

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

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

Petitioners,

vs.

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

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

Electronically Filed
Dec 09 2021 08:45 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 17
(Nos. 3238–3277)**

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INDEX TO REAL PARTY IN INTEREST'S APPENDIX

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

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

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

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

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

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

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Palazzo Security 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1408P-4650
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd <div style="background-color: black; width: 100%; height: 20px;"></div>		
DATE, TIME AND DAY OF OCCURENCE 08/23/14 23:29 Saturday TO 08/23/14 23:59 Saturday		DATE AND TIME REPORTED 08/23/14 23:29
LOCATION OF OCCURENCE Venetian Front Desk, Las Vegas	LOCATION NAME	TYPE OF LOCATION
		BEAT
SECTOR		
MO DATA		
<u>Incident Information</u> Area Checked Associate Medical Photos Taken PHI - Non-Guest Slip & Fall No Video Available Wet Surface	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information	<u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER	
DATE/TIME 08/25/2014 23:53	APPROVED BY <div style="background-color: black; width: 100%; height: 20px;"></div>	DATE APPROVED 08/26/14
OFFICER <div style="background-color: black; width: 100%; height: 20px;"></div>	UNIT/SHIFT	ASSIGNED TO <div style="background-color: black; width: 100%; height: 20px;"></div>
CASE STATUS Closed		

CR-1 Buddi/035788 Entered by: Kerry Budding

APDC (Rev. 06/16/06) Print Date: 04/24/2019

VEN 1104

3238

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Palazzo Security 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1408P-4650 PAGE 1 OF 1			
OFFENSE(S) PHI - T/M Protected Health Information					
OFFENSE(S) cont'd					
DATE, TIME AND DAY OF OCCURRENCE 08/23/14 23:29 Saturday TO 08/23/14 23:59 Saturday		DATE AND TIME REPORTED 08/23/14 23:29			
LOCATION OF OCCURRENCE Venetian Front Desk, Las Vegas	LOCATION NAME	TYPE OF LOCATION			
		BEAT			
		SECTOR			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE GU	1 OF 1 NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]	DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION					
<table style="width:100%;"> <tr> <td style="vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL </td> <td style="vertical-align: top;"> Build Medium Complexion Light Demeanor Calm Eyes Normal Glasses None Hair Length Collar Length Hair Style Middle part Medical Supplies Cold Packs Odor of Intoxicants None </td> <td style="vertical-align: top;"> Patient Assessment Patient is Alert Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury Tenderness Swelling Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Normal Pulse Rate Strong Pulse Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL	Build Medium Complexion Light Demeanor Calm Eyes Normal Glasses None Hair Length Collar Length Hair Style 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/Injury Tenderness Swelling Speech Normal
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CLOTHING					
CODE AM					
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.					
CODE T					
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.					
CLOTHING					
ADMINISTRATION					
BY OFFICER [REDACTED]	DATE/TIME 08/25/14 23:53	APPROVED [REDACTED]			
OFFICER	UNIT/SHIFT	ASSIGNED TO			
		DATE APPROVED 08/26/14			
		CASE STATUS Closed			

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Palazzo Security 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408P-4650 Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 08/23/14 23:29 Saturday TO 08/23/14 23:59 Saturday		DATE AND TIME REPORTED 08/23/14 23:29
LOCATION OF OCCURRENCE Venetian Front Desk, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		SECTOR
NARRATIVE <p>On 23 August 2014, at 11:29 pm, I was dispatched to Venetian Main Lobby for non-guest, [REDACTED] who had slipped and fallen.</p> <p>[REDACTED] was alert and oriented to person, place, time and events, and had a patent airway. [REDACTED] was complaining of pain to her right wrist which presented with tenderness and swelling. [REDACTED] had no deformities, contusions, crepitation, penetration, punctures, burns, abrasions, or lacerations to her right wrist. [REDACTED] was also complaining of pain to her lower back, which presented with tenderness. [REDACTED] had no deformities, contusions, crepitation, penetration, punctures, burns, abrasions, or lacerations to her lower back. [REDACTED] had no other apparent injuries.</p> <p>[REDACTED] stated she had slipped and fallen on a wet spill in the main lobby. I had Palazzo Security Control notify Public Areas Department (PAD) personnel to have the wet spill removed.</p> <p>[REDACTED] signed an Acknowledgment of First Aid and Advice to Seek Medical Care Form and Medical Authorization Form, and requested transport to hospital. I contacted Palazzo Security Control to have Medicwest and Clark County Fire Department (CCFD) dispatched to my location.</p> <p>Medicwest 655 arrived at 11:57 pm on 23 August 2014. [REDACTED] was transported to Sunrise hospital at 12:03 am on 24 August 2014.</p> <p>An accident scene check was performed by Facilities Team Member [REDACTED] and I with no defects found after the spill was removed.</p> <p>Due to the location of the incident, no video of the incident is available.</p> <p>Attached are the following:</p> <p>Acknowledgment of First Aid and Advice to Seek Medical Care Form Medical Authorization Form Accident Scene Check</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 08/25/2014 23:53	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	DATE APPROVED 08/26/14
ASSIGNED TO		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Palazzo Security 3377 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1408P-4650 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 08/23/14 23:29 Saturday TO 08/23/14 23:59 Saturday		DATE AND TIME REPORTED 08/23/14 23:29
LOCATION OF OCCURRENCE Venetian Front Desk, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BIAT		
SECTOR		
NARRATIVE 2 Photos of the area where the incident occurred		
ADMINISTRATION		
BY OFFICER <div style="background-color: black; width: 100px; height: 15px;"></div>	DATE/TIME 08/25/2014 23:53	APPROVED BY <div style="background-color: black; width: 100px; height: 15px;"></div>
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 08/26/14		CASE STATUS Closed



1408 P-4650

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:

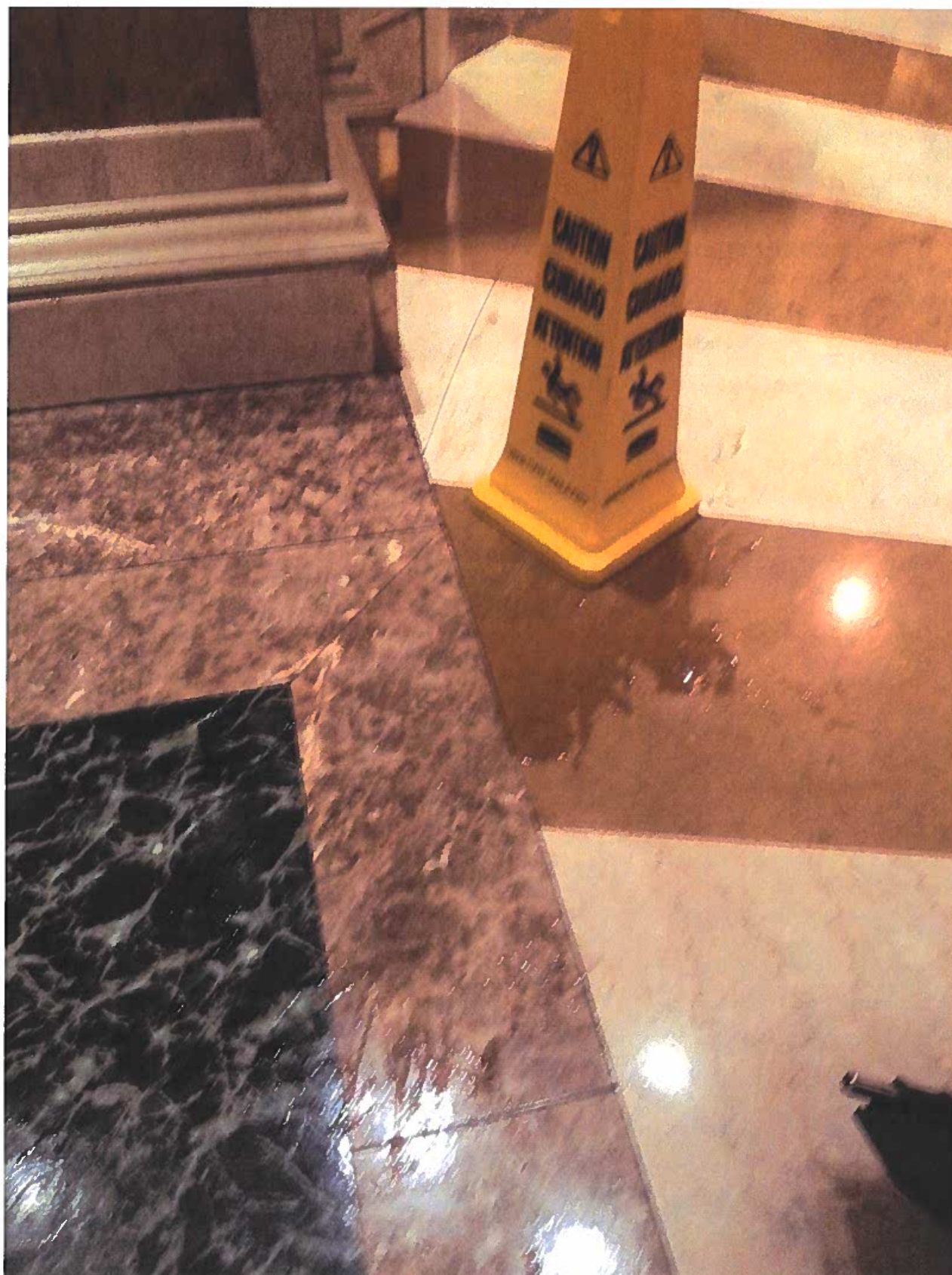
23 Aug 14

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

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

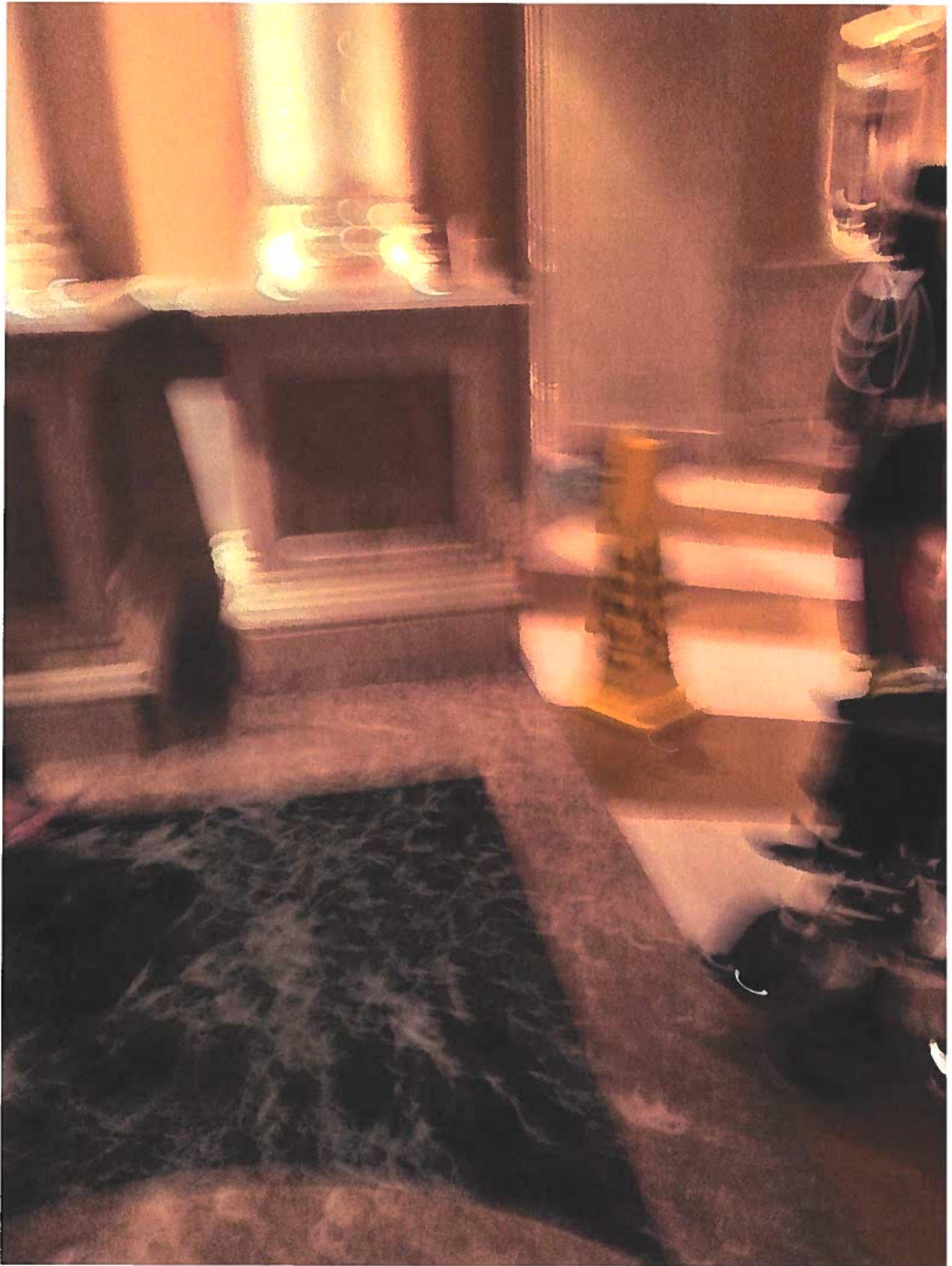
Name (Print): _____
Signature: _____
Address: _____
Date of Birth: _____ Social Security #: _____
Phone: _____
Witness: _____
Witness: _____
Date: 23 Aug 14 Time: 11:45 pm
Refused to Sign: _____
Venetian/Palazzo EMT: _____ ID# _____

mw 655



VEN 1110

3244



VEN 1111

3245

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1605V-2715 PAGE 1 OF 1
OFFENSE(S) Protected Health Information		
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
LOCATION OF OCCURENCE Breezeway, Las vegas	LOCATION NAME	TYPE OF LOCATION
ADDITIONAL OFFENSE(S)		BEAT
ADDITIONAL OFFENSE(S) cont'd		
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE SO	1 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]
ADDRESS 1		PHONE 1
OCCUPATION EMT Evenings	RACE M	SEX M
AGE	DOB	ADDRESS 2
DL	STATE	SSN
INJURIES		ADDRESS 3
ADDRESS 1		PHONE 1
CODE SO	2 OF 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]
ADDRESS 1		PHONE 1
OCCUPATION Field Training Officer	RACE	SEX
AGE	DOB	ADDRESS 2
DL	STATE	SSN
INJURIES		ADDRESS 3
ADDRESS 1		PHONE 1
CODE TM	1 OF 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]
ADDRESS 1		PHONE 1
OCCUPATION Facilities	RACE	SEX
AGE	DOB	ADDRESS 2
DL	STATE	SSN
INJURIES		ADDRESS 3
ADDRESS 1		PHONE 1
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 05/14/16 18:17	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 05/14/16		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 04/24/2019

VEN 1112

3246

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1605V-2715
Case MO		PAGE 1 OF 1
OFFENSE(S) Protected Health Information		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
LOCATION OF OCCURENCE Breezeway, Las vegas	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Incident Information</u> Photos Taken PHI - Hotel Guest Slip & Fall Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble <u>Weather Conditions</u> Clear
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VWAP <input type="checkbox"/> OTHER
BY OFFICER <div style="background-color: black; width: 100px; height: 15px;"></div>	DATE/TIME 05/14/2016 18:17	APPROVED BY <div style="background-color: black; width: 100px; height: 15px;"></div>
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 05/14/16
		CASE STATUS Closed

CR-1 Cabad/043128 Entered by: David Cabada

APDC (Rev. 06/16/06) Print Date: 04/24/2019

VEN 1113

3247

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1605V-2715 PAGE 1 OF 2			
OFFENSE(S) Protected Health Information					
OFFENSE(S) cont'd					
DATE, TIME AND DAY OF OCCURRENCE 05/13/16 18:38 Friday		DATE AND TIME REPORTED 05/13/16 18:38			
LOCATION OF OCCURRENCE Breezeway, Las Vegas	LOCATION NAME	TYPE OF LOCATION			
		BEAT			
		SECTOR			
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other					
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>					
CODE C	1 OF 1 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
MO INFORMATION					
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Rapid Pulse Rate Regular Pulse Skin Color Pale (Pallor) Skin Temperature Normal Skin Condition Normal Blood Pressure High Build Potbelly Complexion Clear Demeanor Calm </td> <td style="width: 33%; vertical-align: top;"> Eyes Squints Hair Length Short Medical Supplies Oxygen Nasal Cannula B/P Cuff Stethoscope Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury C-Spine Stabilized Tenderness Swelling </td> <td style="width: 33%; vertical-align: top;"> Speech Normal </td> </tr> </table>			Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Rapid Pulse Rate Regular Pulse Skin Color Pale (Pallor) Skin Temperature Normal Skin Condition Normal Blood Pressure High Build Potbelly Complexion Clear Demeanor Calm	Eyes Squints Hair Length Short Medical Supplies Oxygen Nasal Cannula B/P Cuff Stethoscope Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury C-Spine Stabilized Tenderness Swelling	Speech Normal
Base Line Vitals & History Normal Breathing Regular Breathing Rhythm Rapid Pulse Rate Regular Pulse Skin Color Pale (Pallor) Skin Temperature Normal Skin Condition Normal Blood Pressure High Build Potbelly Complexion Clear Demeanor Calm	Eyes Squints Hair Length Short Medical Supplies Oxygen Nasal Cannula B/P Cuff Stethoscope Soft Roller Bandage Cold Packs Disposable Gloves Odor of Intoxicants None Patient Assessment Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present Patient has a Trauma/Injury C-Spine Stabilized Tenderness Swelling	Speech Normal			
CLOTHING					
CODE MN	1 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX Byers, Nathan	DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
CODE MN	2 OF 2 NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	DOB [REDACTED]			
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.					
CLOTHING					
ADMINISTRATION					
OFFICER [REDACTED]	DATE/TIME 05/14/16 18:17	APPROVED BY [REDACTED]			
UNIT/SHIFT	ASSIGNED TO	DATE APPROVED 05/14/16			
		CASE STATUS Closed			

CR-1 Cabad/043128 Entered by: David Cabada

APDC (Rev. 01/22/13) Print Date: 04/24/2019

VEN 1114

3248

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1605V-2715 PAGE 2 OF 2
OFFENSE(S) Protected Health Information		
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
LOCATION OF OCCURENCE Breezeway, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE SO	1 OF 2	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
DOB		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE SO	2 OF 2	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
DOB		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
CODE TM	1 OF 1	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
DOB		This report contains Person Profile information only. Please refer to the primary report(s) for additional information.
CLOTHING		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 05/14/16 18:17	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 05/14/16		CASE STATUS Closed

CR-I Cabad/043128 Entered by: David Cabada

APDC (Rev. 01/22/13) Print Date: 04/24/2019

VEN 1115

3249

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1605V-2715 Page 1 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 05/13/16 18:38 Friday		DATE AND TIME REPORTED 05/13/16 18:38
LOCATION OF OCCURRENCE Breezeway, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE		
<p>On 5/13/2016 at approximately 1838 hours, I was dispatched to the Breezeway for a slip and fall. Upon my arrival I made contact with a male lying supine later identified as Registered Guest [REDACTED] stated he was walking past the fountain when he slipped on a clear liquid. I noted a significant amount of clear liquid around the area where [REDACTED] slipped.</p> <p>Upon my arrival [REDACTED] was lying supine. I noted [REDACTED] upper torso was shivering. [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 major trauma or apparent bleeding upon my initial assessment. [REDACTED] complained of left knee pain. [REDACTED] denied losing consciousness from the incident. [REDACTED] was not sure if he hit his head at that time.</p> <p>I notified Control to call Emergency Medical Services. Emergency Medical Technician [REDACTED] obtained a blood pressure 181 mm Hg (systolic only), a pulse of 112 beats per minute, respirations of 18 breaths per minute, and an oxygen saturation of 97% on room air. [REDACTED] stated having a medical history of diabetes and hypertension. [REDACTED] stated having a stroke in October. [REDACTED] denied being allergic to any medications at that time. [REDACTED] also stated having having rods in his lower back. I applied oxygen via nasal cannula at 2 liters per minute.</p> <p>[REDACTED] complained of left knee pain. [REDACTED] stated the pain was a 7 out of 10 on a pain scale. Upon palpation of [REDACTED] knee he complained of tenderness to his patella. I noted swelling to his left knee. I did not note any deformities, contusions, abrasions, penetrations, burns, or lacerations to [REDACTED] left knee. [REDACTED] was not able to flex and extend his left knee at that time. I applied an ice pack to [REDACTED] left knee and wrapped a roller gauze around the ice pack.</p> <p>Upon palpation of [REDACTED] head I did not note any hematoma's or abnormalities. [REDACTED] has positive pulse, motor, and sensory to all four extremities. [REDACTED] complained of tenderness to his lower cervical spine upon palpation. [REDACTED] and I applied a cervical collar. [REDACTED] had positive pulse, motor, and sensory after applying the cervical collar. [REDACTED] requested to sit up from the supine position. [REDACTED] and I sat [REDACTED] up from the supine position. I continued</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 05/14/2016 18:17	RECEIVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 05/14/16		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1605V-2715 Page 2 of 2
OFFENSE(S) Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURRENCE 05/13/16 18:38 Friday		DATE AND TIME REPORTED 05/13/16 18:38
LOCATION OF OCCURRENCE Breezeway, Las Vegas	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE		
<p>to monitor [REDACTED] until the arrival of Emergency Medical Services.</p> <p>Clark County Fire Department Rescue 12 arrived on scene at approximately 1852 hours and conducted an Advanced Life Support assessment. Medic West unit 619 arrived on scene at 1857 hours. [REDACTED] was transported to Sunrise Hospital per Medic West.</p> <p>Public Area Department was on scene and cleaned the wet area. Facilities Team Member [REDACTED] conducted an Accident Scene Check. Photos of the incident area were taken. [REDACTED] who was with [REDACTED] father at the time of the incident occurred filled out a Venetian Voluntary Statement.</p> <p>Video coverage of the incident is available. The video coverage of the incident shows an unidentified male jumped into the fountain and when he got out he left a trail of water from his soaked clothing. Control archived the video coverage under this event number. Surveillance also has coverage of the incident and it is saved under event number IN20160000547.</p> <p>Security Manager [REDACTED] was advised of the incident. Front Desk Manager [REDACTED] was advised of the incident. [REDACTED] returned from the Hospital on 5/14/2016 a filled out a Venetian Voluntary Statement.</p> <p>Attached to this report: Two Venetian Voluntary Statements Accident Scene Check Photos of the incident area.</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 05/14/2016 18:17	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
DATE APPROVED 05/14/16		CASE STATUS Closed

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE 1 OF 1

IR 1605v2715

TYPE OF INCIDENT: <u>Fall</u>	
DATE OCCURRED: <u>8/13/14</u>	TIME OCCURRED: <u>6:45 am / pm</u>
LOCATION OF OCCURRENCE: <u>Brezza way</u>	
NAME OF PERSON GIVING STATEMENT: <u>[REDACTED]</u>	
GUEST OF THE HOTEL? YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/> HOME PHONE #: <u>[REDACTED]</u> CELL PHONE #: <u>[REDACTED]</u>	
SUITE #: <u>[REDACTED]</u>	BUSINESS PHONE #: <u>[REDACTED]</u> PAGER #: <u>[REDACTED]</u>
LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: <u>[REDACTED]</u>	
RESIDENCE ADDRESS: <u>[REDACTED]</u>	
BUSINESS ADDRESS: <u>[REDACTED]</u>	
SOCIAL SECURITY NUMBER: <u>[REDACTED]</u>	DATE OF BIRTH: <u>[REDACTED]</u>
BEST TIME TO CONTACT: <u>[REDACTED]</u> (am / pm) BEST PLACE TO CONTACT: <u>[REDACTED]</u>	
DETAILS: <u>while walking through Brezza way i noticed</u> <u>that there was a large amount of water on the</u> <u>tile turned to warn my dad and he was laying</u> <u>on his back in the water</u>	
I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): <u>[REDACTED]</u>	
ON THE <u>[REDACTED]</u> DAY OF <u>[REDACTED]</u> AT <u>[REDACTED]</u> (am / pm) 20 <u>[REDACTED]</u>	
WITNESS: <u>[REDACTED]</u>	
WITNESS: <u>[REDACTED]</u>	

VEN 1118

3252

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE 1 OF 1

IR 1605 V-27

TYPE OF INCIDENT: Fall
DATE OCCURRED: 3-13-16 TIME OCCURRED: 6 am pm
LOCATION OF OCCURRENCE: _____
NAME OF PERSON GIVING STATEMENT: _____
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 NUM: _____
BEST TIME TO CONTACT: Any (am / pm) BEST PLACE TO CONTACT: _____

DETAILS:

Was going to dinner with my family came round
the corner hit big wet spot on floor my feet flew
out from under me hit the floor with my butt and
my shoulders had lot of pain in my left ^{KNIFE} hand
so go to ER and get check was in ER for 20 hrs
go back to day and kick out this report. About
OT-Don't know

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 13 DAY OF MAR AT 600 (am pm) 20 16

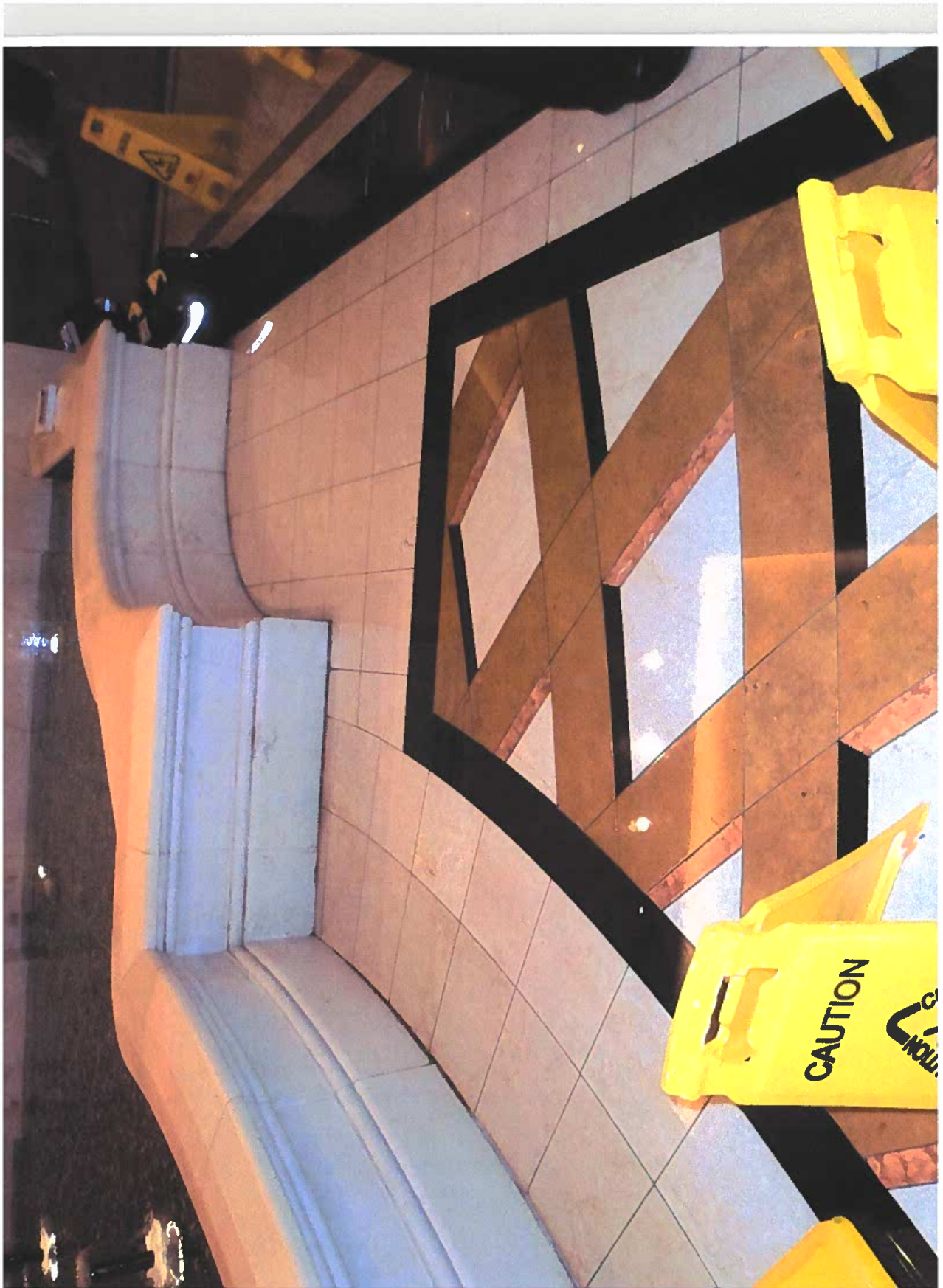
WITNESS: _____

WITNESS: _____

on giving statement

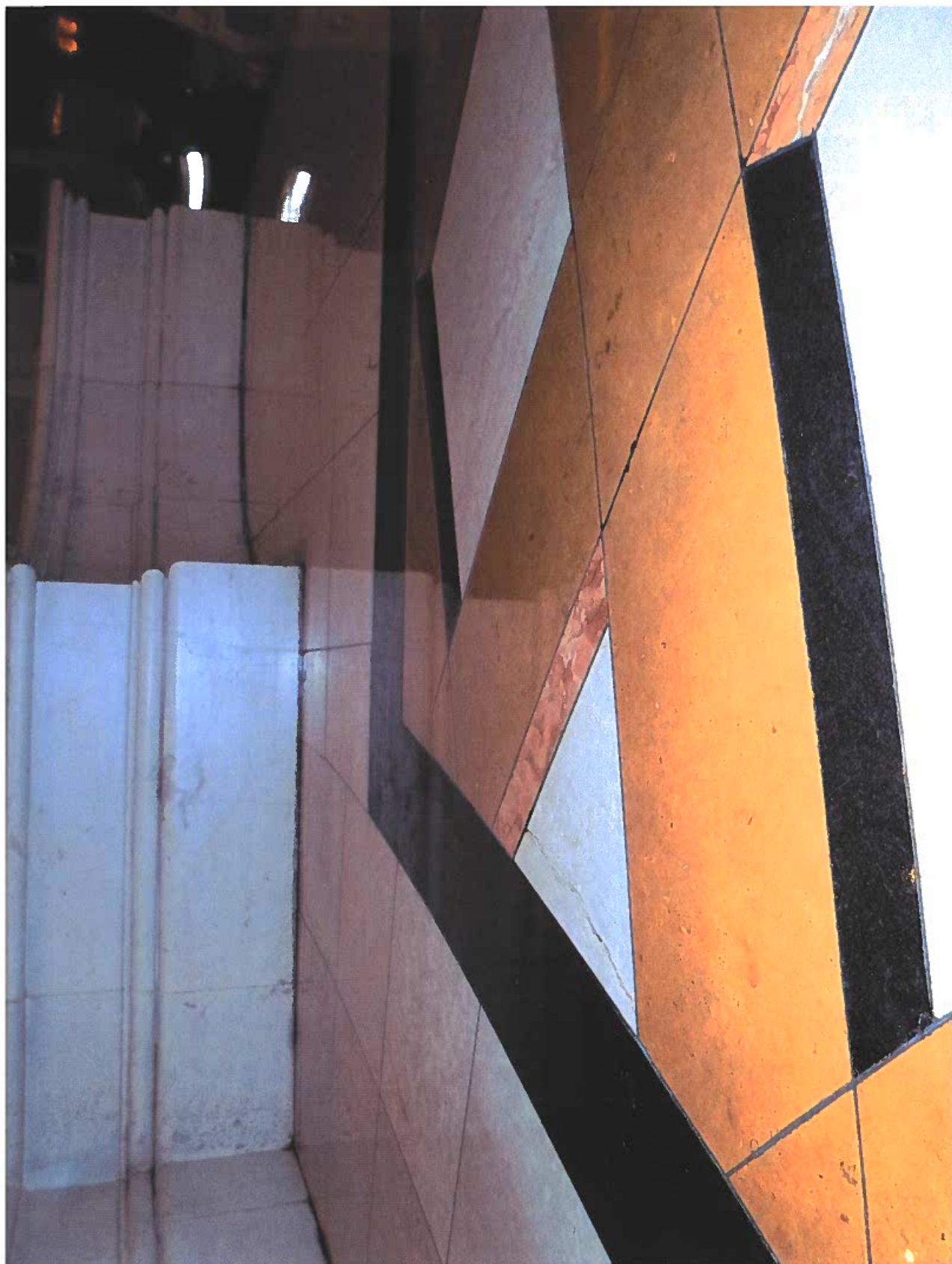
VEN 1119

3253



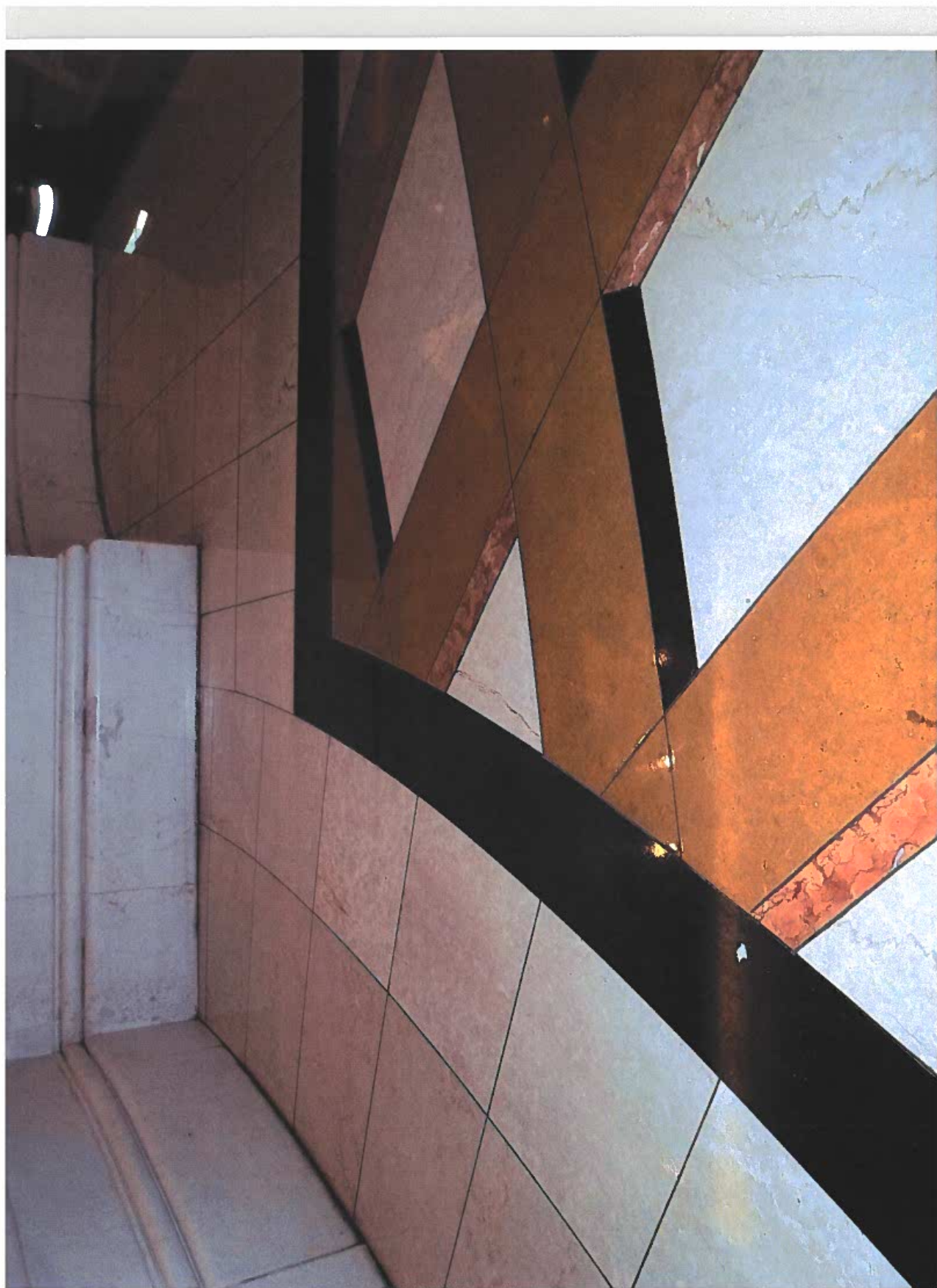
VEN 1120

3254



VEN 1121

3255



VEN 1122

3256

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1311V-1520 PAGE 1
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 11/07/13 07:54 Thursday TO 11/07/13 08:15 Thursday		DATE AND TIME REPORTED 11/07/13 07:54
LOCATION OF OCCURRENCE 1 Venetian Front Office		MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
LOCATION NAME		ESTIMATED LOSS VALUE \$ 0.00
TYPE OF LOCATION		BEAT
SECTOR		MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
CODE MN 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	
ADDRESS 1		PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2	
ADDRESS 3		PHONE 2
DL STATE SS# INJURIES	ADDRESS 3	
ADDRESS 3		PHONE 3
CODE GU 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	
HOME		HOME
HOTEL ROOM		PHONE 2
ADDRESS 3		PHONE 3
DL STATE SS# INJURIES	ADDRESS 3	
ADDRESS 3		PHONE 3
CODE TM 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	
ADDRESS 1		PHONE 1
ADDRESS 2		PHONE 2
ADDRESS 3		PHONE 3
DL STATE SS# INJURIES	ADDRESS 3	
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected health information [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF LICENSE (NO AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
TOW REPORT YES <input type="checkbox"/> NO <input type="checkbox"/> GARAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS		
SUSPECT(S)/ ARRESTEE(S) Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	
ADDRESS 1		PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2	
ADDRESS 3		PHONE 2
ADDRESS 3		PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's	
ARRESTEE DISPOSITION		RELEASE LOCATION
ARREST DATE TIME		ARREST DATE TIME
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>
CITATION #		SS#
CHARGES		CII#
CHARGES		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX	
ADDRESS 1		PHONE 1
RACE SEX HT WT HAIR EYE AGE DOB	ADDRESS 2	
ADDRESS 3		PHONE 2
ADDRESS 3		PHONE 3
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's	
ARRESTEE DISPOSITION		RELEASE LOCATION
ARREST DATE TIME		ARREST DATE TIME
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKING #	WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/>
CITATION #		SS#
CHARGES		CII#
CHARGES		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> COPIES TO: <input type="checkbox"/> Pat <input type="checkbox"/> Det <input type="checkbox"/> DA <input type="checkbox"/> Court <input type="checkbox"/> Probation <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER:		
DATE/TIME 11/29/13 07:58		DATE APPROVED 11/29/13
UNIT/SHIFT		CASE STATUS Closed

CR-1

APDC (Rev. 7/9/2019) Print Date: 07/09/2019

VEN 1417

3257

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1311V-1520
Case MO		PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd
DATE, TIME AND DAY OF OCCURENCE 11/07/13 07:54 Thursday TO 11/07/13 08:15 Thursday		DATE AND TIME REPORTED 11/07/13 07:54
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
MO DATA		
<u>Incident Information</u> Area Checked Photos Taken Slip & Fall Video Tape of Incident Available	<u>Lighting Conditions</u> Room Lights <u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Dry Marble Flat	<u>Weather Conditions</u> Clear Cool
ADMINISTRATION		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COPIES TO: <input type="checkbox"/> PAT <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER	
BY OFFICER [REDACTED]	DATE/TIME 11/29/2013 07:58	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 11/29/13
		CASE STATUS Closed

APDC (Rev. 06/16/06) Print Date: 07/09/2019

VEN 1418

3258

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1311V-1520 PAGE 1 OF 1
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURENCE 11/07/13 07:54 Thursday TO 11/07/13 08:15 Thursday		DATE AND TIME REPORTED 11/07/13 07:54
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION
		BEAT
		SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	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.		
CLOTHING		
[REDACTED]		
CODE GU	1 OF 1 NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]	DOB [REDACTED]
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
MO INFORMATION		
<u>Hair Length</u> Short <u>Patient Assessment</u> Patient is Alert Patient Responds to Verbal Stimulus Airway Status Open Breathing Adequate Circulation Present		
CLOTHING		
Black pin stripe suit.		
CODE TM	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.		
CLOTHING		
[REDACTED]		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 11/29/13 07:58	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
		CASE STATUS Closed

APDC (Rev. 01/22/13) Print Date: 07/09/2019

VEN 1419

3259

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1311V-1520 Page 1 of 2
OFFENSE(S) PHI - T/M Protected Health Information		
OFFENSE(S) cont'd		
DATE, TIME AND DAY OF OCCURRENCE 11/07/13 07:54 Thursday TO 11/07/13 08:15 Thursday		
DATE AND TIME REPORTED 11/07/13 07:54		
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE		
<p>On 11-7-2013 at 0756 hours, I was dispatched to the Venetian Front Desk for a report of a guest slip and fall. At approximately 0759 hours, I arrived on scene and made contact with Front Desk Manager [REDACTED] and [REDACTED] later identified via [REDACTED] identification.</p> <p>[REDACTED] was alert and oriented to person, place, time and event, had a patent airway and was breathing adequately. [REDACTED] reported a slip and fall on the marble in front of the Grand Lux Cafe on 11-5-2013 at approximately 0600 hours. [REDACTED] stated he left the "Grand Lux Express Cafe" counter after getting coffee and food, exited towards the Venetian Theatre and slipped on the marble area. [REDACTED] did not report the accident immediately because he stated he was embarrassed. [REDACTED] reported injuring his left ankle and claimed to "roll" his ankle. [REDACTED] presented without deformities, contusions, crepitation, abrasions, punctures, penetrations, burns, lacerations, tenderness or swelling to his person. [REDACTED] declined medical attention and a trauma assessment was not completed. [REDACTED] reported to not observe anything in the area of the accident such as a wet spill. He reported the area to be "slippery."</p> <p>[REDACTED] completed a guest accident packet. [REDACTED] checked out of suite [REDACTED] prior to my arrival. [REDACTED] did not request compensation or any further assistance. [REDACTED] did request a copy of his report. I issued him with the incident number and contact number for claims unit. [REDACTED] departed the Front Desk without further incident. [REDACTED] was updated on the incident.</p> <p>A check of video coverage via Surveillance was completed and I was advised to stand by while it was reviewed. Facilities Engineer [REDACTED] finding no defects in the area shown in Photographs 2 to 4.</p> <p>The check of video returned positive showing [REDACTED] falling at 0618 hours near a pillar next to the escalators that lead up to the retail level. Surveillance advised the video to show [REDACTED] right foot slip forward. Surveillance report number is V-11-13-015. Photographs 5 shows the area described by Surveillance.</p> <p>Claims unit was notified.</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 11/29/2013 07:58	APPROVED BY [REDACTED]
OFFICER	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 11/29/13
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Narrative Report	CASE # 1311V-1520 Page 2 of 2
OFFENSE(S) PHI - T/M Protected Health Information		OFFENSE(S) cont'd.
DATE, TIME AND DAY OF OCCURRENCE 11/07/13 07:54 Thursday TO 11/07/13 08:15 Thursday		DATE AND TIME REPORTED 11/07/13 07:54
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME	TYPE OF LOCATION
BEAT		
SECTOR		
NARRATIVE Attachments: Accident Report 1 Medical Release 1 Medical Authorization 1 Accident Scene Check 1 Photographs 1 (Profile) Photographs 2 to 5 (Area)		
ADMINISTRATION		
BY OFFICER <div style="background-color: black; width: 100px; height: 15px;"></div>	DATE/TIME 11/29/2013 07:58	APPROVED BY <div style="background-color: black; width: 100px; height: 15px;"></div>
OFFICER	UNIT/SHIFT	CASE STATUS Closed

VEN 1421

3261



Incident Report Number: 1311V-1520

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 0825 Date: 11.7.2013 Guest Suite #: VENETIAN IN FRONT OF GRAND LUX CAFE

Defects Noted (Explain in detail): NONE

Actions Taken: FACILITIES NOTIFIED

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☒ No

Checked by Security Officer (Name): [REDACTED]

TM #: [REDACTED]

Engineer

Time: 8:31 Date: 11/7/13 Guest Suite #: Small Medallion in front of Grand Lux Cafe

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

Actions Taken: Inspected

Checked by Engineer (Name): [REDACTED]

Accident Report – Security

Please type or print clearly.

Name: [REDACTED]

Age/DOB: [REDACTED]

Home Address: [REDACTED]

City: [REDACTED]

Home: [REDACTED]

By: [REDACTED]

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

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

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

TUES 11/5 6 AM GOT COFFEE & FOOD AT GRAND CAUX EXPRESS

WALKED INTO CIRCLE AREA OUTSIDE RESTAURANT & IMMEDIATELY
SLIPPED ON FLOOR

Date of Accident: 11/5/2013

Time of Accident: 6 AM APPROX

Location of Accident (Please be specific): GRAND CAUX EXPRESS CAFE

Whom do you consider to blame?: HOTEL

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

ON BOTH WED & THURS 11/6 & 11/7, SAME TIME, AREA IS
ROPED OFF WITH SIGNS SAYING FLOOR IS SLIPPERY. NO ROPES
OR SIGNS PRESENT ON TUES 11/5 WHEN I FELL

What, if any, injuries did you sustain?: SPRAINED ANKLE, LEFT LEG

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

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

Dated this 7th Day of November, 2013

Signature of Guest: [REDACTED]

Security Officer: [REDACTED]

TM #: [REDACTED]

Guest Checkout Date: 11-7-2013



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

GM1G 11/07/2013 VENETIAN RESORT & CASINO 07:59 AM GINFO
 CMD RESERVATION CHANGE 415563836225
 AR 110413 Mon DP 110713 Thu A/C 1 RP RACKGXD GP VAUAF RB
 STATUS O CK/OUT ACT C/S ETA HOT
 WG TYPE ROOM# RATE A/C
 VE KKNX 23234 215.00 1 OVRID O NET N PRT Y TRN NRG
 E
 LAST [REDACTED] TITLE [REDACTED] GTYP [REDACTED] RMK
 COMPANY [REDACTED] TYP H/B H
 ADR1/2 [REDACTED]
 CITY NE [REDACTED] UNTRY US Y LNG REQ
 ADDL NAMES CPN
 PHONE [REDACTED] X VIP PC SRC VB RSN VE PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH FAX NBR HIST ID
 CRDT LMT
 DEP REQ AMT
 DEP REC AMT
 ADV CODE F X
 CAS#
 ^Swipe or F1 CusEnter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

AGENT	DATE	TIME
RESERVATIONS	10/10/13	21:08
PASSKEY	11/04/13	9:49
FDDORSEY	11/07/13	7:59
FDBERRIR	11/07/13	7:59
LAST MODIFIED	10/11/13	LAST NUMBER 1

1311V 1520

Rhounel Bernis

25525

VEN 1425

3265

Acknowledgement of First Aid Assistance & Advice to Seek Medical Care

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

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

Name (Print): _____
 Signature: _____
 Address: SUITE _____
 Date of Birth: _____
 Phone: _____
 Witness: _____
 Date: 11-7-13 Time: 0810
 Refused to Sign: _____
 Venetian/Palazzo EMT: _____

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

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 CR-1	CASE# 1606V-2353 PAGE 1
OFFENSE(S) Protected Health Information		
DATE, TIME AND DAY OF OCCURRENCE 06/11/16 14:36 Saturday		
LOCATION OF OCCURRENCE 1 Venetian Front Office		
DATE AND TIME REPORTED 06/11/16 14:36		
MORE CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ESTIMATED LOSS VALUE \$ 0.00		
TYPE OF LOCATION Venetian Front Office		
BEAT 		
SECTOR 		
PERSONS		
Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE MN 1 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1
OCCUPATION [REDACTED]	RACE SEX AGE DOB 	ADDRESS 2
DL STATE SS# INJURIES 	ADDRESS 3 	PHONE 1
CODE MN 2 of 2	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1
OCCUPATION [REDACTED]	RACE SEX AGE DOB 	ADDRESS 2
DL STATE SS# INJURIES 	ADDRESS 3 	PHONE 1
CODE FD 1 of 1	NAME - LAST, FIRST, MIDDLE, SUFFIX [REDACTED]	ADDRESS 1
OCCUPATION [REDACTED]	RACE SEX AGE DOB 	ADDRESS 2
DL STATE SS# INJURIES 	ADDRESS 3 	PHONE 1
CASE SUMMARY / VEHICLE INFORMATION		
SUMMARY Protected Health Information - Registered Guest of Suite [REDACTED]		
VEHICLE USED IN CRIME YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> OF		
LICENSE (NO. AND STATE) YEAR MAKE MODEL BODY TYPE COLOR VIN		
TOW REPORT YES <input type="checkbox"/> NO <input type="checkbox"/>		
GARAGE NAME AND PHONE REGISTERED OWNER R/O ADDRESS		
MORE VEHICLES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SUSPECT(S)/ ARRESTEE(S)		
Codes: S = Suspect A = Arrestee D = Detainee SV - Suspect/Victim AV - Arrestee/Victim DV - Detainee/Victim		
MORE NAMES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	ADDRESS 3 	PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's 	ARRESTEE DISPOSITION
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# CII# 	RELEASE LOCATION 	ARREST DATE TIME
CHARGE#		
CODE OF	NAME - LAST, FIRST, MIDDLE, SUFFIX 	ADDRESS 1
RACE SEX HT WT HAIR EYE AGE DOB 	ADDRESS 2 	PHONE 1
OCCUPATION 	ADDRESS 3 	PHONE 2
SCARS / MARKS / TATTOOS YES <input type="checkbox"/> NO <input type="checkbox"/>	AKA's 	ARRESTEE DISPOSITION
DL STATE ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/> BOOKING # WARRANT YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # SS# CII# 	RELEASE LOCATION 	ARREST DATE TIME
CHARGE#		
ADMINISTRATION		
VICTIM DESIRES PROSECUTION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FOLLOW-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
COPIES TO: <input type="checkbox"/> Pat <input type="checkbox"/> Det <input type="checkbox"/> DA <input type="checkbox"/> Court <input type="checkbox"/> Probation <input type="checkbox"/> VMAP <input type="checkbox"/> OTHER:		
BY OFFICER [REDACTED]	DATE/TIME 06/12/16 08:42	DATE APPROVED 06/12/16
OFFICER [REDACTED]	UNIT/SHIFT 	ASSIGNED TO
CASE STATUS Closed		

APDC (Rev. 7/9/2019) Print Date: 07/09/2019

VEN 1427

3267

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Additional Crimes, Persons and Vehicles	CASE # 1606V-2353 PAGE 1 OF 1
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
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION BEAT SECTOR
ADDITIONAL OFFENSE(S)		ADDITIONAL OFFENSE(S) cont'd
PERSONS Codes: V = Victim W = Witness C = Complainant P = Parent G = Guardian R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU	1 of 2	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
OCCUPATION [REDACTED]		RACE SEX AGE DOB [REDACTED]
DL STATE SSN [REDACTED]		INJURIES [REDACTED]
ADDRESS 1 [REDACTED]		ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]		PHONE 1 [REDACTED]
PHONE 2 [REDACTED]		PHONE 3 [REDACTED]
CODE GU	2 of 2	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
OCCUPATION [REDACTED]		RACE SEX AGE DOB [REDACTED]
DL STATE SSN [REDACTED]		INJURIES [REDACTED]
ADDRESS 1 [REDACTED]		ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]		PHONE 1 [REDACTED]
PHONE 2 [REDACTED]		PHONE 3 [REDACTED]
CODE MW	1 of 1	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
OCCUPATION [REDACTED]		RACE SEX AGE DOB [REDACTED]
DL STATE SSN [REDACTED]		INJURIES [REDACTED]
ADDRESS 1 [REDACTED]		ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]		PHONE 1 [REDACTED]
PHONE 2 [REDACTED]		PHONE 3 [REDACTED]
CODE TM	1 of 1	NAME - LAST FIRST MIDDLE SUFFIX [REDACTED]
OCCUPATION [REDACTED]		RACE SEX AGE DOB [REDACTED]
DL STATE SSN [REDACTED]		INJURIES [REDACTED]
ADDRESS 1 [REDACTED]		ADDRESS 2 [REDACTED]
ADDRESS 3 [REDACTED]		PHONE 1 [REDACTED]
PHONE 2 [REDACTED]		PHONE 3 [REDACTED]
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 06/12/16 08:42	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT [REDACTED]	ASSIGNED TO [REDACTED]
		DATE APPROVED 06/12/16
		CASE STATUS Closed

APDC (Rev. 02/18/14) Print Date: 07/09/2019

VEN 1428

3268

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1606V-2353
Case MO		PAGE 1 OF 1
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
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION
BEAT 	SECTOR 	
MO DATA		
<u>Arson Class</u> There was no Arson in this case <u>Case has Domestic Violence</u> No Domestic Violence in this case <u>Case Inv. Anti-R. Rights Crime</u> No <u>Case Involves a Hate Crime</u> No <u>Case Involves Gang Activity</u> No <u>Incident Information</u> Area Checked Photos Taken PHI - Hotel Guest Slip & Fall Statements Taken Video Tape of Incident Available Wet Surface	<u>Lighting Conditions</u> Day Light Room Lights	<u>Security Stats (Click One Box)</u> Protected Health Information <u>Surface Conditions</u> Marble Flat Wet / Slippery <u>Weather Conditions</u> Clear Hot
ADMINISTRATION		
FOLLOWUP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		COPIES TO: <input type="checkbox"/> PAT. <input type="checkbox"/> DET. <input type="checkbox"/> DA <input type="checkbox"/> COURT <input type="checkbox"/> PROBATION <input type="checkbox"/> VVAP <input type="checkbox"/> OTHER
BY OFFICER [REDACTED]	DATE/TIME 06/12/2016 08:42	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT 	ASSIGNED TO
		DATE APPROVED 06/12/16
		CASE STATUS Closed

APDC (Rev. 06/16/06) Print Date: 07/09/2019

VEN 1429

3269

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1606V-2353 PAGE 1 OF 2
OFFENSE(S) Protected Health Information		
OFFENSE(S) cont'd.		
DATE, TIME AND DAY OF OCCURRENCE 06/11/16 14:36 Saturday		DATE AND TIME REPORTED 06/11/16 14:36
LOCATION OF OCCURRENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION BEAT SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE MN	1 OF 2 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.		
CLOTHING		
CODE MN	2 OF 2 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.		
CLOTHING		
CODE FD	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.		
CLOTHING		
CODE GU	1 OF 2 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 Normal Pulse Rate Regular Pulse Skin Color Normal Skin Temperature Normal Skin Condition Normal Pupils are PEARL Blood Pressure Normal Build Medium Demeanor Nervous	Eyes Clear Glasses None Hair Length Long Hair Style Straight Medical Supplies B/P Cuff Stethoscope Trauma Scissors Tape Disposable Gloves Odor of Intoxicants None	Patient Assessment Patient is Alert Airway Status Open Circulation Present Patient has a Trauma/Injury C-Spine Stabilized Tenderness Speech Normal
CLOTHING		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 06/12/16 08:42	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 06/12/16
		CASE STATUS Closed

APDC (Rev. 01/22/13) Print Date: 07/09/2019

VEN 1430

3270

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109 Person Profile	CASE # 1606V-2353 PAGE 2 OF 2
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
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION BEAT SECTOR
PERSONS Codes: V = Victim W = Witness S = Suspect A = Arrestee D = Detainee C = Complainant R = Party O = Other		
MORE NAMES YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE GU	2 OF 2 NAME: LAST FIRST MIDDLE SUFFIX [REDACTED]	DOB [REDACTED]
This report contains Person Profile information only. Please refer to the primary report(s) for additional information.		
MO INFORMATION		
<u>Build</u> Medium <u>Complexion</u> Tanned <u>Demeanor</u> Nervous <u>Eyes</u> Bloodshot	<u>Facial Hair</u> Goatee <u>Facial Hair: Color</u> Gray <u>Glasses</u> None <u>Hair Length</u> Short	<u>Hair Style</u> Straight <u>Odor of Intoxicants</u> None <u>Speech</u> Normal
CLOTHING		
CODE MW	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.		
CODE TM	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.		
CLOTHING		
ADMINISTRATION		
[REDACTED]	DATE/TIME 06/12/16 08:42	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT	ASSIGNED TO
		DATE APPROVED 06/12/16
		CASE STATUS Closed

APDC (Rev. 01/22/13) Print Date: 07/09/2019

VEN 1431

3271

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1606V-2353
Narrative Report		Page 1 of 2
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
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION BEAT SECTOR
NARRATIVE		
<p>On 6/11/2016 at approximately 1436 hours I was dispatched by Venetian Security Control (Control) for a female that possibly slipped and fell near the front desk. I obtained my Basic Life Support (BLS) bag en route.</p> <p>On arrival I was met by Team Member [REDACTED]. I asked [REDACTED] if she saw what happened. [REDACTED] explained she was standing near the water dispensary when she heard a woman crying behind her. As [REDACTED] turned around she saw a woman lying on the floor in a puddle of water. [REDACTED] stated there was a group of men standing in that spot shortly before her arrival at the dispensary and she believed they may have spilled water. [REDACTED] stated she did not see a spill as she arrived in the area until after the woman fell.</p> <p>I approached the woman lying on her right side and identified myself as an Emergency Medical Technician. The woman, identified as Registered Guest of suite [REDACTED] stated she was in severe pain. I asked [REDACTED] what happened. [REDACTED] stated as she was walking she slipped and fell in a puddle of water and may have hurt her left knee. I noticed a large surgical scar on her knee so I asked [REDACTED] if she had a knee replacement to which she stated yes, about 6 months ago. I asked [REDACTED] if she was feeling pain anywhere else to which she pointed at her left hip. I assessed [REDACTED] hips for stability with positive results. I asked [REDACTED] if she was experiencing any head, neck or back pain to which she stated she did not think so. I palpated [REDACTED] neck and spine and found some tenderness but [REDACTED] stated she did not think she hurt her neck or back. I offered [REDACTED] paramedic response at this time to which she agreed. I contacted Control to respond MedicWest and Clark County Fire Department (CCFD) at this time.</p> <p>[REDACTED] presented as alert and oriented to person, place, time and events with no apparent life threats at this time. I asked [REDACTED] if I could take her vital signs to which she agreed. Vital signs are as follows: 126/64 blood pressure, 18 respirations, 120 pulse, 98% SPo2 on room air. I asked [REDACTED] again if she was experiencing any neck or back pain to which she stated no she did not think so. At this time [REDACTED] husband, [REDACTED] stated a bystander nearby used her purse to help support his wife's head and he needed to return the purse to the bystander. I asked Mr. [REDACTED] not to touch his wife at this time due to the possibility of a spinal injury. Mr. [REDACTED] then lifted up his wife's head and removed the purse, and replaced the purse with rolled-up t-shirts. I sternly asked Mr. [REDACTED] not to touch</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 06/12/2016 08:42	APPROVED BY [REDACTED]
OFFICER [REDACTED]	UNIT/SHIFT [REDACTED]	ASSIGNED TO [REDACTED]
		DATE APPROVED 06/12/16
		CASE STATUS Closed

Arrest <input type="checkbox"/> Crime <input type="checkbox"/> Non-Criminal <input checked="" type="checkbox"/>	Venetian Security 3355 LAS VEGAS BLVD., S. LAS VEGAS, NV 89109	CASE # 1606V-2353
Narrative Report		Page 2 of 2
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
LOCATION OF OCCURENCE 1 Venetian Front Office	LOCATION NAME Venetian Front Office	TYPE OF LOCATION
BEAT 		
SECTOR 		
NARRATIVE		
<p>his wife again and the importance of maintaining her spine in the position she was laying. Mr. [REDACTED] was given a guest accident packet at this time. Mr. [REDACTED] was only able to complete a partial Accident Report which is attached to this report. Due to Mrs. [REDACTED] state of pain she was unable to fill out any paperwork and declined all photographs at this time.</p> <p>I asked [REDACTED] if she had any allergies or pertinent medical history to which she stated she had no allergies and had her knee replaced approximately 6 months ago. I asked [REDACTED] what her pain was on a standard pain scale of 1 to 10 to which she stated her pain is a 9.</p> <p>CCFD Rescue [REDACTED] and MedicWest [REDACTED] arrived at this time. I gave a pass-on to MedicWest regarding [REDACTED]. MedicWest asked [REDACTED] if she was experiencing any neck or back pain to which she stated she was not sure. MedicWest then log-rolled [REDACTED] on her back and applied a cervical collar. MedicWest made 4 attempts to start an intravenous intervention before moving [REDACTED] to the gurney and departing for Sunrise hospital. I stood by and held [REDACTED] hand per her request until she departed.</p> <p>Front Desk Manager [REDACTED] is aware of this incident.</p> <p>Security Manager [REDACTED] is aware of this incident.</p> <p>A message was left with Risk Management at approximately 0829 hours regarding this incident.</p> <p>Attached: Guest Accident Report, Accident Scene check, Billing Portfolio, Voluntary Statement, 4 Photographs</p>		
ADMINISTRATION		
BY OFFICER [REDACTED]	DATE/TIME 06/12/2016 08:42	APPROVED BY [REDACTED]
OFFICER 	UNIT/SHIFT 	ASSIGNED TO
		DATE APPROVED 06/12/16
		CASE STATUS Closed



Incident Report Number: 1606V-2353

Accident Report – Security

Please type or print clearly.

Name: [REDACTED]

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

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

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

By Whom Employed: [REDACTED]

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

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

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

My wife was walking in Hotel lobby & didn't see the
button on the floor & slip & fell

Date of Accident: 6/11/16 Time of Accident: 2:40pm

Location of Accident (Please be specific): [REDACTED]

Whom do you consider to blame?: [REDACTED]

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

What, if any, injuries did you sustain?: [REDACTED]

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

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

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

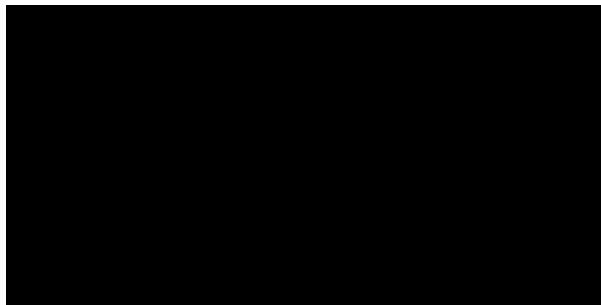
Signature of Guest: [REDACTED]

Security Office: [REDACTED] TM #: [REDACTED]

Guest Checkout Date: [REDACTED]

GM1G 06/11/2016 VENETIAN RESORT & CASINO 03:12 PM GINFO
 CMD RETURN GUEST RESERVATION CHANGE 424963201140
 AR 61116 Sat DP 61316 Mon A/C 2 RP CMPVE GP CCAS16 RB
 STATUS I INHSE ACT C/S 12887 ETA HOT
 WG TYPE ROOM# R/C RATE A/C
 VE KKNS 25326 215.00 2 OVRID NET N PRT N TRN NRG
 E CARD LEVEL Gold B/P
 LAST TITLE MR GTYP CS RMK
 COMPANY ATTN TYP H/B H
 ADRI/2
 CITY P COUNTRY US LNG
 ADDL NAMES
 PHONE X VIP D PC SRC PM RSN CA PRM HST N
 CREDIT INFO Agents Who Have Worked On This Reservation
 STL MTH FVS NBR HIST ID 420720470201
 CRDT LMT
 DEP REQ AMT RESERVATIONS AGENT DATE TIME
 DEP REC AMT CHECK IN CICWANGT 5/07/16 12:10
 ADV CODE CHECK OUT CALLEROSL 6/11/16 14:30
 CAS# 159982 LAST MODIFIED CALLEROSL 6/11/16 14:32
 LAST CONFIRMATION 5/07/16 LAST NUMBER 1
 ^Swipe or F1 CusEnter
 ACTIVE FUNCTION KEYS 1 2 3 4 5 6 7 8 9 10 11 12

1606V-2353



VEN 1435

3275

2.2.21



Incident Report Number: 1606V-2353

Accident Scene Check – Security

Please type or print clearly.

Guest Name: [REDACTED]

Security Officer

Time: 3:16 Date: 6-11-2016 Guest Suite #: [REDACTED]

Defects Noted (Explain in detail): WATER ON FLOOR

Actions Taken: CALLED FACILITIES/P.A.D.

Lighting Normal? (If no, explain): YES

Outside Diagram? ☐ Yes ☒ No

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

Engineer

Time: 2:50 pm Date: Jun-11-16 Guest Suite #: front desk lobby

Defects Noted (Explain in Detail): NONE - Great fall on the floor.

Actions Taken: CALL PADS to clean this area.

Medwest 23 on site taking care of the guest.

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

THE VENETIAN® | THE PALAZZO®

SECURITY DEPARTMENT VOLUNTARY STATEMENT

PAGE 1 OF 1

IR 1666-2353

TYPE OF INCIDENT: _____	
DATE OCCURRED: <u>6/11/16</u>	TIME OCCURRED: <u>2:30</u> am / pm
LOCATION OF OCCURRENCE: <u>front desk</u>	
NAME OF PERSON GIVING STATEMENT: _____	
GUEST OF THE HOTEL? YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> HOME PHONE #: _____ CELL PHONE #: _____	
SUITE #: _____ BUSINESS PHONE #: _____ PAGER #: _____	
LOCAL ADDRESS OR PHONE IF DIFFERENT FROM HOME: _____	
RESIDENCE ADDRESS: _____	
BUSINESS ADDRESS: _____	
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____	
BEST TIME TO CONTACT: _____ (am / pm) BEST PLACE TO CONTACT: _____	
DETAILS: <u>I was filling the water station when I heard a guest crying and turned around and she was laying on the floor the the When I first came out there was a group of guest standing where the spill was the so I didn't see the spill on the floor</u>	
I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (location): <u>front desk</u>	
ON THE <u>11</u> DAY OF <u>June</u> AT <u>3:20</u> (am / pm) <u>20</u> <u>16</u>	
WITNESS: _____	
WITNESS: _____	

VEN 1437

3277