#### 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.

Sean K. Claggett, Esq. Nevada Bar No. 8407 William T. Sykes, Esq. Nevada Bar No. 9916 Geordan G. Logan, Esq. Nevada Bar No. 13910 Micah S. Echols, Esq. Nevada Bar No. 8437 David P. Snyder, Esq. Nevada Bar No. 15333 CLAGGETT & SYKES LAW FIRM 4101 Meadows Ln., Ste.100 Las Vegas, Nevada 89107 (702) 655-2346 – Telephone (702) 655-3763 – Facsimile micah@claggettlaw.com david@claggettlaw.com

No. 83600-COA Electronically Filed Dec 09 2021 08:45 p.m. Elizabeth A. Brown Clerk of Supreme Court REAL PARTY IN INTEREST'S APPENDIX, VOLUME 17 (Nos. 3238–3277)

Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 THE GALLIHER LAW FIRM 1850 East Sahara Ave., #107 Las Vegas, Nevada 89104 (702) 735-0049 – Telephone (702) 735-0204 – Facsimile kgalliher@galliherlawfirm.com

Attorneys for Real Party in Interest, Joyce Sekera

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Early Ca List of I	Joyce Sekera's Sixteenth Supplemental ase Conference Disclosure Statement, Documents and Witnesses, and NRCP Pre-Trial Disclosure (served 20)	Vol. 10, 1841–1860
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Exhibit Eighteen Confere		
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Arrest	<b>Pala</b> : 3377 LAS VEGAS BL	z <b>zo Securit</b> vd., s. las ve	V Egas, NV 89109	CASE # 1408P-4650
Non-Criminal	C	ase MO		PAGE 1 OF
FFENSE(S) PHI - T/M Protected Health Information	1. 2 <sup>4</sup>	OFFENSE(S) cont'o	i	
THI - I/M Protected Health Information				
		1 I		
ATE, TIME AND DAY OF OCCURENCE	10014 4 00 50 0 4	DATE AND TIME RI		2
08/23/14 23:29 Saturday TO 08 DOCATION OF OCCURENCE	23/14 23:59 Saturday	08/23/14 23:29	TYPE OF LOCATION	BEAT SECTOR
Venetian Front Desk, Las Vegas		an Cart	TTPE OF LOOATION	BEAT
Berner, Samer Research	<b>/</b>	IO DATA		
ncident Information	Lighting Condition	15	Surface Conditio	ns
Area Checked	Room Lights		Marble	
Associate Medical	Security Stats (Clin	<u>:k One Box)</u>	Flat	
Photos Taken	Protected Health In		Wet / Slippery	
PHI - Non-Guest			Weather Condition	ons
Slip & Fall			Clear	
No Video Available				
Wet Surface				
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	a wat have been and the second s	INISTRATION		
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	COPIES TO: PAT. DET. DET. DET. DET.		Cold In the Cold Annual Description of the	DATE APPROVED
	СОРІЕS ТО:		CONTRACTOR CONTRACTOR DESCRIPTION	

Arrest	<b>Palazzo S</b> 3377 LAS VEGAS BLVD., S.	<i>e<b>curity</b> LAS VEGAS, NV 89109</i>	CASE # 1408P-4650
ion-Criminal	x Person Profile		
FENSE(S) HI - T/M Protected Health Information	OFF	ENSE(S) cont'd	
-	3/14 23:59 Saturday	DATE AND TIME REPORTED 08/23/14 23:29	1
CATION OF OCCURENCE	LOCATION NAME	TYPE OF LOCATION	BEAT SECTOR
	PERSO		
		inee C = Complainant R = Party O = Other This report contains Person Profile inf Please refer to the primary report(s) for	ormation only.
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build         Medium         Complexion         Light         Demeanor         Calm         Eves         Normal         Glasses         None         Hair Length         Collar Length         Middle part         Medical Supplies         Cold Packs         Odor of Intoxicants         None	Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma Tenderness Swelling <u>Speech</u> Normal	a/Injury
	DOB	This report contains Person Profile info Please refer to the primary report(s) fo	
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155/56		ATION	DATE APPROVED
	the second s	ATION	DATE APPROVED 08/26/14 CASE STATUS

Arrest	<b>Pale</b> 3377 LAS VEGAS B	<b>azzo Security</b> LVD., S. LAS VEG.	AS, NV 89109	CASE # 1408P-4650
Non-Criminal	Nat	rative Report		Page 1 of 2
PFFENSE(S) PHI - T/M Protected Health Informa		OFFENSE(S) cont'd.		
ATE, TIME AND DAY OF OCCURENCE 08/23/14 23:29 Saturday	<ul> <li>08/23/14 23:59 Saturday</li> </ul>	DATE AND TIME REPORTED 08/23/14 23:29		
Venetian Front Desk, Las Vegas		002011720.20	TYPE OF LOCATION	BEAT SECTOR
ARRATIVE				
who was alert and was complai swelling. The abrasions, or lacerat back, which present	at 11:29 pm, I was dis had slipped and fallen d oriented to person, p ning of pain to her righ I no deformities, contu ions to her right wrist. ed with tenderness.	lace, time and e it wrist which pro- sions, crepitation was als had no de	events, and had a pat esented with tenderno on, penetration, punct so complaining of pair eformities, contus <u>ions</u>	ent airway. ess and ures, burns, n to her lower
	ad slipped and fallen c fy Public Areas Depar			
Medical Authorizatio	knowledgment of Firs n Form, and requested ave Medicwest and Cl	d transport to ho	spital. I contacted Pa	alazzo
Medicwest 655 arrive hospital at 12:03 am	ed at 11:57 pm on 23 / on 24 August 2014.	August 2014.	was transporte	d to Sunrise
	neck was performed b th no defects found af	•		
Due to the location of	f the incident, no video	o of the incident	is available.	
Attached are the follo	owing:			
Acknowledgment of Medical Authorizatio Accident Scene Che		) Seek Medical (	Care Form	
	ADN	INISTRATION		$A_{\rm eq} = (\delta_{\rm eq})^2 - \delta_{\rm eq} (\delta_{\rm eq})^2$
Affects	ADN DATE/TIME 08/25/2014 23:53			DATE APPROVED 08/26/14

vrrest	<b>Pala</b> 3377 LAS VEGAS BL	z <i>zo Security</i> vd., s. las vegas, nv	CASE # 89109 1408P-4650
Ion-Criminal	Nari	rative Report	Page 2 of 2
FENSE(S) HI - T/M Protected Health Inform	ation	OFFENSE(S) cont'd	<b>,</b>
re, TIME AND DAY OF OCCURENCE 8/23/14 23:29 Saturday	10 08/23/14 23:59 Saturday	DATE AND TIME REPORTED 08/23/14 23:29	
CATION OF OCCURENCE /enetian Front Desk, Las Vegas	LOCATION NAME	TYPE OF LOC	SATION BEAT SECTOR
RRATIVE			
2 Photos of the area	a where the incident occ	urred	
		17.	
24.5			
	· · · · · · · · · · · · · · · · · · ·		
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# VENETIAN' ALAZZO'

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#### Medical Authorization – Security PLEASE READ CAREFULLY AND SIGN BELOW.

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

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

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

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

Print Name Signature:_		Guest's Suite #: Today's Date: 23 Aug 14
а <u>с</u>	.*	

FORM NO GRI-12-00748-13-07

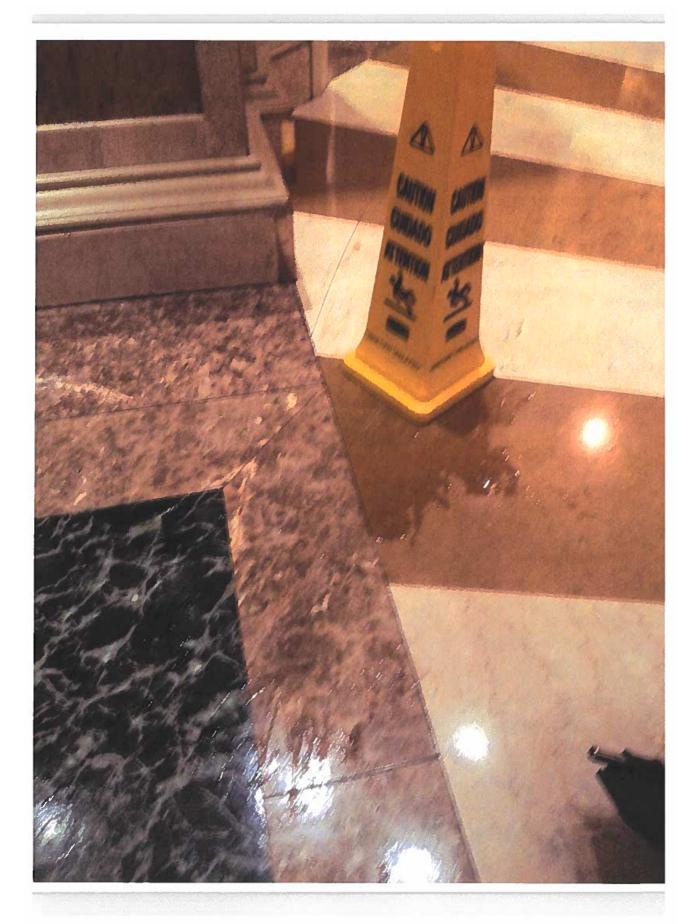


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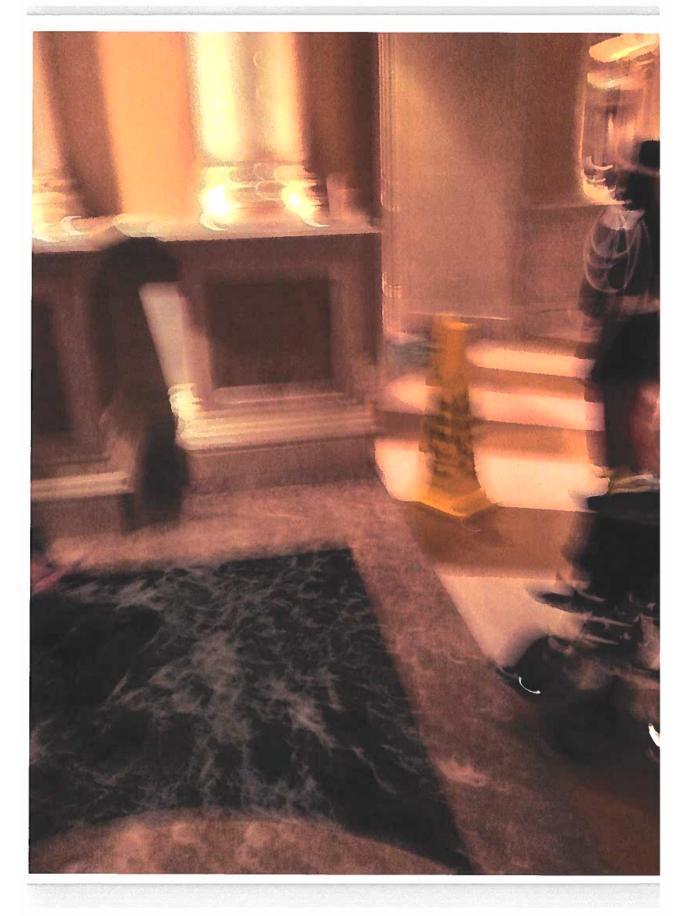
### Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

- 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): _				
ignature:				
\ddress:				
Date of Birth:		Social Security	#:	
Phone:				
Vitness:				
Witness:				
Date: 23 Aug 14			Time: 11:45 p.	<u> </u>
Refused to Sign:				_
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VEN 1110



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Arrest	э		AS VEGAS	e <b>netian Securit</b> s blvd., s. las ve i <b>mes, Persons a</b>	GAS, NV 89109	CASE # 1605V-2715 Page 1 of 1
OFFENSE(S)				OFFENSE(S) control		
Protected Health Info	ormation					1
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OCATION OF OCCURENCE Breezeway, Las veg			LOCATION NAME		TYPE OF LOCATION	BEAT SECTOR
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	RACE	SEX AGE	DOB	ADDRESS 2		PHONE 2
	STATE SSN	<u> </u>	INJURIES	ADDRESS 3	· · · · · · · · · · · · · · · · · · ·	PHONE 3
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Facilities	STATE SSN		INJURIES	ADDRESS 3		PHONE 3
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Arrest	<i>Venetian Security</i> 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 <b>Case MO</b>				
	C		PAGE 1 OF 1		
FFENSE(S) Protected Health Information		OFFENSE(\$) cont'd		· ·	
ATE. TIME AND DAY OF OCCURENCE 05/13/16 18:38 Friday		DATE AND TIME REPORTED 05/13/16 18:38			
DEATION OF OCCURENCE Breezeway, Las vegas	LOCATION NAME	YT	PE OF LOCATION	BEAT SECTOR	
		NO DATA	-47.4		
ncident Information	Lighting Condition	18	Security Stats (Cli	ck One Box)	
Photos Taken	Room Lights		Protected Health I		
PHI - Hotel Guest			Surface Condition		
Slip & Fall			Marble	_	
Video Tape of Incident Available			Weather Condition	<u>15</u>	
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Arrest	<i>Venetian Security</i> 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 <b>Person Profile</b>				
FENSE(S) Protected Health Information		OFFENSE(S) cont	đ	U	
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IO INFORMATION					
Base Line Vitals & History Normal Breathing	<u>Eves</u> Squints		<u>Speech</u> Normal		
Regular Breathing Rhythm Rapid Pulse Rate Regular Pulse Skin Color Pale (Pallor) Skin Temperature Normal Blood Pressure High Bulld Potbelly Complexion Clear Demeanor Calm	Hair Length Short Medical Suppli Oxygen Nasal Cannula B/P Cuff Stethoscope Soft Roller Bar Cold Packs Disposable Gli Odor of Intoxic None Patient Assesn Patient Respon Airway Status Breathing Ade Circulation Pre Patient has a 1 C-Spine Stabil Tenderness Swelling	a ndage coves cants nent nds to Verbal Stimulus Open quate sent Frauma/injury			
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rrest	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile				
FENSE(S) Protected Health Information		OFF	ENSE(S) contd.		
TE, TIME AND DAY OF OCCURENCE			DATE AND TIME REPORTED 05/13/16 18:38	·····	
CATION OF OCCURENCE Breezeway, Las vegas	LOCATIO	N NAME	TYPE OF LOCATION	BEAT SECTOR	
		PERSO			
0 1 OF 2		A = Arrestee D = Deta	inee C = Complainant R = Party O = Other This report contains Person Profile info	ormation only.	
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Arrest	3355		<i>etian Security</i> BLVD., S. LAS VEGA	S, NV 89109	CASE # 1605V-2715			
Crime Non-Criminal X	Narrative Report							
OFFENSE(S) OFFENSE(S) cont d.								
DATE, TIME AND DAY OF OCCURENCE 05/13/16 18:38 Friday			DATE AND TIME REPORTED 05/13/16 18:38	1867 C				
OCATION OF OCCURENCE Breezeway, Las vegas		LOCATION NAME	03/13/10 18:36	TYPE OF LOCATION	SEAT SECTOR			
VARRATIVE								
fall. Upon my a Guest slipped on a cl slipped Upon my arriv had a positive was alert and	arrival I made co lear liquid. I note I. al <b>Constant</b> was ly and patent airw orientated to pe	ving supine. ray, was ade rson, place,	a male lying supin ted he was walkin ant amount of clea I noted <b>clean</b> equately breathing time, and events	ed to the Breezeway e later identified as R ig past the fountain w ar liquid around the a upper torso was shive y, with a positive pulse . I did not note any m omplained of left knew	egistered when he rea where ering.			
at that time. I notified Cont 112 beats per on room air. stated having time.	rol to call Emerg ob minute, respirat stated ha a stroke in Octo	jency Medic tained a blo tions of 18 b ving a medic ber. g having roo	od pressure 181 r preaths per minute cal history of diab denied being alle	was not sure if he rgency Medical Tech nm Hg (systolic only) e, and an oxygen satu etes and hypertensio ergic to any medicatio ck. I applied oxygen	nician <b>1990</b> , a pulse of uration of 97% n. <b>1997</b> ns at that			
scale. Upon pa swelling to his burns, or lacer	left knee. I did r ations to <b>second</b> ne. I applied an	knee he not note any left knee	e complained of te deformities, cont . <b></b> was not a	n was a 7 out of 10 or enderness to his pate usions, abrasions, pe able to flex and exten and wrapped a roller	lla. I noted enetrations, id his left			
his lower cervi	motor, and sen cal spine upon p motor, and se <u>n</u>	sory to all fo palpation. sory after a and	our extremities. and I ap pplying the cervice I sat up from	ma's or abnormalities complained of t plied a cervical collar al collar. <b>Constant</b> require the supine position	enderness to 			
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Arrest		<i>tian Security</i> VD., S. LAS VEGAS, NV 89109	CASE # 1605V-2715
Non-Criminal	Nar	rative Report	Page 2 of 2
FFENSE(S) Protected Health Information		OFFENSE(S) confd	
ATE. TIME AND DAY OF OCCURENCE 05/13/16 18:38 Friday		DATE AND TIME REPORTED 05/13/16 18:38	
SCATION OF OCCURENCE Breezeway, Las vegas	LOCATION NAME	TYPE OF LOCATION	BEAT SECTOR
		ency Medical Services.	
conducted an Advan	ced Life Support asses	arrived on scene at approxima ssment. Medic West unit 619 nrise Hospital per Medic West	arrived on scene at
were taken.	conducted an A	cleaned the wet area. Faciliti Accident Scene Check. Photo to was with the father at the ti atement.	s of the incident area
unidentified male jun soaked clothing. Cor	nped into the fountain a itrol archived the video	The video coverage of the in- and when he got out he left a coverage under this event n aved under event number IN	trail of water from hi umber. Surveillance
Security Manager Manager Hospital on 5/14/201		was advised of the incident dvised of the incident. n Voluntary Statement.	. Front Desk returned from the
Attached to this repo Two Venetian Volunt Accident Scene Che Photos of the incider	ary Statements ck		
	ADM	INISTRATION	
OFFICER	DATE/TIME 05/14/2016 18:17		DATE APPROVED 05/14/16 CASE STATUS

## THE VENETIAN" THE PALAZZO"

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SECURITY DEPARTMENT VOLUNTARY STATEMENT

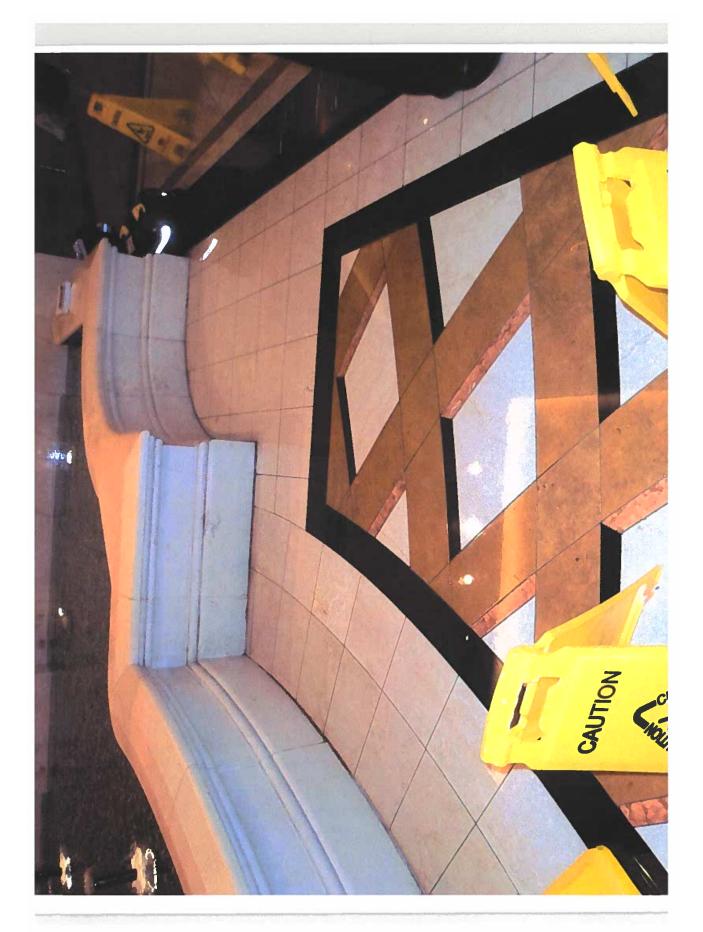
AGEOF	IR 1605V2718
YPE OF INCIDENT:	
ATE OCCURRED: 5/13/14 ME OCCURRED: 6 45 am 10m	(s )
OCATION OF OCCURRENCE: Brezz Way	
AME OF PERSON GIVING STATEMENT:	5.
UEST OF THE HOTEL? YES: VO: HOME PHONE #:	PHONE #:
	OER #1
DCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:	
ESIDENCE ADDRESS :	
JSINESS ADDRESS:	8
DCIAL SECURITY NUMBER: DATE OF BIRTH:	
EST TIME TO CONTACT: (am / pm) BEST PLACE TO CONTACT:	
Mails: While walking through Brezeway	i palis d
that there was a large amout of wa	1 HOFIGEO
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AVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACT ATEMENT WAS COMPLETED AT (location):	S CONTAINED HEREIN. THIS
THE DAY OF AT (am /pm) 20 TNESS:	
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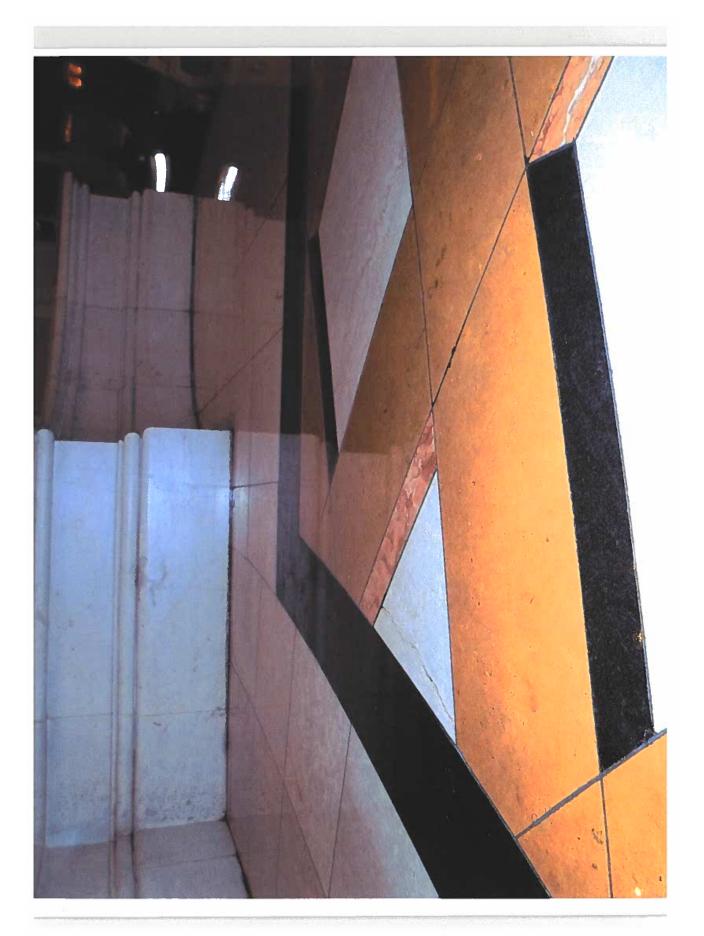
## THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT VOLUNTARY STATEMENT

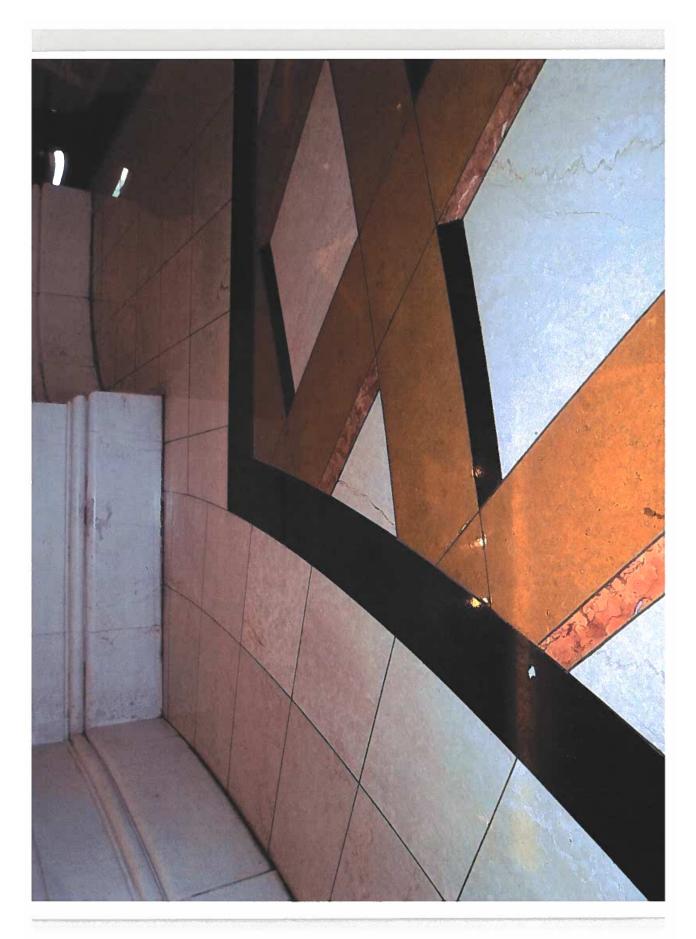
VOLUNTARY STA	TEMENT
PAGE _/OF _/	
TYPE OF INCIDENT: Fall	
DATE OCCURRED: <u>3-13-12</u> TIME OCCURRED: <u>6</u> am for	
LOCATION OF OCCURRENCE:	л. т.
NAME OF PERSON GIVING STATEMENT	
GUEST OF THE HOTEL? YES: PNO: HOME PHONE #:	CELL PHONE #:
SUITE #:BUSINESS PHONE #:	PAGER #:
LOCAL ADDRESS OR PH <u>ONE IF DIFFERENT FROM HOME</u>	
RESIDENCE ADDRESS :	
BUSINESS ADDRESS:	
SOCIAL SECURITY NUM	
BEST TIME TO CONTACT: (am / pm) BEST PLACE TO CONTACT:	
DETAILS:	59.
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DN THE DAY OF AT (am (m) 20	ā.
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VITNESS:	on giving statement
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VEN 1120



VEN 1121



VEN 1122

Arrest			Ve	enetian Secu	ırity			CASE#
Crime		3355 LA	S VEGA	S BLVD., S. LAS	VEGAS, NV	/ 89109		1311V-152
Non-Criminal 🗵	CD 1						PAGE	
				<u>CR-1</u>				1
FFENSE(S) PHI - T/M Protected Hea	Ith Information			OFFENSE(S) cont	d.			
ATE, TIME AND DAY OF OCCUREN	CF.			DATE AND TIME REP	ORTED IMORE CHAR	056	C07111	ATED LOSS VALUE
1/07/13 07:54 Thursday		3 08:15 Thurs		11/07/13 07:54			\$ 0.0	
CATION OF OCCURENCE		LOCATION NAME			TYPE OF LO	CATION	BEAT	SECTOR
	Carton and a street of			PERSONS				MORE NAME
	Codes: V = Vict	im W=Wit	ness C=C	Complainant P = Par	rent G = Guard	lian R = Party	O = Other	YES NO
	FIRST MIDDLE, SUFFIX			ADDRESS 1			РНС	ONE 1
	RACE	X AGE	008	ADDRESS 2			РНС	NE 2
STATE		SS#	INJURIES	ADDRESS 3			PHO	DNE 3
		0						
U 1 OF 1	T. FIRST. MIDDLE. SUFFIX			HOME			HO	4F
LIBATION .	RACE SE	AGE	DOB	HOTEL ROOM			РНС	DNE 2
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		2		ADDRESS 1			. I	
M 1 o⊧1								NE 1
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STATE		55#	INJURIES	ADDRESS 3			PHC	NE 3
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	LICENSE (NO.		REGIST	ERED OWNER	RIGAE	ORESS	tainee/Victim	
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	OF LICENSE (NO. AME AND PHONE S = Suspect A =	# Arrestee [	REGIST SUSPEC D = Detainee	CT(S)/ ARREST SV - Suspect/Victim ADDRESS 1 ADDRESS 2	RIGAE	ORESS		
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	LICENSE (NO.           OF           AME AND PHONE           S = Suspect A =           FIRST, MIDDLE, SUFFIX           HAIR           EYE           AKA's           STATE           HAIR           EYE           AKA's           STATE           AKA's           STATE           AKA's           STATE	AGE         DOI           INJI         INJI           IO         INJI           IO         INJI           IO         INJI           INJI         INJI           INJI         INJI           INJI         INJI           INJI         INJI           INJI         INJI           INJI         INJI	REGISTI SUSPEC D = Detainee	ERED OWNER  CT (S) / ARREST SV - SUSPECT/VICHIN ADDRESS 1 ADDRESS 2 ADDRESS 3  VWARRANT VES NO  ADDRESS 1 ADDRESS 1 ADDRESS 2 ADDRESS 3  ADDRES		Victim DV - De	РНО РНО ОСАТІОН АБ СІІЯ РНО РНО РНО	YES         NO           MORE NAMES         YES         NO           YES         NO         NE           NE 1         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 2         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 1         NE         NE           NE 2         NE         NE
HIGLE USED IN CRIME         IS       NO         UNK       UNK         WREPORT       GARAGE N         ES       NO         Codes:       GRAGE N         DE       OF         NAME - LAST       WT         SUPATION       S         NRGES       NO         SE       SEX HT         WT       S         UPATION       S         VE       OF         NAME - LAST,       WT         SUPATION       S         VE       OF         NAME - LAST,       WT         SUPATION       S         RE / MARKS / TATTOOS       S         S       NO         S       NO	LICENSE (NO.           OF           AME AND PHONE           S = Suspect A =           FIRST, MIDDLE, SUFFIX           HAIR           EYE           AKA's           STATE           HAIR           EYE           AKA's           STATE           AKA's           STATE           AKA's           STATE	AGE         DOG           INJI         INJI           ING         BOX           ING         DOG	REGIST	ERED OWNER  CT(S)/ ARREST SV - Suspect/Victim ADDRESS 1 ADDRESS 2 ADDRESS 3  VWARPANT YES NO CIT/ YES NO ADDRESS 1 ADDRESS 1 ADDRESS 2 ADDRESS 3  ADDRESS		IDRESS	PHO PHO DCATION AF CII# PHO PHO PHO PHON PHON	YES         NC           MORE NAMES         YES         NO           YES         NO         NE           NE 1         NE         NE           WE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 3         REST DATE TIME         NE
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HigLe USED IN CRIME         IIS       NO         UNK       UNK         WREPORT       GARAGE N         ES       NO         Codes:       Codes:         DE       OF         DE       OF         DUPATION       NAME - LAST         URGES       NO         VE       OF         NO       S         NO       S         NO       S         NO       S         VRGES       S         NE       OF         NAME - LAST, I       VT         S       NO         S <td>LICENSE (NO.           OF           AME AND PHONE           S = Suspect A =           FIRST, MIDDLE, SUFFIX           HAIR           EYE           AKA's           STATE           HAIR           EYE           AKA's           STATE           AKA's           STATE           AKA's           STATE</td> <td></td> <td>REGIST</td> <td>ERED OWNER  CT (S) / ARREST SV - SUSPECT/VICHIN ADDRESS 1 ADDRESS 2 ADDRESS 3  VWARRANT VES NO  ADDRESS 1 ADDRESS 1 ADDRESS 2 ADDRESS 3  ADDRES</td> <td></td> <td>IDRESS</td> <td>PHO PHO DCATION AF CII# PHO PHO PHO PHON PHON</td> <td>YES         NO           MORE NAMES         YES         NO           YES         NO         NE           NE 1         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 2         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 1         NE         NE           NE 2         NE         NE</td>	LICENSE (NO.           OF           AME AND PHONE           S = Suspect A =           FIRST, MIDDLE, SUFFIX           HAIR           EYE           AKA's           STATE           HAIR           EYE           AKA's           STATE           AKA's           STATE           AKA's           STATE		REGIST	ERED OWNER  CT (S) / ARREST SV - SUSPECT/VICHIN ADDRESS 1 ADDRESS 2 ADDRESS 3  VWARRANT VES NO  ADDRESS 1 ADDRESS 1 ADDRESS 2 ADDRESS 3  ADDRES		IDRESS	PHO PHO DCATION AF CII# PHO PHO PHO PHON PHON	YES         NO           MORE NAMES         YES         NO           YES         NO         NE           NE 1         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 2         NE         NE           NE 3         REST DATE TIME         NE           NE 1         NE         NE           NE 1         NE         NE           NE 2         NE         NE
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IIICLE USED IN CRIME         IS       NO         IVREPORT       GARAGE N         ES       NO         IVREPORT       GARAGE N         ES       NO         IVR       NAME - LAST         IVR       OF         IVR       NAME - LAST         IVR       NO         IVRATION       S         IVRGES       NO         IVRATION       S         IVRATION       S         IVRATION       S         IVRES       NAME - LAST         IVRATION       S         IVRATION       S         RE       OF         NO       S         IVR       VIT         IVRATION       S         RES       NO         IVRATION       S         RES       NO         RES       NO         RES       NO         RGES       S         IM DESIRES PROSECUTION       I			REGISTI           SUSPEC           D = Detainee           3           JIRIES           JIRIES           SKING #	ERED OWNER  CT (S) / ARREST SV - SUSPECT/VICTIN ADDRESS 1 ADDRESS 2 ADDRESS 3  VWARRANT VES NO CT/ VES NO CT/ VES NO CT/ VES NO CT/ CT/ VES NO CT/		NDRESS	PHO PHO DCATION AF CII# PHO PHO PHO PHON PHON	YES         NO           YES         NO           NE 1         NE           NE 2         NE           WE 3         RREST DATE TIME           REST DATE TIME         NE           REST DATE TIME         NE

Arrest	3355 LAS VEGAS BLV		AS, NV 89109	CASE # 1311V-1520
FFENSE(S)	Ca	OFFENSE(S) cont'd		PAGE 1 OF
HI - T/M Protected Health Information		OFFENSE(S) conta		
	13 08:15 Thursday	DATE AND TIME REPO 11/07/13 07:54		
DEATION OF OCCURENCE	LOCATION NAME		TYPE OF LOCATION	BEAT SECTOR
	M	O DATA		
<u>ncident Information</u> Area Checked Photos Taken Slip & Fall Video Tape of Incident Available	Lighting Conditions Room Lights Security Stats (Click Protected Health Info Surface Conditions Dry Marble Flat		Weather Conditio Clear Cool	<u>ons</u>

VEN 1418

Arrest	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile				
FFENSE(S) PHI - T/M Protected Health Information		OFFENSE(	3) cont'd		
	7/13 08:15 Thursday		DATE AND TIME REPORTED 11/07/13 07:54		
DISTRICT OF OCCURENCE	LOCATION NAME		TYPE OF LOCATION	BEAT SECTOR	
		PERSONS			
		DOB Detainee	C = Complainant R = Party O = Other This report contains Person Profile infor		
IN 1 OF 1			Please refer to the primary report(s) for		
CLOTHING					
		DOB	This report contains Person Profile infor	mation only.	
			Please refer to the primary report(s) for	additional information	
<u>lair Length</u> Short					
Patient Assesment					
Patient is Alert					
Patient Responds to Verbal Stimulus					
Airway Status Open					
Breathing Adequate Circulation Present					
Circulation Fresent					
LOTHING					
Black pin stripe suit.					
	12	008	This report contains Person Profile infor		
			Please refer to the primary report(s) for	additional information.	
LOTHING					
LOTHING					
LOTHING					
LOTHING					
LOTHING		ADMINISTRATIO	DN		
EDCER	алтеттие 11/29/13 07:58	ADMINISTRATIO	DN	DATE APPROVED 11/29/13	
	DATE/TIME	the state of the s	ON		

VEN 1419

Arrest			netian Security		CASE # 1311V-1520			
Crime	3	355 LAS VEGAS	BLVD., S. LAS VEC	ias, nv 89109				
Non-Criminal X		N	arrative Report		Page 1 of 2			
OFFENSE(S) OFFENSE(S) control PHI - T/M Protected Health Information								
DATE TIME AND DAY OF OCCURENCE 11/07/13 07:54 Thursday	Te 11/07/	13 08:15 Thursday	DATE AND TIME REPORTE 11/07/13 07:54					
LOCATION OF OCCURENCE		LOCATION NAME		TYPE OF LOCATION	BEAT SECTOR			
NARRATIVE				man faither block and a start of the				
On 11-7-2013 a	t 0756 hou	rs, I was dispa	atched to the Ven	etian Front Desk for	a report of a			
guest slip and fa	all. At <u>appr</u>		<u>9 hours. I</u> arriv <u>ed</u>	on scene and made	contact with			
Front Desk Mar identified via		ntification.	and		later			
Wa	as alert and	d oriented to p	erson, place, tim	e and event, had a p	atent airway			
and was breath				lip and fall on the ma hours.	arble in front of stated he left			
				and food, exited to				
Venetian Theat	re and slipp	ed on the mai	rble area.	did not report	the accident			
immediately be	cause he st	tated he was e	embarrassed.	reported i ted without deformiti	njuring his left			
				erations, tenderness				
his person.				trauma assessmen				
completed.				g in the area of the a	ccident such as			
a wet spill. He r	eponed the	e area to be s	iippery.					
			t packet.					
prior to my arriv				ation or any further an with the incident nu				
contact number				Front Desk without				
was upda	ated on the	incident.						
A check of vide	n coverade	via Surveillan	ce was complete	d and I was advised	to stand by			
while it was revi					no defects in			
the area shown	in Photogr	aphs 2 to 4.						
The check of vio	deo returne	d nositive sho	wing	falling at 0618 hou	irs near a nillar			
				eillance advised the				
				umber is V-11-13-015	5. Photographs			
5 shows the are	a describe	d by Surveillar	ice.					
Claims unit was	notified.							
		A	DMINISTRATION					
RY OFFICER		DATE/TIME	APPROVED BY		DATE APPROVED			
OFFICER		11/29/2013 07:58	ASSIGNED TO		11/29/13 CASE STATUS			
					Closed			
			Page 1 of 2	APDC (Rev. 01/2	2/13) Print Date: 07/09/2019			

Image: Contraction         Page 2 or Prevention with the formation           In all account of sciences         Interview Company           In all account of sciences         Interview Company           Interview Company         Interview Company           Wendical Report 1         Medical Authonization 1           Accident Report 1         Medical Authonization 1           Accident Scene Check 1         Photographs 1 (Profile)           Photographs 2 to 5 (Area)         Interview	OFFENSE(S)         OFFENSE(S) control           PHI - T/M Protected Health Information         OFFENSE(S) control           Date AND DAY OF OCCURENCE         Date AND TIME REPORTED           11/07/13 07:54 Thursday         To           11/07/13 08:15 Thursday         Date AND TIME REPORTED	Page 2 of 2
HI - T/M Protocted Health Information  If Marked Point Office  Information  Informa	PHI - T/M Protected Health Information         Date and day of occurrence           ATEL TIME AND DAY OF OCCURRENCE         Date and TIME REPORTED           11/07/13 07:54 Thursday         To           11/07/13 07:54 Thursday         To           Scatton of OCCURENCE         LUCATION NAME	BEAT SECTOR
UID/15 07:34 Thurnday     1107/13 08:15 Thurnday     1107/13 07:34       Venetian Front Office     Incrementation     Incrementation       Attachments:     Accident Report 1     Incrementation       Accident Report 1     Medical Authorization 1     Accident Scene Check 1       Photographs 1 (Profile)     Photographs 2 to 5 (Area)     Photographs 2 to 5 (Area)	11/07/13 07:54 Thursday         To         11/07/13 08:15 Thursday         11/07/13 07:54           Scatton of occurrence         Location name         Type of Location	BLAT SECTOR
UID/15 07:34 Thurnday     1107/13 08:15 Thurnday     1107/13 07:34       Venetian Front Office     Incrementation     Incrementation       Attachments:     Accident Report 1     Incrementation       Accident Report 1     Medical Authorization 1     Accident Scene Check 1       Photographs 1 (Profile)     Photographs 2 to 5 (Area)     Photographs 2 to 5 (Area)	11/07/13 07:54 Thursday         To         11/07/13 08:15 Thursday         11/07/13 07:54           CATION OF OCCURENCE         LOCATION NAME         TYPE OF LOCATION	BEAT SECTOR
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VENETIAN JALA	AZZO'	Incident Report Number: 13111.1520
Accident Scene ( Please type or print clearly.	<b>Check</b> – Security	
Guest Name:		
Security Officer Time: <u>575</u> Defects Noted (Explain in detail):		VENETIAN Guest Suite #: IN FRONT OF GRANNS LUX CAFFE
Actions Taken: FACILITIES		
Lighting Normal? (If no, explain): <u> </u>	ES	
Outside Diagram?   Yes (No Checked by Security Officer (Name):		
Checked by Security Officer (Name): Engineer Time:	Date: 11/7/13 No defects peted.	TM #: Guest Suite #: <u>Small Medalics in Frat et Snord L</u> us
Checked by Security Officer (Name): Engineer Time:	Date: 11/7/13	
Checked by Security Officer (Name): Engineer Time:S.3.)I Defects Noted (Explain in Detail):	Date: 11/7/13	
Checked by Security Officer (Name): Engineer Time: 8:3   Defects Noted (Explain in Detail): Actions Taken:	Date: 11/7/13	
Checked by Security Officer (Name): Engineer Time: 8:3   Defects Noted (Explain in Detail): Actions Taken:	Date: 11/7/13	

THE ALAZZO'	Incident Report Number: 1311V - 1520
Accident Report – Security Please type or print clearly.	
	·····
Name:	Age/DO8:
City	
Hon	
Ву И	
Are You a Guest of The Venetian or The Palazzo?	
Local Address or Hotel if not a Venetian or Palazzo Guest:	
Please state, in your own words, what you were doing and what hap	
TUSS 11/5 GAM GOT COFFEE	· PORD AT BGRAND LAUX EXPRESS
	OUTSONG RESTANTAUNT & IMMEDIATEU
SUPPED ON FLOOR	·
	Time of Accident: <u>6 A-M APPROX</u>
Location of Accident (Please be specific):	X UXPRESS CAFE
whom do you consider to plame ::	
If you consider The Venetian or The Palazzo responsible, please state	e why:
If you consider The Venetian or The Palazzo responsible, please state	e why:
If you consider The Venetian or The Palazzo responsible, please state	e why:
If you consider The Venetian or The Palazzo responsible, please state - ON BOTH WED & THURS 11/6 & 1 Roped off with signs say OF signs present on TVES 4	ewhy: 11/7, same time, area is ging floor is slippery, No ropes Is when I fell
fyou consider The Venetian or The Palazzo responsible, please state <u>ON BOTH WED &amp; THURS 11/6 &amp; 1</u> <u>Roped off</u> with signs say of signs present on TVES 4	ewhy: 11/7, same time, area is ging floor is slippery, No ropes Is when I fell
fyou consider The Venetian or The Palazzo responsible, please state <u>ONBOTH WED &amp; THURS 11/6 &amp; 1</u> <u>Roped off</u> with signs say <u>of signs present on tres up</u> What, if any, injuries did you sustain?: <u>Sprained</u> and	ewhy: area is Jing floor is slippery. No ropes Is when I fell Je, left leg.
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What, if any, injuries did you sustain?:	ewhy: 11/7, same time, arla 1s ging floor is shippery. No ropes 15 when I fell 1e, left leg



1311V.1520

#### Medical Authorization - Security

PLEASE READ CAREFULLY AND SIGN BELOW.

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

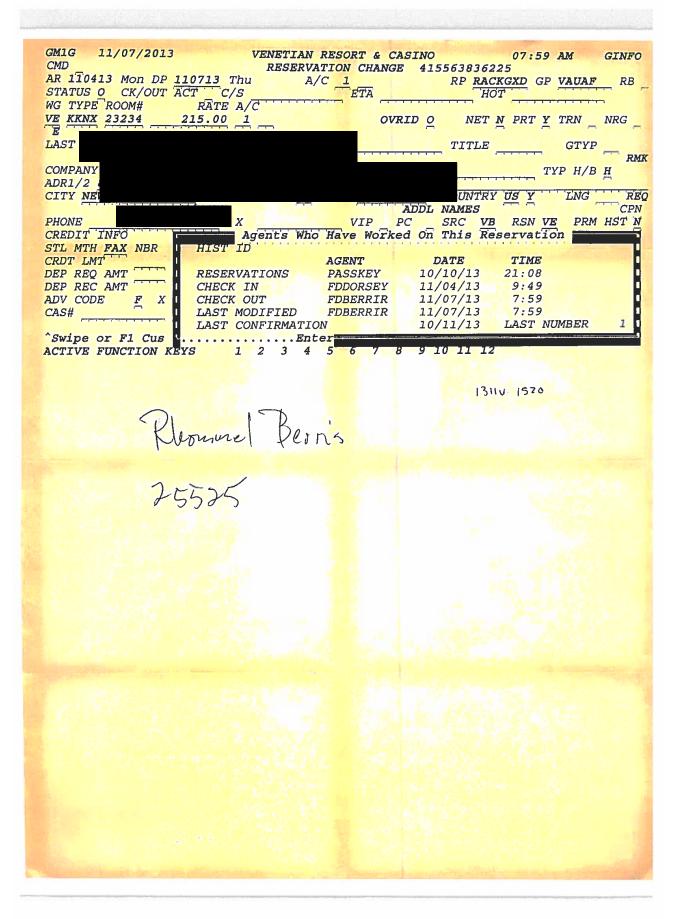
1) Guest authorizes his/her medical provider(s) to provide the Hotel, orally or in writing as they request all information regarding Guest's condition, including history findings, x-rays, diagnosis and prognosis as to subsequent or future developments and to photocopy such records as the Hotel may request.

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

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

Print Name:	Guest's Suite #:	
Signature	Today's Date:	11/7/13
		, ,

FORM NO. GR-1-71-00744-13-07



3265

VENETIAN ALAZZO	10		8	9 99 8 8
cknowledgement of	First Aid A	ssistance		31 W 1520
		SSIStance	<i>ti</i>	
Advice to Seek Medi	cal care	· 3		· · · · · · · · · · · · · · · · · · ·
I (or my guardian) have been informed that o Venetian or Palazzo Emergency Medical Techr I should seek the advice of a physician as soor	nician (EMT) who is not			
	n as possible.	<i>,</i> •	×.	
I (or my guardian) refuse treatment by a Vene	tian or Palazzo Emerge	ency Medical Technic	ian (EMT) and have been	advised that I should
seek the advice of a physician as soon as poss	•	- <u> </u>		
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Age: Gender: MJ F				
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() Dizziness () Headache () Bhured vision Pain Scaleout of 10 A/O x	4	·		· ,
	6			· · · ·
Trauma	·		74-1 01	Temp: F
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Treatment:	Medications: 1. NONE	mg	/ <u>ital Signs</u> : <u>12</u> //P:///	3
Treatment: Advice only Vital signs taken	1. <u>NOME</u> 2. 3.	mg   P	1 2 MP: / / Pulse:	
Treatment:	1. <u>NONE</u> 2 3 4 5	mg B mg P mg R mg P	1 2 MP: / / ulse: tesp: upils: () PERRL () Un	3
Treatment: Advice only () Vital signs taken () Oxygen: LPM via	1. <u>Name</u> 2	mg P mg P mg R mg R mg P mg P	1 2 MP: / / ulase: Lesp: upplis: () PERRE () Un () Nonreactive unga: () Clear () Whe	2 / nequai ( ) Equal
Treatment: Advice only () Vital signs taken () Oxygen: LPM via	1. <u>NAAF</u> 2 3 4 5 6	mg B mg P mg P mg R mg P mg L	MP: / / ulse: tesp: uplis: () PERRI () Un () Nonreactive	2 / uequal () Equal szing () Rales
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VEN 1426

Arrest		Venetian Security		CASE#
Crime	3355 LAS VEC	GAS BLVD., S. LAS VEGA	AS, NV 89109	1606V-2353
Non-Criminal 🗵		CR-1		PAGE
OFFENSE(S)		OFFENSE(S) cont'd		
Protected Health Information				
DATE, TIME AND DAY OF OCCURENCE 06/11/16 14:36 Saturday		06/11/16 14:36		ESTIMATED LOSS VALUE
1 Venetian Front Office	Venetian Front Offi		TYPE OF LOCATION	BEAT SECTOR
Coder: V = V	lictim W=Witness C	PERSONS = Complainant P = Parent G	- Cuerdies - B - Berty	
CODE NAME LAST EIGST MIDDLE SUF	Fix	ADDRESS 1	- Guardian R - Farty	PHONE 1
RACE	SEX AGE DOB	ADDRESS 2	_	PHONE 2
DL STATE	55# (NJU)	RES ADDRESS 3		PHONE 3
MANE LAST EIRST MODIE SUI		ADDRESS 1		PHONE 1
OCCUPATION RACE	SEX AGE DOB	ADDRESS 2		PHONE 2
DL STATE	SS# INJUF	RIES ADORESS 3		PHONE 3
	FIX	ADDRESS 1		PHONE 1
	SEX AGE DOB	ADDRESS 2		PHONE 2
DL. STATE	SS# INJUF	RIES ADDRESS 3		PHONE 3
	CASE SUMM	ARY / VEHICLE INFOR	MATION	
SUMMARY Protected Health Information - Register				
		1	YPE COLOR VIN	
		AR MAKE MODEL BODY T	YPE COLOR VIN R/O ADDRESS	
YES NO UNK OF	RE	GISTERED OWNER	R/O ADDRESS	
YES         NO         UNK         OF           TOWREPORT         GARAGE NAME AND PHONE         GARAGE NAME AND PHONE           YES         NO         Codes: S = Suspect	RE SUSF A = Arrestee D = Deta	igistered owner PECT(S)/ ARRESTEE(S inge SV - Suspect/Victim AV - /	R/O ADDRESS	
YES         NO         UNK         OF           OW REPORT         GARAGE NAME AND PHONE         GARAGE NAME AND PHONE           YES         NO         GARAGE NAME AND PHONE           Codes:         S = Suspect           YODE         NAME - LAST, FIRST, MIDDLE, SUFI	RE SUSF A = Arrestee D = Deta	GISTERED OWNER PECT(S)/ ARRESTEE(S ince SV - Suspect/Victim AV - / ADDRESS 1	R/O ADDRESS	
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YES         NO         UNK         OF           TOW REPORT         GARAGE NAME AND PHONE         GARAGE NAME AND PHONE           YES         NO         GARAGE NAME AND PHONE           Codes:         S = Suspect           CODE         NAME - LAST, FIRST, MIDDLE, SUFF           OF         MAME - LAST, FIRST, MIDDLE, SUFF           CODE         OF           SCARES / MARKS / MATHODS         AKA'S           YES         NO           OL         STATE	Re         SUSF           A = Arrestee         D = Deta           Fix         MGE         DOB           INJURIES         BOOKING #	GISTERED OWNER	ROADDRESS ) Arrestee/Victim DV - Det	YES         NO         I           MORE NAMES         YES         NO         X           PHONE 1         PHONE 2         PHONE 3         PHONE 3
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YES         NO         UNK         OF           TOW REPORT         GARAGE NAME AND PHONE         GARAGE NAME AND PHONE           YES         NO         GARAGE NAME AND PHONE           Codes:         S = Suspect           SODE         NAME - LAST, FIRST, MIDDLE, SUFF           OF         MAME - LAST, FIRST, MIDDLE, SUFF           SODE         OF           SACE SEX         HT           WT         HAIR           SCOUPATION         SCARS / MARKS / MATIONS           SCARS / MARKS / MATIONS         AKA'S           OL         STATE           ARRESTED         YES           IND         YES	A = Arrestee         D = Deta           Fix         AGE         DOB           INJURIES         INJURIES           NC         BOOKING #	GISTERED OWNER	RIO ADDRESS Arrestee/Victim DV - Det ISPOSITION RELEASE LC	VES         NO         MORE NAMES           alnee/Victim         YES         NO         X           PHONE 1         PHONE 2         PHONE 3         X           CATION         ARREST DATE TIME         Clip
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YES         NO         UNK         OF           TOW REPORT         GARAGE NAME AND PHONE         GARAGE NAME AND PHONE           YES         NO         GARAGE NAME AND PHONE           COdes:         S = Suspect           200E         OF           NAME - LAST, FIRST, MIDDLE, SUFF           OCCUPATION           SCARS / MARKS / TATTOOS           STATE           ARRESES	RE         SUSF           A = Arrestee         D = Deta           ING         INJURIES           IX         AGE         DOB           IX         AGE         DOB	GISTERED OWNER	RO ADDRESS Arrestee/Victim DV - Det ISPOSITION RELEASE LC SS#	YES         NO [2]           aince/Victim         YES         NO [X]           PHONE 1         PHONE 2           PHONE 3         DATION         ARREST DATE TIME           Cliff         PHONE 1           PHONE 1         PHONE 3
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YES         NO         UNK         OF           TOW REPORT         CARAGE NAME AND PHONE           YES         NO         Codes: S = Suspect           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUF           COCUPATION         SCARS/MARKS/TATTOOS         AKA'S           YES         NO         STATE         ARRESTED           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUF         OCCUPATION           SCARS/MARKS/TATTOOS         AKA'S         YES         OC           CHARGES         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           CODE         OF         NAME - LAST, FIRST, MIDDLE, SUFF         YES           COUPATION         SCARS / MARKS / TATTOOS         AKA'S         YES           JL         STATE         ARRESTED         YES         D	A = Arrestee         D = Deta           AGE         DOB           INJURIES         BOOKING #           NC         BOOKING #           INJURIES         INJURIES           DOB         BOOKING #           INJURIES         BOOKING #	GISTERED OWNER	RO ADDRESS Arrestee/Victim DV - Det ISPOSITION RELEASE LC SS# ISPOSITION RELEASE LC SS#	VES NO (2 MORE NAMES VES NO (X PHONE 1 PHONE 2 PHONE 3 CATION ARREST DATE TIME PHONE 1 PHONE 2 PHONE 3 CATION ARREST DATE TIME

Arrest Crime Non-Criminal					AS VEGA	e <b>netian Sec</b> S BLVD., S. LA <b>imes, Perso</b>	S VEGAS, N			I <b>├</b> ──	6 <b>V-2353</b> 1 o⊧ 1
FFENSE(S)				uuitt		OFFENSE			· · ·		
Protected Healt	h Informatio	'n				OFFENSE	(S) CONT CL				
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OCATION OF OCCU	RENCE	-			LOCATION NAME			E OF LOCATION		BEAT	SECTOR
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		1				PERSONS	anti en 162		See Verse	MORE	NAMES
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	E.LAST FIRST M	IDDLE SU	FFIX			Home			Cellular		
CCUPATION		BACE	SEX	AGE	008	ADDRESS 2			PHONE 2		
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DE NAME N 1 o⊧ 1	F. LAST FIRST M	IDDLE, SUF	FFIX			ADDRESS 1			PHONE 1		
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-	r an <u>a</u> nta	14		S. 1998		ADMINISTRAT	TION	and the second filler for		199.40	516
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Arrest	3355 LAS VEGAS BLVD		V 89109		V-2353
	Cas	se MO		PAGE	1 OF
PFFENSE(S) Protected Health Information		OFFENSE(S) cont'd			
ATE, TIME AND DAY OF OCCURENCE 06/11/16 14:36 Saturday		DATE AND TIME REPORTED 06/11/16 14:36			
OCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE	OF LOCATION	BEAT S	ECTOR
	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 Statements Taken Video Tape of Incident Available Wet Surface	Lighting Conditions Day Light Room Lights		Security Stats (Click ( Protected Health Infor Surface Conditions Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear Hot		
	COPIES TO: PAT. DET. DA OATE/TIME 06/12/2016 08:42	ISTRATION		DATE APPRO	
FICER	UNIT/SHIFT ASSIGNED	то		CASE STATUS	
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Arrest	3355 L		e <b>tian Secur</b> i LVD., S. LAS V		NV 89109	CASE # 1606V-2	2353
Non-Criminal X		Pe	rson Profile	!		PAGE 1 C	DF 2
OFFENSE(S) Protected Health Int	ormation		OFFENSE(S) con	ra			
DATE. TIME AND DAY OF OC 06/11/16 14:36 Satur					DATE AND TIME REPORTED 06/11/16 14:36		
LOCATION OF OCCURENCE 1 Venetian Front Off	ice	Venetian Front C	Office		TYPE OF LOCATION	BEAT SEC	CTOR
Codes	V = Victim W = Witness S = :	Suspect A = Arreste	PERSONS D = Detainee C =	Complaina	nt R = Party O = Other	MORE NAMES	
	AME - LAST, FIRST, MIODLE, SUFFIX		DOB	This repo	rt contains Person Profile information of fer to the primary report(s) for addition	-	
		I		11000010	ter to the primary reported to addition		
CLOTHING							
MN 2 OF 2	AME - LAST, FIRST, MIDOLE, SUFFIX		006		t contains Person Profile information of fer to the primary report(s) for addition		
CLOTHING							
FD 1 OF 1	ME LIEF EDGE AUDOLE, SUFFIX		DOB		rt contains Person Profile information of fer to the primary report(s) for additionation	•	
CLOTHING							
GU 1 OF 2	AME - LAST, FIRST, MIDDLE, SUFFIX	Ĩ	È CR		t contains Person Profile information o fer to the primary report(s) for addition	•	
MO INFORMATION							
Base Line Vitals & I Normal Breathing	listory	Eyes Clear			Patient Assesment Patient is Alert		
Normal Pulse Rate Regular Pulse		Glasses			Airway Status Open Circulation Present		
Skin Color Normal		None Hair Length			Patient has a Trauma/Injury		
Skin Temperature N Skin Condition Norn		Long			C-Spine Stabilized Tendemess		
Pupils are PEARL		Hair Style Straight			Speech		
Blood Pressure Nor Build	mal	Medical Supplies			Normal		
Medium		B/P Cuff Stethoscope					
<u>Demeanor</u> Nervous		Trauma Scissors					
nervous		Tape Disposable Glove	e				
		Odor of Intoxicant					
		None					
CLOTHING							
						00.0000 Dz	
		the second se	MINISTRATION				
BY OFFICER		12/16 08:42	APPROVED BY			DATE APPROVED 06/12/16	
OFFICER	UANT/SF	IFT	ASSIGNED TO			CASE STATUS	
					APDC (Rev. 01/22/13)	Print Date: 07/0	09/2019

srime 335	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile				
FENSE(S)	Pe	OFFENSE(S) cont'd		PAGE 2 OF	
Protected Health Information					
TE, TIME AND DAY OF OCCURENCE D6/11/16 14:36 Saturday			DATE AND TIME REPORTED 06/11/16 14:36		
Venetian Front Office	LOCATION NAME Venetian Front C	Office	TYPE OF LOCATION	BEAT SECTOR	
		PERSONS			
Codes: V = Victim W = Witness		009	omplainant R = Party O = Other		
			Please refer to the primary report(s) fo	•	
Build Medium	<u>Facial Hair</u> Goatee		<u>Hair Style</u> Straight		
Complexion Tanned	Facial Hair:Color Gray		Odor of Intoxicants None		
Demeanor Nervous	Glasses None		Speech		
Eves	Hair Length		Normal		
Bloodshot	Short				
CLOTHING					
DE NAME - LAST FIRST MIDDLE SUFFIX	· · ·	DOB			
W 1 OF 1			This report contains Person Profile info Please refer to the primary report(s) fo		
			This report contains Person Profile info		
			Please refer to the primary report(s) fo	additional information.	
LOTHING					
			ST 14		
		MINISTRATION			
C	ATE/TIME 06/12/16 08:42	APPROVED BY		06/12/16	
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	Veneti	ian Security		CASE #		
Arrest	3355 LAS VEGAS BLV		AS, NV 89109	1606V-2353		
Non-Criminal X Narrative Report						
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd				
DATE, TIME AND DAY OF OCCURENCE 06/11/16 14:36 Saturday	· =· · · · ·	DATE AND TIME REPORTED 06/11/16 14:36	-			
OCATION OF OCCURENCE 1 Venetian Front Office	Venetian Front Office		TYPE OF LOCATION	BEAT SECTOR		
I approached the woma Medical Technician. Th stated she wa she was walking she sl noticed a large surgical to which she stated yes anywhere else to which positive results. I asked which she stated she d tenderness but paramedic response at MedicWest and Clark C	nat possibly slipped a en route. Team Member explained showing behind her. As water. Explained showing behind her. As water. Explained showing state al at the dispensary a d not see a spill as showing on her right s e woman, identified a s in severe pain. I as ipped and fell in a put scar on her knee so s, about 6 months ago she pointed at her lea stated she did not the this time to which showing stated she did not the this time to which showing alert and oriented to p I asked for the sup again if she was e ink so. At this time her purse to help sup I asked Mr. jury. Mr. Explanation the purse with rolled-up	e was standing turned turned and she believe e arrived in the ide and identif is Registered ( ked <b>1</b> with tasked <b>1</b> with the agreed <b>1</b> core experiencing a ated <b>1</b> with the agreed. I core and (CCFD) at the port of the top the sure, 18 respir experiencing and bould take her sure, 18 respir experiencing and boot to touch h n lifted up his wite t-shirts. I sterr	e front desk. I obtain I asked I near the water disp around she saw a group of men stand ed they may have sp e area until after the ied myself as an En Guest of suite what happened. I have a sp in a spened. I have a sp in a sp if she had a knew if she had a knew in a spened. I have a spine an er neck or back. I o that the spine an er neck or back. I o that the spine an er neck or back. I o that signs to which s ations, 120 pulse, S hy neck or back pain nd, head and he neede is wife at this time d wife's head and rem	if she pensary when woman lying or ling in that spot pilled water. woman fell. hergency stated as her left knee. I e replacement ng pain for stability with ack pain to d found some ffered spond h no apparent she agreed. 8% SPo2 on h to which she stated a ed to return the lue to the		
	ADMIN	ISTRATION				
YOFRICER	DATE/TIME APPRO 06/12/2016 08:42	WED BY		DATE APPROVED		
OFFICER	UNIT/SHIFT ASSIGN	IED TO		CASE STATUS Closed		
		Page 1 of 2	APDC (Rev. 01/2)			

Arrest		an Security D., S. LAS VEGAS, NV 89109	CASE # 1606V-2353
Non-Criminal X Narrative Report			Page 2 of 2
FFENSE(S) Protected Health Information		OFFENSE(S) cont'd	
ATE. TIME AND DAY OF OCCURENCE		DATE AND TIME REPORTED 06/11/16 14:36	
I Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION	BEAT
time. I asked <b>sector</b> if she had no allergies and h what her pain was on CCFD Rescue <b>sector</b> regarding <b>sector</b> . M to which she stated sh applied a cervical colli- before moving	e had any allergies or po nad her knee replaced a a standard pain scale o I MedicWest asked edicWest asked ne was not sure. MedicWest ar. MedicWest made 4	attempts to start an intravenou parting for Sunrise hospital. I s	ch she stated she asked <b>she stated she</b> ner pain is a 9. to MedicWest neck or back pail on her back and is intervention
Front Desk Manager		is aware of this incident.	
Security Manager		is aware of this incident.	
A message was left w incident.	ith Risk Management a	t approximately 0829 hours re	garding this
Attached: Guest Accic Statement, 4 Photogra		cene check, Billing Portfolio, V	oluntary
		ISTRATION	
OFSICER		en av	DATE APPROVED
GEE/CER FICER	DATE/TIME ASSIGNED		DATE APPROVED 06/12/16 CASE STATUS Closed

VENETIAN'	D
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Incident Report Number:	53

Name:	City:	
Home Address:	Home Address	
City:	City:	
City:	City:	
Home Telephont Your Occupation:   By Whom Employed:	Home Telephone       Your Occupation:         By Whom Employed:	
By Whom Employed:   Local Address or Hotel if not a Venetian or The Palazzo1:   Please state, in your own words, what you were doing and what happened to cause your accident.   My   My   Noil R   My   Jate of Accident:   Quitter of Guests in Your Party at Time of Accident:   Action   Quitter of Guests in Your Party at Time of Accident:   Quitter of Guest:   Quitter of Guest:   Quitter of Guest:   Courtly Offic   TM #:	By Whom Employed:	
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Local Address or Hotel II not a Venetian or Palazzo Guest:         Please state, in your own words, what you were doing and what happened to cause your accident.         MY       Add I S.         MA       Add I S.         MA       Add I S.         MA       Add I S.         MA       Add I S.         MALAN       Add I S.         MALAN       Add I S.         Mathematication of Accident:	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. $M + 401 f E 4MS ADM/KING IN Hotel Lobby E DIDN'T He MAHIN ON THE FIDDR & Ship & Fell Date of Accident: U_{11}   1CDate of Accident: U_{11}   1CDate of Accident: 2:40 pmocation of Accident (Please be specific):Whom do you consider to blame?:iyou consider The Venetian or The Palazzo responsible, please state why:$	
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GM1G 06/11/2016 VENETIAN RESORT & CASINO 03:12 PM GINFO CMD RETURN GUEST RES AR 61116 Sat DP 61316 Mon STATUS I INHSE ACT C/S 12887 RETURN GUEST RESERVATION CHANGE 424963201140 A/C \_2 RP CMPVE GP CCAS16 RB ETA HOT \_\_\_\_\_ WG TYPE ROOM# R/C RATE A/C VE KKNS 25326 215.00 2 OVRID NET N PRT N TRN NRG VEL Gold B/P CARD LEVEL Gold GTYP <u>CS</u> RMK LAST TITLE MR COMPANY ATTN TYP H/B H ADR1/2 COUNTRY US CITY P LNG \_\_\_\_ ADDL NAMES X VIP D PC SRC PM RSN CA PRM HST N Agents Who Have Worked On This Reservation PHONE CREDIT INFO STL MTH FVS NBR HIST ID 420720470201 CRDT LMT AGENT DATE TIME DEP REQ AMT RESERVATIONS CICWANGT 5/07/16 12:10 DEP REC AMT CHECK IN CALLEROSL 6/11/16 14:30 ADV CODE Х R CHECK OUT CAS# \_\_\_ 159982 LAST MODIFIED CALLEROSL 6/11/16 14:32 LAST CONFIRMATION 5/07/16 LAST NUMBER 1 <sup>^</sup>Swipe or F1 Cus <sup>^</sup>Swipe or F1 Cus <sup>1</sup>.....Enter ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

16061 - 2353



Accident Scene Check - Security  Ease type or print clearly.  Under Report Number:	Ó	
lease type or print clearly. suest Name security Officer Inte: <u>3</u> 14 Date: <u>6</u> -11-20/6 Guest Suite # perfects Noted (Explain in detail): <u>JATEL ON FLOCE</u> citions Taken: <u>CALLED</u> <u>FACLE TOES/P.A.D.</u> ghting Normal? (If no, explain): <u>YES</u> utside Diagram? D Yes <u>GNO</u> hecked by Security Officer (Name): me: <u>2</u> :SO <u>pro</u> Date: <u>bro</u> -11-16 Guest Suite #: <u>7</u> 1071 <u>Act</u> <u>Hecked</u> effects Noted (Explain in Detail): <u>HON</u> <u>E</u> <u>Great</u> <u>pell</u> <u>on</u> <u>Hoc</u> <u>FLOC</u> toris Taken: <u>CALLED</u> <u>Cuest Suite #: <u>7</u>1071 <u>Act</u> <u>Hecked</u> hecked by Engineer (Name) <u>TM</u> #</u>		ov -2:
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ecurity Officer me: <u>316</u> Date: <u>6-11-20/6</u> Guest Suite # elects Noted (Explain in detail): <u>GATEL ON FLOOL constater: <u>CALLED FALLETTES/P.A.D.</u> phyling Normal? (If no, explain): <u>YES uside Diagram? Dives ENO necked by Security Officer (Name): TM #;  spineer me: <u>2:SO pm</u> Date: <u>ban-11-16</u> Guest Suite #: <u>FTO'NT dook</u> Hode selects Nobed (Explain in Detail): <u>DOI E</u></u></u>		
me: <u>314</u> Date: <u>6-11-20/6</u> Guest Suite a effects Noted (Explain in detail): <u>WATER</u> <u>ov</u> <u>Flaces</u> etions Taken: <u>CALLED</u> <u>FACLEST 75 [5/P.A.D.</u> philing Normal? (If no, explain): <u>YES</u> utside Diagram? <u>Difest (Norme):</u> <u>TM 8:</u> <u>utside Diagram?</u> <u>Difest (Norme):</u> <u>TM 8:</u> <u>res</u> 2.1 SO <u>pro.</u> Date: <u>Jon -11-16</u> Guest Suite 8: <u>FPONT</u> <u>Jost</u> <u>Jose</u> <u>res</u> Noted (Explain in Detail): <u>Dote: Jon -11-16</u> Guest Suite 8: <u>FPONT</u> <u>Jose</u> <u>Jose</u> <u>res</u> Noted (Explain in Detail): <u>Constructions Taken:</u> <u>QATE</u> <u>pell of the Floor</u> <u>tors Taken:</u> <u>QATE</u> <u>PAD</u> <u>to Placent HAD</u> <u>or eco</u> <u>recked by Engineer (Name</u> ) <u>inecked by Engineer (Name</u> ]	· · · · · · · · · · · · · · · · · · ·	
me: <u>314</u> Date: <u>6-11-20/6</u> Guest Suite a effects Noted (Explain in detail): <u>GUATER</u> <u>ON FLOOR</u> extrons Taken: <u>CALLED</u> <u>FACLESTEES/P.A.D</u> , sphing Normal? (If no, explain): <u>YES</u> uside Diagram? <u>D</u> Yes <u>ENO</u> me: <u>21SO pro</u> <u>Date: Jon -11-16</u> Guest Suite # <u>FPONT</u> <u>Jost</u> <u>Jose</u> ne: <u>21SO pro</u> <u>Date: Jon -11-16</u> Guest Suite # <u>FPONT</u> <u>Jost</u> <u>Jose</u> spineer me: <u>21SO pro</u> <u>Date: Jon -11-16</u> <u>Guest Suite # FPONT</u> <u>Jost</u> <u>Jose</u> index Nobed (Explain in Detail): <u>NOT 2</u> <u>Gerat</u> <u>pell of Jose</u> <u>FLOOT</u> <u>Jose</u> <u>Jose</u> ntons jaken: <u>CALL</u> <u>DATD</u> <u>Jose</u> <u>Plant</u> <u>Jose</u> <u>Jose</u> ntons jaken: <u>CALL</u> <u>DATD</u> <u>Jose</u> <u>Plant</u> <u>Jose</u> <u>Jose</u> ntons jaken: <u>CALLED</u> <u>TABD</u> <u>Jose</u> <u>Clearn</u> <u>Jose</u> <u>TM</u> <u>Jose</u> necked by Engineer (Nam		
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ngineer me: <u>2:50 pm</u> Date: <u>Jon-11-16</u> Guest Suite 8: <u>Front left He</u> effects North (Edular in Detail): <u>NORE</u> <u>Const pell on the foor</u> rtions, Jaken: <u>CALL</u> <u>PAD</u> to clearn the one on <u>MECIWOOT</u> <u>23</u> on site toking core of the chest. <u>MeCiwoot</u> <u>23</u> on site toking core of the chest. necked by Engineer (Nam		
me: <u>2:50 pm</u> Date: <u>Jon-11-16</u> Guest Suite #: <u>Front dest</u> He efects Noted (Explain in Detail): <u>NOR</u>	<u>.</u>	
efects Northd (Exhilain in Detail): NORGrant fell on the Front ctions Jaken: CALL PAD to elern the grean Mediwoot 23 on site totking eare of the charat. hecked by Engineer (NameTM &	i	<b>\</b>
NONE _ grat fell of the Ebor		gol -
ctions, Taken: <u>CALL PAD</u> to clearn this area. <u>Mediwood 23 on site toking care of the chest.</u> hecked by Engineer (Nam		
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	s on site taking care of the capat	<u>.</u>
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RM KQ. GR +TR_90724-05-07		
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## THE VENETIAN\* | THE PALAZZO\*

2.1.1

construction of the second second second

SECURITY DEPARTMENT VOLUNTARY STATEMENT

IR 1600-2353

	IR 16060 - 23
TYPE OF INCIDENT: DATE OCCURRED: 6////6 TIME OCCURRED: 2.30_ am / pm LOCATION OF OCCURRENCE: 1001 0851	
NAME OF PERSON GIVING STATEMENT:	CELL PHONE #
SUITE #:BUSINESS PHONE #:	
LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME:	
RESIDENCE ADDRESS :	
BUSINESS ADDRESS:	
SOCIAL SECURITY NUMBER:	
BEST TIME TO CONTACT: (am / pm) BEST PLACE TO CONTACT	
Details: I was filling the water s a quest crying and turne was laying on the floor first campe out there was standing where the spill see the spill on the floo	station when I heard a ground and she was when I s a group of guest was when I didnt
HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND A	CCURACY OF THE FACTS CONTAINED HEREIN. THIS
_10001_OKSI	1
DN THE DAY OF AT 3.20_ (am (m)) 20 /	
WITNESS:	

VEN 1437

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