"/> PAT <input type="checkbox"/> DEF <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER. |  |   |   |           |  |                    |  |   |  |  |
| BY OFFICER<br><b>P. Overfield 000044746</b>  |   | DATE/TIME<br><b>07/07/16 15:07</b>  |  | APPROVED BY<br><b>Jacob Johnson 000025575</b>   |   |           |  |                    |  | DATE APPROVED<br><b>07/08/16</b>  |  |  |
| OFFICER  |   | UNIT/SHIFT  |  | ASSIGNED TO   |   |           |  |                    |  | CASE STATUS<br><b>Closed</b>  |  |  |

CR-1 Overf/044746 Entered by: Patrick Overfield

APDC (Rev. 12/13/13) Print Date 07/25/2016

VEN 915

3224

|  |                                     |  |   |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
|--|-------------------------------------|--|---|------------------|-----------|-----------|----------------------------------|--|-------------------|--------|---|--|--|--|-----------|---------|--|---------------------------------|-------|------------------|-----------------|-----|-----|-----------|---------|--|----|-----|---------|--|--|-----------|---------|--|--|
| Arrest   | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |   |                  |           |           |                                  | CASE #<br><b>1607V-1506</b>  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| Crime  | <input type="checkbox"/>            |  |   |                  |           |           |                                  | PAGE 1 OF 1  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| Non-Criminal   | <input checked="" type="checkbox"/> | <b>Additional Crimes, Persons and Vehicles</b>                           |   |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| OFFENSE(S)<br>Protected Health Information   |                                     |  | OFFENSE(S) cont'd.                              |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/07/16 12:15 Thursday</b>  |                                     |  | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b> |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>  |                                     | LOCATION NAME  |   | TYPE OF LOCATION |           | BEAT      | SECTOR                           |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| ADDITIONAL OFFENSE(S)  |                                     |  | ADDITIONAL OFFENSE(S) cont'd.                   |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| <p style="text-align: center;"><b>PERSONS</b></p> <p>Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CODE<br/><b>TM</b></td> <td style="width: 10%;">1 or 1</td> <td colspan="4">NAME - LAST, FIRST, MIDDLE, SUFFIX<br/><b>Chavez, Rafael</b></td> <td>ADDRESS 1</td> <td>PHONE 1</td> <td>MORE NAMES<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td>OCCUPATION<br/><b>Facilities</b></td> <td>STATE</td> <td>RACE<br/><b>M</b></td> <td>SEX<br/><b>M</b></td> <td>AGE</td> <td>DOB</td> <td>ADDRESS 2</td> <td>PHONE 2</td> <td></td> </tr> <tr> <td>OL</td> <td>SGN</td> <td colspan="3">INJURES</td> <td>ADDRESS 3</td> <td>PHONE 3</td> <td></td> <td></td> </tr> </table> |                                     |  |   |                  |           |           |                                  |  | CODE<br><b>TM</b> | 1 or 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Chavez, Rafael</b> |  |  |  | ADDRESS 1 | PHONE 1 | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | OCCUPATION<br><b>Facilities</b> | STATE | RACE<br><b>M</b> | SEX<br><b>M</b> | AGE | DOB | ADDRESS 2 | PHONE 2 |  | OL | SGN | INJURES |  |  | ADDRESS 3 | PHONE 3 |  |  |
| CODE<br><b>TM</b>  | 1 or 1                              | NAME - LAST, FIRST, MIDDLE, SUFFIX<br><b>Chavez, Rafael</b>              |   |                  |           | ADDRESS 1 | PHONE 1                          | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| OCCUPATION<br><b>Facilities</b>  | STATE                               | RACE<br><b>M</b>   | SEX<br><b>M</b>                                 | AGE              | DOB       | ADDRESS 2 | PHONE 2                          |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| OL   | SGN                                 | INJURES  |   |                  | ADDRESS 3 | PHONE 3   |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| <b>ADMINISTRATION</b>  |                                     |  |   |                  |           |           |                                  |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| BY OFFICER<br><b>P. Overfield 000044746</b>  |                                     | DATE/TIME<br><b>07/07/16 15:07</b>                                       | APPROVED BY<br><b>Jacob Johnson 000025575</b>   |                  |           |           | DATE APPROVED<br><b>07/08/16</b> |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |
| OFFICER  |                                     | UNITS/SHIFT  | ASSIGNED TO                                     |                  |           |           | CASE STATUS<br><b>Closed</b>     |  |                   |        |   |  |  |  |           |         |  |                                 |       |                  |                 |     |     |           |         |  |    |     |         |  |  |           |         |  |  |

APDC (Rev. 02/18/14) Print Date: 07/25/2016

VEN 916

3225

|  |  |  |   |      |                      |  |
|--|--|--|---|------|----------------------|--|
| Arrest <input type="checkbox"/>  | Crime <input type="checkbox"/>   | Non-Criminal <input checked="" type="checkbox"/> | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109  |      | CASE #<br>1607V-1506 |  |
| <b>Case MO</b>   |  |  |   |      | PAGE 1 OF 1          |  |
| OFFENSE(S)<br><b>Protected Health Information</b>  |  | OFFENSE(S) cont'd.                               |   |      |                      |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/07/16 12:15 Thursday</b>  |  | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b>  |   |      |                      |  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>  | LOCATION NAME  | TYPE OF LOCATION                                 |   | BEAT | SECTOR               |  |
| <b>MO DATA</b>   |  |  |   |      |                      |  |
| <u>Arson Case</u><br>There was no Arson in this case<br><u>Case has Domestic Violence</u><br>No Domestic Violence in this case<br><u>Case inv. Anti-R. Rights Crime</u><br>No<br><u>Case involves a Hate Crime</u><br>No<br><u>Case Involves Gang Activity</u><br>No<br><u>Incident Information</u><br>Area Checked<br>Photos Taken<br>PHI - Hotel Guest<br>Slip & Fall<br>Video Tape of Incident Available<br>Wet Surface | <u>Lighting Conditions</u><br>Day Light<br>Room Lights   |  | <u>Security Stats (Click One Box)</u><br>Protected Health Information<br><u>Surface Conditions</u><br>Marble<br>Flat<br>Wet / Slippery<br><u>Weather Conditions</u><br>Clear<br>Hot |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
|  |  |  |   |      |                      |  |
| <b>ADMINISTRATION</b>  |  |  |   |      |                      |  |
| FOLLOW-UP<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | COPIES TO:<br><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<br><b>P. Overfield 000044746</b>  | DATE/TIME<br><b>07/07/2016 15:07</b>   | APPROVED BY<br><b>Jacob Johnson 000025575</b>    | DATE APPROVED<br><b>07/08/16</b>  |      |                      |  |
| OFFICER  | UNIT/SHIFT   | ASSIGNED TO                                      | CASE STATUS<br><b>Closed</b>  |      |                      |  |

CR-1 Over044746 Entered by: Patrick Overfield

APDC (Rev. 06/16/06) Print Date: 07/23/2016

VEN 917

3226

|   |                                     |  |                                  |   |  |
|---|-------------------------------------|--|----------------------------------|---|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |   | CASE #<br><b>1607V-1506</b>  |
| Crime   | <input type="checkbox"/>            | <b>Person Profile</b>  |                                  |   | PAGE <b>1 OF 2</b>   |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                                  |   |  |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) cont'd  |                                  |   |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/07/16 12:15 Thursday</b>                                       |                                     | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b>                          |                                  |   |  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>   |                                     | LOCATION NAME  |                                  | TYPE OF LOCATION  | BEAT      SECTOR   |
| <b>PERSONS</b>  |                                     |  |                                  |   | MORE NAMES<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |                                  |   |  |
| CODE<br><b>MN</b>   | <b>1 OF 1</b>                       | NAME - LAST FIRST MIDDLE SUFFIX<br><b>Johnson 25575, Jacob</b>           | DOB<br><b>05/17/1999</b>         | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information |  |
| <b>CLOTHING</b>   |                                     |  |                                  |   |  |
| CODE<br><b>SO</b>   | <b>1 OF 1</b>                       | NAME - LAST FIRST MIDDLE SUFFIX<br><b>Chreene, Michael</b>               | DOB<br>[REDACTED]                | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information |  |
| CODE<br><b>GU</b>   | <b>1 OF 1</b>                       | NAME - LAST FIRST MIDDLE SUFFIX<br>[REDACTED]                            | DOB<br>[REDACTED]                | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information |  |
| <b>MO INFORMATION</b>   |                                     |  |                                  |   |  |
| <b>Base Line Vitals &amp; History</b>   |                                     | <b>Eyes</b><br>Clear   | <b>Speech</b><br>Excited         |   |  |
| Normal Breathing  |                                     | <b>Glasses</b><br>None   | Normal                           |   |  |
| Regular Breathing Rhythm  |                                     | <b>Hair Length</b><br>Long   |                                  |   |  |
| Skin Color Normal   |                                     | <b>Hair Style</b><br>Wavy  |                                  |   |  |
| Skin Temperature Normal   |                                     | <b>Medical Supplies</b><br>Flashlight or Penlight                        |                                  |   |  |
| Skin Condition Normal   |                                     | Disposable Gloves  |                                  |   |  |
| Pupils are PEARL  |                                     | <b>Odor of Intoxicants</b><br>None                                       |                                  |   |  |
| <b>Build</b><br>Large   |                                     | <b>Patient Assessment</b><br>Patient is Alert                            |                                  |   |  |
| <b>Demeanor</b><br>Polite   |                                     | Airway Status Open   |                                  |   |  |
| Nervous   |                                     | Breathing Adequate   |                                  |   |  |
|   |                                     | Circulation Present  |                                  |   |  |
|   |                                     | Patient has a Trauma/Injury  |                                  |   |  |
|   |                                     | Contusions   |                                  |   |  |
|   |                                     | Tenderness   |                                  |   |  |
|   |                                     | Swelling   |                                  |   |  |
| <b>CLOTHING</b>   |                                     |  |                                  |   |  |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |   |  |
| BY OFFICER<br><b>P. Overfield 000044746</b>   | DATE/TIME<br><b>07/07/16 15:07</b>  | APPROVED BY<br><b>Jacob Johnson 000025575</b>                            | DATE APPROVED<br><b>07/08/16</b> |   |  |
| OFFICER<br>[REDACTED]   | UNIT/SHIFT<br>[REDACTED]            | ASSIGNED TO<br>[REDACTED]  | CASE STATUS<br><b>Closed</b>     |   |  |

CR-I Overf/044746 Entered by: Patrick Overfield

APDC (Rev. 01/22/13) Print Date: 07/25/2016

VEN 918

3227

|   |                                     |  |                                  |  |        |            |  |
|---|-------------------------------------|--|----------------------------------|--|--------|------------|--|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |  | CASE # | 1607V-1506 |  |
| Crime   | <input type="checkbox"/>            |  |                                  |  | PAGE   | 2 OF 2     |  |
| Non-Criminal  | <input checked="" type="checkbox"/> | <b>Person Profile</b>  |                                  |  |        |            |  |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) cont'd  |                                  |  |        |            |  |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/07/16 12:15 Thursday</b>                                       |                                     | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b>                          |                                  |  |        |            |  |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>   |                                     | LOCATION NAME  |                                  | TYPE OF LOCATION   | BEAT   | SECTOR     |  |
| <b>PERSONS</b>  |                                     |  |                                  |  |        |            | MORE NAMES   |
| Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other |                                     |  |                                  |  |        |            | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| CODE<br><b>TM</b>   | <b>1 of 1</b>                       | NAME: LAST FIRST MIDDLE SUFFIX<br><b>Chavez, Rafael</b>                  | DOB                              | This report contains Person Profile information only.<br>Please refer to the primary report(s) for additional information. |        |            |  |
| <b>CLOTHING</b>   |                                     |  |                                  |  |        |            |  |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |  |        |            |  |
| BY OFFICER<br><b>P. Overfield 000044746</b>   | DATETIME<br><b>07/07/16 15:07</b>   | APPROVED BY<br><b>Jacob Johnson 000025575</b>                            | DATE APPROVED<br><b>07/08/16</b> |  |        |            |  |
| OFFICER   | UNIT/SHIFT                          | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |  |        |            |  |

CR-1 Overf/044746 Entered by: Patrick Overfield

APDC (Rev. 01/22/13) Print Date: 07/25/2016

VEN 919

3228

|              |                                     |  |  |                             |
|--------------|-------------------------------------|--|--|-----------------------------|
| Arrest       | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |  | CASE #<br><b>1607V-1506</b> |
| Crime        | <input type="checkbox"/>            |  |  | Page 1 of 2                 |
| Non-Criminal | <input checked="" type="checkbox"/> | <b>Narrative Report</b>  |  |                             |

|  |               |   |      |        |
|--|---------------|---|------|--------|
| OFFENSE(S)<br><b>Protected Health Information</b>                  |               | OFFENSE(S) cont'd                               |      |        |
| DATE, TIME AND DAY OF OCCURRENCE<br><b>07/07/16 12:15 Thursday</b> |               | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b> |      |        |
| LOCATION OF OCCURRENCE<br><b>1 Lobby 1</b>                         | LOCATION NAME | TYPE OF LOCATION                                | BEAT | SECTOR |

**NARRATIVE**

On 7/7/2016 at approximately 1215 hours I was dispatched by Venetian Security Control to the area near Lobby 1 for a female who possibly slipped and fell. I obtained my basic life support (BLS) bag at this time. I advised control to have Facilities and the Public Area Department respond to the area for an accident scene check and a possible spill cleanup.

On arrival in the area near Lobby 1 I observed a female seated in a wheelchair with Security Officer Chreene, Michael TM# 25575. I approached Chreene and the female at this time and noted a large wet area on the floor. I approached the seated female and introduced myself. I asked the female, who identified herself as Registered Guest [REDACTED] of Suite 14-231 what happened. [REDACTED] stated that a few minutes before my arrival she slipped and fell on a wet spot on the floor. [REDACTED] stated she fell to her right knee and that both knees, her lower back, and left hip hurt at this time. I asked [REDACTED] if she wanted an ambulance to which she declined and requested to return to her room. I asked [REDACTED] if I could assess her knee to which she was reluctant to cut her pants and declined at this time. I asked [REDACTED] if she wanted to return to her room and change so I could assess her to which she agreed. I escorted [REDACTED] to 14-231 by wheelchair per her request.

On arrival at 14-231 [REDACTED] opened the door with her own key. I escorted [REDACTED] inside where she sat up from the wheelchair and walked herself to her suitcase to change at this time. I exited the room to give [REDACTED] some privacy. [REDACTED] husband arrived at this time and let himself into the room while I waited outside for Mrs. [REDACTED] to change. Mr. [REDACTED] opened the door shortly after and let me inside. I approached Mrs. [REDACTED] who was now seated on a bed with her right pant leg rolled up. I noticed an approximate 1-inch contusion to the top of [REDACTED] right patella. [REDACTED] patella was negative for deformities, crepitus, abrasions, penetrations, punctures, burns, and lacerations and positive for swelling and tenderness. I asked [REDACTED] if she wanted an ambulance to which she declined at this time. I asked [REDACTED] if I could splint her leg to which she declined. I asked [REDACTED] if I could wrap her knee to which she declined. I asked [REDACTED] if I could provide a bag of ice to which she accepted. I provided Mr. [REDACTED] with a bag of ice to which he departed the Suite to fill at this time.

I asked [REDACTED] her pain on a scale of 1-10 to which she stated her pain at rest is a 7. I asked [REDACTED] if she has any pertinent medical history to which she stated she has had a meniscus fixed in her left knee. I asked [REDACTED] if I could take her vital signs to which she declined. I

| <b>ADMINISTRATION</b>                       |                                       |   |                                  |
|---|---------------------------------------|---|----------------------------------|
| BY OFFICER<br><b>P. Overfield 000044746</b> | DATES/TIME<br><b>07/07/2016 15:07</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b> | DATE APPROVED<br><b>07/08/16</b> |
| OFFICER<br>[REDACTED]                       | UNIFORM/SHIFT<br>[REDACTED]           | ASSIGNED TO<br>[REDACTED]                     | CASE STATUS<br><b>Closed</b>     |

|   |                                     |  |                                  |      |                             |
|---|-------------------------------------|--|----------------------------------|------|-----------------------------|
| Arrest  | <input type="checkbox"/>            | <b>Venetian Security</b><br>3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 |                                  |      | CASE #<br><b>1607V-1506</b> |
| Crime   | <input type="checkbox"/>            | <b>Narrative Report</b>  |                                  |      | Page 2 of 2                 |
| Non-Criminal  | <input checked="" type="checkbox"/> |  |                                  |      |                             |
| OFFENSE(S)<br><b>Protected Health Information</b>   |                                     | OFFENSE(S) cont'd.   |                                  |      |                             |
| DATE, TIME AND DAY OF OCCURENCE<br><b>07/07/16 12:15 Thursday</b>   |                                     | DATE AND TIME REPORTED<br><b>07/07/16 12:15</b>                          |                                  |      |                             |
| LOCATION OF OCCURENCE<br><b>1 Lobby 1</b>   | LOCATION NAME                       | TYPE OF LOCATION   |                                  | BEAT | SECTOR                      |
| <p><b>NARRATIVE</b></p> <p>asked [REDACTED] if she would like a wheelchair brought to her suite to which she declined. [REDACTED] completed a Medical Authorization, Medical Release, and Venetian Voluntary Statement at this time which are attached to this report. I provided [REDACTED] with a Risk Management Business card at this time with my name and the incident report number written on it.</p> <p>Per Surveillance there is video coverage for this incident.</p> <p>Risk Management was notified about this incident at approximately 1457 hours.</p> <p>Front Desk Manager Comelli, Francesca TM# 21833 is aware of this incident.</p> <p>Security Manager Johnson, Jacob TM# 25575 is aware of this incident.</p> |                                     |  |                                  |      |                             |
| <b>ADMINISTRATION</b>   |                                     |  |                                  |      |                             |
| BY OFFICER<br><b>P. Overfield 000044746</b>   | DATETIME<br><b>07/07/2016 15:07</b> | APPROVED BY<br><b>Jacob Johnson 000025575</b>                            | DATE APPROVED<br><b>07/08/16</b> |      |                             |
| OFFICER   | UNIT/SWIFT                          | ASSIGNED TO  | CASE STATUS<br><b>Closed</b>     |      |                             |

CR-I Overf0044746 Entered by: Patrick Overfield

Page 2 of 2

APDC (Rev. 01/22/13) Print Date: 07/25/2016

VEN 921

**3230**

# THE VENETIAN® | THE PALAZZO®

## SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE    OF   

IR 1607U-1506

|  |                                      |                        |          |
|--|--------------------------------------|------------------------|----------|
| TYPE OF INCIDENT:  | Slip and fall                        |                        |          |
| DATE OCCURRED:   | 1-26                                 | TIME OCCURRED:         | 12:20 am |
| LOCATION OF OCCURRENCE:  | Lobby                                |                        |          |
| NAME OF PERSON GIVING STATEMENT:   |                                      |                        |          |
| QUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>  | HOME PHONE #:                        | CELL PHONE #:          |          |
| SUITE #: 14-231  | BUSINESS PHONE #:                    | PAGER #:               |          |
| LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:   |                                      |                        |          |
| RESIDENCE ADDRESS:   |                                      |                        |          |
| BUSINESS ADDRESS:  |                                      |                        |          |
| SOCIAL SECURITY NUMBER:  |                                      | DATE OF BIRTH: 2-12-59 |          |
| BEST TIME TO CONTACT: (am / pm) BEST PLACE TO CONTACT: Cell  |                                      |                        |          |
| DETAILS: Walking out of gift shop slipped and fell in a very large pool of water. Fell directly on <del>other</del> knee and hands and twisted body. |                                      |                        |          |
| I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): _____   |                                      |                        |          |
| ON THE _____ DAY OF _____ AT _____ (am / pm) 20_____   |                                      |                        |          |
| WITNESS: _____   |                                      |                        |          |
| WITNESS: _____   | signature of person giving statement |                        |          |

VEN 922

3231



Incident Report Number: 1607U-1506

## Accident Scene Check - Security

Please type or print clearly.

Guest Name: \_\_\_\_\_

Security Officer

Time: 1224 Date: 7/7/16 Guest Suite #: LOBBY 1

Defects Noted (Explain in detail): MARBLE FLOORING APPEARS FLAT, EVEN, AND DRY.  
STANDING LIQUID WAS INITIALLY IDENTIFIED AND CLEANED PRIOR  
TO MY ASSESSMENT OF THE AREA.

Actions Taken: CONTACTED FACILITIES ENGINEER WAS ALREADY ON SCENE  
UPON ASSESSMENT.

Lighting Normal? (If no, explain): YES

Outside Diagram?  Yes  No

Checked by Security Officer (Name): LARSON, JOE TM #: 26821

Engineer

Time: 12:20 pm Date: 7-7-16 Guest Suite #: Venetian guest elevator.

Defects Noted (Explain in Detail): Slip or fall

~~Wolfe~~

Actions Taken: Patrick from Security called P&D to clean  
the floor area.

Checked by Engineer (Name): Rafael Shirley

TM #: 9648

FORM NO. GR-HIL 0022A-02-07

VEN 923

3232



1607v-1506

## 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: \_\_\_\_\_

ID#:



1607V - 1506

## 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: [REDACTED]

Guest's Suite #: 14-231

Signature: [REDACTED]

Today's Date: 7-7-16

FORM NO. GAVM7-0876v10-07

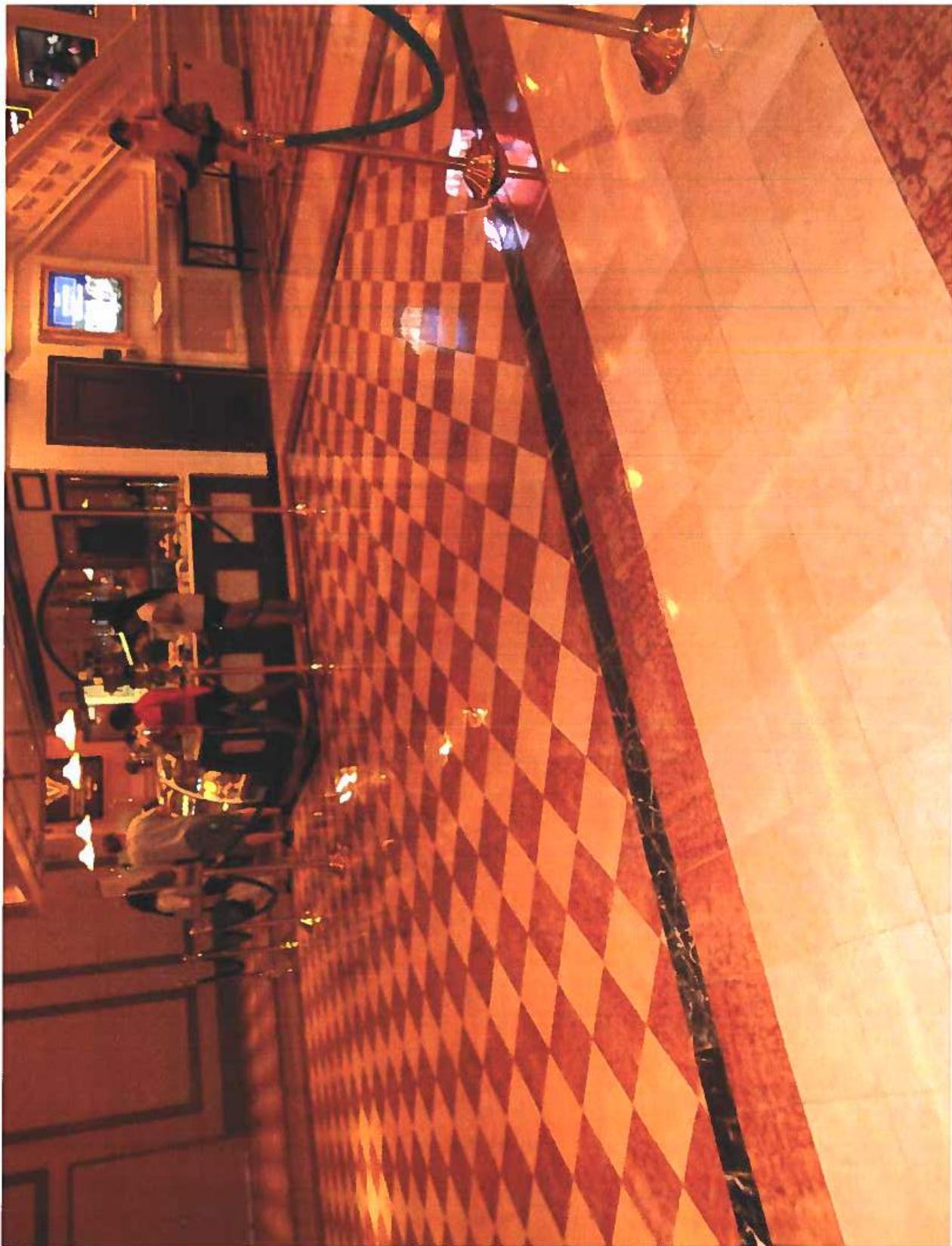
VEN 925

3234



VEN 926

**3235**



VEN 927

**3236**



VEN 928

3237