IN THE COURT OF APPEALS OF THE STATE OF NEVADA

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

Petitioners,

vs.

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

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

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

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Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

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

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Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019)	Vol. 9, 1700–1722
Plaintiff Joyce Sekera's Eleventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/25/2019)	Vol. 9, 1723–1759
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THE VENETIAN THE PALAZZO

150 7V-
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 #:
Phone:
Witness:
Witness:
Date: 19 JUL 16 Time: 0836
Refused to Sign:
Venetian/Palazzo EMT: L ROSA ID#: 41297

Age: 55 **Gender:** (M) F
c/o:
( ) CP ( ) SOB ( ) Abd Pain ( ) Nausea
( ) Vomiting ( ) Diarrhea ( ) Weakness
( ) Dizziness ( ) Headache ( ) Blurred vision
Pain Scale 6 out of 10 A / O x 4
Trauma FELL HITTING BACK

Medical Hx:
1. ASTHMA
2.
3.
4.
5.
6.
7.

Notes:
FELL AGAIN 0705 LOBBY

Treatment:
(✓) Advice only
( ) Vital signs taken
( ) Oxygen: ____ LPM via ____
( ) Other:

Medications: **Dose:**
1. ADVAIR ___ mg
2. ___ mg
3. ___ mg
4. ___ mg
5. ___ mg
6. ___ mg
7. ___
8. ___

Medication(s) taken today: Y/ N

Vital Signs: Temp: ____ F

	1	2	3
B/P:	/	/	/
Pulse:			
Resp:			

Pupils: (✓) PERRL ( ) Unequal ( ) Equal ( ) Nonreactive
Lungs: (✓) Clear ( ) Wheezing ( ) Rales ( ) Ronchi
Skin: ( ) Pink (✓) Warm ( ) Dry ( ) Flushed ( ) Cyanotic ( ) Jaundiced ( ) Ashen

Dispatched: ____ hours
CCFD: Res/Eng ____ Arrival ____
MedicWest / AMR: ____ Arrival ____

Allergies: (✓) NKDA
1. /
2.
3.
4.

Transport: ( ) None
____ Hospital via:
( ) Self Transport
( ) MedicWest / AMR ____
( ) ____ Cab # ____

705 PG NO $ 70-80

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1507V-5392

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 07/20/15 05:36 Monday TO 07/20/15 05:45 Monday

DATE AND TIME REPORTED: 07/20/15 05:36

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: Main Entrance, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: MN 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFF X: Edwards, Julianne | ADDRESS 1: | PHONE 1:

OCCUPATION: Front Desk Manager | RACE: | SEX: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 3: | PHONE 3:

CODE: MN 2 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Coronado, Nicholas | ADDRESS 1: | PHONE 1:

OCCUPATION: Assistant Manager | RACE: | SEX: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 3: | PHONE 3:

CODE: SO 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Stoyer, James | ADDRESS 1: | PHONE 1:

OCCUPATION: Facilities engineer | RACE: | SEX: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 3: | PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY:

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 th scene. There is video coverage of the incident.

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ | LICENSE (NO. AND STATE): | OF: | YEAR: | MAKE: | MODEL: | BODY TYPE: | COLOR: | VIN:

MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ | GARAGE NAME AND PHONE: | REGISTERED OWNER: | R/O ADDRESS:

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: | OF: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | ADDRESS 1: | PHONE 1:

RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's: | ARRESTEE DISPOSITION: | RELEASE LOCATION: | ARREST DATE / TIME: /

DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOKING #: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | CII#:

CHARGES:

CODE: | OF: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | ADDRESS 1: | PHONE 1:

RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's: | ARRESTEE DISPOSITION: | RELEASE LOCATION: | ARREST DATE / TIME: /

DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOKING #: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | CII#:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER: J. Burnett 000037807 | DATE/TIME: 07/20/15 06:48 | APPROVED BY: Nicholas Coronado 000032416 | DATE APPROVED: 07/20/15

OFFICER: | UNIT/SHIFT: | ASSIGNED TO: | CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1507V-5392

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
07/20/15 05:36 Monday	TO 07/20/15 05:45 Monday	07/20/15 05:36

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Main Entrance, Las Vegas				

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		NAME - LAST, FIRST, MIDDLE, SUFFIX						
GU	1 OF 1	Lovgren, Sofia				ADDRESS 1		PHONE 1
OCCUPATION		RACE	SEX	AGE	DOB	ADDRESS 2		PHONE 2
		W	F	25	03/04/1990			
DL	STATE	SSN			INJURIES	ADDRESS 3		PHONE 3

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX						
SO	2 OF 2	Wennerberg, Eric				ADDRESS 1		PHONE 1
OCCUPATION		RACE	SEX	AGE	DOB	ADDRESS 2		PHONE 2
Security Officer								
DL	STATE	SSN			INJURIES	ADDRESS 3		PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Burnett 000037607	07/20/15 06:48	Nicholas Coronado 000032415	07/20/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1507V-5392

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
07/20/15 05:36 Monday	TO 07/20/15 05:45 Monday	07/20/15 05:36

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Main Entrance, Las Vegas				

MO DATA

Arson Class
There was no Arson in this case

Case has Domestic Violence
No Domestic Violence in this case

Case involves Gang Activity
No
No
No

Incident Information
Area Checked
No Photos
No Prosecution Desired
Victim Cooperative
Video Tape of Incident Available

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Incident Involving Hotel Guest

Surface Conditions
Marble
Flat
Wet / Slippery

Weather Conditions
Clear
Cool

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT.	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Burnett 000037807	07/20/2015 06:48	Nicholas Coronado 000032415	07/20/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

CR-1 Burne/037807 Entered by: John Burnett

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

VEN 712

3021

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1507V-5392

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 07/20/15 05:36 Monday TO 07/20/15 05:45 Monday

DATE AND TIME REPORTED: 07/20/15 05:36

LOCATION OF OCCURRENCE: Main Entrance, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	Edwards, Julianne		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	Coronado, Nicholas		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	1 OF 2	Stoyer, James		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	2 OF 2	Wennerberg, Eric		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 1	[redacted]	03/04/1990	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Build: Thin
Complexion: Clear
Demeanor: Calm
Eyes: Clear
Glasses: None
Hair Length: Long
Hair Style: Straight
Odor of Intoxicants: None
Speech: Accent, Quiet

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Burnett 000037807	07/20/15 06:48	Nicholas Coronado 000032415	07/20/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-I Burne/037807 Entered by: John Burnett

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

VEN 713

3022

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1507V-5392

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
07/20/15 05:36 Monday	TO 07/20/15 05:45 Monday	07/20/15 05:36

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	SEAT	SECTOR
Main Entrance, Las Vegas				

NARRATIVE

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.

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.

Security Assistant Manager Coronado, Nicholas TM#32415 and Front Desk Manager Edwards, Julianne TM#24568 were notified of the incident.

An accident scene check was conducted by Facilities Engineer Stoyer, James TM#40763 with no defects observed.

There is video coverage of the incident per Surveillance.

Attached:
Reservation portfolio
Accident scene check

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Burnett 000037807	07/20/2015 06:48	Nicholas Coronado 000032415	07/20/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508V-0357

PAGE 1

OFFENSE(S): Informational

OFFENSE(S) cont'd.

DATE, TIME AND DAY OF OCCURENCE: 08/02/15 10:48 Sunday

DATE AND TIME REPORTED: 08/02/15 10:48

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
MN 1 OF 1	Kluver, Connie	ADDRESS 2	PHONE 2
OCCUPATION / RACE / SEX / AGE / DOB		ADDRESS 3	PHONE 3
DL / STATE / SS# / INJURIES			

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
GU 1 OF 1	[redacted]	ADDRESS 2	PHONE 2
OCCUPATION / RACE / SEX / AGE / DOB		ADDRESS 3	PHONE 3
DL / STATE / SS# / INJURIES			

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	CELLULAR
TM 1 OF 1	[redacted]	ADDRESS 2	PHONE 2
OCCUPATION / RACE / SEX / AGE / DOB		ADDRESS 3	PHONE 3
DL / STATE / SS# / INJURIES			

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

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	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐ OF								YES ☐ NO ☒

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES ☒ NO ☐			

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE / SEX / HT / WT / HAIR / EYE / AGE / DOB		ADDRESS 2	PHONE 2
OCCUPATION / INJURIES		ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL / STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CII#
	YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE / SEX / HT / WT / HAIR / EYE / AGE / DOB		ADDRESS 2	PHONE 2
OCCUPATION / INJURIES		ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL / STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CII#
	YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	COPIES TO:	
YES ☐ NO ☒	YE ☐ NO ☒	☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:	

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
M. Criddle 000022834	08/02/15 12:55	Jacob Johnson 000025575	08/02/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS: Closed

Arrest [ ]
Crime [ ]
Non-Criminal [x]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1508V-0357

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Informational	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/02/15 10:48 Sunday	08/02/15 10:48

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

MO DATA

Incident Information

Photos Taken
Slip & Fall
Video Tape of Incident Available
Wet Surface

Security Stats (Click One Box)

Incident Involving Hotel Guest

Surface Conditions

Marble

ADMINISTRATION

FOLLOW UP	COPIES TO							
YES [ ] NO [x]	[ ] PAT	[ ] DET	[ ] DA	[ ] COURT	[ ] PROBATION	[ ] VWAP	[ ] OTHER	

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
M. Criddle 000022834	08/02/2015 12:55	Jacob Johnson 000025575	08/02/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Cridd/022834 Entered by: Maylon Criddle

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1506V-0357

OFFENSE(S)	OFFENSE(S) cont'd
Informational	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/02/15 10:48 Sunday	08/02/15 10:48

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

NARRATIVE

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.

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.

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.

Pictures attached
Venetian Billing Portfolio attached
Accident Scene Check form attached

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
M. Criddle 000022834	08/02/2015 12:55	Jacob Johnson 000025575	08/02/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

THE VENETIAN THE PALAZZO

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): Myhn Criddle TM #: 22834

Engineer

Time: 11 55 Date: July 2 2015 Guest Suite #:

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

Actions Taken: INSPECTED WALKING SURFACE

Checked by Engineer (Name): BRIAN GREENIDGE TM # 15363

VEN 718

VEN 719

3028

VEN 720

3029

VEN 721

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security
3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508V-1866
PAGE 1

OFFENSE(S): Protected Health Information
OFFENSE(S) cont'd:
DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 13:30 Saturday TO 08/08/15 14:15 Saturday
DATE AND TIME REPORTED: 08/08/15 13:30
MORE CHARGES: YES ☐ NO ☒
ESTIMATED LOSS VALUE: $ 0.00
LOCATION OF OCCURRENCE: Grand Hall, Las Vegas
LOCATION NAME:
TYPE OF LOCATION:
BEAT:
SECTOR:

PERSONS
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other
MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]
OCCUPATION: | RACE: | SEX: | AGE: | DOB:
DL: | STATE: | SS#: | INJURIES:
ADDRESS 1: | PHONE 1:
ADDRESS 2: | PHONE 2:
ADDRESS 3: | PHONE 3:

CODE: MN 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Johnson 25575, Jacob
OCCUPATION: Assist Security Manager | RACE: | SEX: | AGE: 16 | DOB: 05/17/1999
DL: | STATE: | SS#: | INJURIES:
ADDRESS 1: | PHONE 1:
ADDRESS 2: | PHONE 2:
ADDRESS 3: | PHONE 3:

CODE: MN 2 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Berleth, Jonathan
OCCUPATION: Front Office Manager | RACE: | SEX: | AGE: | DOB:
DL: | STATE: | SS#: | INJURIES:
ADDRESS 1: | PHONE 1:
ADDRESS 2: | PHONE 2:
ADDRESS 3: | PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION
SUMMARY: Protected Health Information for registered guest of suite 12-133 [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ | OF | LICENSE (NO. AND STATE) | YEAR | MAKE | MODEL | BODY TYPE | COLOR | VIN | MORE VEHICLES: YES ☐ NO ☒
TOW REPORT: YES ☒ NO ☐ | GARAGE NAME AND PHONE | REGISTERED OWNER | RO ADDRESS

SUSPECT(S)/ ARRESTEE(S)
Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim
MORE NAMES: YES ☐ NO ☒

CODE: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | OF | ADDRESS 1: | PHONE 1:
RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:
OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:
SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME:
DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOKING #: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | CII#:
CHARGES:

CODE: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | OF | ADDRESS 1: | PHONE 1:
RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:
OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:
SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME:
DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOK NO.#: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | CII#:
CHARGES:

ADMINISTRATION
VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER: L. Dozier 000041799 | DATE/TIME: 08/09/15 09:14 | APPROVED BY: Jacob Johnson 000025575 | DATE APPROVED: 08/09/15
OFFICER: | UNIT/SHIFT: | ASSIGNED TO: | CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1508V-1866

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/08/15 13:30 Saturday	TO 08/08/15 14:15 Saturday	08/08/15 13:30

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas				

MO DATA

Incident Information
- Area Checked
- Photos Taken
- PHI - Hotel Guest
- Slip & Fall
- Statements Taken
- Video Tape of Incident Available
- Wet Surface
- Guest Complaint

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble
- Wet / Slippery

Weather Conditions
- Clear

ADMINISTRATION

FOLLOW-UP	COPIES TO:						
YES ☐ NO [X]	☐ PAT.	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
L. Dozier 000041799	08/09/2015 09:14	Jacob Johnson 000025575	08/09/15
OFFICER	**ON TAG/HIT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

CR-1 Dozie/041799 Entered by: Lee Dozier

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 150BV-1866

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 13:30 Saturday TO 08/08/15 14:15 Saturday

DATE AND TIME REPORTED: 08/08/15 13:30

LOCATION OF OCCURRENCE: Grand Hall, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES [ ] NO [ ]

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
C		[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Regular Pulse
Skin Temperature Normal
Blood Pressure Normal

Hair Length
Shoulder length

Odor of Intoxicants
Mild

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Symptoms of Illness - OPQRST obtained?
Contusions
Tenderness
Swelling

CODE	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN		Johnson 25575, Jacob	05/17/1999	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN		Derleth, Jonathan		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
L. Dozier 000041799	08/09/15 09:14	Jacob Johnson 000025575	08/09/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CASE # 1508V-1866

Narrative Report

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/08/15 13:30 Saturday	to 08/08/15 14:15 Saturday	08/08/15 13:30

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas				

NARRATIVE

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] 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.

[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.
[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.

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.

Attachments
Medical Release
Accident Scene Check
Guest Accident Form
Billing Folio
Photos

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
L. Dozier 000041799	08/09/2015 09:14	Jacob Johnson 000025575	08/09/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508V-1869

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) CHARGE:

DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 14:00 Saturday TO 08/08/15 14:27 Saturday

DATE AND TIME REPORTED: 08/08/15 14:00

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: MN 1 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Johnson 25575, Jacob

OCCUPATION: Assist Security Manager

RACE: SEX: AGE: DOB: [redacted]

DL: STATE: SS#: ADDRESS:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CODE: MN 2 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Peck, Brittany

OCCUPATION: Front Desk Mgr

RACE: SEX: AGE: DOB:

DL: STATE: SS#: MARKS:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CODE: SO 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Hill, Allan

OCCUPATION: Security Officer

RACE: SEX: AGE: DOB:

DL: STATE: SS#: MARKS:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protetcted Health Information- Guest of suite [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ OF — LICENSE (NO. AND STATE): YEAR: MAKE: MODEL: BODY TYPE: COLOR: VIN:

MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ — GARAGE NAME AND PHONE: REGISTERED OWNER: RO ADDRESS:

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: OF — NAME - LAST, FIRST, MIDDLE, SUFFIX: ADDRESS 1: PHONE 1:

RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB: ADDRESS 2: PHONE 2:

OCCUPATION: MARKS: ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's: ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: WARRANT: YES ☐ NO ☐ — CITATION #: SS#: CII#:

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: MARKS: ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's: ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: WARRANT: YES ☐ NO ☐ — CITATION #: SS#: CII#:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ — FOLLOW-UP: YES ☐ NO ☒ — REFER TO: PAT. ☐ DET. ☐ SA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER ☐

BY OFFICER: G. Rescigno 000034137

DATE/TIME: 08/10/15 09:49

APPROVED BY: Jacob Johnson 000025575

DATE APPROVED: 08/10/15

OFFICER:

UNIT/SHIFT:

ASSIGNED TO:

CASE STATUS: Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1508V-1869

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd.:

DATE, TIME AND DAY OF OCCURENCE: 08/08/15 14:00 Saturday TO 08/08/15 14:27 Saturday

DATE AND TIME REPORTED: 08/08/15 14:00

LOCATION OF OCCURENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

ADDITIONAL OFFENSE(S):

ADDITIONAL OFFENSE(S) cont'd.:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX		
GU 1 OF 1	[redacted]	[redacted]	Cellular
OCCUPATION	RACE / SEX / AGE / DOB: [redacted]	ADDRESS 2	PHONE 2
ID [redacted] STATE	SSN	INJURIES	ADDRESS 3	PHONE 3
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX		
TM 1 OF 1	Helman, Glen	ADDRESS 1	PHONE 1
OCCUPATION: Facilities	RACE / SEX / AGE / DOB	ADDRESS 2	PHONE 2
ID STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	08/10/15 09:49	Jacob Johnson 000025575	08/10/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1508V-1869

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 14:00 Saturday TO 08/08/15 14:27 Saturday

DATE AND TIME REPORTED: 08/08/15 14:00

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

MO DATA

Incident Information
- Area Checked
- No Photos
- PHI - Hotel Guest
- Slip & Fall
- Statements Taken
- Video Tape of Incident Available
- Wet Surface

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble
- Flat
- Wet / Slippery

Weather Conditions
- Clear
- Hot

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VMAP ☐ OTHER						
BY OFFICER: G. Rescigno 000034137	DATE/TIME: 08/10/2015 09:49	APPROVED BY: Jacob Johnson 000025575	DATE APPROVED: 08/10/15
SUPERVISOR	LIEUTENANT	ASSIGNED TO	CASE STATUS: Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 150BV-1869

PAGE 1 OF 2

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 14:00 Saturday to 08/08/15 14:27 Saturday

DATE AND TIME REPORTED: 08/08/15 14:00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	Johnson 25575, Jacob	05/17/1999	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	Peck, Brittany		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	1 OF 1	Hill, Allan		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	08/10/15 09:48	Jacob Johnson 000025575	08/10/15
OFFICER	UNIT/BEAT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1508V-1869

PAGE 2 OF 2

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 08/08/15 14:00 Saturday TO 08/08/15 14:27 Saturday

DATE AND TIME REPORTED: 08/08/15 14:00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

ROLE: GU 1 OF 1

NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

DOB: [redacted]

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Rapid Pulse Rate
Irregular Pulse
Skin Color Pale (Pallor)
Skin Condition Wet or Moist
Blood Pressure High
SAMPLE History Obtained?

Build
Large

Complexion
Pale

Demeanor
Angry

Eyes
Clear

Hair Length
Shoulder length

Hair Style
Straight

Medical Supplies
B/P Cuff
Stethoscope
Cold Packs
Disposable Gloves

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Patient Responds to Verbal Stimulus
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Symptoms of Illness - OPQRST obtained?
Tenderness

Speech
Normal

CLOTHING

Flip flops

ROLE: TM 1 OF 1

NAME - LAST, FIRST, MIDDLE, SUFFIX: Helman, Glen

DOB:

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	08/10/15 09:49	Jacob Johnson 000025575	08/10/15
OFFICER	OFFICER 1	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1508V-1869
Non-Criminal	X	**Narrative Report**	Page 1 of 2

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
08/08/15 14:00 Saturday	to 08/08/15 14:27 Saturday	08/08/15 14:00

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

NARRATIVE

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.

Assistant Security Manager advised me to respond to Lobby 1. I obtained my Basic Life Support (BLS) bag and responded.

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.

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.

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.

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

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	08/10/2015 09:49	Jacob Johnson 000025575	08/10/15
OFFICER	SUPERVISOR	ASSIGNED TO	CASE STATUS
			Closed

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1508V-1869
Non-Criminal	X	**Narrative Report**	Page 2 of 2

OFFENSE(S)	OFFENDER(S) NAME
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
08/08/15 14:00 Saturday	to 08/08/15 14:27 Saturday	08/08/15 14:00

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

NARRATIVE

complete a guest accident packet. She agreed.

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.

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.

I obtained the information pertaining to area hospitals along with a bag that I placed ice into and brought up to Ms. [redacted]

Due to the fact Ms. [redacted] injuries were just above her buttocks, no photograghs were obtained of the injury site.

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.

This report contains the following:
Scan of guest accident report.
Scan of medical release.
Scan of medical authorization.
Scan of accident scene check.
Photogragh 1& 2 are of the area of the slip and fall.
Photogragh # 3 is from the area of the slip and fall, looking towards lobby 1.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	08/10/2015 09:49	Jacob Johnson 000025575	08/10/15
OFFICER	SUPERVISOR	ASSIGNED TO	CASE STATUS
			Closed

VEN 733

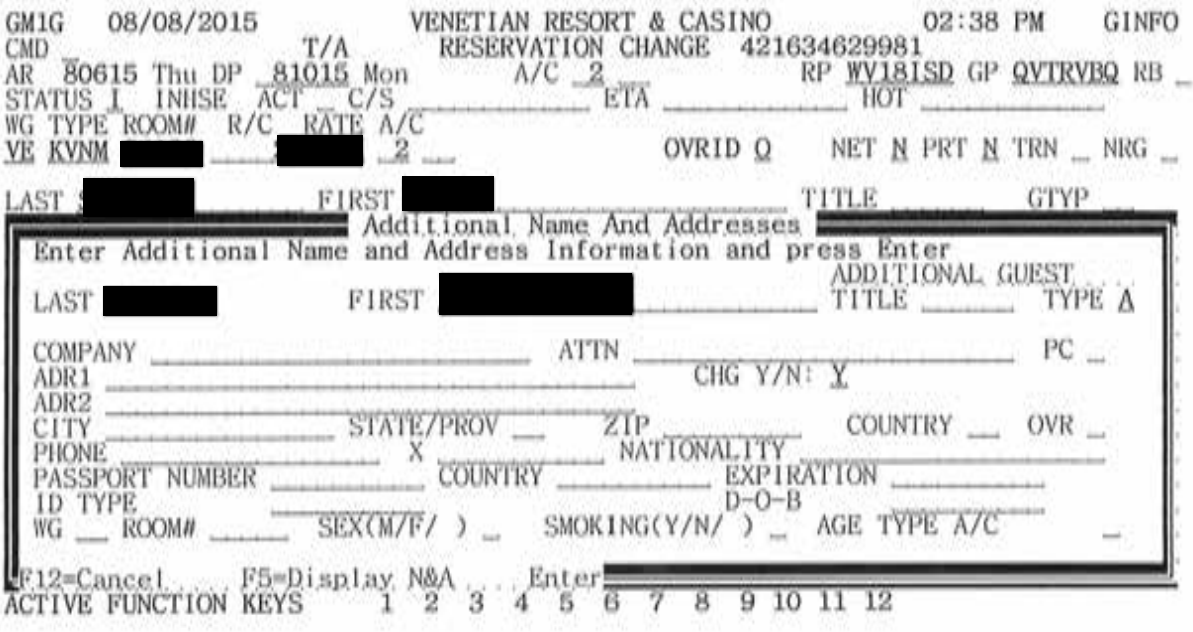
3042

VEN 734

3043

VEN 735

3044



Brittany Peck
#32974
1505V-1869

VEN 736

THE VENETIAN THE PALAZZO

Incident Report Number: 15 OBU - 1867

Accident Scene Check – Security

Please type or print clearly.

Guest Name: _____

Security Officer

Time: 2:30 Date: 8-8-11 Guest Suite #: 24-12F

Defects Noted (Explain in detail): Wet upon arrival Caution signs were up. Guest claims to have slipped.

Actions Taken: Cleared Multi-call - Guest refused

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

Outside Diagram? ☐ Yes ☐ No

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

Engineer

Time: 1435 Date: 8-8-15 Guest Suite #: _____

Defects Noted (Explain in Detail): None Floor was dry and level

Actions Taken: None

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

FORM NO. GR-HSL-0072A-05-07

VEN 737

Washington
SANDCM*228BT

THE VENETIAN THE PALAZZO

Incident Report Number: 15UV – 1065

Accident Report – Security

Please type or print clearly.

Name: [redacted] Age/DOB: [redacted]

Home Addr[redacted] Social Security #: —

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telep[redacted] Your Occupation: —

By Whom Employed: —

Are You a Guest of The Venetian or The Palazzo? V 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.
I was walking past the escalators towards the 2nd floor Suite entrance when I slipped and fell by water on the floor, and landed on my lower back.

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

Location of Accident (Please be specific): Lobby 1

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: [signature] TM #: 34137

Guest Checkout Date:

FORM NO. GR-INTL-0011A-05-01

VEN 738

3047

THE VENETIAN THE PALAZZO

1580 - 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.

Print Name: [redacted]

Signature: [redacted]

Guest's Suite #: 24-128

Today's Date: 8/8/15

FORM NO. GP-4 "L" 06/NA-10-07

THE VENETIAN THE PALAZZO

150 BV - 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: 5-8-17 Time: 155 pm

Refused to Sign: _____

Venetian/Palazzo EMT: _____ ID#: 34139

AGE: 98/002 Male / Female C/C: Lower Lumbar Midline

Pain - 7/10

Pulse - 138

Resp -

BP - 140/86

Eyes -

Lungs -

LOC -

Skins -

BGL -

Hx - Diabetic Asthma

Allergies - Penicillin

Meds - Diabetic

Last oral intake -

Hydration -

O -

P -

Q -

R -

S -

T -

CCFD -

MedicWest -

Transport -

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508P-2554

PAGE 1

OFFENSE(S)
Protected Health Information
Protected Health Information

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE			DATE AND TIME REPORTED	MORE CHARGES	ESTIMATED LOSS VALUE
08/14/15 01:40 Friday	TO	08/14/15 01:20 Friday	08/14/15 01:40	YES NO X	$ 0.00

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	PHONE 1
GU 1 OF 2	[redacted]	, ,	
OCCUPATION	RACE SEX AGE DOB	HOME	PHONE 2
	[redacted]	[redacted]	
DL STATE	SS# INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
GU 2 OF 2	[redacted]		
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2	PHONE 2
	[redacted]		
DL STATE	SS# INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2	PHONE 2
DL STATE	SS# INJURIES	ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY
Protected health information for Venetian Guest in Suite #17-141 Hammonds, Susan

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES NO UNK OF								YES NO X

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES X NO			

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			
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 NO				/

DL STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI#
	YES NO		YES NO			

CHARGES

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			
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 NO				/

DL STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI#
	YES NO		YES NO			

CHARGES

ADMINISTRATION

VICTIM DES.RES PROSECUTION	FOLLOW-UP	COPIES TO:						
YES NO X	YES NO X	PAT	DET	DA	COURT	PROBATION	VWAP	OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
	08/14/15 05:26	Anthony Bersano 000043106	08/15/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Arnol/042511 Entered by:

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

Arrest ☐ Crime ☐ Non-Criminal ☒	***Palazzo Security*** 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 **Additional Crimes, Persons and Vehicles**	CASE # 1508P-2554 PAGE 1 OF 1

OFFENSE(S) Protected Health Information Protected Health Information	OFFENSE(S) cont'd

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	BEAT	SECTOR

ADDITIONAL OFFENSE(S)	ADDITIONAL OFFENSE(S) cont'd

ADMINISTRATION

BY OFFICER	DATE/TIME 08/14/15 05:26	APPROVED BY Anthony Bersano 000043106	DATE APPROVED 08/15/15
OFF CER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1508P-2554

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/14/15 01:40 Friday	TO 08/14/15 01:20 Friday	08/14/15 01:40

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

MO DATA

Arson Class
There was no Arson in this case

Arson Inhabited
Property was not Inhabited

Case has Domestic Violence
No Domestic Violence in this case
No weapon involved

Case involves a Hate Crime
No

Case involves Gang Activity
No
No

Incident Information
Area Checked
Slip & Fall
Video Tape of Incident Available
PHI - Hotel Guest
No Photos
PHI - Hotel Guest
No Video Available

Lighting Conditions
Room Lights
Room Lights

Security Stats (Click One Box)
Protected Health Information
Protected Health Information

Surface Conditions
Marble
Dry
Marble
Flat

Weather Conditions
Clear
Cool

ADMINISTRATION

FOLLOW-UP	COPIES TO							
YES ☐ NO ☒	☐ PAT	☐ DET	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER	

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
	08/14/2015 05:26	Anthony Bersano 000043106	08/15/15

OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

VEN 743

3052

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1508P-2554

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/14/15 01:40 Friday	TO 08/14/15 01:20 Friday	08/14/15 01:40

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 2	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Regular Pulse
Skin Color Normal
Skin Condition Normal

Build
Heavy

Complexion
Clear

Demeanor
Calm
Polite

Eyes
Normal

Facial Hair
Unknown

Facial Hair:Color
Unknown

Glasses
None

Hair Length
Long

Hair Style
Straight

Medical Supplies
Disposable Gloves

Odor of Intoxicants
None

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Tenderness

Speech
Normal

CLOTHING

White shirt blue pants

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
	08/14/15 05:26	Anthony Bersano 000043106	08/15/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1508P-2554

PAGE 2 OF 2

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/14/15 01:40 Friday	TO 08/14/15 01:20 Friday	08/14/15 01:40

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	2 OF 2	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm

Build
Thin

Complexion
Clear

Demeanor
Calm
Polite

Eyes
Normal

Facial Hair
Unknown

Facial Hair:Color
Unknown

Glasses
Prescription

Hair Length
Long

Hair Style
Straight

Odor of Intoxicants
Moderate

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate

Speech
Normal

CLOTHING

Blue shirt blue pants

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
OF	1 OF 1	Perez, Michael John II		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
SU	1 OF 2	Hoang, Eddie		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
SU	2 OF 2	Byers, Nathan		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
T	1 OF 1	Fesel, Marc		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
	08/14/15 05:26	Anthony Bersano 800043106	08/15/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

CR-1 Arnol/042511 Entered by:

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1508P-2554

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information Protected Health Information	

DATE TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/14/15 01:40 Friday	TO 08/14/15 01:20 Friday	08/14/15 01:40

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

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
	08/14/2015 05:26	Anthony Bersano 000043106	08/15/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐ Crime ☐ Non-Criminal ☒	***Palazzo Security*** 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 **Narrative Report**	CASE # **1508P-2554** Page 2 of 2

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information **Protected Health Information**	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
08/14/15 01:40 Friday	to **08/14/15 01:20 Friday**	**08/14/15 01:40**

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Palazzo Tower 141				

NARRATIVE

Photographs 1-2

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
	08/14/2015 05:26	**Anthony Bersano 000043106**	**08/15/15**
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Supplemental Report

CASE # 1508P-2554

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Informational	

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

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Venetian Tower 141, Las Vegas				

CASE SUMMARY
Protected Health Information - Guest of Suite 17-141 - Hammonds, Susan

NARRATIVE

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.

[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.

A wheelchair escort was provided to the Taxi Line where [redacted] departed property via Nellis Cab 726 to Sunrise Hospital at 7:59am.

Front Desk Manager Perry, Melissa TM#29476 was notified.

No attachments available.

ADMINISTRATION

FOLLOW-UP	COPIES TO:							
YES ☐ NO ☒	☐ PAT	☐ DET	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER	

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	08/14/2015 09:25	Jacob Johnson 000025575	08/14/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1508P-2554

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Informational	

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

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
17 Venetian Tower 141, Las Vegas				

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	NAME - LAST, FIRST, MIDDLE, SUFFIX						
GU 1 OF 1	[redacted]					[redacted]	PHONE 1
OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2		PHONE 2
	[redacted]						
DL STATE	SSN			INJURIES	ADDRESS 3		PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX					
MN 1 OF 1	Perry, Melissa A					PHONE 1
OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Front Desk Manager						
DL STATE	SSN			INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	08/14/15 09:25	Jacob Johnson 000025575	08/14/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Palazzo Security

3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508P-2554

PAGE 1

OFFENSE(S)
Protected Health Information
Protected Health Information

OFFENSE(S) cont'd

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

MORE CHARGES YES NO X

ESTIMATED LOSS VALUE
$ 0.00

LOCATION OF OCCURENCE
17 Palazzo Tower 141

LOCATION NAME

TYPE OF LOCATION

BEAT

SECTOR

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE **GU** 1 OF 2
NAME - LAST, FIRST, MIDDLE, SUFFIX [redacted]
OCCUPATION
RACE SEX AGE DOB [redacted]
DL STATE SS# INJURIES
HOME [redacted]
ADDRESS 2
ADDRESS 3
PHONE 1
PHONE 2
PHONE 3

CODE **GU** 2 OF 2
NAME - LAST, FIRST, MIDDLE, SUFFIX [redacted]
OCCUPATION
RACE SEX AGE DOB [redacted]
DL STATE SS# INJURIES
ADDRESS 1
ADDRESS 2
ADDRESS 3
PHONE 1
PHONE 2
PHONE 3

CODE OF
NAME - LAST, FIRST, MIDDLE SUFFIX
OCCUPATION
RACE SEX AGE DOB
DL STATE SS# INJURIES
ADDRESS 1
ADDRESS 2
ADDRESS 3
PHONE 1
PHONE 2
PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY
Protected health information for Venetian Guest in Suite #17-141 [redacted]

VEHICLE USED IN CRIME YES NO
LICENSE (NO. AND STATE)
YEAR MAKE MODEL BODY TYPE COLOR VIN
MORE VEHICLES YES NO X

TOW REPORT YES NO
GARAGE NAME AND PHONE
REGISTERED OWNER
R/O ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE OF
NAME - LAST, FIRST, MIDDLE, SUFFIX
RACE SEX HT WT HAIR EYE AGE DOB
OCCUPATION
INJURIES
ADDRESS 1
ADDRESS 2
ADDRESS 3
PHONE 1
PHONE 2
PHONE 3
SCARS / MARKS / TATTOOS YES NO
AKA's
ARRESTEE DISPOSITION
RELEASE LOCATION
ARREST DATE / TIME /
DL STATE
ARRESTED YES NO
BOOKING #
WARRANT YES NO
CITATION #
SS#
CII#
CHARGES

CODE OF
NAME - LAST, FIRST, MIDDLE, SUFFIX
RACE SEX HT WT HAIR EYE AGE DOB
OCCUPATION
INJURIES
ADDRESS 1
ADDRESS 2
ADDRESS 3
PHONE 1
PHONE 2
PHONE 3
SCARS / MARKS / TATTOOS YES NO
AKA's
ARRESTEE DISPOSITION
RELEASE LOCATION
ARREST DATE / TIME /
DL STATE
ARRESTED YES NO
BOOKING #
WARRANT YES NO
CITATION #
SS#
CII#
CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION YES NO X
FOLLOW-UP YES NO X
COPIES TO: PAT DET DA COURT PROBATION VWAP OTHER

BY OFFICER
DATE/TIME **08/14/15 05:26**
APPROVED BY **Anthony Bersano 000043105**
DATE APPROVED **08/15/15**

OFFICER
UNIT/SHIFT
ASSIGNED TO
CASE STATUS **Closed**

CR-1 Arnol/042511 Entered by:

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

VEN 750

THE VENETIAN THE PALAZZO

Incident Report Number: 1508P-2554

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): PEREZ, 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 Fiseel TM # 40143

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 QQNS 17141 140.00 1 OVRID Q NET N PRT N TRN _ NRG _
LAST [redacted] TITLE MR GTYP __
RMK
COMPANY _____ ATTN _____ TYP H/B H
ADR1/2 [redacted]
CITY [redacted] COUNTRY US X LNG ENG REQ
ADDL NAMES F/T CPN
PHONE [redacted] X _____ VIP _ PC _ SRC HC RSN HT PROM HST N
CREDIT INFO
STL MTH FMC NBR
CRDT LMT
DEP REQ AMT
DEP REC AMT
ADV CODE H X
CAS# _____

Agents Who Have Worked On This Reservation

HIST ID	AGENT	DATE	TIME
RESERVATIONS	HGVENRES	8/02/15	18:06
CHECK IN	FUENTESC	8/12/15	14:24
CHECK OUT			
LAST MODIFIED	FDCA01J	8/13/15	8:18
LAST CONFIRMATION		8/03/15	LAST NUMBER 1

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

Nathan Byers
#25628

1508P – 2554

VEN 752

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT
VOLUNTARY STATEMENT

PAGE ____ OF ____ IR 2554

TYPE OF INCIDENT: Slip and fall

DATE OCCURRED: 8/13/15 TIME OCCURRED: 1:05 am / pm

LOCATION OF OCCURRENCE: Hallway - Front Lobby Venetian

NAME OF PERSON GIVING STATEMENT: [redacted]

GUEST OF THE HOTEL? YES: ☑ NO: ☐ HOME PHONE #: [redacted] CELL PHONE #: [redacted]

SUITE #: 17-141 BUSINESS PHONE #: ____ PAGER #: ____

LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: Staying at hotel

RESIDENCE ADDRESS: [redacted]

BUSINESS ADDRESS: ____

SOCIAL SECURITY NUMBER: [redacted] DATE OF BIRTH: [redacted]

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 landed 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: [redacted]

[redacted]
Signature of person giving statement

WITNESS: ____

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT
VOLUNTARY STATEMENT

PAGE ___ OF ___ IR 1581-2554

TYPE OF INCIDENT: Slip and Fall

DATE OCCURRED: 6/9/15 TIME OCCURRED: 1:05 (am)/ pm

LOCATION OF OCCURRENCE: Hallway/front lobby elevators

NAME OF PERSON GIVING STATEMENT: [redacted]

GUEST OF THE HOTEL? YES: ☑ NO: ☐ HOME PHONE: [redacted]

SUITE #: 17-141 BUSINESS PHONE #: _____ PAGER #: _____

LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: _____

RESIDENCE ADDRESS: [redacted]

BUSINESS ADDRESS: _____

SOCIAL SECURITY NUMBER: [redacted]

BEST TIME TO CONTACT: _____ (am / pm) BEST PLACE TO CONTACT: Home phone

DETAILS:

My mom 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 AT 1:05 (am)/pm) 20 15

WITNESS: Mary K Hines [redacted]

Signature of person giving statement

WITNESS: _____

VEN 754

THE VENETIAN THE PALAZZO

1508P - 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:

Address: [redacted]

Date of Birth: [redacted] Social Security #: [redacted]

Phone:

Witness:

Witness:

Date: 5/14/2015 Time: 1:45

Refused to Sign: YES

Venetian/Palazzo EMT: Arnold ID#: 9511

VEN 755

VEN 756

3065

VEN 757

3066

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1508V-7246

PAGE 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 08/29/15 23:34 Saturday

DATE AND TIME REPORTED: 08/29/15 23:34

MORE OFFENSES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

HOME: [redacted]

CELLULAR:

OCCUPATION:

RACE: [redacted] SEX: AGE: DOB:

ADDRESS 1:

CELLULAR: [redacted]

DL: STATE: SS#: MARKS:

ADDRESS 2:

PHONE 3:

CODE: MN 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Alvonellos, Tim

ADDRESS 1:

PHONE 1:

OCCUPATION: Security Shift Manager

RACE: SEX: AGE: DOB:

ADDRESS 2:

PHONE 2:

DL: STATE: SS#: MARKS:

ADDRESS 3:

PHONE 3:

CODE: R 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Lambert, Thomas

ADDRESS 1:

PHONE 1:

OCCUPATION: Front desk manager

RACE: SEX: AGE: DOB:

ADDRESS 2:

PHONE 2:

DL: STATE: SS#: INJURIES:

ADDRESS 3:

PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protected Health Information [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ — LICENSE (NO. AND STATE): YEAR: MAKE: MODEL: BODY TYPE: COLOR: VIN:

MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ — GARAGE: NAME AND PHONE:

REGISTERED OWNER:

OWNER ADDRESS:

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: SP — NAME - LAST, FIRST, MIDDLE, SUFFIX:

ADDRESS 1:

PHONE 1:

RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:

ADDRESS 2:

PHONE 2:

OCCUPATION: INJURIES:

ADDRESS 3:

PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's:

ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: WARRANT: YES ☐ NO ☐ — CITATION #: SS#: CDR:

CHARGES:

CODE: SP — NAME - LAST, FIRST, MIDDLE, SUFFIX:

ADDRESS 1:

PHONE 1:

RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:

ADDRESS 2:

PHONE 2:

OCCUPATION: INJURIES:

ADDRESS 3:

PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's:

ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: WARRANT: YES ☐ NO ☐ — CITATION #: SS#: CDR:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ — FOLLOW-UP: YES ☐ NO ☒

COPIES TO: ☐ FAS ☐ SBT ☐ SA ☐ COURT ☐ PROBATION ☐ WMP ☐ OTHER

BY OFFICER: D. Cabada 000043128

DATE/TIME: 08/30/15 23:18

APPROVED BY: Mathew Kaufman 000030582

DATE APPROVED: 08/31/15

OFFICER:

UNIT/SHIFT:

ASSIGNED TO:

CASE STATUS: Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

VEN 758

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1508V-7246

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 08/29/15 23:34 Saturday

DATE AND TIME REPORTED: 08/29/15 23:34

LOCATION OF OCCURENCE: 1 Lobby 1

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	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 2	Fosel, Marc		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities						

DL STATE	SSN	NUMBER	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 2 OF 2	De Jesus, Joseph Bantug		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer/ EMT						

DL STATE	SSN	NUMBER	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 00043128	08/30/15 23:18	Mathew Kaufman 00030582	08/31/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1508V-7246

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/29/15 23:34 Saturday	08/29/15 23:34

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

MO DATA

Incident Information
- Photos Taken
- PHI - Hotel Guest
- Slip & Fall
- Statements Taken
- Video Tape of Incident Available

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble
- Flat
- Wet / Slippery

ADMINISTRATION

FOLLOW UP	REFER TO
YES ☐ NO ☒	☐ FAS ☐ GES ☐ SS ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cahada 00043128	08/30/2015 23:18	Mathew Kaufman 000030582	08/31/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Cahad/043128 Entered by: David Cahada

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1508V-7246

PAGE 1 OF 2

OFFENSE(S): Protected Health Information

OFFENSE(S) DATE:

DATE, TIME AND DAY OF OCCURRENCE: 08/29/15 23:34 Saturday

DATE AND TIME REPORTED: 08/29/15 23:34

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES [ ] NO [ ]

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
C	1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Strong Pulse
Skin Color Normal
Pupils are PEARL
Blood Pressure Normal

Build
Medium

Demeanor
Calm

Eyes
Clear
Normal

Hair Length
Shoulder length

Medical Supplies
B/P Cuff
Stethoscope
Cold Packs
Disposable Gloves
Band-aid
Clean Wipe

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Absent
Patient has a Trauma/Injury
Abrasions
Tenderness
Swelling

Speech
Normal

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
R	1 OF 1	Lambert, Thomas		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 1	Alvonellos, Tim		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/30/15 23:18	Mathew Kaufman 000030582	08/31/15
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1508V-7246

PAGE 2 OF 2

OFFENSE(S): Protected Health Information

OFFENDER(S) NAME:

DATE, TIME AND DAY OF OCCURRENCE: 08/29/15 23:34 Saturday

DATE AND TIME REPORTED: 08/29/15 23:34

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 2	Fesel, Marc		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	2 OF 2	De Jesus, Joseph Bantug		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cahada 000043128	08/30/15 23:16	Mathew Kaufman 000030582	08/31/15
OFFICER	LIEUTENANT	ASSIGNED TO	CASE STATUS: Closed

CR-1 Cahad/043128 Entered by: David Cahada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1508V-7246

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 08/29/15 23:34 Saturday

DATE AND TIME REPORTED: 08/29/15 23:34

LOCATION OF OCCURRENCE: 1 Lobby 1

NARRATIVE

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] 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.

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] 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.

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/30/2015 23:18	Mathew Kaufman 000030582	08/31/15
OFFICER	SECOND	ASSIGNED TO	CASE STATUS
			Closed

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1508V-7246
Non-Criminal	X	**Narrative Report**	Page 2 of 2

OFFENSE(S)	OFFENDER(S) NAME
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/29/15 23:34 Saturday	08/29/15 23:34

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

NARRATIVE

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/30/2015 23:18	Mathew Kaufman 000030582	08/31/15
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

VEN 765

3074

VEN 766

3075

VEN 767

3076

VEN 768

3077

VEN 769

3078

THE VENETIAN® THE PALAZZO®

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: Called facilities

Lighting Normal? (If no, explain): Yes

Outside ~~Diagram~~ Signage? ☑ Yes ☐ No

Checked by Security Officer (Name): David Cabeda. 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

FORM NO. GR-HTL-00724-05-07

VEN 770

08/29/2015 SAT 23:37 FAX 001/001

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 WV18ISD GP WVEXABQ RB
STATUS I INHSE ACT C/S ETA NEAR T/W HOT G/34234/9
WG TYPE RCOM# R/C RATE A/C
VE QQNX [redacted] [redacted] 2 2 OVRID Q NET N PRT N TRN NRG
LAST [redacted] FIRST [redacted] TITLE GTYP
RMK
COMPANY ATTN [redacted] TYP H/B H
ADR1/2 [redacted]
CITY [redacted] STATE/PROV [redacted] ZIP [redacted] COUNTRY [redacted] Y LNG REQ
T/WITH ADDL NAMES CPN
PHONE 1111 111-1111 X VIP PC SRC QL RSN WD PRM HST N
CREDIT INFO [redacted] Agents Who Have Worked On This Reservation [redacted]
STL MTH FMC NBR
CRDT LMT
DEP REQ AMT
DEP REC AMT
ADV CODE A X
CAS#

HIST ID	AGENT	DATE	TIME
RESERVATIONS	HBSIRES	6/18/15	21
CHECK IN	FDKUOTM	8/25/15	20:42
CHECK OUT			
LAST MODIFIED	FDKUOTM	8/25/15	20:45
LAST CONFIRMATION		6/19/15	LAST NUMBER 1

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

Thomas Lambert
33254

1508U7246

VEN 771

3080

THE VENETIAN THE PALAZZO

Incident Report Number: 1508V-7246

Accident Report – Security

Please type or print clearly.

Name: [redacted] Age/DOB: [redacted]

Home Address: [redacted] Social Security #:

City: [redacted] State: 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 Venitian 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: [signature] TM #: 43128

Guest Checkout Date:

FORM NO. GR-HTL-0071A-03-07

VEN 772

THE VENETIAN THE PALAZZO

1508V 7246

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:

Address:

Date of Birth: Social Security #:

Phone:

Witness:

Witness:

Date: Time:

Refused to Sign:

Venetian/Palazzo EMT: ID#: 43128

Age: Gender: M / F c/o: ( ) CP ( ) SOB ( ) Abd Pain ( ) Nausea ( ) Vomiting ( ) Diarrhea ( ) Weakness ( ) Dizziness ( ) Headache ( ) Blurred vision Pain Scale ____ out of 10 A / O x ____ Trauma:	Medical Hx: 1. 2. 3. 4. 5. 6. 7.	Notes:
Treatment: ( ) Advice only ( ) Vital signs taken ( ) Oxygen: ____ LPM via ____ ( ) Other:	Medications: Dose: 1. ____ mg 2. ____ mg 3. ____ mg 4. ____ mg 5. ____ mg 6. ____ mg 7. ____ 8. ____ Medication(s) taken today: Y / N	Vital Signs: Temp: ____ F 1 2 3 B/P: / / / Pulse: Resp: Pupils: ( ) PERRL ( ) Unequal ( ) Equal ( ) Nonreactive Lungs: ( ) Clear ( ) Wheezing ( ) Rales ( ) Ronchi Skin: ( ) Pink ( ) Warm ( ) Dry ( ) Flushed ( ) Cyanotic ( ) Jaundiced ( ) Ashen
Dispatched: ____ hours CCFD: Res/Eng ____ Arrival ____ MedicWest / AMR: ____ Arrival ____	Allergies: ( ) NKDA 1. 2. 3. 4.	Transport: ( ) None ____ Hospital via: ( ) Self Transport ( ) MedicWest / AMR ____ ( ) ____ Cab #

VEN 773

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1509V-1497

PAGE 1

OFFENSE(S) Protected Health Information

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE 09/06/15 18:39 Sunday

DATE AND TIME REPORTED 09/06/15 18:39

MORE CHARGES YES ☐ NO ☒

ESTIMATED LOSS VALUE $0.00

LOCATION OF OCCURENCE 1 Lobby 1

LOCATION NAME Lobby 1

TYPE OF LOCATION

BEAT

SECTOR

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE C 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX [redacted]

HOME [redacted]

CELLULAR [redacted]

OCCUPATION

RACE [redacted] SEX AGE DOB

DL STATE SS# INJURIES

ADDRESS 2 PHONE 2

ADDRESS 3 PHONE 3

CODE MN 1 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX Alvonellos, Tim

OCCUPATION Security Shift Manager

RACE SEX AGE DOB

DL STATE SS# INJURIES

ADDRESS 1 PHONE 1

ADDRESS 2 PHONE 2

ADDRESS 3 PHONE 3

CODE MN 2 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX Martinez, Nachely

OCCUPATION Front Desk Manager

RACE SEX AGE DOB

DL STATE SS# INJURIES

ADDRESS 1 PHONE 1

ADDRESS 2 PHONE 2

ADDRESS 3 PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information: Registered guest to Palazzo Suite [redacted]

VEHICLE USED IN CRIME YES ☐ NO ☐ UNK ☐ OF

LICENSE (NO. AND STATE)

YEAR MAKE MODEL BODY TYPE COLOR VIN

MORE VEHICLES YES ☐ NO ☒

TOW REPORT YES ☒ NO ☐

OWNER - NAME AND PHONE

REGISTERED OWNER

MAIL ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE OF — NAME - LAST, FIRST, MIDDLE, SUFFIX

ADDRESS 1 PHONE 1

RACE SEX HT WT HAIR EYE AGE DOB

ADDRESS 2 PHONE 2

OCCUPATION INJURIES

ADDRESS 3 PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐

AKA's

ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME /

DL STATE ARRESTED YES ☐ NO ☐

BOOKING # WARRANT YES ☐ NO ☐ CITATION # DOB CDR

CHARGES

CODE OF — NAME - LAST, FIRST, MIDDLE, SUFFIX

ADDRESS 1 PHONE 1

RACE SEX HT WT HAIR EYE AGE DOB

ADDRESS 2 PHONE 2

OCCUPATION INJURIES

ADDRESS 3 PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐

AKA's

ARRESTEE DISPOSITION RELEASE LOCATION ARREST DATE / TIME /

DL STATE ARRESTED YES ☐ NO ☐

BOOKING # WARRANT YES ☐ NO ☐ CITATION # DOB CDR

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION YES ☐ NO ☒

FOLLOW-UP YES ☐ NO ☒

COPIES TO ☐ PAT ☐ DET ☐ SR ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER J. De Jesus 000043129

DATE/TIME 09/06/15 20:29

APPROVED BY Mathew Kaufman 000030582

DATE APPROVED 09/06/15

OFFICER

UNIT/SHIFT

ASSIGNED TO

CASE STATUS Closed

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

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1509V-1497

PAGE 1 OF 1

OFFENSE(S)
Protected Health Information

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE
09/06/15 18:39 Sunday

DATE AND TIME REPORTED
09/06/15 18:39

LOCATION OF OCCURENCE
1 Lobby 1

LOCATION NAME
Lobby 1

TYPE OF LOCATION

BEAT

SECTOR

ADDITIONAL OFFENSE(S)

ADDITIONAL OFFENSE(S) cont'd

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES [ ] NO [ ]

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX					ADDRESS 1	PHONE 1
SO	1 OF 1	Carlson, Catherine					ADDRESS 2	PHONE 2
OCCUPATION		RACE	SEX	AGE	DOB		ADDRESS 3	PHONE 3
Security Officer								
ID	STATE	SSN			HEIGHT/WEIGHT			

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX					ADDRESS 1	PHONE 1
TM	1 OF 1	Santillan, Derek					ADDRESS 2	PHONE 2
OCCUPATION		RACE	SEX	AGE	DOB		ADDRESS 3	PHONE 3
Facilities								
ID	STATE	SSN			HEIGHT/WEIGHT			

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/15 20:29	Mathew Kaufman 000030562	09/06/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1509V-1497

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
09/06/15 18:39 Sunday	09/06/15 18:39

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

MO DATA

Incident Information
PHI - Hotel Guest
Slip & Fall

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble
Flat
Wet / Slippery

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DET	☐ DA	☐ COURT	☐ PROBATION	☐ WARP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/2015 20:29	Mathew Kaufman 000030582	09/06/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1509V-1497

PAGE 1 OF 2

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 09/06/15 18:39 Sunday

DATE AND TIME REPORTED: 09/06/15 18:39

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE MARKS: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
C	1 OF 1	[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal

Build
Medium

Complexion
Clear

Demeanor
Polite

Hair Length
Short

Hair Style
Bushy

Medical Supplies
Disposable Gloves

Odor of Intoxicants
Moderate

Patient Assessment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present

Speech
Normal

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	Alvonellos, Tim		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	Martinez, Nachely		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/15 20:29	Mathew Kaufman 000030582	09/06/15
OFFICER	DATE/DIST	ASSIGNED TO	CASE STATUS
			Closed

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

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1509V-1497

PAGE 2 OF 2

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 09/06/15 18:39 Sunday

DATE AND TIME REPORTED: 09/06/15 18:39

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	1 OF 1	Carlson, Catherine		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Santillan, Derek		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/15 20:29	Mathew Kaufman 000030582	09/06/15
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

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

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

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1509V-1497
Non-Criminal	X	**Narrative Report**	Page 1 of 2

OFFENSE(S)	OFFENDER(S) name
Protected Health Information	
DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
09/06/15 18:39 Sunday	09/06/15 18:39
LOCATION OF OCCURRENCE	LOCATION NAME / TYPE OF LOCATION / BEAT / SECTOR
1 Lobby 1	Lobby 1

NARRATIVE

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]

[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.

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.

[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.

[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.

Front Desk Manager Martinez, Nachely 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

ADMINISTRATION

REPORTED BY	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/2015 20:29	Mathew Kaufman 000030582	09/06/15
OFFICER	SUPERVISOR	ASSIGNED TO	CASE STATUS
			Closed

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1509V-1497

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 09/06/15 18:39 Sunday

DATE AND TIME REPORTED: 09/06/15 18:39

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

NARRATIVE

archived per Surveillance.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	09/06/2015 20:29	Mathew Kaufman 000030582	09/06/15
OFFICER	SUPERVISOR	ASSIGNED TO	CASE STATUS
			Closed

VEN 781

3090

VEN 782

3091

VEN 783

3092

VEN 784

3093

VEN 785

3094

THE VENETIAN THE PALAZZO

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): None

Actions Taken: None

Lighting Normal? (If no, explain): yes

~~Picture~~ Outside Diagram? ☒ Yes ☐ No

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

Engineer

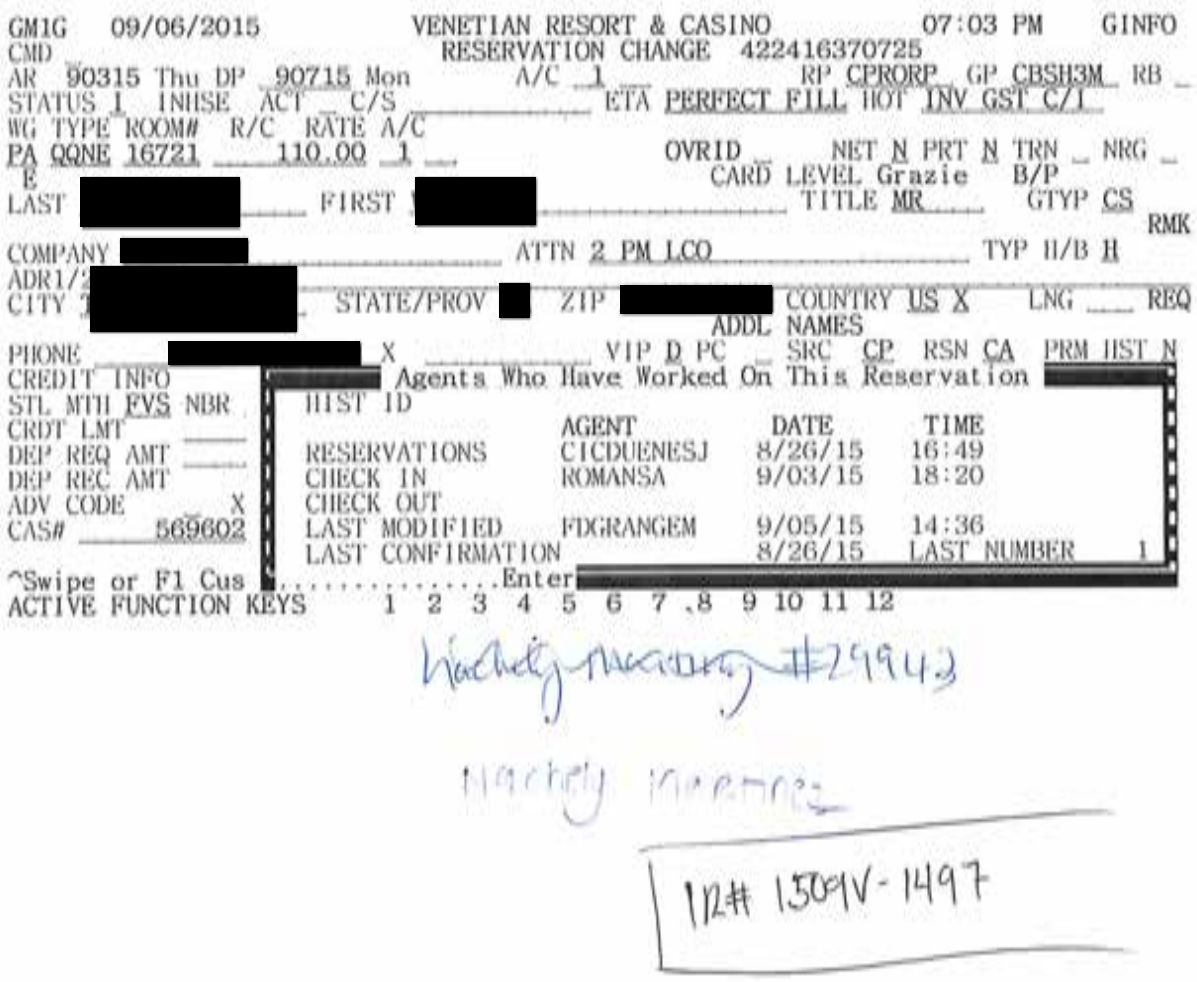
Time: 6:48 PM Date: 9/6/15 Guest Suite #:

Defects Noted (Explain in Detail): None

Actions Taken: None

Checked by Engineer (Name): Derek Santillan TM # 14858

FORM NO. GR-HTL-0072A-05-07



Hachey Hearing #29943

Hachey Hearing

IR# 1509V-1497

THE VENETIAN THE PALAZZO

Incident Report Number: 15096-1497

Accident Report – Security

Please type or print clearly.

Name: [redacted] Age/DOB: [redacted]

Home A[redacted] Social Security #: S

City: [redacted] State: [redacted] Zip Code: [redacted]

Home T[redacted] Your Occupation: [redacted]

By Whom Employed:

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: —

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

Spoke slipped on a spilt Drink and here buckled. fell 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 Slippery 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?: —

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

Dated this 9th Day of 6 20 15

Signature of Guest: [redacted]

Security Officer: DE JESUS JOSEPH TM #: 43129

Guest Checkout Date:

FORM NO. CR-HTL-007-LA-09-07

VEN 788

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1509V-3312

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE: 09/13/15 23:26 Sunday

DATE AND TIME REPORTED: 09/13/15 23:26

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: Grand Hall, Las Vegas

LOCATION NAME: Grand Hall

TYPE OF LOCATION

BEAT

SECTOR

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1

NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

HOME: [redacted]

CELLULAR: [redacted]

OCCUPATION

RACE: C SEX: F AGE: 31 DOB

ADDRESS 2

PHONE 2

DL STATE SS# INJURIES

ADDRESS 3

PHONE 3

CODE: MN 1 OF 2

NAME - LAST, FIRST, MIDDLE, SUFFIX: Kaufman, Mathew

ADDRESS 1

PHONE 1

OCCUPATION: Security Manager

RACE SEX AGE DOB

ADDRESS 2

PHONE 2

DL STATE SS# INJURIES

ADDRESS 3

PHONE 3

CODE: MN 2 OF 2

NAME - LAST, FIRST, MIDDLE, SUFFIX: Lambert, Thomas

ADDRESS 1

PHONE 1

OCCUPATION: Front desk manager

RACE SEX AGE DOB

ADDRESS 2

PHONE 2

DL STATE SS# INJURIES

ADDRESS 3

PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information Registered Guest [redacted] Suite 6-210

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐

LICENSE (NO. AND STATE) OF

YEAR MAKE MODEL BODY TYPE COLOR VIN

MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐

GARAGE NAME AND PHONE

REGISTERED OWNER

R/O ADDRESS

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: OF

NAME - LAST, FIRST, MIDDLE, SUFFIX

ADDRESS 1

PHONE 1

RACE SEX HT WT HAIR EYE AGE DOB

ADDRESS 2

PHONE 2

OCCUPATION

INJURIES

ADDRESS 3

PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐

AKA's

ARRESTEE DISPOSITION

RELEASE LOCATION

ARREST DATE / TIME

DL STATE ARRESTED: YES ☐ NO ☐

BOOKING #

WARRANT: YES ☐ NO ☐

CITATION #

SS#

CII#

CHARGES

CODE: OF

NAME - LAST, FIRST, MIDDLE, SUFFIX

ADDRESS 1

PHONE 1

RACE SEX HT WT HAIR EYE AGE DOB

ADDRESS 2

PHONE 2

OCCUPATION

INJURIES

ADDRESS 3

PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐

AKA's

ARRESTEE DISPOSITION

RELEASE LOCATION

ARREST DATE / TIME

DL STATE ARRESTED: YES ☐ NO ☐

BOOKING #

WARRANT: YES ☐ NO ☐

CITATION #

SS#

CII#

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒

FOLLOW-UP: YES ☐ NO ☒

COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER: D. Cabada 000043128

OFFICER

DATE/TIME: 09/14/15 18:22

UNIT/SHIFT

APPROVED BY: Mathew Kaufman 000030582

ASSIGNED TO

DATE APPROVED: 09/14/15

CASE STATUS: Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1509V-3312

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
09/13/15 23:26 Sunday	09/13/15 23:26

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas	Grand Hall			

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	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 1 OF 1	Lopez, Jose		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
EMT/Security Officer						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 1	Guagliardo, Peter		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3
TM#21536				

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	09/14/15 18:22	Mathew Kaufman 000030582	09/14/15

OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal [x]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1509V-3312

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
09/13/15 23:26 Sunday	09/13/15 23:26

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas	Grand Hall			

MO DATA

Incident Information
Photos Taken
PHI - Hotel Guest
Slip & Fall
Statements Taken
Wet Surface

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble

ADMINISTRATION

FOLLOW-UP YES ☐ NO [X]

COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	09/14/2015 18:22	Mathew Kaufman 000030582	09/14/15

OFFICER	UNIT/DEPT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1509V-3312

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 09/13/15 23:26 Sunday

DATE AND TIME REPORTED: 09/13/15 23:26

LOCATION OF OCCURRENCE: Grand Hall, Las Vegas

LOCATION NAME: Grand Hall

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE: C | 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted] | DOB:

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Regular Pulse
Skin Color Normal

Build
Large

Demeanor
Angry

Eyes
Clear

Hair Length
Shoulder length

Medical Supplies
Disposable Gloves

Odor of Intoxicants
Mild

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Tenderness
Swelling

Speech
Normal

CLOTHING

CODE: MN | 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Kaufman, Mathew | DOB:

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

CLOTHING

CODE: MN | 2 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Lambert, Thomas | DOB:

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

CLOTHING

CODE: SO | 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Lopez, Jose | DOB:

This report contains Person Profile information only.
Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	09/14/15 18:22	Mathew Kaufman 000030582	09/14/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1509V-3312

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
09/13/15 23:26 Sunday	09/13/15 23:26

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas	Grand Hall			

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, M DOJE, SUFFIX	DOB	
TM	1 OF 1	Guagliardo, Peter		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	09/14/15 18:22	Mathew Kaufman 000030582	09/14/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1509V-3312

Page 1 of 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd.

DATE, TIME AND DAY OF OCCURRENCE: 09/13/15 23:26 Sunday

DATE AND TIME REPORTED: 09/13/15 23:26

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas	Grand Hall			

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	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	09/14/2015 18:22	Mathew Kaufman 000030582	09/14/15
OFFICER	**ASSISTANT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1512V-5875

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd.

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED	MORE CHARGES	ESTIMATED LOSS VALUE
12/27/15 15:32 Sunday	12/27/15 15:32	YES ☐ NO ☒	$ 0.00

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	CELLULAR
C 1 OF 1	[redacted]	[redacted]	[redacted]

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
	[redacted]					

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
MN 1 OF 1	Lambert, Thomas		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Front Desk Manager						

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
R 1 OF 1	Alvonellos, Tim		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Shift Manager						

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information Guest [redacted]. Suite 14-109

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐ OF								YES ☐ NO ☒

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES ☒ NO ☐			

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			

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 ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CII#
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			

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 ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CII#
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	COPIES TO:
YES ☐ NO ☒	YE ☐ NO ☒	PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/15 20:53	Tim Alvonellos 000003460	12/27/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1512V-5875

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
12/27/15 15:32 Sunday	12/27/15 15:32

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

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

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 1	Navara, Shane		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/15 20:53	Tim Alvonellos 000003460	12/27/15
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

APDC [Rev. 02/18/14] Print Date: 01/10/2018

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1512V-5875

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
12/27/15 15:32 Sunday	12/27/15 15:32

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

MO DATA

Incident Information
- Photos Taken
- PHI - Hotel Guest
- Slip & Fall
- Statements Taken
- Video Tape of Incident Available
- Wet Surface

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble

Weather Conditions
- Clear

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DEV	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/2015 20:53	Tim Alvonellos 000003480	12/27/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1512V-5875

PAGE 1 OF 2

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 12/27/15 15:32 Sunday

DATE AND TIME REPORTED: 12/27/15 15:32

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
C	1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Regular Pulse
Skin Color Normal
Skin Temperature Normal
Pupils are PEARL
Blood Pressure Normal

Build
Medium

Demeanor
Calm

Eyes
Normal

Glasses
Prescription

Hair Length
Short

Medical Supplies
B/P Cuff
Stethoscope
Cold Packs
Disposable Gloves

Odor of Intoxicants
None

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Contusions
Tenderness
Swelling

Speech
Accent

CLOTHING

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
R	1 OF 1	Alvonellos, Tim		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 1	Lambert, Thomas		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/15 20:53	Tim Alvonellos 000003460	12/27/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1512V-5875

PAGE 2 OF 2

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 12/27/15 15:32 Sunday

DATE AND TIME REPORTED: 12/27/15 15:32

LOCATION OF OCCURENCE: 1 Lobby 1

LOCATION NAME: Lobby 1

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Navara, Shane		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING ☐

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 00043128	12/27/15 20:53	Tim Alwonellos 000003460	12/27/15
OFFICER	UNIT/BEAT	ASSIGNED TO	CASE STATUS: Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1512V-5875

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
12/27/15 15:32 Sunday	12/27/15 15:32

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

NARRATIVE

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.

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.

[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.

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.

[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.

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

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/2015 20:53	Tim Alvonellos 000003460	12/27/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE #
1512V-5875

OFFENSE(S)
Protected Health Information

OFFENSE(S) cont'd

DATE, TIME, AND DAY OF OCCURRENCE
12/27/15 15:32 Sunday

DATE AND TIME REPORTED
12/27/15 15:32

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1	Lobby 1			

NARRATIVE

TM#33254 was advised of the incident. Security Manager Alvonellos, Tim TM#3460 was advised of the incident.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	12/27/2015 20:53	Tim Alvonellos 000003460	12/27/15
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

THE VENETIAN® THE PALAZZO®

Incident Report Number: [illegible]

Accident Scene Check – Security

Please type or print clearly

Guest Name:

Security Officer

Time: 1555 Date: [illegible] Guest Suite #: [illegible]

Defects Noted (Explain in detail): None

[illegible]

Actions Taken: [illegible]

Lighting Normal? (If no explain): Yes

[illegible] ☐ Yes ☐ No

Checked by Security Officer (Name): [illegible] TM #: [illegible]

Engineer

Time: 2:55 PM Date: 12-27-15 Guest Suite #: Casino Floor By [illegible]

Defects Noted (Explain in Detail): No Defects Found

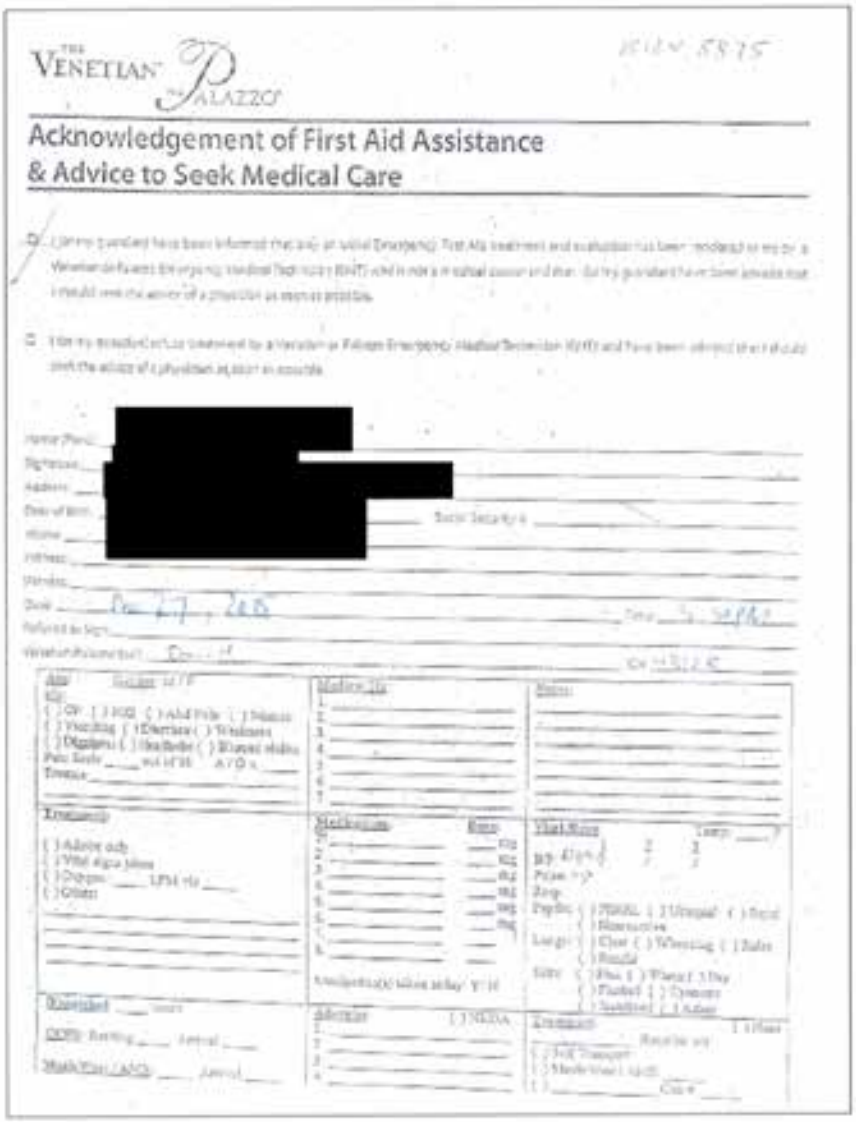
Actions Taken: No Action Taken

Checked by Engineer (Name): [illegible] TM #: [illegible]

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

Photo Date/Time:

Case Booking #:



THE VENETIAN / THE PALAZZO

1512V-5875

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

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

Photo Date Time:

Case Booking #:

THE VENETIAN / THE PALAZZO

Incident Report Number: 1512V-5875

Accident Report - Security

Please type or print clearly.

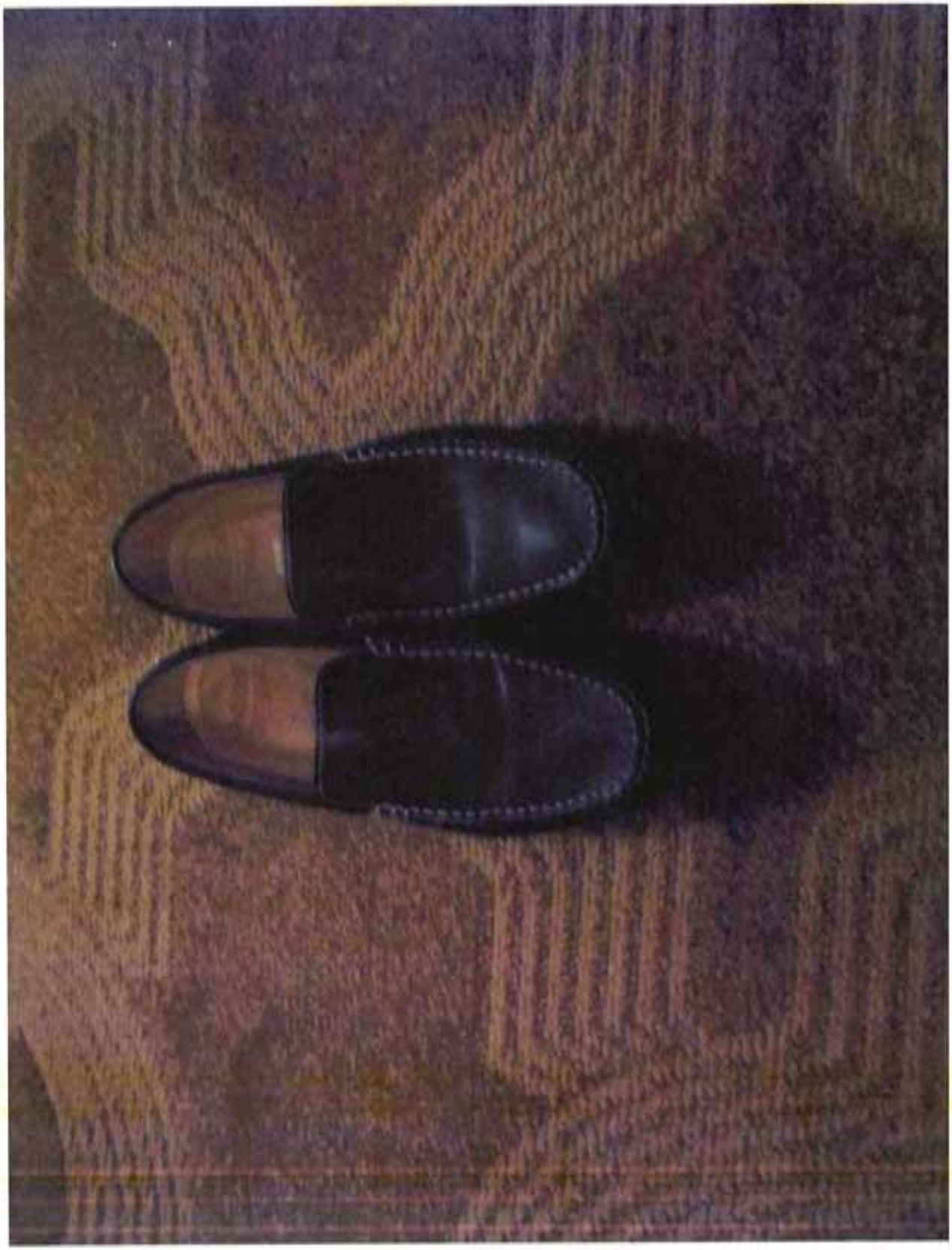
[redacted]

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

Photo Date Time:

Case Booking #:

VEN 804



VEN 805

3114

VEN 806

3115

VEN 807

VEN 808

3117

VEN 809

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1602V-4200

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) code/s:

DATE, TIME AND DAY OF OCCURRENCE: 02/20/16 14:56 Saturday TO 02/20/16 15:38 Saturday

DATE AND TIME REPORTED: 02/20/16 14:56

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Guest Service Podium

LOCATION NAME:

TYPE OF LOCATION:

BOAT:

SECTION:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
MN 1 OF 2	Johnson 25575, Jacob		
OCCUPATION: Asst Sec Manager	RACE:	ADDRESS 2	PHONE 2
SEX:	AGE: 16	DOB: 05/17/1999	
ID:	STATE:	SSN:	MARKS:
		ADDRESS 3	PHONE 3
CODE MN 2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX: O'Brien, Devon	ADDRESS 1	PHONE 1
OCCUPATION	RACE:	ADDRESS 2	PHONE 2
SEX:	AGE:	DOB:	
ID:	STATE:	SSN:	MARKS:
		ADDRESS 3	PHONE 3
CODE GU 1 OF 1	[redacted]	[redacted]	
OCCUPATION [redacted]	RACE:	ADDRESS 2	PHONE 2
SEX:	AGE:	DOB:	
ID:	STATE:	SSN:	MARKS:
		ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protected Health Information: Guest of Suite [redacted]

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐	UP							YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ | GARAGE, NAME AND PHONE | REGISTERED OWNER | R/O ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
UP			
RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:		ADDRESS 2	PHONE 2
OCCUPATION:	MARKS:	ADDRESS 3	PHONE 3
SCARS / MARKS / TATTOOS: YES ☐ NO ☐	AKA's	ARRESTEE DISPOSITION:	RELEASE LOCATION: ARREST DATE / TIME: /
ID: STATE:	ARRESTED: YES ☐ NO ☐	BOOKING #	WARRANT: YES ☐ NO ☐ CITATION # SID: DOB:
CHARGES:			

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
UP			
RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:		ADDRESS 2	PHONE 2
OCCUPATION:	MARKS:	ADDRESS 3	PHONE 3
SCARS / MARKS / TATTOOS: YES ☐ NO ☐	AKA's	ARRESTEE DISPOSITION:	RELEASE LOCATION: ARREST DATE / TIME: /
ID: STATE:	ARRESTED: YES ☐ NO ☐	BOOKING #	WARRANT: YES ☐ NO ☐ CITATION # SID: DOB:
CHARGES:			

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT. ☐ DET. ☐ SS ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	02/22/16 08:31	George Valley 000013454	02/22/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1602V-4200

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
02/20/16 14:56 Saturday	TO 02/20/16 15:38 Saturday	02/20/16 14:56

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Guest Service Podium				

MO DATA

Incident Information
- No Photos
- PHI - Hotel Guest
- Slip & Fall
- Statements Taken
- No Video Available

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Dry
- Marble
- Flat

Weather Conditions
- Clear
- Cool

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ SEC	☐ SA	☐ GUARD	☐ PROBATION	☐ VIMAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	02/22/2016 08:31	George Valley 000013454	02/22/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1602V-4290

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 02/20/16 14:56 Saturday TO 02/20/16 15:38 Saturday

DATE AND TIME REPORTED: 02/20/16 14:56

LOCATION OF OCCURRENCE: 1 Guest Service Podium

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	Johnson 25575, Jacob	05/17/1999	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	O'Brien, Devon		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

FRONT DESK MANAGER

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 1	[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Skin Color Normal
SAMPLE History Obtained?

Build
Thin

Complexion
Medium

Demeanor
Angry

Eyes
Clear

Glasses
None

Hair Length
Short

Hair Style
Straight

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Patient Responds to Verbal Stimulus
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Tenderness

Speech
Accent

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	02/22/16 08:31	George Valley 000013464	02/22/16
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Resci/034137 Entered by: Gary Rescigno

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1602V-4290

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 02/20/16 14:56 Saturday to 02/20/16 15:38 Saturday

DATE AND TIME REPORTED: 02/20/16 14:56

LOCATION OF OCCURRENCE: 1 Guest Service Podium

LOCATION NAME | TYPE OF LOCATION | BEAT | SECTOR

NARRATIVE

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.

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.

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.

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	02/22/2016 08:31	George Valley 000013454	02/22/16
OFFICER	ASSISTANT	ASSIGNED TO	CASE STATUS
			Closed

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1602V-4290

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 02/20/16 14:56 Saturday to 02/20/16 15:38 Saturday

DATE AND TIME REPORTED: 02/20/16 14:56

LOCATION OF OCCURRENCE: 1 Guest Service Podium

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

NARRATIVE:

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.

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.

No Accident Scene Check was completed due to the fact the incident occurred earlier before being reported.
This report contains the following:

Scan of Guest Accident Form.
Scan of Medical Release.
Scan of Medical Authorization

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
G. Rescigno 000034137	02/22/2016 08:31	George Valley 000013454	02/22/16
OFFICER	ASSIGNED	ASSIGNED TO	CASE STATUS
			Closed

15-131

THE VENETIAN THE PALAZZO

1602V - 4290
Incident Report Number:

Accident Report – Security

Please type or print clearly.

Name: [redacted] Age/DOB: [redacted]

Home Address: [redacted] Social Security #:

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Your Occupation:

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:

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: 11:50 a.m. - 12:00

Location of Accident (Please be specific): Lobby 1 by Tivoli Food Court/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/A forearm from Elbow to wrist.

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

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

Dated this 20 Day of Feb, 20 16.

* Signature of Guest: [redacted]

Security Officer: TM #: 34137

Guest Checkout Date:

FORM NO. CA-SEC-0011A-03-07

VEN 815

THE VENETIAN THE PALAZZO

1602U -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 consents of this authorization and is cognizant of, and agrees to, the terms and conditions contained herein.

Print Name: [redacted] Guest's Suite #: 15-131

Signature: [redacted] Today's Date: 2-20-15

VEN 816

THE VENETIAN THE PALAZZO

1602-4290

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:

Address:

Date of Birth:

Phone:

Witness:

Witness:

Date: 2-20-16 Time: 1710

Refused to Sign:

Venetian/Palazzo EMT: ID#: 34137

AGE: Male / Female C/C: Rt Forearm

Pain - 6/10 Throbbing

Pulse - 82 Strong

Resp -

BP -

Eyes - Clear

Lungs -

LOC - Nl

Skins - wnl

BGL -

Hx - None

Allergies - Penicillin

Meds - None

Last oral intake -

Hydration -

O -

P -

Q -

R -

S -

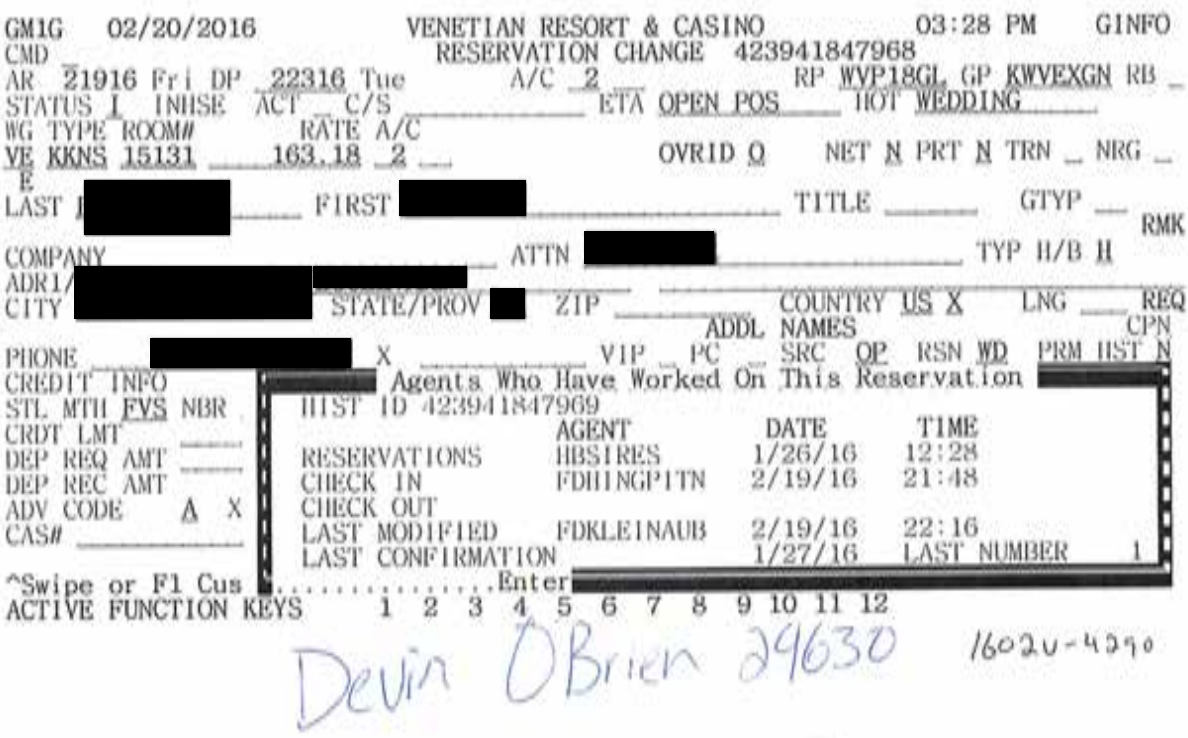
T -

CCFD -

MedicWest -

Transport -

VEN 817



Devin OBrien 24630 1602U-4290

VEN 818

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1603V-1233

PAGE 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED	MORE CHARGES	ESTIMATED LOSS VALUE
03/06/16 13:59 Sunday	TO 03/06/16 14:37 Sunday	03/06/16 13:59	YES ☐ NO ☒	$0.00

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
GU 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
TM 1 OF 3	Johnson 25575, Jacob		
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2	PHONE 2
Security Manager	16 05/17/1999		
DL STATE	SSN INJURIES	ADDRESS 3	PHONE 3
CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 2 OF 3	Kirchmeier, Kyle		
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2	PHONE 2
Vip Services	M		
DL STATE	SSN INJURIES	ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information. Guest of Venetian [redacted]

VEHICLE USED IN CRIME		LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ VIN ☐	OP								YES ☐ NO ☒

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES ☒ NO ☐			

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE	OP	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE	SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2
OCCUPATION		MARKS	ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SID	CII
	YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

CODE	OP	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE	SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2
OCCUPATION		MARKS	ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SID	CII
	YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	COPIES TO
YES ☐ NO ☒	YES ☐ NO ☒	PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER ☐

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	03/06/16 16:47	George Valley 000013454	03/07/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1603V-1233

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 03/06/16 13:59 Sunday TO 03/06/16 14:37 Sunday

DATE AND TIME REPORTED: 03/06/16 13:59

LOCATION OF OCCURENCE: 1 Lobby 1, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

ADDITIONAL OFFENSE(S):

ADDITIONAL OFFENSE(S) cont'd:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 3 OF 3	Chavez, Rafael		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities		M				

DL / STATE	SSN	MARRIED	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	03/06/16 16:47	George Valley 000013454	03/07/16
OFFICER	**DEPARTMENT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1603V-1233

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
03/06/16 13:59 Sunday	TO 03/06/16 14:37 Sunday	03/06/16 13:59

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

MO DATA

Arson Class
There was no Arson in this case

Arson Inhabited
Property was not Inhabited

Case has Domestic Violence
No Domestic Violence in this case
No weapon involved

Case inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No
No

Case involves Gang Activity
No

Incident Information
Photos Taken
PHI - Hotel Guest
Video Tape of Incident Available
Wet Surface

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble
Flat
Wet / Slippery

ADMINISTRATION

FOLLOW UP	COPIES TO						
YES ☐ NO ☒	PAT ☐	DET. ☐	DA ☐	COURT ☐	PROBATION ☐	WARP ☐	OTHER ☐

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	03/06/2016 16:47	George Valley 000013454	03/07/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1603V-1233

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 03/06/16 13:59 Sunday TO 03/06/16 14:37 Sunday

DATE AND TIME REPORTED: 03/06/16 13:59

LOCATION OF OCCURRENCE: 1 Lobby 1, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 1	[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal

Build
Thin

Complexion
Clear

Demeanor
Calm
Polite

Eyes
Clear

Glasses
None

Hair Length
Shoulder length

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Tenderness
Swelling

Speech
Normal

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 3	Johnson 25575, Jacob	05/17/1999	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	2 OF 3	Kirchmeier, Kyle		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	3 OF 3	Chavez, Rafael		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	03/06/16 16:47	George Valley 000013454	03/07/16
OFFICER	UNIT/DEPT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Winn/031215 Entered by: David Winn

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

Arrest
Crime
Non-Criminal X

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1603V-1233

Page 1 of 1

OFFENDER(S) Protected Health Information

OFFENDER(S) AKA

DATE, TIME AND DAY OF OCCURRENCE 03/06/16 13:59 Sunday to 03/06/16 14:37 Sunday

DATE AND TIME REPORTED 03/06/16 13:59

LOCATION OF OCCURRENCE 1 Lobby 1, Las Vegas

LOCATION NAME

TYPE OF LOCATION

BEAT

SECTION

NARRATIVE

At 2:00PM, on March 6, 2016, I was dispatched by Venetian Security Control to Lobby 1 in regards to a slip and fall.

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.

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.

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.

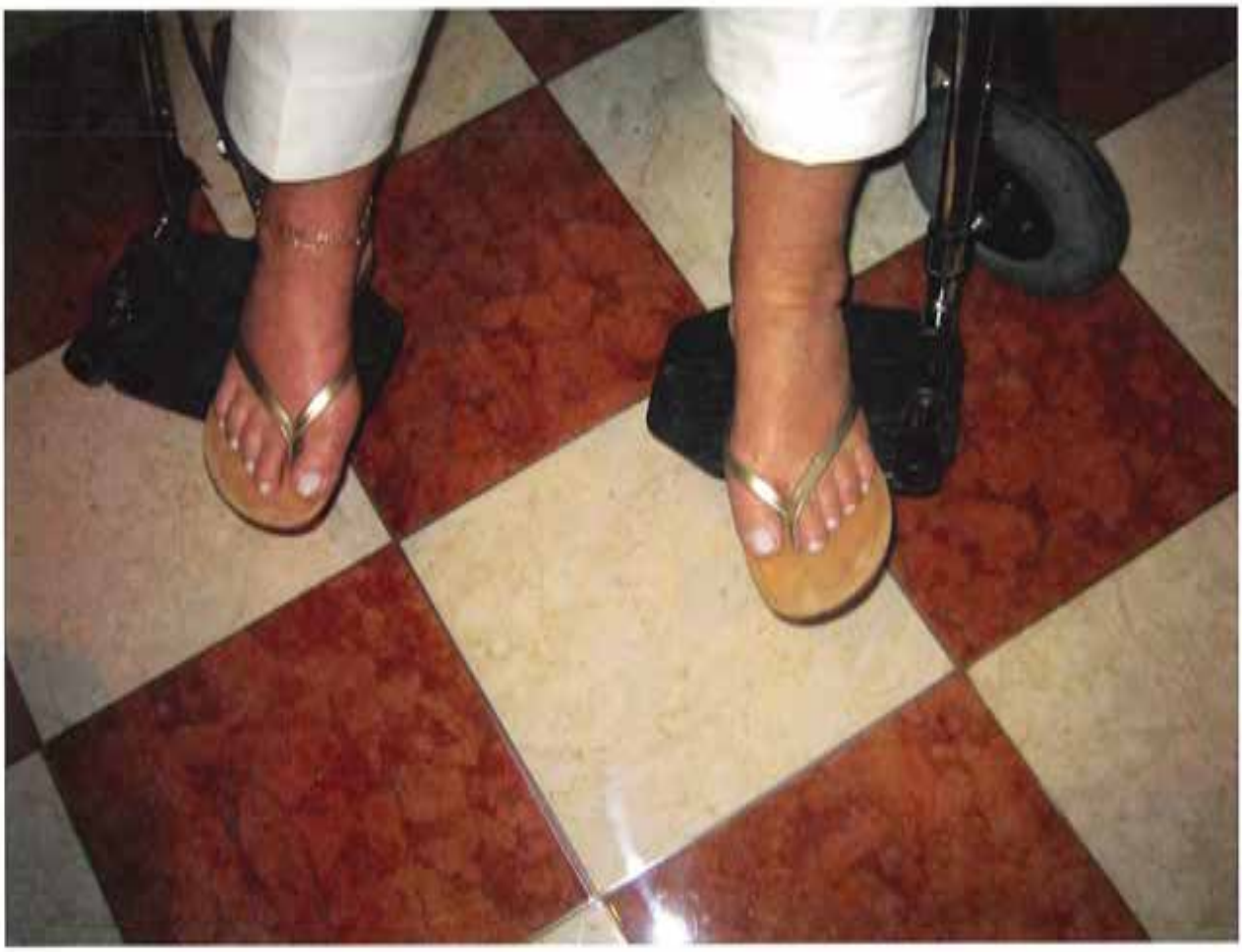
Per Control, video coverage of the incident was saved as evidence.

VIP Manager Kirchmeier, Kyle TM#9130 and Security Manager Johnson, Jacob TM#25575 were notified of the incident.

Attached are the following:
1. Voluntary Statement
2. Medical Release
3. Accident Scene Check
4-9. Photographs

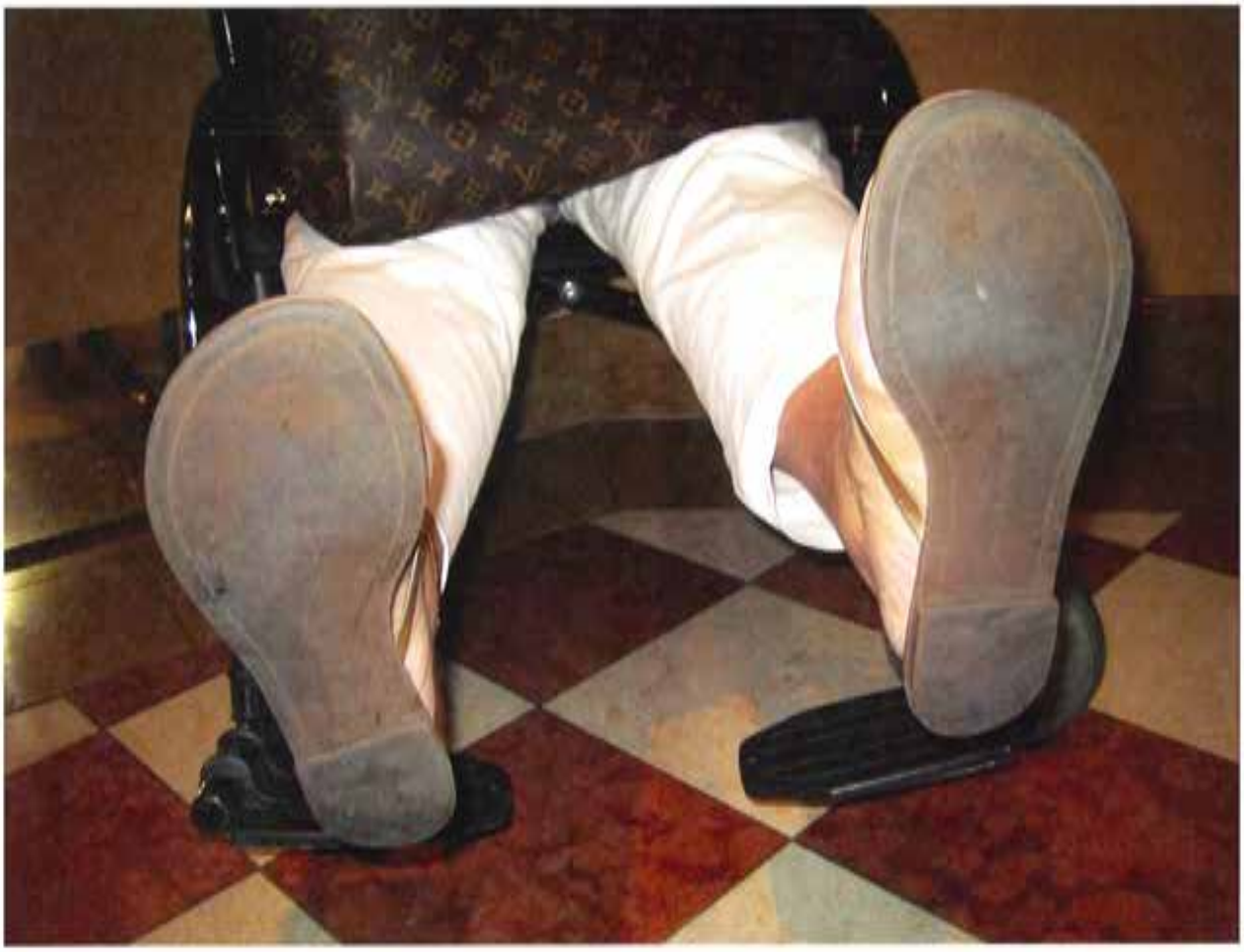
ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	03/06/2016 16:47	George Valley 000013454	03/07/16
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed



VEN 824

3133



VEN 825

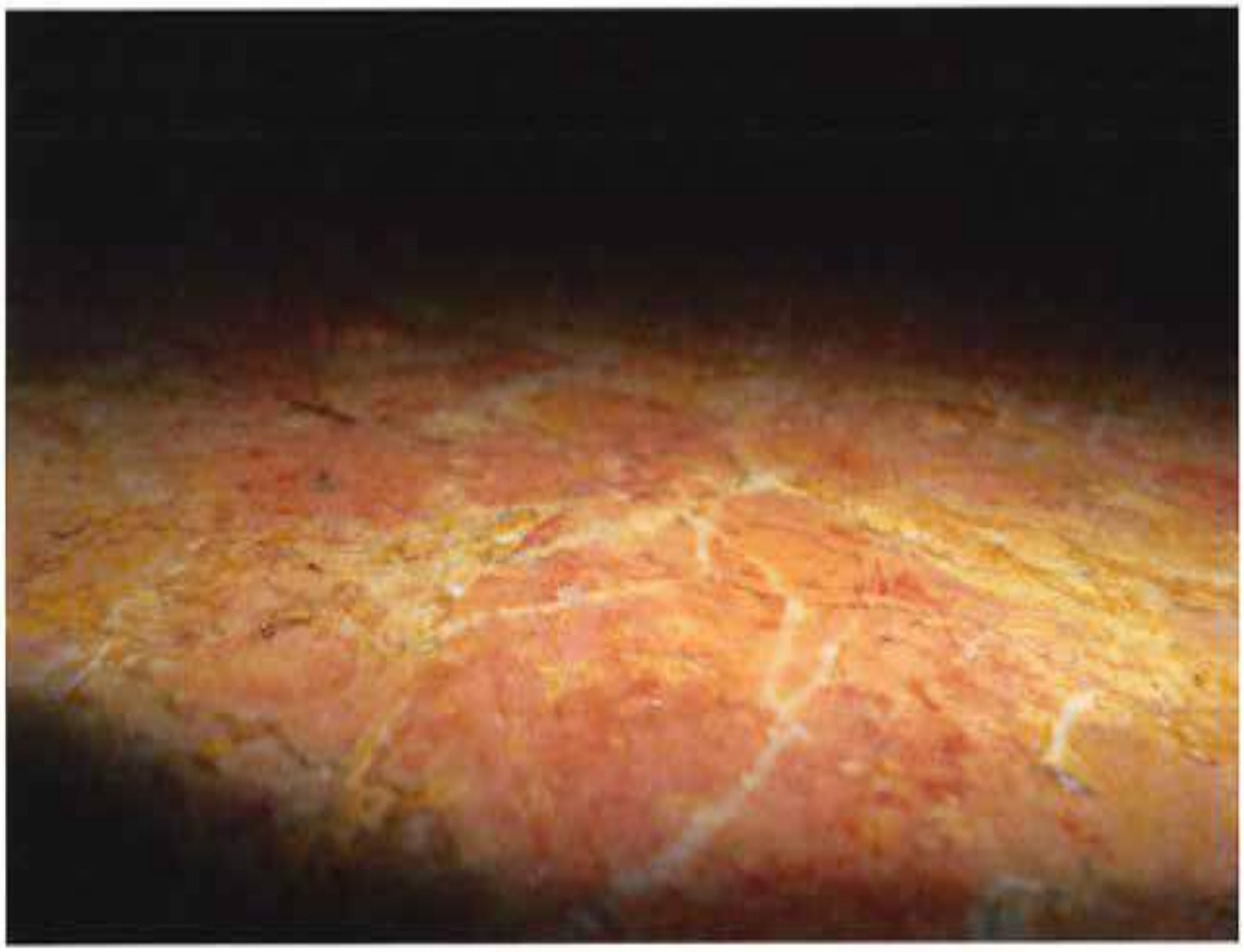
3134

VEN 826

3135

VEN 827

3136



VEN 828

3137

VEN 829

3138

THE VENETIAN

SECURITY DEPARTMENT

VOLUNTARY STATEMENT

PAGE 1 OF 1 IR 160V-1233

Type of Incident: FALL ON WET FLOOR IN LOBBY

Date Occurred: 2/6/12 6:00PM Time Occurred: 2:00PM AM/PM

Location of Occurrence: ELEVATOR LOBBY

Name of Person Giving Statement: [redacted]

Guest of the Hotel? Yes: ☒ No: ☐ Home Phone #: [redacted] Cell Phone #: [redacted]

Suite #: [redacted] Business Phone #: _____ Pager #: _____

Local Address or Phone if Different from Home:

Residence Address: [redacted]

Business Address: _____

Social Security Number: _____ Date of Birth: 9/11/44

Best Time to Contact: _____ (AM/PM) Best Place to Contact: _____

Details:

WATER ON MARBLE FLOOR AND SLIPPED

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 6 day of MARCH at 2:00 [redacted]

Witness: [redacted]

Witness: _____

VEN 830

THE VENETIAN THE PALAZZO

Incident Report Number: 16-3V-1233

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [redacted]

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): Gabby Winn TM #: 31215

Engineer

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

Defects Noted (Explain in Detail): Nothing".

Actions Taken: None

Checked by Engineer (Name): Raquel Chavez TM # 9648

FORM NO. GR-HTL-0072A-08-07

VEN 831

3140

THE VENETIAN THE PALAZZO

1403V-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): [redacted]

Signature: [redacted]

Address: [redacted]

Date of Birth: [redacted] Social Security #: [redacted]

Phone: [redacted]

Witness: [redacted]

Witness: [redacted]

Date: 09/06/2014 Time: 2:30 AM

Refused to Sign: [redacted]

Venetian/Palazzo EMT: [redacted] ID#: 7815

AGE: Male / Female C/C:

Pulse -
Resp -
BP -
Eyes -
Lungs -
LOC -
Skins -
BGL -

Hx -
Allergies -
Meds -
Last oral intake -
Hydration -

Pain -
O -
P -
Q -
R -
S -
T -
CCFD -
MedicWest -
Transport -

FORM NO. GR-HTL-002BA-03-07

VEN 832

3141

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1603V-5018

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 03/25/16 13:14 Friday TO 03/25/16 13:35 Friday

DATE AND TIME REPORTED: 03/25/16 13:14

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: MN 1 OF 1
NAME - LAST, FIRST, MIDDLE, SUFFIX: Kim, Sherry
OCCUPATION: Front Desk Supervisor
RACE: SEX: AGE: DOB:
DL: STATE: SSN: INJURIES:
ADDRESS 1: PHONE 1:
ADDRESS 2: PHONE 2:
ADDRESS 3: PHONE 3:

CODE: GU 1 OF 1
NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]
OCCUPATION: [redacted]
RACE: SEX: AGE: DOB:
DL: STATE: SSN: INJURIES:
HOME: [redacted]
PHONE 1: [redacted]
ADDRESS 2: PHONE 2:
ADDRESS 3: PHONE 3:

CODE: TM 1 OF 1
NAME - LAST, FIRST, MIDDLE, SUFFIX: Chavez, Rafael
OCCUPATION: Facilities
RACE: SEX: M AGE: DOB:
DL: STATE: SSN: INJURIES:
ADDRESS 1: PHONE 1:
ADDRESS 2: PHONE 2:
ADDRESS 3: PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protected Health Information - Guest of Suite [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ OF:
LICENSE (NO. AND STATE):
YEAR:
MAKE:
MODEL:
BODY TYPE:
COLOR:
VIN:
MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐
TOWING: NAME AND PHONE:
REGISTERED OWNER:
DO ADDRESS:

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: OF
NAME - LAST, FIRST, MIDDLE, SUFFIX:
ADDRESS 1:
PHONE 1:
RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:
ADDRESS 2:
PHONE 2:
OCCUPATION:
INJURIES:
ADDRESS 3:
PHONE 3:
SCARS / MARKS / TATTOOS: YES ☐ NO ☐
AKA's:
ARRESTEE DISPOSITION:
RELEASE LOCATION:
ARREST DATE / TIME: /
DL: STATE:
ARRESTED: YES ☐ NO ☐
BOOKING #:
WARRANT: YES ☐ NO ☐
CITATION #:
SSN:
CHARGES:

CODE: OF
NAME - LAST, FIRST, MIDDLE, SUFFIX:
ADDRESS 1:
PHONE 1:
RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:
ADDRESS 2:
PHONE 2:
OCCUPATION:
INJURIES:
ADDRESS 3:
PHONE 3:
SCARS / MARKS / TATTOOS: YES ☐ NO ☐
AKA's:
ARRESTEE DISPOSITION:
RELEASE LOCATION:
ARREST DATE / TIME: /
DL: STATE:
ARRESTED: YES ☐ NO ☐
BOOKING #:
WARRANT: YES ☐ NO ☐
CITATION #:
SSN:
CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒
FOLLOW-UP: YES ☐ NO ☒
COPIES TO: ☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER: J. Larson 000025821
DATE/TIME: 03/25/16 16:37
APPROVED BY: Jacob Johnson 000025575
DATE APPROVED: 03/26/16
OFFICER:
DATE/SHIFT:
ASSIGNED TO:
CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1603V-5018

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
03/25/16 13:14 Friday	TO 03/25/16 13:35 Friday	03/25/16 13:14

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

MO DATA

Incident Information
- Area Checked
- Photos Taken
- PHI - Hotel Guest
- Slip & Fall
- Video Tape of Incident Available
- Wet Surface

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble
- Flat
- Wet / Slippery

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DET	☐ SA	☐ COURT	☐ PROBATION	☐ WARP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	03/25/2016 16:37	Jacob Johnson 000025575	03/26/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Larson/025821 Entered by: Joseph Larson

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

Arrest
Crime
Non-Criminal X

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1603V-5018

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 03/25/16 13:14 Friday TO 03/25/16 13:35 Friday

DATE AND TIME REPORTED: 03/25/16 13:14

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE	#	NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 1	Kim, Sharry		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	#	NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 1	[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Build
Medium

Complexion
Medium

Demeanor
Calm
Polite

Eyes
Normal

Glasses
None

Hair Length
Long

Hair Style
Wavy

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Tenderness

Speech
Normal

CLOTHING

CODE	#	NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Chavez, Rafael		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	03/25/16 16:37	Jacob Johnson 000025575	03/26/16
OFFICER	DATE/TIME 2	ASSIGNED TO	CASE STATUS: Closed

CR-1 Larson/025821 Entered by: Joseph Larson

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

Arrest
Crime
Non-Criminal X

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1603V-5018

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 03/25/16 13:14 Friday to 03/25/16 13:35 Friday

DATE AND TIME REPORTED: 03/25/16 13:14

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME | TYPE OF LOCATION | BEAT | SECTOR

NARRATIVE

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.

[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.

[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.

[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.

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.

Video coverage is available per Security Control.

Risk Management was notified.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	03/25/2016 16:37	Jacob Johnson 000025575	03/26/16
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1603V-5018

OFFENSE(S): Protected Health Information

OFFENDER(S) name:

DATE, TIME AND DAY OF OCCURRENCE: 03/25/16 13:14 Friday to 03/25/16 13:35 Friday

DATE AND TIME REPORTED: 03/25/16 13:14

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTION:

NARRATIVE

Front Desk Manager Kim, Sharry TM#30825 was notified.

Attached Items
2 Photographs of [redacted] shoes (top and bottom)
3 Photographs of the area of incident after I added two additional caution stanchions
1 Scan of the Medical Release
1 Scan of the Accident Scene Check

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Larson 000025821	03/25/2016 16:37	Jacob Johnson 000025575	03/26/16
OFFICER	ASSIGNED TO	ASSIGNED TO	CASE STATUS
			Closed

VEN 838

3147

VEN 839

3148

VEN 840

3149

VEN 841

3150

VEN 842

3151

THE VENETIAN THE PALAZZO

160N-5018

Incident Report Number: ~~150TV-2171~~

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [redacted]

Security Officer

Time: 1320 Date: 3/25/16 Guest Suite #: ACROSS FROM JUICE 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 CHECK

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☐ No

Checked by Security Officer (Name): LARSON, JOE TM #: 25821

Engineer

Time: 1:23 pm. Date: 03-23-16 Guest Suite #: Venetian guest Elevator lobby

Defects Noted (Explain in Detail): None

Actions Taken: None - call DSD to clean the wet area

Checked by Engineer (Name): [signature] TM # 96158

FORM NO. GR-HTL-0072A-03-07

THE VENETIAN THE PALAZZO

160JV-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.

[redacted]

Name (Print): [redacted]
Signature: [redacted]
Address: [redacted]
Date of Birth: [redacted] Social Security #: N/A
Phone: [redacted]
Witness: [redacted]
Witness: [redacted]
Date: 3/25/16 Time: 1320
Refused to Sign: [redacted]
Venetian/Palazzo EMT: [redacted] ID#: 2682

(P) foot slipped forward down onto (P) knee
7 8/10, throbbing
able to bear weight, ambulate

(P) video

VEN 844

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1604V-1850

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 04/09/16 14:44 Saturday TO 04/09/16 15:39 Saturday

DATE AND TIME REPORTED: 04/09/16 14:44

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: Grand Hall, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
O 1 OF 1	[redacted]		
OCCUPATION	RACE SEX AGE DOB	ADDRESS 2	PHONE 2
	[redacted]		
DL STATE	SS# 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
Security Officer	F M		
DL STATE	SS# 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
Security Manager	16 05/17/1999		
DL STATE	SS# INJURIES	ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protected Health Information. Non-guest [redacted]

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐	OF							YES ☐ NO ☒

TOWED FOR?	GARAGE NAME AND PHONE	REGISTERED OWNER	AND ADDRESS
YES ☒ NO ☐			

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE	SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2
OCCUPATION		INJURIES	ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI #
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES:

CODE	OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
RACE	SEX HT WT HAIR EYE AGE DOB		ADDRESS 2	PHONE 2
OCCUPATION		INJURIES	ADDRESS 3	PHONE 3

SCARS / MARKS / TATTOOS	AKA's	ARRESTEE DISPOSITION	RELEASE LOCATION	ARREST DATE / TIME
YES ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI #
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	ROUTED TO:
YES ☐ NO ☒	YES ☐ NO ☒	☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER	DATE / TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/16 15:01	George Valley 000013454	04/11/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1604V-1850

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
04/09/16 14:44 Saturday	TO 04/09/16 15:39 Saturday	04/09/16 14:44

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas				

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	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 2 OF 2	Chavez, Rafael		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities		M				

DL	STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/16 15:01	George Valley 000013454	04/11/16

OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1604V-1850

PAGE 1 OF 1

OFFENSE(S):	OFFENSE(S) cont'd.
Protected Health Information	

DATE TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
04/09/16 14:44 Saturday TO 04/09/16 15:39 Saturday	04/09/16 14:44

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas				

MO DATA

Arson Class
There was no Arson in this case

Arson Inhabited
Property was not Inhabited

Case has Domestic Violence
No Domestic Violence in this case
No weapon involved

Case inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No

Case involves Gang Activity
No

Incident Information
Photos Taken
PHI - Non-Guest
Video Tape of Incident Available

Security Stats (Click One Box)
Protected Health Information

ADMINISTRATION

FOLLOW UP	COPIES TO						
YES ☐ NO [X]	☐ PAT	☐ DET	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/2016 15:01	George Valley 000013454	04/11/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

CR-1 Winn/031215 Entered by: David Winn

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1604V-1850

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
04/09/16 14:44 Saturday	to 04/09/16 15:39 Saturday	04/09/16 14:44

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT SECTOR
Grand Hall, Las Vegas			

NARRATIVE

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.

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.

First-aid was not provided to [redacted] by Venetian Security due to her not reporting any injuries.

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.

Per Control, Video coverage of the incident is available.

Security Manager Johnson, Jacob TM#25575 was notified of the incident.

Attached are the following:
1. Voluntary Statement
2. Medical Release
3. Accident Scene Check
4-8. Photographs

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/2016 15:01	George Valley 000013454	04/11/16
OFFICER	**UNIT/BEAT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1604V-1926

PAGE 1

OFFENSE(S): Informational

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 04/09/16 19:34 Saturday TO 04/09/16 19:48 Saturday

DATE AND TIME REPORTED: 04/09/16 19:34

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: V 1 OF 1

NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

OCCUPATION | RACE | SEX | AGE | DOB | ADDRESS 1 | PHONE 1

DL | STATE | SS# | WARNING | ADDRESS 2 | PHONE 2

ADDRESS 3 | PHONE 3

CODE: MN 1 OF 1

NAME - LAST, FIRST, MIDDLE, SUFFIX: Kaufman, Mathew

ADDRESS 1: (702) 414-1000

OCCUPATION: Security Manger | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | WARNING | ADDRESS 3 | PHONE 3

CODE | OF

NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

OCCUPATION | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | WARNING | ADDRESS 3 | PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

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: YES ☐ NO ☐ VIN ☐ OF | LICENSE (NO. AND STATE) | YEAR | MAKE | MODEL | BODY TYPE | COLOR | VIN | MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ | GARAGE NAME AND PHONE | REGISTERED OWNER | ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE | OF

NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | ALIAS | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA'S | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME /

DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CDR

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 | ALIAS | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA'S | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME /

DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CDR

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER: C. Reanos 000037213 | DATE/TIME: 04/10/16 23:17 | APPROVED BY: Mathew Kaufman 000030582 | DATE APPROVED: 04/11/16

OFFICER | UNIT/SHIFT | ASSIGNED TO | CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1604V-1920

PAGE 1 OF 1

OFFENSE(S)
Informational

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE
04/09/16 19:34 Saturday TO 04/09/16 19:48 Saturday

DATE AND TIME REPORTED
04/09/16 19:34

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

MO DATA

Arson Class
There was no Arson in this case

Arson Inhabited
Property was not Inhabited

Case has Domestic Violence
No Domestic Violence in this case

Case inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No

Incident Information
No Prosecution Desired
Slip & Fall
Video Tape of Incident Available
Wet Surface

Lighting Conditions
Room Lights

Surface Conditions
Marble
Flat
Wet / Slippery

Weather Conditions
Clear

ADMINISTRATION

FOLLOW-UP YES ☐ NO ☒

COPIES TO: ☐ PAT ☐ DET ☐ SS ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
C. Reanos 000037213	04/10/2016 23:17	Mathew Kaufman 000030582	04/11/16
OFFICER	UNIT/DEPT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Reanos/037213 Entered by: Christian Reanos

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1604V-1926

PAGE 1 OF 1

OFFENSE(S): Informational

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 04/09/16 19:34 Saturday TO 04/09/16 19:48 Saturday

DATE AND TIME REPORTED: 04/09/16 19:34

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

BOOK MADE: YES [ ] NO [ ]

CODE	#	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
V	1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Build
Heavy

Complexion
Clear

Demeanor
Intoxicated

Eyes
Drooping

Facial Hair
Unshaven

Glasses
None

Hair Length
Short

Hair Style
Crew cut

Odor of Intoxicants
Strong

Speech
Excited
Repetitive
Slurred

CODE	#	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 1	Kauffman, Mathew		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
C. Reanos 000037213	04/10/16 23:17	Mathew Kaufman 000030582	04/11/16
OFFICER	AUTHORITY	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Reanos/037213 Entered by: Christian Reanos

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

Arrest		***Venetian Security***	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1604V-1920
Non-Criminal	X	**Narrative Report**	Page 1 of 1

OFFENSE(S)	OFFENDER(S) NAME
Informational	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
04/09/16 19:34 Saturday	to 04/09/16 19:48 Saturday	04/09/16 19:34

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

NARRATIVE

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.

I approached the unknown male and asked if he needed medial 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.

I contacted Venetian Evening Shift Security Manager Kaufman, Mathew (TM#30582) of the incident and returned to my post at Lobby 1.

Attachments:
-Photograph of the unknown male

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
C. Reanos 000037213	04/10/2016 23:17	Mathew Kaufman 000030582	04/11/16
OFFICER	**ASSIGNED**	**ASSIGNED TO**	**CASE STATUS**
			Closed

VEN 853

3162

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1604V-2136

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 04/10/16 13:51 Sunday TO 04/10/16 14:45 Sunday

DATE AND TIME REPORTED: 04/10/16 13:51

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURRENCE: Grand Hall, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT: SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: GU 1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

OCCUPATION: RACE: SEX: AGE: DOB:

DL: STATE: SS#: INJURIES:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CODE: GU 2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX: Floyd, Nicole

OCCUPATION: RACE: SEX: AGE: DOB:

DL: STATE: SS#: INJURIES:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CODE: TM 1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX: Valley, George 13454

OCCUPATION: Security Manager RACE: W SEX: M AGE: DOB:

DL: STATE: SS#: INJURIES:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY:

Protected Health Information. Previous guest of Venetian suite 16-135 [redacted]

VEHICLE LEGEND: YES ☐ NO ☐ UNK ☐ OF: LICENSE (NO. AND STATE): YEAR: MAKE: MODEL: BODY TYPE: COLOR: VIN: MORE VEHICLES: YES ☐ NO ☒

TOW/REPORT: YES ☒ NO ☐ GARAGE NAME AND PHONE: REGISTERED OWNER: R/O ADDRESS:

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV = Suspect/Victim AV = Arrestee/Victim DV = Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: NAME - LAST, FIRST, MIDDLE, SUFFIX: OF:

RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB:

OCCUPATION: INJURIES:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ AKA's: ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME:

DL: STATE: ARRESTED: YES ☐ NO ☐ BOOKING #: WARRANT: YES ☐ NO ☐ CITATION #: SS#: CII#:

CHARGES:

CODE: NAME - LAST, FIRST, MIDDLE, SUFFIX: OF:

RACE, SEX: HT: WT: HAIR: EYE: AGE: DOB:

OCCUPATION: INJURIES:

ADDRESS 1: PHONE 1:

ADDRESS 2: PHONE 2:

ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ AKA's: ARRESTEE DISPOSITION: RELEASE LOCATION: ARREST DATE / TIME:

DL: STATE: ARRESTED: YES ☐ NO ☐ BOOKING #: WARRANT: YES ☐ NO ☐ CITATION #: SS#: CII#:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒

FOLLOW-UP: YES ☐ NO ☒

COPIES TO: ☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER: D. Winn 000031215

DATE/TIME: 04/10/16 19:06

APPROVED BY: George Valley 000013454

DATE APPROVED: 04/11/16

OFFICER:

UNIT/SHIFT:

ASSIGNED TO:

CASE STATUS: Closed

CR-1 Winn/031215 Entered by: David Winn

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

VEN 854

3163

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1604V-2136

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
04/10/16 13:51 Sunday TO 04/10/16 14:45 Sunday	04/10/16 13:51

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT SECTOR
Grand Hall, Las Vegas			

MO DATA

Arson Class
There was no Arson in this case

Arson Inhabited
Property was not Inhabited

Case has Domestic Violence
No Domestic Violence in this case
No weapon involved

Case Inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No

Case Involves Gang Activity
No

Incident Information
Photos Taken
PHI - Hotel Guest
Slip & Fal
Video Tape of Incident Available

Security Stats (Click One Box)
Protected Health Information

ADMINISTRATION

FOLLOW-UP YES ☐ NO [X]

COPIES TO: ☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/2016 19:06	George Valley 000013454	04/11/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Winn/031215 Entered by: David Winn

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1604V-2136

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 04/10/16 13:51 Sunday TO 04/10/16 14:45 Sunday

DATE AND TIME REPORTED: 04/10/16 13:51

LOCATION OF OCCURRENCE: Grand Hall, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	1 OF 2	Palm, Jason		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing

Build
Medium

Complexion
Clear

Demeanor
Angry

Eyes
Clear

Hair Length
Short

Medical Supplies
Soft Roller Bandage

Odor of Intoxicants
None

Patient Assesment
Patient is Alert
Patient has a Trauma/Injury
Deformities
Tenderness
Swelling

Speech
Normal

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU	2 OF 2	Floyd, Nicole		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Valley, George 13454		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/16 19:06	George Valley 000013454	04/11/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE #
1604V-2136

Page 1 of 2

OFFENSE(S)
Protected Health Information

OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE
04/10/16 13:51 Sunday to 04/10/16 14:45 Sunday

DATE AND TIME REPORTED
04/10/16 13:51

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Grand Hall, Las Vegas				

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

REPORTED BY	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/2016 19:06	George Valley 000013454	04/11/16
OFFICER	**DATE/TIME**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest: ☐
Crime: ☐
Non-Criminal: ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1604V-2136

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
04/10/16 13:51 Sunday	To 04/10/16 14:45 Sunday	04/10/16 13:51

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTION
Grand Hall, Las Vegas				

NARRATIVE

4-6. Phtogoraphs

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Winn 000031215	04/10/2016 19:06	George Valley 000013454	04/11/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1604V-2459

PAGE 1

OFFENSE(S)
Protected Health Information

OFFENSE(S) cont'd.

DATE, TIME AND DAY OF OCCURRENCE
04/12/16 15:40 Tuesday

DATE AND TIME REPORTED
04/12/16 15:40

MORE CHARGES YES ☐ NO [X]

ESTIMATED LOSS VALUE
$0.00

LOCATION OF OCCURRENCE
1 Control

LOCATION NAME

TYPE OF LOCATION

BEAT

SECTOR

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO [X]

CODE C 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX [redacted]

OCCUPATION | RACE | SEX M | AGE | DOB

DL | STATE | SS# | INJURIES

ADDRESS 1 [redacted] | PHONE 1

ADDRESS 2 | PHONE 2

ADDRESS 3 | PHONE 3

CODE MN 1 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Kaufman, Mathew

OCCUPATION: Assistant Manager | RACE | SEX | AGE | DOB

DL | STATE: 30582 | SS# | INJURIES

ADDRESS 1 | PHONE 1

ADDRESS 2 | PHONE 2

ADDRESS 3 | PHONE 3

CODE MN 2 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Liu, Albert

OCCUPATION | RACE | SEX | AGE | DOB

DL | STATE | SS# | INJURIES

ADDRESS 1 | PHONE 1

ADDRESS 2 | PHONE 2

ADDRESS 3 | PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY
Protected Health Information [redacted]

VEHICLE USED IN CRIME YES ☐ NO ☐ UNK ☐ | OF | LICENSE (NO. AND STATE) | YEAR | MAKE | MODEL | BODY TYPE | COLOR | VIN | MORE VEHICLES YES ☐ NO [X]

TOW REPORT YES [X] NO ☐ | GARAGE NAME AND PHONE | REGISTERED OWNER | R/O ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO [X]

CODE | OF | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME /

DL | STATE | ARRESTED YES ☐ NO ☐ | BOOKING # | WARRANT YES ☐ NO ☐ | CITATION # | SS# | DOB

CHARGES

CODE | OF | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME /

DL | STATE | ARRESTED YES ☐ NO ☐ | BOOKING # | WARRANT YES ☐ NO ☐ | CITATION # | SS# | DOB

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION YES ☐ NO [X] | FOLLOW-UP YES ☐ NO [X] | COPIES TO: ☐ PAT ☐ DET ☐ SA ☐ COURT ☐ PROBATION ☐ WMAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	04/13/16 19:35	Tim Alvonellos 000003460	04/14/16
OFFICER	UNIT/DEPT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1604V-2459

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURENCE: 04/12/16 15:40 Tuesday

DATE AND TIME REPORTED: 04/12/16 15:40

LOCATION OF OCCURENCE: 1 Control

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

ADDITIONAL OFFENSE(S):

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: yes ☐ no ☐

CODE	#	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO	1 of 1	Escobar, Felix		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer						

ID	STATE	SSN	ALIASES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	04/13/16 19:35	Tim Alvonellos 000003460	04/14/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

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

Arrest ☐ Crime ☐ Non-Criminal ☒	***Venetian Security*** 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 **Case MO**	CASE # 1604V-2459 PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	
DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
04/12/16 15:40 Tuesday	04/12/16 15:40

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Control				

MO DATA

Incident Information
- No Photos
- PHI - Hotel Guest
- Slip & Fall
- No Video Available

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DET	☐ SA	☐ COURT	☐ PROBATION	☐ VMAP	☐ OTHER

REVIEWED BY	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	04/13/2016 19:35	Tim Alvonellos 000003460	04/14/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1604V-2459
Non-Criminal	X	**Narrative Report**	Page 1 of 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	
DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
04/12/16 15:40 Tuesday	04/12/16 15:40

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Control				

NARRATIVE

On 4/12/2016 at approximately 1540 hours, Security Control received a call from a [redacted] later identified as previous Guest [redacted] I 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.

[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.

[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.

I told [redacted] I would generate a report about the incident.
I referred [redacted] to Claims Unit/Risk Management Department.
Security Manager Kaufman, Mathew TM# 30582 was advised of the incident. Front Desk Manager Liu, Albert TM# 33627 was advised of the incident.
No photos of the incident are available. Control located video coverage of the incident. The incident occurred at 2202 hours.
The video coverage is available. A Voluntary Statement statement from Security Officer Escobar, Felix TM# 39959 is available and attached to this report.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	04/13/2016 19:35	Tim Alvonellos 000003460	04/14/16
OFFICER	DATE/TIME	ASSIGNED TO	CASE STATUS
			Closed

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT
VOLUNTARY STATEMENT

PAGE ____ OF ____ IR 1604V-2459

TYPE OF INCIDENT: _____

DATE OCCURRED: _____ TIME OCCURRED: _____ am / pm

LOCATION OF OCCURRENCE: _____

NAME OF PERSON GIVING STATEMENT: FELIX ESCOBAR 37959

GUEST OF THE HOTEL? YES: ☐ NO: ☐ 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:
ON SUNDAY APRIL 10, 2016, I OFFICER FELIX ESCOBAR NOTICED DISPATCH OF A WET SPILL AT THE VENETIAN GUEST ELEVATOR LOBBY. I BLOCK THE ENTIRE SECTION WITH WET SPILL SIGNS AND POLES WHEN A MAN WITH DREDLOCKS 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.

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: _____

_____
Signature of person giving statement

WITNESS: _____

VEN 863

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1605V-0952

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURRENCE: 05/05/16 21:12 Thursday

DATE AND TIME REPORTED: 05/05/16 21:12

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted] — HOME: [redacted] — WORK: [redacted]

OCCUPATION: RACE: SEX: AGE: DOB: PHONE 2:

DL: STATE: SSN: MARRIED: ADDRESS 2: PHONE 3:

CODE: MN 1 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Alvanellos, Tim — ADDRESS 1: PHONE 1:

OCCUPATION: Security Shift Manager — RACE: SEX: AGE: DOB: ADDRESS 2: PHONE 2:

DL: STATE: SSN: MARRIED: ADDRESS 3: PHONE 3:

CODE: MN 2 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Phung, Royce — ADDRESS 1: PHONE 1:

OCCUPATION: Front desk manager — RACE: SEX: AGE: DOB: ADDRESS 2: PHONE 2:

DL: STATE: SSN: MARRIED: ADDRESS 3: PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY:

Protected Health Information, registered guest to Suite [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ — OF: — LICENSE (NO. AND STATE): — YEAR: — MAKE: — MODEL: — BODY TYPE: — COLOR: — VIN: — MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ — GARAGE NAME AND PHONE: — REGISTERED OWNER: — R/O ADDRESS:

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: OF — NAME - LAST, FIRST, MIDDLE, SUFFIX: — ADDRESS 1: — PHONE 1:

RACE: SEX: HT: WT: HAIR: EYE: AGE: DOB: ADDRESS 2: PHONE 2:

OCCUPATION: MARRIED: ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's: — ARRESTEE DISPOSITION: — RELEASE LOCATION: — ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: — WARRANT: YES ☐ NO ☐ — CITATION #: — SSN: — CII#:

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: MARRIED: ADDRESS 3: PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ — AKA's: — ARRESTEE DISPOSITION: — RELEASE LOCATION: — ARREST DATE / TIME: /

DL: STATE: ARRESTED: YES ☐ NO ☐ — BOOKING #: — WARRANT: YES ☐ NO ☐ — CITATION #: — SSN: — CII#:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ — FOLLOW-UP: YES ☐ NO ☒ — COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ SWAP ☐ OTHER

BY OFFICER: J. Buscemi 30741 — DATE/TIME: 05/05/16 22:42 — APPROVED BY: Tim Alvanellos 000003460 — DATE APPROVED: 05/05/16

OFFICER: — UNIT/SHIFT: — ASSIGNED TO: — CASE STATUS: Closed

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1605V-0952

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 05/05/16 21:12 Thursday

DATE AND TIME REPORTED: 05/05/16 21:12

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

ADDITIONAL OFFENSE(S):

ADDITIONAL OFFENSE(S) cont'd:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES [ ] NO [ ]

CODE	#	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO	1 of 1	Johnson, James 8337		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer						

DL	STATE	SSN	NUMBER	ADDRESS 3	PHONE 3

CODE	#	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM	1 of 1	Navara, Shane		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities						

DL	STATE	SSN	NUMBER	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Busceni 30741	05/05/16 22:42	Tim Alvonellos 000003460	05/05/16
OFFICER	WITNESS	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1005V-0952
Non-Criminal	x	**Case MO**	PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
05/05/16 21:12 Thursday	05/05/16 21:12

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

MO DATA

Incident Information
- Area Checked
- Photos Taken
- PHI - Hotel Guest
- Slip & Fall
- Video Tape of Incident Available
- Wet Surface

Lighting Conditions
- Room Lights

Security Stats (Click One Box)
- Protected Health Information

Surface Conditions
- Marble
- Flat
- Wet / Slippery

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DEA	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Busceni 30741	05/05/2016 22:42	Tim Alvonellos 000003460	05/05/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

CR-1 Busce/30741 Entered by: Jeff Busceni

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1605V-0952

Page 1 of 1

OFFENSE(S)	OFFENDER(S) name
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
05/05/16 21:12 Thureday	05/05/16 21:12

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	AREA
1 Lobby 1				

NARRATIVE

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] 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.

[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.

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.

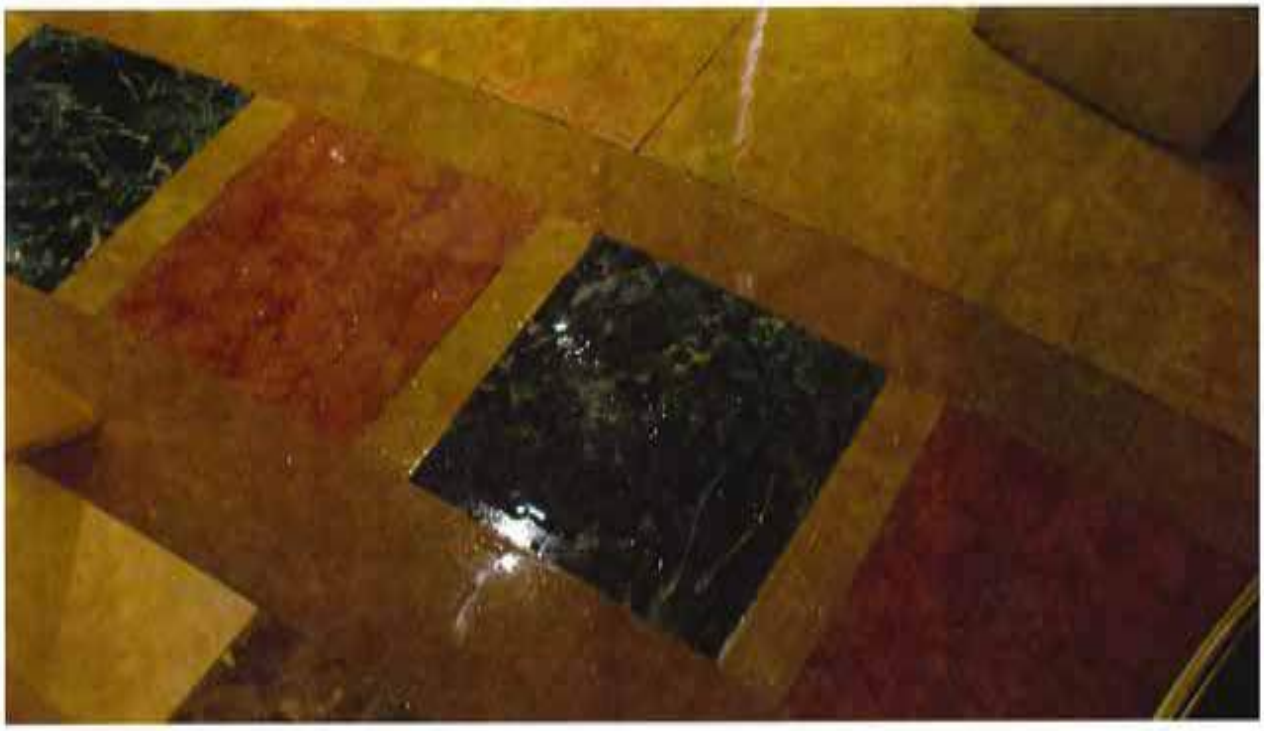
An Accident Scene Check was completed by Facilities Navarra, Shane (TM# 14329) and I, of which, no defects were found to the marble tile surface, however, an unknown liquid was found in the incident area. I contacted Public Area Department to clean and dry the incident area.

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Buscemi 30741	05/05/2016 22:42	Tim Alvonellos 000003460	05/05/16
OFFICER	SHIFT/UNIT	ASSIGNED TO	CASE STATUS
			Closed

VEN 868



VEN 869

3178

VEN 870

VEN 871

THE VENETIAN THE PALAZZO

Incident Report Number: 1605V-0852

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): Liquid on tube, no defects to file

Actions Taken: Contacted PAO & Facilities

Lighting Normal? (If no, explain): Yes

Outside Diagram? ☐ Yes ☐ No

Checked by Security Officer (Name): Jeff Buscemi TM #: 30411

Engineer

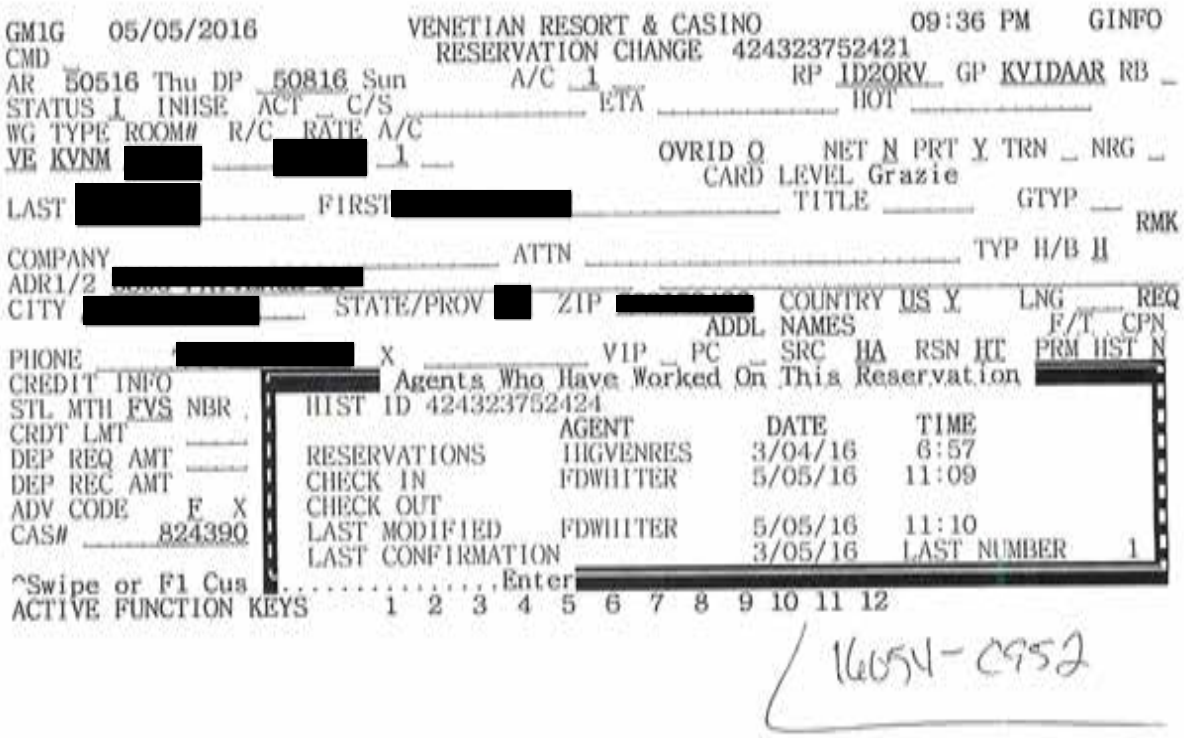
Time: 9:22 PM Date: 5-5-16 Guest Suite #: Elevator lobby

Defects Noted (Explain in Detail): No Defects Found

Actions Taken: NO Actions TAKEN

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

FORM NO. GR-111, 0872A-05-07



16654-C952

Royce Phung 38312

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1605V-5069

PAGE 1

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday TO 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $0.00

LOCATION OF OCCURRENCE: 1 Lobby 1, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: MN 1 OF 2
NAME - LAST, FIRST, MIDDLE, SUFFIX: McCaslin, Amy
OCCUPATION: Front Desk Manager
RACE | SEX | AGE | DOB
DL | STATE | SS# | INJURIES
ADDRESS 1 | PHONE 1
ADDRESS 2 | PHONE 2
ADDRESS 3 | PHONE 3

CODE: MN 2 OF 2
NAME - LAST, FIRST, MIDDLE, SUFFIX: Coronado, Nicholas
OCCUPATION: Security Manager
RACE | SEX | AGE | DOB
DL | STATE | SS# | INJURIES
ADDRESS 1 | PHONE 1
ADDRESS 2 | PHONE 2
ADDRESS 3 | PHONE 3

CODE: R 1 OF 1
NAME - LAST, FIRST, MIDDLE, SUFFIX: Ballesteros, John
OCCUPATION: Facilities Team Member
RACE | SEX | AGE | DOB
DL | STATE | SS# | INJURIES
ADDRESS 1 | PHONE 1
ADDRESS 2 | PHONE 2
ADDRESS 3 | PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY:
Protected Health Information-Registered Guest Suite [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ OF
LICENSE (NO. AND STATE) | YEAR | MAKE | MODEL | BODY TYPE | COLOR | VIN
MORE VEHICLES: YES ☐ NO ☒
TOW REPORT: YES ☐ # NO ☐
TOWING: NAME AND PHONE
REGISTERED OWNER
NO ADDRESS

SUSPECT(S) / ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE | OF
NAME - LAST, FIRST, MIDDLE, SUFFIX
ADDRESS 1 | PHONE 1
RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB
ADDRESS 2 | PHONE 2
OCCUPATION | MARKS
ADDRESS 3 | PHONE 3
SCARS / MARKS / TATTOOS: YES ☐ NO ☐
AKA's
ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME
DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CII#
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 | MARKS
ADDRESS 3 | PHONE 3
SCARS / MARKS / TATTOOS: YES ☐ NO ☐
AKA's
ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME
DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CII#
CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒
FOLLOW UP: YES ☐ NO ☒
COPIES TO: PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER ☐

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/16 07:35	Richard Davies 000028074	05/29/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Distr/044780 Entered by: Joshua Dietrich

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1605V-5069

PAGE 1 OF 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 05/25/16 00:56 Wednesday TO 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

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		NAME - LAST, FIRST, MIDDLE, SUFFIX					
GU	1 OF 1	[redacted]				[redacted]	
OCCUPATION		RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
[redacted]							
ID	STATE	SSN			MARKS	ADDRESS 1	PHONE 1
CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX					
SO	1 OF 2	Giselbach, Eve				ADDRESS 1	PHONE 1
OCCUPATION		RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
EMT Security Officer							
ID	STATE	SSN			MARKS	ADDRESS 1	PHONE 1
CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX					
SO	2 OF 2	Barr-Wilson, Joseph				ADDRESS 1	PHONE 1
OCCUPATION		RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer							
ID	STATE	SSN			MARKS	ADDRESS 1	PHONE 1

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044789	05/29/16 07:35	Richard Davies 000028074	05/29/16
OFFICER	UNIT/UNIT	ASSIGNED TO	CASE STATUS
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1605V-5069

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED
05/25/16 00:56 Wednesday	TO 05/25/16 01:46 Wednesday	05/25/16 00:58

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

MO DATA

Arson Class
There was no Arson in this case

Case has Domestic Violence
No Domestic Violence in this case

Case Inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No

Case involves Gang Activity
No

Incident Information
Area Checked
Intoxicated Person
Photos Taken
PHI - Hotel Guest
Slip & Fall
Statements Taken
Victim Cooperative
Video Tape of Incident Available

Lighting Conditions
Room Lights
Moon Light

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Dry
Marble
Flat

Weather Conditions
Clear
Cool

ADMINISTRATION

FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	☐ PAT	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/2016 07:35	Richard Davies 000028074	05/29/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Dietr/044780 Entered by: Joshua Dietrich

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1605V-5069

PAGE 1 OF 2

OFFENSE(S): Protected Health Information

OFFENSE(S) DATE:

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday TO 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE PAGES? YES [ ] NO [ ]

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
R	1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	McCaslin, Amy		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	Coronado, Nicholas		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	1 OF 2	Gizelbach, Eve		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	2 OF 2	Barr-Wilson, Joseph		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/16 07:35	Richard Davies 000028074	05/29/16
REVIEW	REVIEW T	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Dietr/044780 Entered by: Joshua Dietrich

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1805V-5009

PAGE 2 OF 2

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday TO 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURRENCE: 1 Lobby 1, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES: YES [ ] NO [ ]

CODE		NAME: LAST, FIRST, MIDDLE, SUFFIX	SEX	
GU	1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal
Pupils are PEARL
SAMPLE History Obtained?

Build
Small

Complexion
Clear

Demeanor
Calm
Polite
Nervous
Talkative

Eyes
Clear

Facial Hair
Unknown

Facial Hair Color
Unknown

Glasses
None

Hair Length
Long

Hair Style
Straight

Medical Supplies
Flashlight or Penlight
Triangular Bandage
Cold Packs

Odor of Intoxicants
Mild

Patient Assessment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Symptoms of Illness - OPQRST obtained?
Tenderness

Speech
Normal

CLOTHING

ADMINISTRATION

BY (PERSON)	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/16 07:35	Richard Davies 000028074	05/29/16
OFFICER	WITNESS	SUPERVISOR	CASE STATUS
			Closed

CR-1 Dietr/044780 Entered by: Joshua Dietrich

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1605V-5069

OFFENSE(S): Protected Health Information

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday to 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURRENCE: 1 Lobby 1, Las Vegas

LOCATION NAME | TYPE OF LOCATION | BEAT | SECTOR

NARRATIVE

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).

[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.

I had Emergency Medical Technician Gizelbach, 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.

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, crepitation, abrasions, penetration, punctures, burns, lacerations, or swelling to the right shoulder.

Gizelbach 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. Gizelbach had [redacted] complete a grip test, and [redacted] presented equal grips. Gizelbach 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]

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/2016 07:35	Richard Davies 000028074	05/29/16
OFFICER	ASSIGNED	ASSIGNED TO	CASE STATUS
			Closed

Arrest		*Venetian Security*	CASE #
Crime		3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	1605V-0069
Non-Criminal	X	**Narrative Report**	Page 2 of 3

OFFENSE(S)	OFFENSE(S) DATE
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE		DATE AND TIME REPORTED
05/25/16 00:56 Wednesday	to 05/25/16 01:46 Wednesday	05/25/16 00:56

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1, Las Vegas				

NARRATIVE

right arm and gave her a cold pack. [redacted] declined any further medical treatment.

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.

[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.

[redacted] returned to her suite without assistance via the Venetian hotel elevator lobby.

Assistant Security Manager Coronado, Nicholas TM# 32415 and Front Desk Manager McCaslin, Amy TM# 37759 is aware of this incident.

Photographs were taken.
Positive video coverage per surveillance.

Attached are the following:
1 Accident Scene Check
2 Medical Authorization
3 Medical Release
4 Reservation Portfolio
5 Venetian Voluntary statement
6 Photograph of incident area
7 Photograph of [redacted]
8 Photograph of injury area (clothed)
9 Photograph of top of [redacted] shoes
10 Photograph of bottom of [redacted] shoes
11 Photograph of right side of [redacted] shoes
12 Photograph of left side of [redacted] shoes

ADMINISTRATION

REPORTED BY	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/2016 07:35	Richard Davies 000028074	05/29/16
OFFICER	ASSIGNED	ASSIGNED TO	CASE STATUS
			Closed

Arrest [ ]
Crime [ ]
Non-Criminal [x]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1605V-5069

OFFENSE(S): Protected Health Information

OFFENSE(S) code(s):

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday to 05/25/16 01:46 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURRENCE: 1 Lobby 1, Las Vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

NARRATIVE:

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. Dietrich 000044780	05/29/2016 07:35	Richard Davies 000028074	05/29/16
OFFICER	DISTRICT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Supplemental Report

CASE # 1605V-5069

PAGE 1 OF 1

OFFENSE(S)

OFFENSE(S) DATE

DATE, TIME AND DAY OF OCCURRENCE: 05/25/16 00:56 Wednesday

DATE AND TIME REPORTED: 05/25/16 00:56

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR

CASE SUMMARY

Observed a female guest on the floor and asked if she wanted medical attention and she refused.

NARRATIVE

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.

I checked the surrounding area and found a wet spill near the stanchions.

I took a wet floor sign and placed it on the wet spill and called P.A.D for a wet spill clean up.

I then asked the female guest again if she wants medical attention and she refused.

ADMINISTRATION

FOLLOW-UP: YES ☐ NO ☐

COPIES TO: ☐ PAD ☐ DET. ☐ SA ☐ COURT ☐ PROBATION ☐ VMAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Silos 000018320	05/26/2016 22:36	Tim Alvonellos 000003460	05/27/16
ASSIGN	DEPARTMENT	ASSIGNED TO	CASE STATUS

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 VICMNE RB
STATUS I JNHSE ACT C/S ETA HOT
WG TYPE ROOM# R/C RATE A/C
VE QQNX [redacted] [redacted] 1 OVRID Q NET N PRT Y TRN NRG
LAST [redacted] FIRST [redacted] TITLE GTYP RMK
COMPANY [redacted] ATTN TYP H/B H
ADR1/2 [redacted]
CITY [redacted] STATE/PROV [redacted] ZIP [redacted] COUNTRY US Y LNG REQ
ADDL NAMES CPN
PHONE X VIP PC SRC TD RSN VE PRM HST N
CREDIT INFO [redacted] Agents Who Have Worked On This Reservation [redacted]
STL MTH FAX NBR HIST ID 424796254456
CRDT LMT 1 AGENT DATE TIME
DEP REQ AMT RESERVATIONS PASSKEY 4/20/16 14:31
DEP REC AMT CHECK IN FDDORSEY 5/22/16 11:13
ADV CODE A X CHECK OUT
CAS# LAST MODIFIED FDDORSEY 5/22/16 11:15
LAST CONFIRMATION 4/21/16 LAST NUMBER 1
^Swipe or F1 Cus Enter
ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

1605 V-5069

Amy McCaslin 37759

VEN 890

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT
VOLUNTARY STATEMENT

PAGE ____ OF ____ IR 1605V-5069

TYPE OF INCIDENT: Fall

DATE OCCURRED: 5/14/16 TIME OCCURRED: 700 am (pm)

LOCATION OF OCCURRENCE: Casino Elevator Lobby

NAME OF PERSON GIVING STATEMENT: [redacted]

GUEST OF THE HOTEL? YES: ☑ NO: ☐ HOME PHONE #: 702 751 7017 CELL PHONE #: 3017553225

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: _____ [redacted] _____

WITNESS: _____ Signature of person giving statement

THE VENETIAN THE PALAZZO

Incident Report Number: 1605V-5069

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [redacted]

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 BALLESTEROS TM # 30365

FORM NO. GR-HTL-00724-05-07

THE VENETIAN THE PALAZZO

1605V-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 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 #: [redacted]

Signature: [redacted] Today's Date: 5/25/16

FORM NO. GP-[illegible]-13-97

VEN 893

3202

THE VENETIAN THE PALAZZO

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): [redacted]

Signature: [redacted]

Address: [redacted]

Date of Birth: [redacted] Social Security #: [redacted]

Phone: [redacted]

Witness: [redacted]

Witness: 5/29/16

Date: [redacted] Time: [redacted]

Refused to Sign: [redacted]

Venetian/Palazzo EMT: [redacted] ID#: [redacted]

AGE: Male / Female C/C:

Pulse -
Resp -
BP -
Eyes -
Lungs -
LOC -
Skins -
BGL -

Hx -
Allergies -
Meds -
Last oral intake -
Hydration -

Pain -
O -
P -
Q -
R -
S -
T -
CCFD -
MedicWest -
Transport -

FORM NO. GR-NTL-00704-05-07

VEN 894

3203

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1607V-3405

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd.

DATE, TIME AND DAY OF OCCURENCE: 07/15/16 23:25 Friday

DATE AND TIME REPORTED: 07/15/16 23:25

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: Lobby 1, Las vegas

LOCATION NAME

TYPE OF LOCATION

BEAT

SECTOR

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted] | HOME: [redacted] | CELL #: [redacted]

OCCUPATION | RACE: A | SEX: F | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CODE: MN 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Alvonellos, Tim | ADDRESS 1 | PHONE 1

OCCUPATION: Security Shift Manager | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CODE: MN 2 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Derleth, Jonathan | ADDRESS 1 | PHONE 1

OCCUPATION: Front Desk Manager | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information: Registered guest to Venetian Suite #23-218 [redacted]

VEHICLE USED IN CRIME: YES ☐ NO ☐ UNK ☐ | LICENSE (NO. AND STATE) | YEAR | MAKE | MODEL | BODY TYPE | COLOR | V.I.N. | MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ | GARAGE NAME AND PHONE | REGISTERED OWNER | R/O ADDRESS

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE | NAME - LAST, FIRST, MIDDLE, SUFFIX | OF | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME

DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CII#

CHARGES

CODE | NAME - LAST, FIRST, MIDDLE, SUFFIX | OF | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME

DL | STATE | ARRESTED: YES ☐ NO ☐ | BOOKING # | WARRANT: YES ☐ NO ☐ | CITATION # | SS# | CII#

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT ☐ DET ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/16 18:48	Anthony Bersano 000043186	07/17/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1607V-3405

PAGE 1 OF 1

OFFENSE(S): Protected Health Information	OFFENSE(S) cont'd

DATE, TIME AND DAY OF OCCURENCE: 07/15/16 23:25 Friday	DATE AND TIME REPORTED: 07/15/16 23:25

LOCATION OF OCCURENCE: Lobby 1, Las vegas	LOCATION NAME	TYPE OF LOCAT ON	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	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 1 OF 2	Cabada, David		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer/ EMT						
DL STATE	SSN			INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 2 OF 2	Harper, Loren		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer						
DL STATE	SSN			INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 1	Estela, Rosa		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilties engineer						
DL STATE	SSN			INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/16 18:48	Anthony Bersano 000043106	07/17/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS: Closed

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

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1607V-3405

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/15/16 23:25 Friday	07/15/16 23:25

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

MO DATA

Incident Information
Photos Taker
PHI - Hotel Guest
Video Tape of Incident Available

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble
Flat

ADMINISTRATION

FOLLOW UP	COPIES TO						
YES ☐ NO [X]	☐ PAT.	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/2016 18:48	Anthony Bersano 000043106	07/17/16
OFFICER	UNIT/SUITE	ASSIGNED TO	CASE STATUS
			Closed

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

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

Arrest [ ]
Crime [ ]
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1607V-3405

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/15/16 23:25 Friday	07/15/16 23:25

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

VERIFIED NAMES: YES [ ] NO [ ]

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
C 1 OF 1	[redacted]		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Normal Pulse Rate
Regular Pulse
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal

Build
Small

Complexion
Clear

Demeanor
Calm
Polite

Eyes
Normal

Glasses
None

Hair Length
Shoulder length

Hair Style
Straight

Medical Supplies
Cold Packs
Disposable Gloves

Odor of Intoxicants
None

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present

Speech
Normal

CLOTHING

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN 1 OF 2	Alvonellos, Tim		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN 2 OF 2	Derleth, Jonathan		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO 1 OF 2	Cabada, David		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/16 18:48	Anthony Bersano 000043108	07/17/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1607V-3405

OFFENSE(S)	OFFENSE(S); cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/15/16 23:25 Friday	07/15/16 23:25

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	2 OF 2	Harper, Loren		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING.

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Estela, Rosa		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/16 18:48	Anthony Bersano 000043106	07/17/16
CHANGED	UNIT/SECT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal [x]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1607V-3405

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
07/15/16 23:25 Friday	07/15/16 23:25

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

NARRATIVE

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 [redacted]

[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.

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.

[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.

[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.

I provided [redacted] with incident report information and referred her to Risk Management for

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/2016 18:48	Anthony Bersano 000043106	07/17/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1607V-3405

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
07/15/16 23:25 Friday	07/15/16 23:25

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

NARRATIVE

further questions.

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.

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	07/17/2016 18:48	Anthony Bersano 000043106	07/17/16
OFFICER	**INITIATED**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1608V-0995

PAGE 1

OFFENSE(S): Informational

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE: 08/05/16 23:07 Friday

DATE AND TIME REPORTED: 08/05/16 23:07

MORE CHARGES: YES ☐ NO ☒

ESTIMATED LOSS VALUE: $ 0.00

LOCATION OF OCCURENCE: Casino, Las vegas

LOCATION NAME:

TYPE OF LOCATION:

BEAT:

SECTOR:

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☐ NO ☒

CODE: C 1 OF 1 — NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted]

OCCUPATION: | RACE: | SEX: | AGE: | DOB: | ADDRESS 1: | PHONE 1:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 2: | PHONE 2:

ADDRESS 3: | PHONE 3:

CODE: MN 1 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Bersano, Anthony

OCCUPATION: Assist Security Manager | RACE: | SEX: | AGE: | DOB: | ADDRESS 1: | PHONE 1:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 2: | PHONE 2:

ADDRESS 3: | PHONE 3:

CODE: MN 2 OF 2 — NAME - LAST, FIRST, MIDDLE, SUFFIX: Byers, Nathan

OCCUPATION: Front Desk Manager | RACE: | SEX: | AGE: | DOB: | ADDRESS 1: | PHONE 1:

DL: | STATE: | SS#: | INJURIES: | ADDRESS 2: | PHONE 2:

ADDRESS 3: | PHONE 3:

CASE SUMMARY / VEHICLE INFORMATION

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: YES ☐ NO ☐ UNK ☐ | LICENSE (NO. AND STATE): | YEAR: | MAKE: | MODEL: | BODY TYPE: | COLOR: | VIN: | MORE VEHICLES: YES ☐ NO ☒

TOW REPORT: YES ☒ NO ☐ | GARAGE NAME AND PHONE: | REGISTERED OWNER: | RO ADDRESS:

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | ADDRESS 1: | PHONE 1:

OF

RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's: | ARRESTEE DISPOSITION: | RELEASE LOCATION: | ARREST DATE / TIME:

DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOKING #: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | C.I#:

CHARGES:

CODE: | NAME - LAST, FIRST, MIDDLE, SUFFIX: | ADDRESS 1: | PHONE 1:

OF

RACE: | SEX: | HT: | WT: | HAIR: | EYE: | AGE: | DOB: | ADDRESS 2: | PHONE 2:

OCCUPATION: | INJURIES: | ADDRESS 3: | PHONE 3:

SCARS / MARKS / TATTOOS: YES ☐ NO ☐ | AKA's: | ARRESTEE DISPOSITION: | RELEASE LOCATION: | ARREST DATE / TIME:

DL: | STATE: | ARRESTED: YES ☐ NO ☐ | BOOK NO #: | WARRANT: YES ☐ NO ☐ | CITATION #: | SS#: | C.I#:

CHARGES:

ADMINISTRATION

VICTIM DESIRES PROSECUTION: YES ☐ NO ☒ | FOLLOW-UP: YES ☐ NO ☒ | COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER:

BY OFFICER: D. Cabada 000043128 | DATE/TIME: 08/06/16 21:23 | APPROVED BY: Anthony Bersano 000043106 | DATE APPROVED: 08/06/16

OFFICER | UNIT/SHIFT | ASSIGNED TO | CASE STATUS: Closed

CR-1 Cabad/043128 Entered by: David Cabada

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1608V-0995

OFFENSE(S)	OFFENSE(S) cont'd.
Informational	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 23:07 Friday	08/05/16 23:07

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Casino, Las vegas				

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	NAME - LAST, FIRST, MIDDLE, SUFFIX	OCCUPATION	RACE	SEX	AGE	DOB	DL / STATE	SSN	INJURIES	ADDRESS 1	ADDRESS 2	ADDRESS 3	PHONE 1	PHONE 2	PHONE 3
SO 1 OF 6	De Jesus, Joseph Bantug	EMT Evenings		M											
SO 2 OF 6	Keezer, Dale	Field Training Officer													
SO 3 OF 6	Vasquez, Justin	Security Officer													
SO 4 OF 6	Bowers, David	Security Officer													
SO 5 OF 6	Platt, Amber	Security Officer													
SO 6 OF 6	Robinson, Laterrious	Field Training Officer													
TM 1 OF 1	Hinton, Eddie	Facilities													

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/06/16 21:23	Anthony Bersano 000043106	08/06/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal [X]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1608V-0995

OFFENSE(S)	OFFENSE(S) cont'd.
Informational	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/05/16 23:07 Friday	08/05/16 23:07

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Casino, Las vegas				

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

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/06/16 21:23	Anthony Bersano 000043106	08/06/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1608V-0995

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Informational	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 23:07 Friday	08/05/16 23:07

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Casino, Las vegas				

MO DATA

Incident Information
Area Checked
Photos Taken
Video Tape of Incident Available

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Incident Involving Hotel Guest

Surface Conditions
Marble
Wet / Slippery

Weather Conditions
Clear

ADMINISTRATION

FOLLOW-UP	COPIES TO:						
YES ☐ NO ☒	☐ PAT.	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/06/2016 21:23	Anthony Bersano 000043106	08/06/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1608V-0995

OFFENSE(S)	OFFENSE(S) cont'd
Informational	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/05/16 23:07 Friday	08/05/16 23:07

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Casino, Las vegas				

NARRATIVE

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.

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.

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. he 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]

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.

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/05/2016 21:23	Anthony Bersano 000043106	08/06/16
SUPERIOR	**SUPERIOR**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE #: 1608V-0995

OFFENSE(S)	OFFENSE(S) cont'd.
Informational	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/05/16 23:07 Friday	08/05/16 23:07

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Casino, Las vegas				

NARRATIVE

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.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
D. Cabada 000043128	08/06/2016 21:23	Anthony Bersano 000043106	08/06/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

CASE# 1608V-0947

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED	MORE CHARGES	ESTIMATED LOSS VALUE
08/05/16 17:04 Friday	08/05/16 17:04	YES ☐ NO ☒	$ 0.00

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☒

CODE: C 1 OF 1 | NAME - LAST, FIRST, MIDDLE, SUFFIX: [redacted] | HOME#: [redacted] | HOME:

OCCUPATION | RACE | SEX | AGE | DOB: [redacted] | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CODE: MN 1 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Alvonellos, Tim | ADDRESS 1 | PHONE 1

OCCUPATION: Security Shift Manager | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CODE: MN 2 OF 2 | NAME - LAST, FIRST, MIDDLE, SUFFIX: Heng, Monique | ADDRESS 1 | PHONE 1

OCCUPATION: Front desk manager | RACE | SEX | AGE | DOB | ADDRESS 2 | PHONE 2

DL | STATE | SS# | INJURIES | ADDRESS 3 | PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY

Protected Health Information: Registered guest to Venezia Suite #8-432 [redacted]

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐ OF								YES ☐ NO ☒

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES ☒ NO ☐			

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES YES ☐ NO ☒

CODE | OF | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME

DL | STATE | ARRESTED YES ☐ NO ☐ | BOOKING # | WARRANT YES ☐ NO ☐ | CITATION # | SS# | CI#

CHARGES

CODE | OF | NAME - LAST, FIRST, MIDDLE, SUFFIX | ADDRESS 1 | PHONE 1

RACE | SEX | HT | WT | HAIR | EYE | AGE | DOB | ADDRESS 2 | PHONE 2

OCCUPATION | INJURIES | ADDRESS 3 | PHONE 3

SCARS / MARKS / TATTOOS YES ☐ NO ☐ | AKA's | ARRESTEE DISPOSITION | RELEASE LOCATION | ARREST DATE / TIME

DL | STATE | ARRESTED YES ☐ NO ☐ | BOOKING # | WARRANT YES ☐ NO ☐ | CITATION # | SS# | CI#

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	COPIES TO							
YES ☐ NO ☒	YES ☐ NO ☒	PAT ☐	DET. ☐	DA ☐	COURT ☐	PROBATION ☐	VWAP ☐	OTHER:	

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/16 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS: Closed

Arrest ☐
Crime ☐
Non-Criminal [x]

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1608V-0947

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

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	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 1 OF 2	Vasquez, Justin		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 2 OF 2	Cabada, David		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Officer/ EMT						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 1	Navara, Shane		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities						

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/16 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1608V-0947

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

MO DATA

Incident Information
Photos Taken
PHI - Hotel Guest
Slip & Fall
No Video Available

Lighting Conditions
Room Lights

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble
Flat

ADMINISTRATION

FOLLOW-UP YES ☐ NO ☒

COPIES TO: ☐ PAT. ☐ DET. ☐ DA ☐ COURT ☐ PROBATION ☐ VWAP ☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/2016 21:53	Anthony Bersano 000043106	08/05/16

OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

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

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

Arrest ☐
Crime ☐
Non-Criminal X

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE #
1608V-0947

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
C	1 OF 1	[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal

Build
Small

Complexion
Clear

Demeanor
Calm
Polite

Eyes
Normal

Glasses
None

Hair Length
Shoulder length

Hair Style
Straight

Odor of Intoxicants
None

Patient Assesment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present

Speech
Normal

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	1 OF 2	Alvonellos, Tim		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN	2 OF 2	Heng, Monique		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	1 OF 2	Vasquez, Justin		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/16 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	UNIT/BEAT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1608V-0947

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO	2 OF 2	Cabada, David		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Navara, Shane		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/16 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1608V-0947

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

NARRATIVE

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.

[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.

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.

[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.

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.

I provided [redacted] with accident report information and referred her to Risk Management for further questions.

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]

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/2016 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE #
1608V-0947

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
08/05/16 17:04 Friday	08/05/16 17:04

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
Lobby 1, Las vegas				

NARRATIVE

footwear are attached to this report. Video coverage of the incident is available per Venetian Surveillance, but is a "long shot."

Front Desk Manager Heng, Monique TM #22350 and Security Manager Alvonellos, Tim TM #3460 was notified of this incident.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
J. De Jesus 000043129	08/05/2016 21:53	Anthony Bersano 000043106	08/05/16
OFFICER	**UNITS-HFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security
3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

CR-1

RC0000 7942

CASE# 1607V-1506

PAGE 1

OFFENSE(S): Protected Health Information

OFFENSE(S) cont'd:

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED	MORE CHARGES	ESTIMATED LOSS VALUE
07/07/16 12:15 Thursday	07/07/16 12:15	YES ☐ NO ☒	$ 0.00

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES: YES ☒ NO ☐

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
MN 1 OF 1	Johnson 25575, Jacob		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Security Manager			17	05/17/1999		

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
SO 1 OF 1	Chreene, Michael		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	HOME	CELLULAR
GU 1 OF 1	[redacted]	[redacted]	[redacted]

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
				[redacted]		

DL	STATE	SS#	INJURIES	ADDRESS 3	PHONE 3

CASE SUMMARY / VEHICLE INFORMATION

SUMMARY: Protected Health Information - Registered Guest of Suite 14-231 [redacted]

VEHICLE USED IN CRIME	LICENSE (NO. AND STATE)	YEAR	MAKE	MODEL	BODY TYPE	COLOR	VIN	MORE VEHICLES
YES ☐ NO ☐ UNK ☐ OF								YES ☐ NO ☒

TOW REPORT	GARAGE NAME AND PHONE	REGISTERED OWNER	R/O ADDRESS
YES ☒ NO ☐			

SUSPECT(S)/ ARRESTEE(S)

Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim

MORE NAMES: YES ☐ NO ☒

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			

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 ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI#
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
OF			

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 ☐ NO ☐				/

DL	STATE	ARRESTED	BOOKING #	WARRANT	CITATION #	SS#	CI#
		YES ☐ NO ☐		YES ☐ NO ☐			

CHARGES

ADMINISTRATION

VICTIM DESIRES PROSECUTION	FOLLOW-UP	COPIES TO						
YES ☐ NO ☒	YES ☐ NO ☒	PAT ☐	DET ☐	DA ☐	COURT ☐	PROBATION ☐	VWAP ☐	OTHER ☐

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/16 15:07	Jacob Johnson 000025575	07/08/16

OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Overf/044746 Entered by: Patrick Overfield

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Additional Crimes, Persons and Vehicles

CASE # 1607V-1506

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thursday	07/07/16 12:15

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

ADDITIONAL OFFENSE(S)	ADDITIONAL OFFEMSE(S) cont'd.

PERSONS

Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE	NAME - LAST, FIRST, MIDDLE, SUFFIX	ADDRESS 1	PHONE 1
TM 1 OF 1	Chavez, Rafael		

OCCUPATION	RACE	SEX	AGE	DOB	ADDRESS 2	PHONE 2
Facilities		M				

DL / STATE	SSN	INJURIES	ADDRESS 3	PHONE 3

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/16 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

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

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Case MO

CASE # 1607V-1506

PAGE 1 OF 1

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thursday	07/07/16 12:15

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

MO DATA

Arson Class
There was no Arson in this case

Case has Domestic Violence
No Domestic Violence in this case

Case inv. Anti-R. Rights Crime
No

Case involves a Hate Crime
No

Case Involves Gang Activity
No

Incident Information
Area Checked
Photos Taken
PHI - Hotel Guest
Slip & Fall
Video Tape of Incident Available
Wet Surface

Lighting Conditions
Day Light
Room Lights

Security Stats (Click One Box)
Protected Health Information

Surface Conditions
Marble
Flat
Wet / Slippery

Weather Conditions
Clear
Hot

ADMINISTRATION

FOLLOW-UP	COPIES TO:						
YES ☐ NO ☒	☐ PAT.	☐ DET.	☐ DA	☐ COURT	☐ PROBATION	☐ VWAP	☐ OTHER

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/2016 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

CR-1 Overf/044746 Entered by: Patrick Overfield

APDC (Rev. 06/16/06) Print Date: 07/25/2016

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1607V-1506

OFFENSE(S)	OFFENSE(S) cont'd.
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thursday	07/07/16 12:15

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
MN		Johnson 25575, Jacob	05/17/1999	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
SO		Chreene, Michael		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CODE	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
GU		[redacted]	[redacted]	This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

MO INFORMATION

Base Line Vitals & History
Normal Breathing
Regular Breathing Rhythm
Skin Color Normal
Skin Temperature Normal
Skin Condition Normal
Pupils are PEARL

Build
Large

Demeanor
Polite
Nervous

Eyes
Clear

Glasses
None

Hair Length
Long

Hair Style
Wavy

Medical Supplies
Flashlight or Penlight
Disposable Gloves

Odor of Intoxicants
None

Patient Assessment
Patient is Alert
Airway Status Open
Breathing Adequate
Circulation Present
Patient has a Trauma/Injury
Contusions
Tenderness
Swelling

Speech
Excited
Normal

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/16 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Person Profile

CASE # 1607V-1506

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thureday	07/07/16 12:15

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

PERSONS

Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other

MORE NAMES YES ☐ NO ☐

CODE		NAME - LAST, FIRST, MIDDLE, SUFFIX	DOB	
TM	1 OF 1	Chavez, Rafael		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.

CLOTHING

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/16 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

Arrest ☐ Crime ☐ Non-Criminal ☒	***Venetian Security*** 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 **Narrative Report**	CASE # 1607V-1506 Page 1 of 2

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	
DATE, TIME AND DAY OF OCCURENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thursday	07/07/16 12:15

LOCATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

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

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/2016 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	UNIT/SHIFT	ASSIGNED TO	CASE STATUS
			Closed

Arrest ☐
Crime ☐
Non-Criminal ☒

Venetian Security

3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109

Narrative Report

CASE # 1607V-1506

OFFENSE(S)	OFFENSE(S) cont'd
Protected Health Information	

DATE, TIME AND DAY OF OCCURRENCE	DATE AND TIME REPORTED
07/07/16 12:15 Thursday	07/07/16 12:15

LOCATION OF OCCURRENCE	LOCATION NAME	TYPE OF LOCATION	BEAT	SECTOR
1 Lobby 1				

NARRATIVE

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.

Per Surveillance there is video coverage for this incident.

Risk Management was notified about this incident at approximately 1457 hours.

Front Desk Manager Comelli, Francesca TM# 21833 is aware of this incident.

Security Manager Johnson, Jacob TM# 25575 is aware of this incident.

ADMINISTRATION

BY OFFICER	DATE/TIME	APPROVED BY	DATE APPROVED
P. Overfield 000044746	07/07/2016 15:07	Jacob Johnson 000025575	07/08/16
OFFICER	**UNIT/SHIFT**	**ASSIGNED TO**	**CASE STATUS**
			Closed

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT
VOLUNTARY STATEMENT

PAGE ____ OF ____ IR 1607V-1506

TYPE OF INCIDENT: Slip and fall
DATE OCCURRED: 7-7-16 TIME OCCURRED: 12:20 am /(pm)
LOCATION OF OCCURRENCE: Lobby 1
NAME OF PERSON GIVING STATEMENT: [redacted]
GUEST OF THE HOTEL? YES: ☑ NO: ☐ HOME PHONE #: / CELL PHONE [redacted]
SUITE #: 14-231 BUSINESS PHONE #: PAGER #:
LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:
RESIDENCE ADDRESS: [redacted]
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 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: _____

signature of person giving statement

WITNESS: _____

VEN 922

THE VENETIAN THE PALAZZO

Incident Report Number: 1607V-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 #: 25821

Engineer

Time: 12:20 pm. Date: 6/6 7-16 Guest Suite # Venetian guest Elevator.

Defects Noted (Explain in Detail): Slip & fall

None

Actions Taken: Patrick from Security called PAD to clean the floor area.

Checked by Engineer (Name): Rafael Blanco TM # 9648

FORM NO. GR-NTL-0071A-05-07

THE VENETIAN · THE PALAZZO

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 (Prin [redacted]
Signature: [redacted]
Address: [redacted]
Date of Birt [redacted]
Phone: [redacted]
Witness: [redacted]
Witness: [redacted]
Date: ______________________________ Time: ______________
Refused to Sign: ______________________________
Venetian/Palazzo EMT: ______________________________ ID#: ______________

THE VENETIAN THE PALAZZO

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: 7-9-16

FORM NO GAM-[illegible]

VEN 925

VEN 926

3235

VEN 927

3236

VEN 928

3237