

mw

**SPARKS POLICE DEPARTMENT**  
**Supplemental or Continuation Report**

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DOCUMENT  
NOT TO BE  
DUPLICATED

**Type of Report:** Obstructing  
No Insurance

**Case:** 10-12603

**Date of Report:** 12-18-10

**Officer:** GAMWELL #7318

**Victim:** City of Sparks

**Location:** 3300 block of  
Sparks Blvd

**Date/Time of Supplement:** 12-19-10 @ 0015 hours

**Approving Supervisor:** LS Mon **Date:** 12-19-10

**Details of Offense:**

During a Joining Forces DUI Check-Point located in the 3300 block of the northbound lanes of Sparks Blvd Carson City Sheriff Deputy Brett BINDLEY made contact with suspect [REDACTED] who was driving a silver Toyota Tacoma tru-cab Nevada license no. [REDACTED]

[REDACTED] refused to open his window for Deputy BINDLEY so he could talk to him during the brief contact and refused to cooperate.

At this time, Officer ATKINS assisted Deputy BINDLEY in attempting to talk to [REDACTED] and again [REDACTED] refusing to cooperate or follow any direction.

Additional officers had to become involved because of [REDACTED] being very uncooperative. Those officers were identified as Reno PD Officers Joey DEAL and Daniel BICKERTON were also assigned to be greeters at the check-point. All officers making contact with suspect [REDACTED] attempted to get him to comply and Officer ATKINS eventually got the door open and he observed a magazine on his belt and Officers BICKERTON and DEAL observed a Glock handgun on [REDACTED]'s waist in which he was reaching for. [REDACTED] was extracted from the vehicle by Officer ATKINS and Deputy BINDLEY with Officers BICKERTON and DEAL assisting.

[REDACTED] was secured and brought to the command center with his Glock 9 mm removed from his waist along with the magazines. When [REDACTED] was brought to me, he had extremely bloodshot and watery eyes and a sweet odor emitting from his breath and persons which lead me to believe that [REDACTED] had been drinking. I asked [REDACTED] in front of all the officers above listed if he would submit to Field Sobriety Tests and [REDACTED] said that I'm not taking any of

your tests at which point I went and got my Preliminary Breath Test device and asked [REDACTED] if he would provide me with a Preliminary Breath Test. [REDACTED] said that I'm not taking your test and refused the Preliminary Breath Test.

I explained to [REDACTED] that per Nevada Revised Statute, if he refused the Preliminary Breath Test, I had to seize his license and arrest him and transport him to the nearest facility for chemical testing. [REDACTED] again refused the Preliminary Breath Test.

After this, [REDACTED] went into the command center where I attempted to complete the declaration of probable cause and information for Court Services. [REDACTED] refused a great deal of information. [REDACTED] after this was completed was transported to the Washoe County Jail Facility by Officer ATKINS where Phlebotomist Shirley VAN CLEAVE did remove blood from suspect [REDACTED]. Those items were provided to Officer ATKINS and placed under control #T033823 as per procedure.

[REDACTED] once inside the Washoe County Jail Facility, apparently at this point realized that he was being charged with several crimes and elected to take a Preliminary Breath Test and blew a .000. Officer ATKINS on advising me of this, it was my decision that [REDACTED] only be charged with obstructing and during my inventory of his vehicle I did not find any registration or insurance so the additional charge of no insurance should be added.

During a wants and warrants check it was found that his license status was valid and he did have a valid concealed weapons permit.

Due to the fact that [REDACTED] had hindered or delayed the officers on scene and was in fact reaching for his loaded 9mm handgun when he was extracted from the vehicle, I additionally request that the City Attorney review the statements of officers involved and possibly consider submitting this to the District Attorney's Office for hindering and delaying an officer with the use of a deadly weapon. Mr. [REDACTED]'s vehicle was impounded and towed by City Auto Towing as per procedure.

I additionally requested that Officer ATKINS place the 9 mm Glock handgun into Evidence and be held for release to the Court, pending the review and decision by the City Attorney and the Court as to whether or not to seize the weapon based on the totality of the circumstances of this case.

Disposition of Case:

Cleared by singled adult arrest.

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**SPARKS POLICE DEPARTMENT**  
Supplemental or Continuation Report

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**Type of Report:** Obstructing an Officer  
No Insurance

**Case:** 10-12603

**Date of Report:** 12-18-10

**Officer:** ATKINS #1657

**Victim:** City of Sparks

**Location:** 3300 block of  
Sparks Blvd

**Date/Time of Supplement:** 12-18-10 @ 11:32 p.m.

**Approving Supervisor:** LT YALL

**Date:** 12-19-10

**Supplemental Information:**

This is a supplemental report to Officer GAMWELL's original report.

On 12-18-10 at approximately 9:10 p.m., I was assigned to work a Joining Forces Sobriety Check-Point with multiple agencies in the 3300 block of Sparks Blvd. I was assigned as a greeter as the Sobriety Check-Point was contacting and screening vehicles that were coming northbound on Sparks Blvd on the outside travel lane as the end of the side travel lane was coned off, pushing all traffic into the outside travel lane.

I observed a Silver Toyota Tacoma pick-up truck bearing Nevada plate [REDACTED] with several officers and deputies from outside agencies around it as if there was some sort of problem.

I approached the driver's side of the vehicle where Carson City Sheriff's Deputy Brett BINDLEY was attempting to explain to the driver of the vehicle, later identified as [REDACTED] that he needed him to roll down his window. I observed that the window to [REDACTED] s vehicle was rolled down, what I estimated to be 3/4 to an inch on the driver's side and [REDACTED] appeared to be being uncooperative and refusing to speak to Deputy BINDLEY.

Deputy BINDLEY informed me that he could smell an odor of an alcoholic beverage coming through the small opening in the window. I could also observe that [REDACTED] had bloodshot and watery eyes.

Deputy BINDLEY continued to try to explain to [REDACTED] that he just needed to roll down his window so that he could speak to him however [REDACTED] continued to refuse and I could hear [REDACTED] from inside the vehicle demanding to know what statue allows him to make him referring to [REDACTED]

Officer: ATKINS #1657  
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Case: 10-12603

roll down his window.

I did explain to [REDACTED] that it was an administrative check-point and that it further appeared that he may be intoxicated and that we needed him to roll down his window so that we could speak to him further. I explained to [REDACTED] if everything was okay he would be on his way very shortly, but explained to him that he was not leaving until we were able to speak to him.

Two Nevada Highway Patrol Troopers pulled their vehicles both in front of and behind [REDACTED]'s vehicle to prevent him from leaving and also for the safety of the civil officers and deputies from both the Sparks Police Department and other agencies around along with several citizens, who were in other vehicles both in front of and behind [REDACTED]'s vehicle awaiting to pass through the Sobriety Check-Point.

I spoke to [REDACTED] and explained that to him that it was an administrative check-point and tried to explain to him again that if he would just roll down his window so that we could speak to him and make a determination if he needed additional screening or not and then he would be on his way shortly. [REDACTED] still refused and demanded to know what state statute allowed us to do this. I explained to [REDACTED] that I did not know the specific statute right at that time however I assured him that it was an administrative check-point and that we needed to speak to him and that we did not want this to become a bigger problem than what it needed to be and further explained to him that we didn't want to have to break out a window eventually or nothing and asked him to just please roll down his window so that we could speak to him further.

[REDACTED] continued to refuse and then sighted that he was "scared" to roll down his window. I assured [REDACTED] that as long as he was cooperative and made no threats or anything towards officers that it would be fine, that if he would just roll down his window or open his door that we would talk to him and send him on his way. I explained to [REDACTED] that if he continued with this that he would likely be arrested for obstructing and again explained to him that he needed to either roll down his window or open his door to which he still continued to refuse.

There were still several officers and deputies from other agencies, additionally Sgt. DYER was now nearby along with Reno Police Sergeant STEGMAIER, who additionally tried to talk to [REDACTED] and explained to [REDACTED] that he needed to do what the officer, referring to me, said. [REDACTED] still sighted that he was scared and I again tried to assure [REDACTED] that he would not be harmed in any way that he just needed to open his window or door and explained to him that as long as he didn't resist or threaten officers in any way that we were just going to talk to him.

[REDACTED] eventually after what I estimated to be approximately 4 to 5 minutes passed by while continuing to hold up the Sobriety Check-Point line and delaying and hindering multiple officers and deputies who were at the scene unlocked his door and it was opened by Carson City Sheriff's Office Deputy BINDLEY.

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I almost immediately observed that [REDACTED] had what appeared to be a Glock magazine on his left back portion of his hip attached to his belt and alerted other officers that he likely had a gun while almost simultaneously an unknown officer or deputy which was on the passenger side of the vehicle yelled gun along with several other officers and deputies.

Knowing that there were multiple officers, deputies and other citizens and fearing for their safety along with mine and [REDACTED]s, I immediately took control of [REDACTED]s left arm, while an unknown officer or deputy from another agency attempted to take control of [REDACTED]s right arm however I was later told that [REDACTED] was reaching for what was later determined to be a Glock model 17, 9 mm semi-automatic handgun bearing serial number [REDACTED] [REDACTED] resisted my attempts to bring his hand to the small of his back while he was still seated however this resistance was overcome and I placed a handcuff on [REDACTED]s left arm. I then instructed the other officer or deputy who had control of [REDACTED]s right arm to bring it to the small of his back. [REDACTED] appeared to be resisting that officer, however eventually the resistance was overcome and I placed the other handcuff on [REDACTED] while he still remained seated in the vehicle.

It was determined at that time that [REDACTED] was placed under arrest for the charge of obstructing. Myself and Carson City Sheriff's Deputy BINDLEY had [REDACTED] step out of the vehicle to which he would not do, however myself and Deputy BINDLEY guided [REDACTED] taking a hold of his upper arm area out of the vehicle and [REDACTED] seemed that he was no longer resisting.

Deputy BINDLEY removed the holster firearm which was on the right side of [REDACTED]s belt and I removed the spare magazine which was handed to an unknown officer or deputy who was on the scene. All of which were later given back to me and booked into the Evidence Section along with 34 rounds of 9mm ammunition which was in the two magazines, one of them being the one that I had originally retrieved, the other one being in the Glock model 17 9mm handgun and an additional round was reported to have been in the chamber. All of which I booked into the Evidence Section as item EA-1 through EA-3. I also completed a firearm trace request, the original which was booked into the Evidence Section along with the firearm and a copy is included with Officer GAMWELL's original report.

Myself and Carson City Sheriff's Deputy BINDLEY escorted [REDACTED] to the secondary screening area while an unknown officer or deputy drove [REDACTED]s vehicle to the secondary screening area which was at Shadow Mountain Park at 3300 Sparks Blvd where we took [REDACTED] to Officer GAMWELL who was assigned to conduct secondary screenings.

While myself and Carson City Sheriff's Deputy BINDLEY were escorting [REDACTED] [REDACTED] told me repeatedly "I am not consenting to this." I explained to [REDACTED] that he was under arrest and that he did not need to consent.

I briefly explained the circumstances to Officer GAMWELL and additionally Carson City Sheriff's Deputy BINDLEY explained to Officer GAMWELL his observations of [REDACTED] [REDACTED]

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told Officer GAMWELL that he was not going to submit to any testing at which time Officer GAMWELL attempted to obtain a Preliminary Breath Test from [REDACTED] however [REDACTED] additionally said that he refused to provide the Preliminary Breath Test. Officer GAMWELL explained to [REDACTED] that he would be arrested additionally for the charge of driving under the influence. See Officer GAMWELL's supplemental report for further details.

Officer GAMWELL read [REDACTED] the Implied Consent Admonishment which was witnessed by myself, Carson City Sheriff's Deputy BINDLEY and additionally Lt. MILLER with the Sparks Police Department, who was also present.

[REDACTED] told Officer GAMWELL that he was refusing all tests. Officer GAMWELL explained to [REDACTED] that he needed to choose between a breath or a blood test to which [REDACTED] eventually said that he wanted to provide a blood test.

[REDACTED] was escorted into the Sparks Police Department Mobile Command Center so that Officer GAMWELL could complete necessary paperwork related to this case and the arrest report and declaration of probable cause. [REDACTED] did complain several times that his handcuffs hurt. I did check [REDACTED]'s handcuffs and so did Carson City Sheriff's Deputy BINDLEY which was placed on [REDACTED] and in accordance with my training and experience, [REDACTED] was rapidly moving around and moving his arms around and I did explain to him several times that the more that he moved the more it was they were likely going to hurt and explained to [REDACTED] that if he would sit still that they would probably would no longer hurt however [REDACTED] refused even when being seated in the Mobile Command Center and continued to move around almost as if he was trying to emerge from the chair that we had him sit in.

As Officer GAMWELL was attempting to complete the arrest report and declaration of probable cause, [REDACTED] refused to answer Officer GAMWELL's questions relating to the information on that form i.e. place of birth, his occupation, his telephone number, etc. Officer GAMWELL completed the form just with the information provided on [REDACTED]'s driver's license and refused to answer any other questions.

Myself and Carson City Sheriff's Deputy BINDLEY escorted [REDACTED] to Sparks Police vehicle #252 to where he was placed in the right rear seat and seat belted in by Carson City Sheriff's Deputy BINDLEY and Sparks Police Department Lt. MILLER. I transported [REDACTED] to the Washoe County Detention Facility Breath Room.

I asked [REDACTED] if he was going to cooperate with the Phlebotomist for the blood draw to which [REDACTED] told me that he would however due to [REDACTED] previously having been uncooperative I did request the Central Control at the Washoe County Detention Facility to send one deputy to stand by with me however several deputies were sent along with Washoe County Sheriff's Office Intake Sergeant Ty LARIVIERE.

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█ did twice ask me while awaiting the arrival of the Phlebotomist if he could drink water to which I assisted him in doing by turning on the water fountain so that he could have his requested drink of water on both occasions.

At approximately 10:00 p.m. Phlebotomist Shirley VAN CLEAVE obtained two vials of blood from █'s left arm which I witnessed. Phlebotomist VAN CLEAVE handed me the vials which I packaged and placed into the bin to be sent to the lab for analysis. While Phlebotomist VAN CLEAVE was obtaining the vials of blood, █ demanded that a vial be drawn for him and his "attorney." Sgt. LARIVIERE explained to █ that two vials were all that were being drawn however that they would be packaged and sent to the Crime Lab and probably could be made available for testing if he wanted to at a later time. However █ still insisted that a vial be drawn for him.

I escorted █ to the Intake Sally Port area for booking as Officer GAMWELL had directed that he wanted █ booked for the charge of driving under the influence, possession of a firearm while intoxicated, obstructing an officer, and Officer GAMWELL also indicated that when they did the inventory search of the vehicle prior to it being impounded no proof of insurance was found, so █ was to be charged with no insurance.

During the intake process, it was requested by Washoe County Sheriff's Deputies that █ provide a Preliminary Breath Test so they could make a determination if he was going to be put in holding or kept in the lobby. I was later informed that the results of this Preliminary Breath Test was a .001 however was told that that was the reading of the Preliminary Breath Test before the breath sample was provided and therefore it was detecting no breath alcohol coming from █

I contacted Sgt. DYER by telephone and explained this to him. Sgt. DYER said that he wanted me to explain it to Officer GAMWELL and to let Officer GAMWELL make the decision because it was his case.

I explained the circumstances to Officer GAMWELL by telephone. Officer GAMWELL told me that he also had observed that █ had bloodshot and watery eyes and had detected what he described as a sweet smell consistent with the odor of an alcoholic beverage coming from █'s person however Officer GAMWELL said that upon his brief observation of █'s eyes he did not observe anything that would indicate a illegal drug and Officer GAMWELL requested that I only book █ for the charge of obstructing and no insurance as the driving under the influence and possession of a firearm while intoxicated charges could be submitted to the City Attorney's Office with a request for a warrant at a later time if █'s blood test results indicated an illegal substance had impaired his driving. Officer GAMWELL did request though that I still book the firearm and related firearm items including the magazines and ammunition into the Evidence Section as evidence.

I did explain this to [REDACTED] and asked [REDACTED] if he had any questions to which he told me that he did not other than he wanted to know when he would get out of jail. I explained to [REDACTED] that I did not know that. I did explain to [REDACTED] his approximately bail amount and told him that he would have to speak to Court Service to determine if he would be released on his own recognizance as I do not make that decision.

[REDACTED] was booked in the Washoe County Detention Facility for the charge of obstructing and no insurance. I did again contact Sgt. LARIVIERE and though I had previously explained the circumstances to him, I did suggest to Sgt. LARIVIERE that perhaps he might want to have jail medical staff check [REDACTED]'s blood sugar although [REDACTED] never made any comment to me or that I was made known of that he was Diabetic or had any type of Diabetic problems. Sgt. LARIVIERE said that he would discuss with the jail intake nurse. [REDACTED] was for the most part cooperative with me after arriving at the Washoe County Detention Facility. See Officer GAMWELL's original report along with the multiple supplemental reports of other officers and deputies involved. I have nothing further to report at this time.

**Disposition of Case:**

Cleared, single adult arrest.

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SUPPLEMENTAL

STATEMENT

STATEMENT OF  
(Please Print)


# SPARKS POLICE DEPARTMENT WITNESS STATEMENT FORM

SPARKS CASE NO <b>10-12603</b>	DATE/TIME OF SUPP. <b>12/18/10</b>
TYPE OF ORIGINAL REPORT <b>DUI / DRST.</b>	

Name (Last, First, Middle) <b>Sickerton Daniel P</b>	Sex	Race	Date of Birth	Age	Height	Weight	Build	Hair	Eyes
Residence Address <b>Keno Police Dept</b>	City		State		Residence Phone No.				
Business Name or School <b>455 E Second St</b>	Address		City <b>Keno NV</b>	State <b>89503</b>	Business Phone No.				
Occupation <b>Police Officer</b>	Days Off	Work Hours	Driver's License No./State		Social Security Number				

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On 12-18-2010 while working DUI Checkpoint assignment near Baring 31 on Sparks 31. I was drawn to a Zip Pickup occupied by a WMA who was refusing to open windows to speak with officers on scene. Subject eventually opened his door while Ofc. Deal and I were on the passenger side of the vehicle with the door open. Subject refused to step out of his vehicle when asked. Def leaned forward which revealed a Glock hand gun in open carry on right side. I immediately returned my Tazer to its holster as Deal grabbed the arm of the subject when he reached for his gun. I then grabbed the subjects wrist and forearm while Lyon County deputy from drivers side reached in behind the subject and removed the gun from its holster and secured it. The subject was placed into handcuffs while still in vehicle by SPD officer Atkins and Ofc. Deal. Subject then taken out of vehicle and escorted out of roadway.

SIGNATURE  ID # **10726** DATE **12/18/10** TIME **2150**

REPORTING OFFICER <b>Sickerton</b>	APPROVING SUPERVISOR <b>1318</b>	ID #	PAGE <b>1</b> of <b>1</b> PAGES	CDS	SPLIT
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SUPPLEMENTAL

STATEMENT

STATEMENT OF  
(Please Print)

# SPARKS POLICE DEPARTMENT WITNESS STATEMENT FORM

SPARKS CASE NO <b>10-12603</b>	DATE/TIME OF SUPP. <b>12-18-10</b>									
TYPE OF ORIGINAL REPORT <b>DUI / DBS</b>										
Name (Last, First, Middle) <b>DEAL, JERRY</b> #10774	Sex	Race	Date of Birth	Age	Height	Weight	Build	Hair	Eyes	
Residence Address							City	State	Zip	Residence Phone No.
Business Name or School <b>R.P.D.</b>		Address <b>455 E. 2<sup>ND</sup> ST.</b>		City <b>RENO</b>	State <b>NV</b>	Zip	Business Phone No. <b>334-2200</b>			
Occupation <b>Officer</b>	Days Off	Work Hours	Driver's License No./State		Social Security Number					

On 12/18/10 at about 2110 hrs I was working on the D.U.I. line in Sparks on Sparks Blvd. north of Range. Multiple officer came on the radio advising a male would not roll down his driver window to speak w/ officers in his pick-up. I walked to the passenger side of the truck. Officer Bickerton was behind me. The male white driver cracked his window and later unlocked his doors. I opened the passenger door. Officer ATKINS w/ Sparks P.D. and Deputy Birdley opened the driver. Officers on the driver side gave the driver order to get out of the car multiple times. Officer ATKINS finally grabbed the driver by his left arm in an attempt to remove him. I heard officers from the driver side say there's a magazine on his hip. That's when I observed the driver remove his right hand from the steering wheel and reach for a gun on his right side hip. I yelled "Gun" and grabbed the driver right hand as he grabbed the gun. I was able to trap the gun in the holster with my left elbow and control his right arm with both my hands. Officer Birdley secured the weapon. Officer ATKINS placed handcuffs on the driver's left hand and I placed the handcuffs on the right hand. The driver was removed from the vehicle.

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SIGNATURE [Signature] #10774 DATE 12/18/2010 TIME 2200 HRS

REPORTING OFFICER <b>GAMWELL</b>	ID # <b>7310</b>	APPROVING SUPERVISOR	ID #	PAGE	of	PAGES	CDS	SPLIT
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SUPPLEMENTAL  
 STATEMENT  
 STATEMENT OF  
 (Please Print)

**SPARKS POLICE DEPARTMENT**  
**WITNESS STATEMENT**  
**FORM**

SPARKS CASE NO 10-12603	DATE/TIME OF SUPP. 12/18/10 2140
TYPE OF ORIGINAL REPORT	

Name (Last, First, Middle) BINGLEY, BRETT JOHN										
Residence Address										
Business Name or School CARSON CITY SHERIFF'S OFFICE										
Address 911 E MAIN ST										
City CARSON CITY										
State NV										
Zip 89701										
Business Phone No. 887-2500										
Occupation DEPUTY SHERIFF II										
Days Off										
Work Hours										
Driver's License No./State										
Social Security Number										

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On 12/18/10 AT ABOUT 2110 HOURS, I WAS ASSIGNED TO A DUI CHECKPOINT ON SPARKS BLVD NEAR SHADON MOUNTAIN PARK. AT THIS TIME, A SILVER TOYOTA TRUCK APPROACHED MY SPOT IN THE ADMINISTRATIVE CHECKPOINT. THE TRUCK WAS OCCUPIED BY A WHITE MALE ADULT, IDENTIFIED AS [REDACTED]. HE WAS WEARING A GRAY POLO SHIRT AND HAD BLONDE HAIR. I INSTRUCTED [REDACTED] TO ROLL HIS WINDOW DOWN. HE DID NOT COMPLY. OFFICER ATKINS ARRIVED TO ASSIST ME. [REDACTED] WOULD NOT COMPLY AND ROLL HIS WINDOW DOWN. OFFICER ATKINS CONTINUED DIALOGUE WITH [REDACTED] AND GOT HIM TO ROLL HIS WINDOW DOWN ABOUT THREE INCHES. WE CONTINUED TO SPEAK WITH [REDACTED]. HE WOULD NOT FOLLOW ANY OF OUR DIRECTIONS TO OPEN THE WINDOW FURTHER OR UNLOCK THE DOOR. FINALLY, [REDACTED] UNLOCKED THE DOOR AND I OPENED IT. OFFICERS DEAL AND BICKERTON OPENED THE PASSENGER DOOR. OFFICER ATKINS INSTRUCTED [REDACTED] TO EXIT THE VEHICLE SEVERAL TIMES. HE DID NOT COMPLY. INSTEAD, HE STARTED TO DIG AROUND AREAS OF THE CAR WE COULD NOT SEE. OFFICER ATKINS GRABBED [REDACTED]'S ARM AND STARTED TO PULL HIM FROM THE VEHICLE. [REDACTED] STARTED TO RESIST BY LEANING TO HIS RIGHT SIDE. HE STARTED TO MOVE HIS HANDS TO HIS RIGHT SIDE. AS HE TURNED, I SAW THE GRIP OF A HAND GUN ON HIS RIGHT HIP. I YELLED "GUN!" OFFICER DEAL DROPPED AND SECURED HIS RIGHT HAND. I REACHED OVER AND TRAPPED THE WEAPON IN THE HOLDER SO HE COULD NOT DRAW IT. OFFICER DEAL SECURED [REDACTED]'S RIGHT HAND BY HOLDING IT. ONCE I SAW THE HAND WAS SECURE, I TOOK [REDACTED]'S GUN FROM HIM AND HANDED IT OFF TO ANOTHER OFFICER. I ASSISTED OFFICER ATKINS AND DEAL WITH PLACING HIM INTO HANDCUFFS. OFFICER ATKINS AND I REMOVED [REDACTED] FROM THE VEHICLE.

SIGNATURE *[Signature]* #523 DATE 12/18/10 TIME 2159

REPORTING OFFICER <i>[Signature]</i>	APPROVING SUPERVISOR <i>[Signature]</i>	PAGE 1 of 1 PAGES	CDS	SPLIT
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- 04  SUSP CAN BE LOCATED
- 05  SUSP CAN BE DESCRBD
- 06  SUSP CAN BE ID'D
- 07  SUSP VEH CAN BE ID'D
- 08  IDENTIF'BL STOL/PROP
- 09  SIGNIFICANT M.O.
- 10  SIGNIF PHY EVIDENCE
- 11  MAJOR INJURY
- 12  MAJOR INJ/SEX CRIME
- 13  GOOD POSS SOLUTION
- 14  FURTHER INVEST NEEDED
- 15  VEH CAN BE DESCRIBED
- 99  OTHER \_\_\_\_\_

02 EVIDENCE

- 01  FINGERPRINTS
- 02  TOOLS
- 03  TOOL MARKINGS
- 04  GLASS
- 05  PAINT
- 06  BULLET CASING
- 07  BULLET PROJECTILE
- 08  RAPE KIT
- 09  SEMEN
- 10  BLOOD
- 11  URINE
- 12  HAIR
- 13  FIREARMS
- 14  WEAPONS-OTHER
- 15  PHOTOS
- 16  FOOTPRINT
- 17  TIREPRINT
- 18  DOCUMENT/NOTE/WRITE
- 19  EXEMPLAR
- 20  FINGERNAIL SCRAPE
- 21  CONTROLD SUBSTANCES
- 22  VEHICLE
- 23  IDENTIKIT/COMPOSITE
- 99  OTHER \_\_\_\_\_

03 PREMISES

- 01  BANK/SAV LOAN/FINANC
- 02  BAR
- 03  CLEANERS/LAUNDRY
- 04  CONSTRUCTION SITE
- 05  THEATER
- 06  FAST FOODS
- 07  GAS STATION
- 08  HOTEL/MOTEL
- 09  DEPT/DISCOUNT STORE
- 10  DRUG STORE
- 11  GUN/SPORT GOODS
- 12  JEWELRY STORE
- 13  LIQUOR STORE
- 14  PHOTO STAND
- 15  CONVENIENCE STORE
- 16  RESTAURANT
- 17  SUPERMARKET
- 18  TV/RADIO/VIDEO/AUDIO
- 19  AUTO PARTS
- 20  CASINO
- 21  CAR/MOTORCYCLE SALES
- 22  CLOTHING STORE
- 23  HARDWARE
- 24  MEDICAL
- 25  OFFICE BUILDING
- 26  STORAGE UNIT
- 27  WAREHOUSE
- 28  OTHR-COMRCL \_\_\_\_\_
- 29  APARTMENT
- 30  CONDOMINIUM
- 31  DUPLEX/FOURPLEX
- 32  GARAGE
- 33  FENCED AREA/YARD
- 34  HOUSE
- 35  MOBILE HOME
- 36  OTHER-RES \_\_\_\_\_
- 37  CHURCH

- 42  SCHOOL
- 43  SHOPPING CENTER
- 44  STREET/HWY/ALLEY
- 45  CAMPER/BOAT/MCYCLE
- 46  MOTOR HOME
- 47  PASSENGER CAR
- 48  PICKUP TRUCK OR VAN
- 49  TRAC/TRLR/DLV TRUCK
- 50  OTHER VEH \_\_\_\_\_

04 POINT OF ENTRY

- 01  FRONT
- 02  REAR
- 03  SIDE
- 04  DOOR
- 05  WINDOW
- 06  SLIDING GLASS DOOR
- 07  BASEMENT
- 08  ROOF
- 09  FLOOR
- 10  WALL
- 11  DUCT/VENT
- 12  GARAGE
- 13  ADJ BUILDING
- 14  GROUND LEVEL
- 15  UPPER LEVEL
- 16  FENCE
- 17  BALCONY
- 18  DOG DOOR
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

05 METHOD OF ENTRY

- 01  NO FORCE USED
- 02  ATTEMPT ONLY
- 03  BODILY FORCE
- 04  BOLT CUT/PLIERS
- 05  CHNL LOCK/VICE GRIPS
- 06  PIPEWRENCH
- 07  SAW/DRILL/BURN
- 08  PUNCH
- 09  SCREWDRIVER
- 10  TIRE IRON
- 11  UNK PRY DEVICE
- 12  COAT HANGER/WIRE
- 13  KEY/SIMP/SHIM
- 14  LOUVERS/VENT REMOVE
- 15  WINDOW SMASH
- 16  BRICK/ROCK
- 17  HID IN BUILDING
- 18  TUNNELED
- 19  TWIST LOCK
- 20  DOOR KICK
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

06 VEHICLE ENTRY ONLY

- 01  DOOR/LOCK FORCED
- 02  TRUNK FORCED
- 03  WINDOW BROKEN
- 04  WINDOW FORCED
- 05  WINDOW OPEN
- 06  UNLOCKED
- 07  HOOD
- 08  TRIM/MOLD REMOVED
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

07 PROPERTY TARGET

- 01  CASH/NOTES
- 02  CLOTHES/FURS
- 03  CONSUMABLE GOODS
- 04  FIREARMS
- 05  HOUSEHOLD GOODS
- 06  JEWELRY
- 07  PETS/ANIMALS
- 08  OFFICE EQUIPMENT

- 13  COLLECT - OTHER
- 14  CONSTRUCTION TOOLS
- 15  AUTO PARTS
- 16  SAFE
- 17  VALUE UNDER \$50
- 18  VALUE \$50-\$200
- 19  VALUE OVER \$200
- 20  OTH CONSTR MATERIAL
- 21  METALS
- 22  WALLET/PURSE
- 23  FOOD/DINK
- 24  LIQUOR
- 25  UNDERWEAR
- 26  COMPUTER
- 99  OTHER \_\_\_\_\_

08 SEX CRIMES ONLY

- 01  SUSPECT CLIMAXED
- 02  UNK IF CLIMAXES
- 03  VICTIM BOUND/TIED
- 04  COVERED VICTIM FACE
- 05  PHOTO/VIDEO VICTIM
- 06  VIC ORAL COPUL SUSP
- 07  SUSP ORAL COPUL VICT
- 08  RAPE BY INSTRUMENT
- 09  SOBOMY
- 10  SUGG VIC TO LEWS ACT
- 11  INSERT FINGER/VAGINA
- 12  FORCED VIC/FONDLE SU
- 13  SUSP FONDLED VICTIM
- 14  MASTURBATED SELF
- 15  MAJOR INJURY
- 16  MINOR INJURY
- 17  THREAT OF INJURY
- 18  FORCED TO SHOWER
- 19  USED CONDOM
- 99  OTHER \_\_\_\_\_

10 SUSPECT'S ACTIONS

- 01  ALARM DISABLED
- 02  ARSON
- 03  ATE/DRANK ON PREMISE
- 04  BLINDF/BOUND/GAGD VM
- 05  CLIMB ABOVE GRND LVL
- 06  DEFECATED/URINATED
- 07  DEMANDED MONEY
- 08  DISROBED VIC FULLY
- 09  DISROBED VIC PARTLY
- 10  FIRED WEAPON
- 11  FORCED VIC TO MOVE
- 12  FORCED VIC INTO VEH
- 13  HAD BEEN DRINKING
- 14  INDICATION MULTI SUS
- 15  INFLECTED INJURIES
- 16  KNEW LOC HIDDEN \$\$\$S
- 17  MADE THREATS
- 18  PUT PROP/SACK, POCKET
- 19  PREPARED EXIT
- 20  RANSACKED
- 21  RIPPED/CUT CLOTHING
- 22  SELECTIVE IN LOOT
- 23  SHUT OFF POWER
- 24  SMOKED ON PREMISES
- 25  SEARCHED VICTIM
- 26  STRUCK VICTIM
- 27  SUSPECT ARMED
- 28  THREATENED RETALIATI
- 29  TOOK ONLY CONSUMABLE
- 30  TOOK VIC'S VEHICLE
- 31  TORTURED
- 32  UNDER INFLUENCE DRUG
- 33  USED DEMAND NOTE
- 34  USED LOOKOUT
- 35  USED DRIVER
- 36  USED MATCH/CANDLE
- 37  USED VICTIM'S NAME
- 38  USED SUITCASE/PILLOW

12 ~~LAUREL BEFORE~~

- 95 ~~OTHER USE TO~~
- 11 ~~SUSP PRETENDS TO BE~~
- 01  CONDUCTING SURVEY
- 02  CUSTICLIENT
- 03  DELIVERY PERSON
- 04  DISABLED MOTORIST
- 05  DRUNK
- 06  EMPLOYEE/EMPLOYER
- 07  FRIEND/RELATIVE
- 08  ILL/INJURED
- 09  NEED PHONE/WTR/BAT
- 10  POLICE/LAW
- 11  RENTER
- 12  REPAIRMAN
- 13  SALE OF ILLIC DRUGS
- 14  SALES PERSON
- 15  SEEK ASSISTANCE
- 16  SEEK DIRECTIONS
- 17  SEEKING SOMEONE
- 18  SOLICIT FUNDS
- 19  UTILITY PERSON
- 20  PROSTITUTE
- 99  OTHER \_\_\_\_\_

13 VICTIM'S CONDITION

- 01  UNDER INF ALCHO/DRU
- 02  SICK/INJURED
- 03  SENIOR CITIZEN
- 04  BLIND
- 05  HANDICAPPED
- 06  DEAF
- 07  MUTE
- 08  MENT/EMOT IMPAIRED
- 99  OTHER \_\_\_\_\_

14 RELSHIP-VIC TO SUSP

- 01  HUSBAND
- 02  WIFE
- 03  MOTHER
- 04  FATHER
- 05  DAUGHTER
- 06  SON
- 07  BROTHER
- 08  SISTER
- 09  OTHER FAMILY
- 10  ACQUAINTANCE
- 11  FRIEND
- 12  BOYFRIEND
- 13  GIRLFRIEND
- 14  NEIGHBOR
- 15  BUSINESS ASSOCIATE
- 16  STRANGER
- 99  OTHER \_\_\_\_\_

15 MARITAL STATUS-VICT

- 01  ANNULLED
- 02  COMMON LAW
- 03  SINGLE
- 04  MARRIED
- 05  DIVORCED
- 06  WIDOWER
- 07  SEPARATED
- 99  OTHER \_\_\_\_\_

16 DOMESTIC ONLY (DV)

- 01  PRIOR DV ARRESTS INV
- 02  PRIOR DOMESTICS INV
- 03  PRIOR ASSLTIVE BEHAV
- 04  THREATENS FURTHR VIC
- 05  RESTRAIN ORDER INVOL
- 06  PROTECT ORDER INVOL
- 07  LESS THAN 4 HRS OLD
- 08  MORE THAN 4 HRS OLD
- 09  MULTIPLE ARRESTS INV
- 99  OTHER \_\_\_\_\_

NARRATIVE

*\* SEE NARRATIVE \**

CONTROLLED DOCUMENT NOT TO BE DUPLICATED

RELEASE TO: SMC  
 DATE: 12-19-10 BY: [Signature]  
 VIOLATION WILL SUBJECT THE OFFENDER TO CIVIL AND CRIMINAL LIABILITY.  
 SPRING POLICE DEPARTMENT

ADDRESS/LOCATION <b>3300 SPARKS BLVD</b>					APT./SUITE	BUSINESS NAME <b>OBSTRUCTING / NO INSURANCE SHAGAW MTD PARK</b>		
Occurred from (or at)	Mo	Day	Year	Wk. Day	Time	PERSON REPORTING (Signature) NRS 207 Z80 MAKES IT UNLAWFUL TO FILE A FALSE POLICE REPORT <b>X</b>		
Occurred to	<b>10</b>	<b>18</b>	<b>10</b>	<b>SAT</b>		Reporting Officer <b>G. Arnold</b>		
When Reported	<b>12</b>	<b>18</b>	<b>10</b>	<b>SAT</b>	<b>7:10</b>	Approving Supervisor <b>G. Arnold</b>	ID NO. <b>7318</b>	
PRIMARY CODE <b>260700</b>				2ND CODE <b>310707</b>		3RD CODE <b>510301</b>		
CASE CROSS REFERENCE 1				CASE CROSS REFERENCE 2		4TH CODE		
HOW ORIGINALLY RECEIVED			STATUS			CLEARED		
<input type="checkbox"/> DD = DESK OFFICER <input type="checkbox"/> DI = IN PERSON <input type="checkbox"/> IM = MAIL <input type="checkbox"/> OO = OTHER <input type="checkbox"/> OP = PHONE <input type="checkbox"/> OR = REFERRAL <input type="checkbox"/> PC = SELF-INITIATED			<input type="checkbox"/> A ACTIVE <input type="checkbox"/> C CASE CLOSED/NO FURTHER <input type="checkbox"/> I INFO ONLY <input checked="" type="checkbox"/> K CLEARED ARREST, CIT. ETC. <input type="checkbox"/> O OTHER <input type="checkbox"/> S SUSPENDED <input type="checkbox"/> U UNFOUNDED <input type="checkbox"/> Z COURTESY			<input type="checkbox"/> A UNFOUNDED <input type="checkbox"/> B EXCEPT/ADULT <input type="checkbox"/> C EXCEPT/JUV <input type="checkbox"/> D NO FOLLOW UP <input checked="" type="checkbox"/> E SINGLE ADULT ARR/CITE <input type="checkbox"/> F SINGLE JUV ARR/CITE <input type="checkbox"/> G MULT ADULT ARR/CITE <input type="checkbox"/> H MULT JUV ARR/CITE		
PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMT _____			DOOR TO DOOR CONDUCTED <input type="checkbox"/> YES, Explain in Supplement <input checked="" type="checkbox"/> NO			<input type="checkbox"/> L FILED <input type="checkbox"/> M ADMIN CLOSURE <input type="checkbox"/> O OTHER <input type="checkbox"/> OR REFER OTHER/CA <input type="checkbox"/> S CITE-ADULT TRAFFIC <input type="checkbox"/> T CITE-JUV TRAFFIC <input type="checkbox"/> Y JUV ARR BY OTHER <input type="checkbox"/> Z ADULT ARR-OTHER		
INVOOLVE			RACE			AGE		
NAME (LAST, FIRST, MIDDLE) <b>VM City of Sparks</b>			SEX			SOCIAL SECURITY NUMBER		
HEIGHT			WEIGHT			BUILD		
HAIR			EYES			OPERATOR'S LICENSE/STATE		
RESIDENCE ADDRESS			CITY			STATE ZIP		
BUSINESS NAME OR SCHOOL			ADDRESS			CITY STATE ZIP		
OCCUPATION			DAYS OFF			WORK HRS.		
VEH. LIC. NO.			STATE			VEH. YEAR		
VIN			MAKE			MODEL		
OTHER CHARACTERISTICS (DAMAGE, UNIQUE MARKS, OR PAINT, ETC.)			BODY STYLE			COLOR		

WITNESS/VICTIM INFORMATION									
EVIDENCE:									
INVOOLVE									
NAME (LAST, FIRST, MIDDLE)									
SEX RACE DOB AGE SOCIAL SECURITY NUMBER									
HEIGHT WEIGHT BUILD HAIR EYES OPERATOR'S LICENSE/STATE									
RESIDENCE ADDRESS CITY STATE ZIP RESIDENCE PHONE									
BUSINESS NAME OR SCHOOL ADDRESS CITY STATE ZIP CELLULAR PHONE									
OCCUPATION DAYS OFF WORK HRS. BUSINESS PHONE EXT. NO									
VEH. LIC. NO. STATE VEH. YEAR MAKE MODEL BODY STYLE COLOR									
VIN OTHER CHARACTERISTICS (DAMAGE, UNIQUE MARKS, OR PAINT, ETC.)									

WITNESS/VICTIM INFORMATION									
EVIDENCE:									
INVOOLVE									
NAME (LAST, FIRST, MIDDLE)									
SEX RACE DOB AGE SOCIAL SECURITY NUMBER									
HEIGHT WEIGHT BUILD HAIR EYES OPERATOR'S LICENSE/STATE									
RESIDENCE ADDRESS CITY STATE ZIP RESIDENCE PHONE									
BUSINESS NAME OR SCHOOL ADDRESS CITY STATE ZIP CELLULAR PHONE									
OCCUPATION DAYS OFF WORK HRS. BUSINESS PHONE EXT. NO									
VEH. LIC. NO. STATE VEH. YEAR MAKE MODEL BODY STYLE COLOR									
VIN OTHER CHARACTERISTICS (DAMAGE, UNIQUE MARKS, OR PAINT, ETC.)									

WITNESS/VICTIM INFORMATION									
EVIDENCE:									
INVOOLVE									
NAME (LAST, FIRST, MIDDLE)									
SEX RACE DOB AGE SOCIAL SECURITY NUMBER									
HEIGHT WEIGHT BUILD HAIR EYES OPERATOR'S LICENSE/STATE									
RESIDENCE ADDRESS CITY STATE ZIP RESIDENCE PHONE									
BUSINESS NAME OR SCHOOL ADDRESS CITY STATE ZIP CELLULAR PHONE									
OCCUPATION DAYS OFF WORK HRS. BUSINESS PHONE EXT. NO									
VEH. LIC. NO. STATE VEH. YEAR MAKE MODEL BODY STYLE COLOR									
VIN OTHER CHARACTERISTICS (DAMAGE, UNIQUE MARKS, OR PAINT, ETC.)									

PROPERTY									
Witness saw, did or can testify to: <b>Reno Sgt 1050. OFF.</b>									
Interpreter Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Written Statement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
ITEM NO	GENERAL DESCRIPTION/ARTICLE				FIREARM CALIBER/TYPE		TYPE	CATEGORY	ENTERED NCIC?
BRAND	MODEL				SERIAL NUMBER		QTY	\$ VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLORS	PREMISES/AREA/ROOM TAKEN FROM				ADDITIONAL NOTES				
ITEM NO	GENERAL DESCRIPTION/ARTICLE				FIREARM CALIBER/TYPE		TYPE	CATEGORY	ENTERED NCIC?
BRAND	MODEL				SERIAL NUMBER		QTY	\$ VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION SUPPLEMENT

PAGE 2 Of 2

CASE# 10-12603

On December 18, 2010 police were conducting a multiple agency sobriety checkpoint N/B in the 3300 Blk of Sparks Blvd. [redacted] drove into the sobriety checkpoint and was contacted by Carson City Sheriff's Deputy Bindley [redacted] would not roll down his window, and later would only roll it down approx 3/4"-1" and continued to refuse to roll the window down or open his door to talk to police. There was an odor of an alcoholic beverage coming from the small opening in [redacted]'s vehicle window. [redacted] had bloodshot and watery eyes.

[redacted] eventually unlocked the driver's side door which was opened. [redacted] had a Glock 9mm semi-automatic handgun on his belt in a holster. [redacted] was seen by several officers/deputies attempting to retrieve the handgun from the holster. [redacted] was restrained by several officers but resisted. The resistance was overcome and [redacted] was handcuffed.

[redacted] refused to exit the vehicle and was escorted out. [redacted] refused all Field Sobriety Tests and refused to provide a Preliminary Breath Test. [redacted] later submitted to a blood test and the results are pending. [redacted] had no proof of financial responsibility in the vehicle.

Wherefore, Declarant requests that a finding be made by magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor.)

REVIEW FOR PROBABLE CAUSE (PC)

PC FOUND \_\_\_\_\_ PC NOT FOUND \_\_\_\_\_

DATE \_\_\_\_\_

DEFENDANT ORDERED RELEASED, DATE \_\_\_\_\_

DECLARANT

*Eric Atticus* ID# 1657

MAGISTRATE

PAGE 2 OF 2

MAGISTRATE

ARRESTING AGENCY

WCS  NHP   
 RPD  PP   
 SPD  UNR   
 RSIC

SPPD 00204280

CASE # 10-12603  
 DOC # 5880

COURT OF JURISDICTION \_\_\_\_\_

SPARKS MUNICIPAL

PHOTO # \_\_\_\_\_

OTHER \_\_\_\_\_

PRINT CLEARLY

ARRESTEE'S (Last, First, Middle) NAME \_\_\_\_\_ AKA/ALIAS \_\_\_\_\_

RESIDENCE (Street, City, State, Zip) ADDRESS \_\_\_\_\_

RACE  White  Indian  Black  Asian  Unknown  
 SEX  Male  Female  
 ETHNICITY  Hispanic  Non-Hispanic  Unknown  
 DOB \_\_\_\_\_ SSN \_\_\_\_\_ POB REFUSED  
 AGE \_\_\_\_\_ HT 5'7" WT 175 HAIR RED EYES B.L.O

OCCUPATION & BUS ADDRESS REFUSED HOME PHONE REFUSED

DRIV LIC \_\_\_\_\_ STATE NV ARRESTEE'S VEH  Stored  Left at Scene  Not Applicable  Impounded  Held to Oth Per  
 BUS PHONE REFUSED

NEXT OF KIN REFUSED SCARS, MARKS, TATTOOS \_\_\_\_\_

ARREST DATE 12-18-10 TIME 2:15 LOCATION 3300 SPARKS BLVD

OFFENSE DATE 12-18-10 TIME 2:10 LOCATION 3300 SPARKS BLVD

NRS/ORD #	NOC	BAIL	WARRANT # & DATE	CHARGE	F=Felony, G=Gross Misd, M=Misd F-G-M
<u>1090700</u>	<u>14987</u>	<u>\$46700</u>	<u>N/A</u>	<u>1 OBSTRUCTING</u>	<u>M</u>
<del>1090700</del>	<del>14987</del>	<del>46700</del>	<del>N/A</del>	<del>2</del>	<del>M</del>
<del>1090700</del>	<del>14987</del>	<del>46700</del>	<del>N/A</del>	<del>3</del>	<del>M</del>
<u>435157</u>	<u>1202</u>	<u>\$13700</u>	<u>N/A</u>	<u>4 NO INSURANCE</u>	<u>M</u>
<u>N/A ADOPTED BY SMC 01.12.08</u>				<u>5</u>	
				<u>7</u>	
				<u>8</u>	

ARRESTING OFFICER(S) AND ID # CONNELL, R 90 7319 TRANSPORTING OFFICER(S) AND ID # ATKINS, E 1657  
 PRIVATE PERSON MAKING ARREST (Citizen Arrest) N/A REVIEWING SUPERVISOR AND ID # CONNELL 0530

The undersigned, ERIC ATKINS, a police officer, of SPARKS POLICE DEPT., hereby certifies under penalty of perjury, that the above-named defendant has been arrested on probable cause and is subject to detention for the above-listed offense(s). Either personally or upon information and belief this officer learned the following facts and circumstances which support the arrest and detention:

SEE "DECLARATION SUPPLEMENT"

REL TO \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_  
 DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

HEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor).

of \_\_\_\_\_ of \_\_\_\_\_ DECLARANT Eric Atkins I.D.# 1657

VIEWED FOR PROBABLE CAUSE (PC) FOUND  PC NOT FOUND  DATE \_\_\_\_\_ TIME \_\_\_\_\_, MAGISTRATE \_\_\_\_\_





DECLARATION

10-12-03

Case # \_\_\_\_\_



T033823

Control # \_\_\_\_\_

I, Shirley Van Cleave, do hereby declare, under penalty of perjury, that the assertions of this declaration are true and correct.

I am a Phlebotomist, employed by PHS Correctional Care, 911 Parr Blvd, Reno, Nevada. Phone number 775-328-2925.

Part of my duties includes withdrawing blood samples from persons and I am authorized to do so by PHS Correctional Care and Dr. Mark Hahn.

I am authorized to draw blood samples by the State of Nevada Division of Health Bureau of Licensure and Certification or the Nevada State Board of Nursing.

On 12-18, 20 10, at 2200 hours, I withdrew a sample

of blood in a medically accepted manner from a person identified to me

as \_\_\_\_\_

(Name of Suspect)

I kept the sample in my sole custody or control in substantially the same condition as

when I first obtained it, until I delivered it to

Atkins 1657 SPD

(Officer, Badge #, Agency)

on 12-18, 20 10, at 2200 hours.

Dated this 18 day of Dec, 20 10.

Shirley Van Cleave  
(Signature of Phlebotomist)

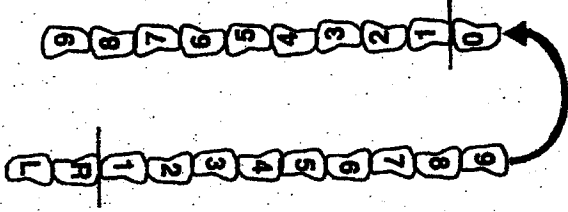
CONTROLLED  
DOCUMENT  
NOT TO BE  
DUPLICATED

Witnessed this 18TH day of DECEMBER, 20 10.


E. Atkins  
(Signature of Witness)

## HORIZONTAL GAZE NYSTAGMUS TEST

INSTRUCTIONS	CLUES AND PERFORMANCE																	
I am going to look at your eyes Focus your eyes on the tip of this _____ Follow this _____ with your eyes only, do not move your head. Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>EVALUATION</b> Suspect wearing contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hard Lenses <input type="checkbox"/> Soft Lenses  <input type="checkbox"/> Check for equal tracking.  <input type="checkbox"/> Check pupil size	Answers are Y (yes or N (no))	<table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Left</td> <td>Right</td> </tr> <tr> <td>• Lack of smooth pursuit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Distinct nystagmus at maximum deviation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Nystagmus onset prior to 45 degrees</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Vertical nystagmus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Left	Right	• Lack of smooth pursuit	<input type="checkbox"/>	<input type="checkbox"/>	• Distinct nystagmus at maximum deviation	<input type="checkbox"/>	<input type="checkbox"/>	• Nystagmus onset prior to 45 degrees	<input type="checkbox"/>	<input type="checkbox"/>	• Vertical nystagmus	<input type="checkbox"/>	<input type="checkbox"/>
	Left	Right																
• Lack of smooth pursuit	<input type="checkbox"/>	<input type="checkbox"/>																
• Distinct nystagmus at maximum deviation	<input type="checkbox"/>	<input type="checkbox"/>																
• Nystagmus onset prior to 45 degrees	<input type="checkbox"/>	<input type="checkbox"/>																
• Vertical nystagmus	<input type="checkbox"/>	<input type="checkbox"/>																

INSTRUCTIONS	CLUES AND PERFORMANCE		
• Put your left foot on the line and then place your right foot in front of your left foot with the heel and toe touching. Place your arms down at your side like this (demonstrate). Remain in this position until I tell you to begin. Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No  • When I tell you to begin, take nine heel to toe steps down the line like this (demonstrate three steps) "one, two, three and so on until you reach nine". • On your ninth step, I want you to turn around like this "keeping your front foot on the line, and with your back foot take a series of small steps like this" (demonstrate the turn). • Return by taking nine heel to toe steps down the line like this (demonstrate three steps) "one, two, three and so on until your reach nine". • Keep your hands down at your sides. • Watch your feet and count each step out loud. • Once you start the test do not stop until you have completed it. • Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin and count your first step with the left foot as one.	<b>INSTRUCTION STAGE</b> Cannot keep balance _____ Starts too soon _____  <b>WALKING STAGE</b>  First Nine      Second Nine • Stops walking (S) _____ • Misses heel to toe (M) _____ • Steps off line (←) _____ • Raises arms (R) _____ • Number of steps taken _____ • Improper turn (Describe) _____ • Type of footwear: _____		

CONTROLLED DOCUMENT NOT TO BE DUPLICATED

INSTRUCTIONS	CLUES AND PERFORMANCE																	
• Please stand with your heels together and your arms down at your side. • Do not start the test until I tell you. Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No • When I tell you to begin, I want you to raise either foot 6 inches off the ground and point your foot like this. • At the same time I want you to count out loud in this fashion, 1001, 1002, 1003, and so on until I tell you to stop. • Keep watching your elevated foot. • Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No • You may begin by raising either foot.	Type of footwear: _____ Footwear removed: <input type="checkbox"/> Yes <input type="checkbox"/> No  NOTE: Officer is to time the test for 30 seconds unless the test is stopped for safety reasons.  Cannot do test (explain) _____	 <table style="width: 100%; text-align: center;"> <tr> <td>L</td> <td>R</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sways while balancing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Used arms to balance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hopping</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Puts foot down</td> </tr> </table>		L	R		<input type="checkbox"/>	<input type="checkbox"/>	Sways while balancing	<input type="checkbox"/>	<input type="checkbox"/>	Used arms to balance	<input type="checkbox"/>	<input type="checkbox"/>	Hopping	<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down
L	R																	
<input type="checkbox"/>	<input type="checkbox"/>	Sways while balancing																
<input type="checkbox"/>	<input type="checkbox"/>	Used arms to balance																
<input type="checkbox"/>	<input type="checkbox"/>	Hopping																
<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down																

Time Administered: <u>REFUSED</u>	PBT Number: _____	PBT Results: <u>REFUSED</u>
-----------------------------------	-------------------	-----------------------------

IMPLIED CONSENT ADMONISHMENT (READ FROM DL-45)			
Time Read: <u>21:13</u>	Response: <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Refused	Forced Draw? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Phlebotomist: <u>VANCLONE</u>
Officer Signature and ID Number: <u>[Signature]</u>	Assignment: _____	Reviewed by: _____	

# SPARKS POLICE DEPARTMENT

## UNDER THE INFLUENCE ARREST SUPPLEMENT

Case Number

10-12603

Defendant's Name <b>[REDACTED]</b>	Officer and ID Number <i>Garnier #1318</i>	Date <i>12-8-10</i>	Time
---------------------------------------	---	------------------------	------

### FIELD INTERVIEW

**INSTRUCTIONS** 1) Ask the Defendant the following questions; 2) Only rephrase a question if the Defendant cannot understand it; 3) Record the Defendant's answer/response to each question asked in the space provided.

Do you know where you are now? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	Without looking at your watch, what time is it?	Actual Time:	Do you wear a Medical Alert Bracelet/Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?
Is there anything mechanically wrong with your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No What?	Are you sleepy, tired or fatigued? <input type="checkbox"/> Yes <input type="checkbox"/> No When did you last sleep?	How Long?	Are you overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No How much?
Are you under a Doctor's/Dentist's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:	Doctor's/Dentist's name and address		
Are you taking any prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No What?	Reason for medication?		Last dose
Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	Medication		
Are you diabetic or epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No Which?	Do you take Insulin/Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment/Doctor	
Do you have any diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	Medication	Treatment/Doctor	
Have you had a head injury, any illness affecting the brain, or bumped your head recently? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe	When?	Medication	Treatment/Doctor
Is there anything wrong with your inner ear/eardrum? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	Is there anything wrong with your ability to speak? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		Dentures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used a mouth wash or breath spray recently? <input type="checkbox"/> Yes <input type="checkbox"/> No How long ago?	Do you have any physical defects or disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Part of the body affected: <input type="checkbox"/> Feet <input type="checkbox"/> Ankles <input type="checkbox"/> Legs <input type="checkbox"/> Knees <input type="checkbox"/> Hips <input type="checkbox"/> Lower Back <input type="checkbox"/> Wrists <input type="checkbox"/> Upper Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Hands <input type="checkbox"/> Other		
Do you have high Blood pressure or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication		Treatment/Doctor
Have you been drinking an alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No What and how much?	Where?		
How long since your last drink?	Time Started?	Time Stopped?	When did you last eat? What did you eat?
Have you used any controlled substances or dangerous drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Type?	How much/dose?	When/How long ago?	Where?

**CONTROLLED DOCUMENT NOT TO BE DUPLICATED**

### FIELD SOBRIETY TESTS

Location of FST?	Surface conditions during the FST (Describe)?
Weather conditions during the FST (Describe)?	Lighting conditions during the FST (Describe)?
General Observations:	
Odor of Alcohol: <input type="checkbox"/> None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <i>SWEET BOOR</i>	
Speech:	
Attitude:	
<i>WACOOP</i>	
Anything:	
<i>Blurred vision, watery eyes</i>	

## NOTICE OF STORAGE

The vehicle listed on the reverse has been towed by order of a Sparks Police Department employee.

Your vehicle will remain in impound until the towing and impound fees are paid to the tow company. The storage fees increase daily. If the fees are not paid, state law allows the tow company to place a lien against the vehicle, and sell it to recover their fees.

You have the right to a post-storage hearing at which time it will be determined whether there was probable cause to tow the vehicle. The city shall be responsible for the costs incurred for towing and storage if it is determined that probable cause for the storage cannot be established.

If you dispute that there was probable cause under the law to tow and impound the vehicle, you or your agent have ten (10) days from the date on the reverse side to request a hearing by doing any one of the following:

- In person at the Sparks Police Department, 1701 E. Prater Way, Sparks, NV.
- Telephone: (775) 353-2428 to request a hearing (keep a record of the date/time, and who you talked to).
- In writing, request a hearing. Send your request to: Patrol Commander, Sparks Police Department, 1701 E. Prater Way, Sparks, NV 89434. Include your telephone number.

The hearing shall be held within 48 hours after receipt of the request, excluding weekends and holidays.

# SPARKS POLICE DEPARTMENT VEHICLE INVENTORY REPORT

IMPOUND  RECOVERY  EVIDENCE  FORFEITURE

SMC 10.00.380 NRS 484.397 NRS 484.397 NRS 484.397 NRS 179.1165

CASE NO. 10-12603

PRIMARY CODE 2ND CODE 3RD CODE 4TH CODE CASE CROSS REF DATE OF REPORT 12-18-10 TIME OF REPORT

LOCATION OF OCCURRENCE/VEHICLE TOWED FROM 3300 SPARKS BLVD STATUS  
 A ACTIVE  B EXCEPT ADULT  C CASE CLOSED NO FURTHER  D NO FOLLOW UP  E SINGLE ADULT ARREST  F SINGLE ADULT ARREST  G MULT ADULT ARREST  H MULT ADULT ARREST  I ADULT REPRIMAND  J INFO ONLY  K REF OTHER AGENCY  L FILED  M ADMIN CLOSURE  N OTHER  O OTHER  P REFER OTHER CA  Q CITE-ADULT TRAFFIC  R CITE-ADULT TRAFFIC  S CITE-ADULT TRAFFIC  T ADULT ARR BY OTHER  U UNFOUNDED  V UNFOUNDED  W COURTSHIP

HOW CALL RECEIVED  D-DESK OFFICER  M-MAIL  R-REFERRAL  S-SELF INITIATED  U-UNKNOWN  IN PERSON  O-OTHER  P=PHONE

VEH. LIC. NO. STATE NV YEAR 2003 MAKE TOYOTA MODEL TRU-CAR A BODY STYLE TRU-CAR COLOR SLC

VEHICLE IDENTIFICATION NUMBER ODOMETER READING NOTIFICATION OF STORAGE  CERTIFIED LETTER  IN PERSON

REGISTERED OWNER STREET ADDRESS CITY STATE NV ZIP

Has registered owner been notified of tow?  YES  NO  X SIGNATURE - ACKNOWLEDGEMENT OF RECEIPT

Were photographs taken?  YES  NO Latent prints?  YES  NO By whom? \_\_\_\_\_

Other processing:  YES  NO If yes, describe: \_\_\_\_\_

Location of Keys:  With Vehicle  In Evidence  Unknown

If stolen/embezzled, has reporting agency been advised of recovery?  YES  NO  N/A

Original agency: \_\_\_\_\_ Case #: \_\_\_\_\_

## VEHICLE INVENTORY

YES	NO	UNK		CONDITION					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADIO/STEREO	L.F. TIRE	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		DAMAGED AREAS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRONT PLATE	R.F. TIRE	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 1) Front	<input type="checkbox"/> 2) Right Side	<input type="checkbox"/> 3) Left Side
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REAR PLATE	L.R. TIRE	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 4) Rear	<input type="checkbox"/> 5) Right Front	<input type="checkbox"/> 6) Right Rear
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUMPER (FRONT)	R.R. TIRE	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 7) Top	<input type="checkbox"/> 8) Under Carriage	<input type="checkbox"/> 9) Left Fender
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUMPER (REAR)	WHEELS	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 10) Left Rear	<input type="checkbox"/> 11) None Visible	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY	FENDERS	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 1) Over Ride	<input type="checkbox"/> 2) Under Ride	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HUB CAPS	BODY, HOOD	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		EXTENT OF DAMAGE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPARE TIRE	TOP	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 1) Minor	<input type="checkbox"/> 4) Total	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTOR	GRILL	<input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 2) Moderate	<input checked="" type="checkbox"/> 5) None Visible	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UPHOLSTERY	<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> MISSING		<input type="checkbox"/> 3) Major		

Other damage: \_\_\_\_\_

List property, tools, other items: RED MAG LIGHT, SUNGLASSES, FIRE EXTINGUISHER, CLAB, 2 COATS, GLOVES, TRUCK AIR COMPRESSOR, ORBITAL SCIENTIFIC (CAMERA?) AEROSOL, FULL THROAT ENERGY DRINK, BLACK SCRAPER

Vehicle towed by: CITY AND TOW Phone: 782-2122

Vehicle stored or impounded at: 3800 N. VIRGINIA ROAD

Release conditions: TO GO WITH PROOF OF INSURANCE

Vehicle Released To: CITY AND TOW Walton 12.18.10 2215  
 SIGNATURE OF RESPONSIBLE/AGENT STORING VEHICLE DATE TIME

### SUSPECT INFORMATION: COMPLETE SUSPECT/ARREST REPORT

Narrative: DRIVER ARREST

**CONTROLLED DOCUMENT NOT TO BE DUPLICATED**

REPORTING OFFICER Gammell ID # 7318 APPROVING SUPERVISOR W. Van ID # 2080

WHITE - SPD CANARY - TOW COMPANY PINK - OWNER

UNLAWFUL DISSEMINATION OF THIS RESTRICTED INFORMATION IS PROHIBITED. VIOLATION WILL SUBJECT THE OFFENDER TO CIVIL AND CRIMINAL LIABILITY. RELEASE TO \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_ SPARKS POLICE DEPARTMENT



(ILLEGAL PER SE, NRS Chapters 483 & 484)

Central Services Division  
555 Wright Way  
Carson City, NV 89711  
www.dmvnv.com

**DRIVER'S INFORMATION** (When completing this form, please PRINT.)

Name: [REDACTED] Date Officer Completed This Form: 12/13/10  
 Address: [REDACTED] NV [REDACTED] Enf. Agency & City: SPARKS POLICE  
 State: NV Zip: [REDACTED] Ticket/Case No.: 10-12603  
 Age: [REDACTED]  UNDER 18  UNDER 21 Court: SPARKS MUNICIPAL COURT  
 Sex: M (M/F) Height: 5'7" Weight: 175 Eyes: BRO Hair: RED Class: C/M Endorsements: [REDACTED] Restrictions: ALCOHOL (M/F)  
 Vehicle Type:  Non-Commercial  Commercial  CMV-Hazmat Driver's Lic. No.: [REDACTED] State: NV

Received on the above date by (person's signature):

**OFFICER'S CERTIFICATION OF CAUSE AND EVIDENTIARY TESTING / IMPLIED CONSENT WARNING**

I am an Officer of the law enforcement agency listed above. On DECEMBER 18, 2010, I confronted the above-identified person (hereinafter "person"), and at that time I had reasonable grounds to believe that such person had been driving or in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled and/or prohibited substance.

I read such person the implied consent warning (pursuant to NRS 484.383-484.386), which described the person's rights and obligations pertaining to testing for intoxicating liquor or a controlled and/or prohibited substance, including, but not limited to, the person's rights to select a breath or blood test, depending on the circumstances. I explained that such person **DID NOT HAVE THE RIGHT TO SPEAK TO AN ATTORNEY BEFORE TESTING**. Such person was UNDER 18 on the date of the evidentiary testing, such person's parent, guardian or custodian was notified (per NRS 484.383).

The parent, guardian or custodian was NOT notified because

**EVIDENTIARY TESTING** A copy of the evidentiary test results is attached.

THE EVIDENTIARY TEST(S) SHOWED THAT AT THE TIME OF THE TEST(S) THE PERSON HAD A CONCENTRATION OF ...

<input type="checkbox"/> ... ALCOHOL of 0.02 but less than 0.08, in his/her BLOOD as determined by an evidentiary CHEMICAL test. (APPLIES TO PERSONS UNDER 21 YEARS OF AGE)	<input type="checkbox"/> ... ALCOHOL of 0.02 but less than 0.08 in his/her system as determined by an evidentiary BREATH test.* (APPLIES TO PERSONS UNDER 21 YEARS OF AGE)
<input type="checkbox"/> ... ALCOHOL of 0.08 or more (0.04 or greater if operating a commercial motor vehicle) in his/her BLOOD or with a detectable amount of a controlled and/or prohibited substance in his/her system as determined by an evidentiary CHEMICAL test. (APPLIES TO PERSONS ANY AGE)	<input type="checkbox"/> ... ALCOHOL of 0.08 or more (0.04 or greater if operating a commercial motor vehicle) in his/her system as determined by an evidentiary BREATH test.* (APPLIES TO PERSONS ANY AGE)

Type of evidentiary test(s) administered:  
 Blood Test  
 Urine Test (for controlled/prohibited substance)  
 Urine Test for Alcohol (to be used ONLY if person is afflicted with hemophilia or a heart condition requiring use of an anticoagulant as noted in NRS 484.383)

Name any pertinent witness or officer: ATLAS, ERIC 590 Phone: (775) 353-2241  
 Name any pertinent witness or officer: BINOLEY, BRETT Phone: (775) 887-2500

CONTROLLED DOCUMENT  
NOT TO BE DUPLICATED

**SERVICE AND NOTICE OF REVOCATION OR SUSPENSION ORDER**

I DID NOT SERVE a Notice of Revocation or Suspension Order or issue a temporary license on the above-named person. I request the Department of Motor Vehicles to issue the appropriate Revocation or Suspension Order.

I SERVED the following Notice of Revocation or Suspension Order based on the evidentiary test results as shown above:

**THIS IS YOUR OFFICIAL NOTICE OF THE REVOCATION OR SUSPENSION ORDER.**

You are hereby notified that your driver's license has been revoked or suspended for a period of 90 days. If you disagree with the revocation or suspension of your driving privileges, YOU MAY REQUEST AN ADMINISTRATIVE HEARING. See Note 4 on the reverse side of this form.

I SEIZED the NEVADA driver's license (if it was available) and attached it to the Department's copy of this form (pursuant to NRS 484.385 or 483.462).

**TEMPORARY LICENSE/PERMIT** (Officer: See Note 5 on reverse side of this form for effective dates.)

is ENTIRE notice is valid as a Non-Commercial Temporary License/Permit (unless no temp. license/permit was issued). It is INVALID if separated.

ISSUED ON \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
EFFECTIVE DATE \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. EXPIRATION DATE \_\_\_\_\_

No temporary license/permit was issued because: PENALTY TEST RESULTS

**LAW ENFORCEMENT OFFICER** I attest the above information is true and correct.

Printed Full Name: RICHARD GAMBELLI Badge No.: 7318 Work Phone: (775) 353-2241  
Officer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_







ST. LOUIS POLICE DEPARTMENT  
INVOLVE SUPPLEMENT

10-12603  
DATE AND TIME OF SUPPLEMENT  
12-18-10

PERSON/BUSINESS	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	WITNESS INFORMATION										
	EVIDENCE																	
	INVOLVE	Name (Last, First, Middle)					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes			
	Residence Address	City			State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone							
Business Name or School		Address			State	Zip				Business Phone		Ext No						
Occupation		Days Off	Work Hours		Activity at Time of Offense			Physical Condition										
VEHICLE	Veh. Lic. No./State		Veh. Year	Make	Model	Body Style		Top Color		Bottom Color								
	VIN		Other Characteristics (Damage, Unique Marks, Paint, etc.)					Operator's License/State										

Witness saw, did or can testify to:  
OBSV. SGT MACOY, OBSV. SGT TRACH FOR 940  
ASSIST SERGE SUST

Interpreter Needed? Language?  Yes  No  
Written Statement?  Yes  No

PERSON/BUSINESS	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	WITNESS INFORMATION										
	EVIDENCE																	
	INVOLVE	Name (Last, First, Middle)					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes			
	Residence Address	City			State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone							
Business Name or School		Address			State	Zip				Business Phone		Ext No						
Occupation		Days Off	Work Hours		Activity at Time of Offense			Physical Condition										
VEHICLE	Veh. Lic. No./State		Veh. Year	Make	Model	Body Style		Top Color		Bottom Color								
	VIN		Other Characteristics (Damage, Unique Marks, Paint, etc.)					Operator's License/State										

Witness saw, did or can testify to:  
OBSV. SGT MACOY, TRACH FOR 600

Interpreter Needed? Language?  Yes  No  
Written Statement?  Yes  No

PERSON/BUSINESS	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	WITNESS INFORMATION										
	EVIDENCE																	
	INVOLVE	Name (Last, First, Middle)					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes			
	Residence Address	City			State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone							
Business Name or School		Address			State	Zip				Business Phone		Ext No						
Occupation		Days Off	Work Hours		Activity at Time of Offense			Physical Condition										
VEHICLE	Veh. Lic. No./State		Veh. Year	Make	Model	Body Style		Top Color		Bottom Color								
	VIN		Other Characteristics (Damage, Unique Marks, Paint, etc.)					Operator's License/State										

Witness saw, did or can testify to:  
MADE CONTACT w/ SUSP SUSP REFUSED TO ROLL WOOD DOWN

Interpreter Needed? Language?  Yes  No  
Written Statement?  Yes  No

REPORTING OFFICER: Garnwell ID # 7318 APPROVING OFFICER: G. Vain ID # 919A PAGE 1 CDS 1 SPLIT 1

CONTROLLED DOCUMENT NOT TO BE REPRODUCED

# SPARKS POLICE DEPARTMENT INVOLVE SUPPLEMENT

10-12603  
DATE AND TIME OF SUPPLEMENT  
12-18-10

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>							
								EVIDENCE							
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle) <b>WT ATKINS, ERIC</b>					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes
	Residence Address		City <b>S.P.D.</b>		State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone				
	Business Name or School		Address <b>S.P.D.</b>		State	Zip				Business Phone		Ext No			
	Occupation		Days Off	Work Hours	Activity at Time of Offense			Physical Condition							
VEHICLE	Veh. Lic. No./State				Veh. Year	Make	Model	Body Style	Top Color		Bottom Color				
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)						Operator's License/State				

Witness seen, did or can testify to: **ASSIST BINARY CARD, SUBJECTS REPORT.**

Interpreter Needed?  Yes  No  
Language? \_\_\_\_\_  
Written Statement?  Yes  No

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>							
								EVIDENCE							
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle) <b>WT GAMWEL, RICHARD</b>					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes
	Residence Address		City <b>S.P.D.</b>		State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone				
	Business Name or School		Address <b>S.P.D.</b>		State	Zip				Business Phone		Ext No			
	Occupation		Days Off	Work Hours	Activity at Time of Offense			Physical Condition							
VEHICLE	Veh. Lic. No./State				Veh. Year	Make	Model	Body Style	Top Color		Bottom Color				
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)						Operator's License/State				

Witness seen, did or can testify to: **DOB. EYES, DOME, OFFICE SEST. OFFER P.B.T. REPO Imp.**

Interpreter Needed?  Yes  No  
Language? \_\_\_\_\_  
Written Statement?  Yes  No

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>							
								EVIDENCE							
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle) <b>WT VANCLAVA, JILLIEY</b>					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes
	Residence Address		City <b>LUCSD</b>		State	Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Residence Phone				
	Business Name or School		Address <b>LUCSD</b>		State	Zip				Business Phone		Ext No			
	Occupation		Days Off	Work Hours	Activity at Time of Offense			Physical Condition							
VEHICLE	Veh. Lic. No./State				Veh. Year	Make	Model	Body Style	Top Color		Bottom Color				
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)						Operator's License/State				

Witness seen, did or can testify to: **BLADE DRAW**

Interpreter Needed?  Yes  No  
Language? \_\_\_\_\_  
Written Statement?  Yes  No

CONTROLLED DOCUMENT NOT TO BE DUPLICATED

**SPARKS POLICE DEPARTMENT  
INVOLVE SUPPLEMENT**

10-13603  
DATE AND TIME OF SUPPLEMENT  
12-18-10 / 12110

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>													
								EVIDENCE													
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle) <b>WT LARIVIERE, TY</b>					Sex <b>M</b>	Race <b>W</b>	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes						
	Residence Address								City				State		Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Unknown		Residence Phone		
	Business Name or School <b>WASHOE COUNTY SHERIFF'S OFFICE 911 PARK BLVD</b>								Address				State		Zip	SS#	Business Phone		Ext No <b>378-2953</b>		
	Occupation <b>TAXI SERGEANT</b>				Days Off		Work Hours		Activity at Time of Offense <b>AT WORK</b>				Physical Condition <b>NORMAL</b>								
VEHICLE	Veh. Lic. No./State				Veh. Year		Make	Model		Body Style		Top Color		Bottom Color							
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)								Operator's License/State								

Witness saw, did or can testify to:

Interpreter Needed? Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>													
								EVIDENCE													
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle) <b>WT MILLER, TOM (LT)</b>					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes						
	Residence Address								City				State		Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown		Residence Phone		
	Business Name or School <b>SPO</b>								Address				State		Zip	SS#	Business Phone		Ext No <b>353-2241</b>		
	Occupation				Days Off		Work Hours		Activity at Time of Offense				Physical Condition								
VEHICLE	Veh. Lic. No./State				Veh. Year		Make	Model		Body Style		Top Color		Bottom Color							
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)								Operator's License/State								

Witness saw, did or can testify to: **WT. TO SUSP ACTIONS**

Interpreter Needed? Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	SUBPOENA RETURNED	JC TRIAL	PRELIM	GJ	DC TRIAL	EV	WIT CODE	<b>WITNESS INFORMATION</b>													
								EVIDENCE													
PERSON/BUSINESS	INVOLVE	Name (Last, First, Middle)					Sex	Race	DOB	Age	Ht.	Wt.	Bld.	Hair	Eyes						
	Residence Address								City				State		Zip	SS#	RESIDENT STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown		Residence Phone		
	Business Name or School								Address				State		Zip	SS#	Business Phone		Ext No		
	Occupation				Days Off		Work Hours		Activity at Time of Offense				Physical Condition								
VEHICLE	Veh. Lic. No./State				Veh. Year		Make	Model		Body Style		Top Color		Bottom Color							
	VIN				Other Characteristics (Damage, Unique Marks, Paint, etc.)								Operator's License/State								

Witness saw, did or can testify to:

Interpreter Needed? Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REPORTING OFFICER: **ATKENS E.** ID # **1657** APPROVING OFFICER: **L. VAN** ID # **0810** CDS

**CONTROLLED DOCUMENT  
NOT TO BE  
DUPLICATED**

STATEMENT WAS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN	MASTER CASE <input type="checkbox"/> SUPPLEMENTAL/FU	ARREST - ADULT (AR) <input type="checkbox"/> ARREST - JUV (AJ) <input type="checkbox"/> SUSPECT (SU)	COMPOSITE <input type="checkbox"/> YES DONE? <b>NO</b>	VIDEO <input type="checkbox"/> YES <b>NO</b>	COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---	--	---	---	---

TECHNICAL SUPPORT						
BREATH TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	BLOOD/URINE ANALYSIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRUG ANALYSIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	BLOOD DRAWN? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM: <input type="checkbox"/> ST. MARY'S <input type="checkbox"/> WCSO <input type="checkbox"/> WASHOE MED <input type="checkbox"/> OTHER	TEST RESULTS: SIMULATOR:	

ARRESTEE'S (Last, First, Middle): **[REDACTED]** AKA/ALIAS: **[REDACTED]**

RESIDENCE (Street, City, State, Zip): **[REDACTED]**

RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown	<input type="checkbox"/> Indian <input type="checkbox"/> Asian	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	DOB: <b>[REDACTED]</b>	SSN: <b>[REDACTED]</b>	POB: <b>REFUSED</b>
AGE: <b>57</b>			HT: <b>5'7"</b>	WT: <b>175</b>	HAIR: <b>RED</b>	EYES: <b>BRN</b>

OCCUPATION & US ADDRESS: <b>REFUSED</b>	HOME PHONE: <b>REFUSED</b>
RIV LIC: <b>[REDACTED]</b>	BUS PHONE: <b>REFUSED</b>
DRIV LIC STATE: <b>NV</b>	ARRESTEE'S VEH: <input type="checkbox"/> Stolen <input type="checkbox"/> Left in Scene <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Impounded <input type="checkbox"/> Held to Cite Per
EXT OF FIN: <b>REFUSED</b>	SCARS, MARKS, TATTOOS: <b>[REDACTED]</b>

VEH. LIC. NO.	STATE	VEH. YEAR	MAKE	MODEL	BODY STYLE	COLOR
VIN			OTHER CHARACTERISTICS (DAMAGE, UNIQUE MARKS, OR PAINT, ETC.)			DISPOSITION/TOWED BY
RO NAME <input type="checkbox"/> PERSON <input type="checkbox"/> BUSINESS	ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER

CONTROLLED DOCUMENT NOT TO BE DUPLICATED

<p><b>HAIR LENGTH</b></p> <p>1 <input type="checkbox"/> BALD</p> <p>2 <input type="checkbox"/> COLLAR</p> <p>3 <input type="checkbox"/> LONG</p> <p>4 <input type="checkbox"/> RECEDING</p> <p>5 <input type="checkbox"/> SHAVED</p> <p>6 <input type="checkbox"/> SHORT</p> <p>7 <input checked="" type="checkbox"/> SHOULDER</p> <p>8 <input type="checkbox"/> OTHER</p> <p><b>HAIR TYPE</b></p> <p>1 <input type="checkbox"/> COARSE</p> <p>2 <input type="checkbox"/> FINE</p> <p>3 <input type="checkbox"/> THICK</p> <p>4 <input type="checkbox"/> THINNING</p> <p>5 <input type="checkbox"/> WIG</p> <p>6 <input type="checkbox"/> WIRY</p> <p>7 <input type="checkbox"/> OTHER</p> <p><b>HAIR CONDITION</b></p> <p>1 <input checked="" type="checkbox"/> CLEAN</p> <p>2 <input type="checkbox"/> DIRTY</p> <p>3 <input type="checkbox"/> GREASY</p> <p>4 <input type="checkbox"/> MATTED</p> <p>5 <input type="checkbox"/> ODOUR</p> <p>6 <input type="checkbox"/> UNKEMPT</p> <p>7 <input type="checkbox"/> OTHER</p> <p><b>HAIR STYLE</b></p> <p>1 <input type="checkbox"/> AFRO/NATURAL</p> <p>2 <input type="checkbox"/> BANGS</p> <p>3 <input type="checkbox"/> BRAIDED</p> <p>4 <input type="checkbox"/> BUSHY</p> <p>5 <input type="checkbox"/> BUTCH</p> <p>6 <input type="checkbox"/> COMBED BACK</p> <p>7 <input type="checkbox"/> CORN-ROW</p> <p>8 <input type="checkbox"/> CURLERS</p> <p>9 <input type="checkbox"/> CURLY</p> <p>10 <input type="checkbox"/> FLATTOP</p> <p>11 <input type="checkbox"/> MILITARY</p> <p>12 <input type="checkbox"/> MOHAWK</p> <p>13 <input type="checkbox"/> PONYTAIL</p> <p>14 <input type="checkbox"/> PROCESSED</p> <p>15 <input type="checkbox"/> PUNK</p> <p>16 <input type="checkbox"/> STRAIGHT</p> <p>17 <input type="checkbox"/> STYLED</p> <p>18 <input type="checkbox"/> CENTER-PARTED</p> <p>19 <input type="checkbox"/> LEFT-PARTED</p> <p>20 <input type="checkbox"/> RIGHT-PARTED</p> <p>21 <input type="checkbox"/> OTHER-PARTED</p> <p>22 <input type="checkbox"/> WAVY</p> <p>23 <input type="checkbox"/> WIDOWS PEAK</p> <p>24 <input type="checkbox"/> DYED</p> <p>25 <input type="checkbox"/> BLEACHED</p> <p>26 <input type="checkbox"/> OTHER</p> <p><b>RIGHT/LEFT HANDED</b></p> <p><input checked="" type="checkbox"/> RIGHT HANDED</p> <p><input type="checkbox"/> LEFT HANDED</p> <p><b>FACIAL HAIR</b></p> <p><input type="checkbox"/> BEARD-SCRAGGLY</p> <p><input type="checkbox"/> BEARD-LIGHT</p> <p><input type="checkbox"/> BEARD-FULL</p> <p><input type="checkbox"/> CLEAN SHAVEN</p> <p><input type="checkbox"/> FUMANCHU</p> <p><input type="checkbox"/> GOATEE</p> <p><input checked="" type="checkbox"/> MUSTACHE-THIN</p> <p><input type="checkbox"/> MUSTACHE-THICK</p> <p><input type="checkbox"/> SIDEBURNS</p>	<p><b>27 COMPLEXION</b></p> <p>01 <input type="checkbox"/> ACNE/POCKED MARK</p> <p>02 <input type="checkbox"/> ALBINO</p> <p>03 <input type="checkbox"/> DARK</p> <p>04 <input type="checkbox"/> FRECKLED</p> <p>05 <input type="checkbox"/> LIGHT/FAIR</p> <p>06 <input type="checkbox"/> MEDIUM</p> <p>07 <input type="checkbox"/> OLIVE</p> <p>08 <input type="checkbox"/> PALE/SALLOW</p> <p>09 <input type="checkbox"/> RUDDY</p> <p>10 <input type="checkbox"/> TANNED</p> <p>11 <input type="checkbox"/> WEATHERED</p> <p>12 <input type="checkbox"/> WRINKLED</p> <p>13 <input type="checkbox"/> IRREG PIGMENTATION</p> <p>99 <input checked="" type="checkbox"/> OTHER <b>RED</b></p> <p><b>28 GLASSES/LENSES</b></p> <p>01 <input type="checkbox"/> NONE</p> <p>02 <input type="checkbox"/> YES BUT UNKNOWN TYPE</p> <p>03 <input type="checkbox"/> PRESCRIPTION GLASSES</p> <p>04 <input type="checkbox"/> SUN GLASSES</p> <p>05 <input type="checkbox"/> WIRE FRAME</p> <p>06 <input type="checkbox"/> PLASTIC FRAME</p> <p>07 <input type="checkbox"/> LENS ORNAMENTATION</p> <p>08 <input type="checkbox"/> CONTACT LENSES</p> <p>09 <input type="checkbox"/> FRAME COLOR-GOLD</p> <p>10 <input type="checkbox"/> FRAME COLOR-SILVER</p> <p>11 <input type="checkbox"/> FRAME COLOR-BLACK</p> <p>12 <input type="checkbox"/> FRAME COLOR-OTHER</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>29 SPEECH/VOICE</b></p> <p>01 <input type="checkbox"/> EASTERN U.S. ACCENT</p> <p>02 <input type="checkbox"/> SOUTHERN U.S. ACCENT</p> <p>03 <input type="checkbox"/> FOREIGN ACCENT</p> <p>04 <input type="checkbox"/> DEEP</p> <p>05 <input type="checkbox"/> DISGUISED</p> <p>06 <input type="checkbox"/> HIGH</p> <p>07 <input type="checkbox"/> SLURRED</p> <p>08 <input type="checkbox"/> SOFT</p> <p>09 <input type="checkbox"/> SPEECH IMPEDIMENT</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>30 TATTOOS/SCARS/MARKS</b></p> <p>01 <input type="checkbox"/> FACE</p> <p>03 <input type="checkbox"/> TT NECK</p> <p>04 <input type="checkbox"/> TT RIARM</p> <p>05 <input type="checkbox"/> TT LIARM</p> <p>06 <input type="checkbox"/> TT RHAND</p> <p>07 <input type="checkbox"/> TT LHAND</p> <p>08 <input type="checkbox"/> TT RLEG</p> <p>09 <input type="checkbox"/> TT LLEG</p> <p>10 <input type="checkbox"/> TT RSHOULDER</p> <p>11 <input type="checkbox"/> TT LSHOULDER</p> <p>12 <input type="checkbox"/> TT FRONT TORSO</p> <p>13 <input type="checkbox"/> TT BACK TORSO</p> <p>14 <input type="checkbox"/> TATTOO FEATURE</p> <p>15 <input type="checkbox"/> SCAR FEATURE</p> <p>16 <input type="checkbox"/> MARK FEATURE</p> <p>17 <input type="checkbox"/> MOLE/GROWTH</p> <p>18 <input type="checkbox"/> BIRTHMARK</p> <p>19 <input type="checkbox"/> TT RFOOT-ANKLE</p> <p>20 <input type="checkbox"/> TT LFOOT-ANKLE</p>	<p><b>31 TEETH</b></p> <p>01 <input type="checkbox"/> BRACES</p> <p>02 <input type="checkbox"/> BUCKED</p> <p>03 <input type="checkbox"/> CHIPPED</p> <p>04 <input type="checkbox"/> CROOKED</p> <p>05 <input type="checkbox"/> GAPS BETWEEN</p> <p>06 <input type="checkbox"/> GOLD/SILVER CAPPED</p> <p>07 <input type="checkbox"/> JEWEL/STUDED</p> <p>08 <input type="checkbox"/> MISSING</p> <p>09 <input type="checkbox"/> RETAINER</p> <p>10 <input type="checkbox"/> STAINED/DECAYED</p> <p>11 <input type="checkbox"/> DENTURES</p> <p>12 <input type="checkbox"/> WHITENED</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>32 DISTINGUISH FEATURE</b></p> <p>01 <input type="checkbox"/> AMPUTATION</p> <p>02 <input type="checkbox"/> ARTIFICIAL LIMB</p> <p>03 <input type="checkbox"/> CANE/CRUTCH</p> <p>04 <input type="checkbox"/> CAST-ARM/LEG/FOOT</p> <p>05 <input type="checkbox"/> CRIPPLED</p> <p>06 <input type="checkbox"/> DEFORMED LIMB</p> <p>07 <input type="checkbox"/> GROWTH</p> <p>08 <input type="checkbox"/> HEARING AID</p> <p>09 <input type="checkbox"/> LIMP</p> <p>10 <input type="checkbox"/> SKIN BURNED</p> <p>11 <input type="checkbox"/> SPASTIC MOVEMENTS</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>33 PIERCING</b></p> <p>01 <input type="checkbox"/> NOSE</p> <p>02 <input type="checkbox"/> EYE</p> <p>03 <input type="checkbox"/> LIP</p> <p>04 <input type="checkbox"/> EARRING/LEFT</p> <p>05 <input type="checkbox"/> EARRING/RIGHT</p> <p>06 <input type="checkbox"/> TONGUE</p> <p>07 <input type="checkbox"/> BELLY BUTTON</p> <p>08 <input type="checkbox"/> UPPER BODY</p> <p>09 <input type="checkbox"/> LOWER BODY</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>45 WEAPON TYPE</b></p> <p>01 <input type="checkbox"/> BASEBALL BAT</p> <p>02 <input type="checkbox"/> CLUB DEVICE</p> <p>03 <input checked="" type="checkbox"/> HAND GUN</p> <p>04 <input type="checkbox"/> TOY GUN</p> <p>05 <input type="checkbox"/> SIMULATED GUN</p> <p>06 <input type="checkbox"/> UNKNOWN HAND GUN</p> <p>07 <input type="checkbox"/> RIFLE</p> <p>08 <input type="checkbox"/> SHOTGUN</p> <p>09 <input type="checkbox"/> KNIFE</p> <p>10 <input type="checkbox"/> OTHER CUT-STAB INSTR</p> <p>11 <input type="checkbox"/> HANDS OR FEET</p> <p>12 <input type="checkbox"/> STRANGULATION</p> <p>13 <input type="checkbox"/> ROPE/TWINE/WIRE/CHAIN</p> <p>14 <input type="checkbox"/> TIRE IRON</p> <p>15 <input type="checkbox"/> VEHICLE</p> <p>16 <input type="checkbox"/> NUN-CHUCK DEVICE</p> <p>17 <input type="checkbox"/> ASSAULT WEAPON</p>	<p><b>46 FIREARM FEATURE</b></p> <p>01 <input type="checkbox"/> AUTOMATIC</p> <p>02 <input type="checkbox"/> BOLT ACTION</p> <p>03 <input type="checkbox"/> BLUE STEEL</p> <p>04 <input type="checkbox"/> CHROME/NICKEL/STAIN</p> <p>05 <input type="checkbox"/> DERRINGER</p> <p>06 <input type="checkbox"/> DOUBLE BARREL</p> <p>07 <input type="checkbox"/> OVER/UNDER</p> <p>08 <input type="checkbox"/> PUMP</p> <p>09 <input type="checkbox"/> REVOLVER</p> <p>10 <input type="checkbox"/> SINGLE SHOT</p> <p>11 <input checked="" type="checkbox"/> SEMI-AUTOMATIC</p> <p>12 <input type="checkbox"/> 2 INCH BARREL</p> <p>13 <input checked="" type="checkbox"/> 4 INCH BARREL</p> <p>14 <input type="checkbox"/> 6 INCH BARREL</p> <p>15 <input type="checkbox"/> 8 INCH BARREL</p> <p>16 <input type="checkbox"/> OTHER BARREL</p> <p>17 <input checked="" type="checkbox"/> BLACK GRIPS</p> <p>18 <input type="checkbox"/> WOOD GRIPS</p> <p>19 <input type="checkbox"/> PLASTIC GRIPS</p> <p>20 <input type="checkbox"/> PEARL/IVORY GRIPS</p> <p>21 <input type="checkbox"/> METAL GRIPS</p> <p>22 <input type="checkbox"/> OTHER GRIPS</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>47 KNIFE FEATURE</b></p> <p>01 <input checked="" type="checkbox"/> BAYONET</p> <p>02 <input type="checkbox"/> BUTCHER</p> <p>03 <input type="checkbox"/> DAGGER</p> <p>04 <input type="checkbox"/> HUNTING</p> <p>05 <input type="checkbox"/> KITCHEN</p> <p>06 <input type="checkbox"/> POCKET-KNIFE</p> <p>07 <input type="checkbox"/> STILETTO</p> <p>08 <input type="checkbox"/> SWITCHBLADE</p> <p>09 <input type="checkbox"/> BUCK</p> <p>10 <input type="checkbox"/> SERRATED</p> <p>11 <input type="checkbox"/> DOUBLE-SIDED</p> <p>12 <input type="checkbox"/> BUTTERFLY</p> <p>13 <input type="checkbox"/> PRONGED TIP</p> <p>14 <input type="checkbox"/> FOLDING</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>48 WEAPON LOC/CARRIED</b></p> <p>01 <input type="checkbox"/> ANKLE/LEG HOLSTER</p> <p>02 <input type="checkbox"/> BAG</p> <p>03 <input type="checkbox"/> BRIEFCASE</p> <p>04 <input type="checkbox"/> NEWSPAPER</p> <p>05 <input type="checkbox"/> POCKET</p> <p>06 <input type="checkbox"/> SHOULDER HOLSTER</p> <p>07 <input checked="" type="checkbox"/> WAISTBAND/BELT</p> <p>08 <input type="checkbox"/> SLEEVE/ARM</p> <p>09 <input type="checkbox"/> UNDER-BESIDE SEAT</p> <p>10 <input type="checkbox"/> GLOVE/BOX</p> <p>11 <input type="checkbox"/> TRUNK</p> <p>99 <input type="checkbox"/> OTHER</p> <p><b>49 GANG AFFILIATION</b></p> <p>01 <input type="checkbox"/> UNKNOWN GANG MEMBER</p> <p>02 <input type="checkbox"/> SUSPECTED GANG AFFILIATION</p>
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- 24  SUSP CAN BE LOCATED
- 25  SUSP CAN BE DESCRBD
- 26  SUSP CAN BE ID'D
- 27  SUSP VEH CAN BE ID'D
- 28  IDENTIF'BL STOL/PROP
- 29  SIGNIFICANT M.O.
- 30  SIGNIF PHY EVIDENCE
- 31  MAJOR INJURY
- 32  MAJOR INJ/SEX CRIME
- 33  GOOD POSS SOLUTION
- 34  FURTHER INVEST NEEDED
- 35  VEH CAN BE DESCRIBED
- 39  OTHER \_\_\_\_\_

- 42  SCHOOL
- 43  SHOPPING CENTER
- 44  STREET/HWY/ALLEY
- 45  CAMPER/BOAT/MCYCLE
- 46  MOTOR HOME
- 47  PASSENGER CAR
- 48  PICKUP TRUCK OR VAN
- 49  TRAC/TRLR/DLV TRUCK
- 50  OTHER VEH \_\_\_\_\_

04 POINT OF ENTRY

- 01  FRONT
- 02  REAR
- 03  SIDE
- 04  DOOR
- 05  WINDOW
- 06  SLIDING GLASS DOOR
- 07  BASEMENT
- 08  ROOF
- 09  FLOOR
- 10  WALL
- 11  DUST/VENT
- 12  GARAGE
- 13  ADJ BUILDING
- 14  GROUND LEVEL
- 15  UPPER LEVEL
- 16  FENCE
- 17  BALCONY
- 18  DOG DOOR
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

05 METHOD OF ENTRY

- 01  NO FORCE USED
- 02  ATTEMPT ONLY
- 03  BODILY FORCE
- 04  BOLT CUT/PLIERS
- 05  CHNL LOCK/VICE GRIPS
- 06  PIPEWRENCH
- 07  SAW/DRILL/BURN
- 08  PUNCH
- 09  SCREWDRIVER
- 10  TIRE IRON
- 11  UNK PRY DEVICE
- 12  COAT HANGER/WIRE
- 13  KEY/SNP/SHIM
- 14  LOUVERS/VENT REMOVE
- 15  WINDOW SMASH
- 16  BRICK/ROCK
- 17  HID IN BUILDING
- 18  TUNNELED
- 19  TWIST LOCK
- 20  DOOR KICK
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

06 VEHICLE ENTRY ONLY

- 01  DOOR/LOCK FORCED
- 02  TRUNK FORCED
- 03  WINDOW BROKEN
- 04  WINDOW FORCED
- 05  WINDOW OPEN
- 06  UNLOCKED
- 07  HOOD
- 08  TRIM/MOLD REMOVED
- 98  UNKNOWN
- 99  OTHER \_\_\_\_\_

07 PROPERTY TARGET

- 01  CASH/NOTES
- 02  CLOTHES/FURS
- 03  CONSUMABLE GOODS
- 04  FIREARMS
- 05  HOUSEHOLD GOODS
- 06  JEWELRY
- 07  PETS/ANIMALS
- 08  OFFICE EQUIPMENT

02 EVIDENCE

- 01  FINGERPRINTS
- 02  TOOLS
- 03  TOOL MARKINGS
- 04  GLASS
- 05  PAINT
- 06  BULLET CASING
- 07  BULLET PROJECTILE
- 08  RAPE KIT
- 09  SEMEN
- 10  BLOOD
- 11  URINE
- 12  HAIR
- 13  FIREARMS
- 14  WEAPONS-OTHER
- 15  PHOTOS
- 16  FOOTPRINT
- 17  TIREPRINT
- 18  DOCUMENT/NOTE/WRITE
- 19  EXEMPLAR
- 20  FINGERNAIL SCRAPE
- 21  CONTROL'D SUBSTANCES
- 22  VEHICLE
- 23  IDENTIKIT/COMPOSITE
- 99  OTHER \_\_\_\_\_

03 PREMISES

- 01  BANK/SAV LOAN/FINANC
- 02  BAR
- 03  CLEANERS/LAUNDRY
- 04  CONSTRUCTION SITE
- 05  THEATER
- 06  FAST FOODS
- 07  GAS STATION
- 08  HOTEL/MOTEL
- 09  DEPT/DISCOUNT STORE
- 10  DRUG STORE
- 11  GUN/SPORT GOODS
- 12  JEWELRY STORE
- 13  LIQUOR STORE
- 14  PHOTO STAND
- 15  CONVENIENCE STORE
- 16  RESTAURANT
- 17  SUPERMARKET
- 18  TV/RADIO/VIDEO/AUDIO
- 19  AUTO PARTS
- 20  CASINO
- 21  CAR/MOTORCYCLE SALES
- 22  CLOTHING STORE
- 23  HARDWARE
- 24  MEDICAL
- 25  OFFICE BUILDING
- 26  STORAGE UNIT
- 27  WAREHOUSE
- 28  OTHR-COMRCL \_\_\_\_\_
- 29  APARTMENT
- 30  CONDOMINIUM
- 31  DUPLEX/FOURPLEX
- 32  GARAGE
- 33  FENCED AREA/YARD
- 34  HOUSE
- 35  MOBILE HOME
- 36  OTHER-RES \_\_\_\_\_
- 37  CHURCH

- 13  COLLECT - OTHER
- 14  CONSTRUCTION TOOLS
- 15  AUTO PARTS
- 16  SAFE
- 17  VALUE UNDER \$50
- 18  VALUE \$50-\$200
- 19  VALUE OVER \$200
- 20  OTH CONSTR MATERIAL
- 21  METALS
- 22  WALLET/PURSE
- 23  FOOD/DINK
- 24  LIQUOR
- 25  UNDERWEAR
- 26  COMPUTER
- 99  OTHER \_\_\_\_\_

08 SEX CRIMES ONLY

- 01  SUSPECT CLIMAXED
- 02  UNK IF CLIMAXES
- 03  VICTIM BOUND/TIED
- 04  COVERED VICTIM FACE
- 05  PHOTO/VIDEO VICTIM
- 06  VIC ORAL COPUL SUSP
- 07  SUSP ORAL COPUL VICT
- 08  RAPE BY INSTRUMENT
- 09  SOBOMY
- 10  SUGG VIC TO LEWS ACT
- 11  INSERT FINGER/VAGINA
- 12  FORCED VIC/FONDLE SU
- 13  SUSP FONDLED VICTM
- 14  MASTURBATED SELF
- 15  MAJOR INJURY
- 16  MINOR INJURY
- 17  THREAT OF INJURY
- 18  FORCED TO SHOWER
- 19  USED CONDOM
- 99  OTHER \_\_\_\_\_

10 SUSPECT'S ACTIONS

- 01  ALARM DISABLED
- 02  ARSON
- 03  ATE/DRANK ON PREMISE
- 04  BLIND/BOUND/GAGD VM
- 05  CLIMB ABOVE GRND LVL
- 06  DEFECATED/URINATED
- 07  DEMANDED MONEY
- 08  DISROBED VIC FULLY
- 09  DISROBED VIC PARTLY
- 10  FIRED WEAPON
- 11  FORCED VIC TO MOVE
- 12  FORCED VIC INTO VEH
- 13  HAD BEEN DRINKING
- 14  INDICATION MULTI SUS
- 15  INFLECTED INJURIES
- 16  KNEW LOC HIDDEN \$\$\$\$
- 17  MADE THREATS
- 18  PUT PROP/SACK, POCKET
- 19  PREPARED EXIT
- 20  RANSACKED
- 21  RIPPED/CUT CLOTHING
- 22  SELECTIVE IN LOOT
- 23  SHUT OFF POWER
- 24  SMOKED ON PREMISES
- 25  SEARCHED VICTIM
- 26  STRUCK VICTIM
- 27  SUSPECT ARMED
- 28  THREATENED RETALIATI
- 29  TOOK ONLY CONSUMABLE
- 30  TOOK VIC'S VEHICLE
- 31  TORTURED
- 32  UNDER INFLUENCE DRUG
- 33  USED DEMAND NOTE
- 34  USED LOOKOUT
- 35  USED DRIVER
- 36  USED MATCH/CANDLE
- 37  USED VICTIM'S NAME
- 38  USED SUITCASE/PILLOW

- 42  CASE/LOC BEFORE
- 99  OTHER *REF TO*  
*DR 100*
- 11  SUSP PRETENDS TO BE
- 01  CONDUCTING SURVEY
- 02  CUST/CLIENT
- 03  DELIVERY PERSON
- 04  DISABLED MOTORIST
- 05  DRUNK
- 06  EMPLOYEE/EMPLOYER
- 07  FRIEND/RELATIVE
- 08  ILL/INJURED
- 09  NEED PHONE/WTR/BATH
- 10  POLICE/LAW
- 11  RENTER
- 12  REPAIRMAN
- 13  SALE OF ILLIC DRUGS
- 14  SALES PERSON
- 15  SEEK ASSISTANCE
- 16  SEEK DIRECTIONS
- 17  SEEKING SOMEONE
- 18  SOLICIT FUNDS
- 19  UTILITY PERSON
- 20  PROSTITUTE
- 99  OTHER \_\_\_\_\_

13 VICTIM'S CONDITION

- 01  UNDER INF ALCHO/DRUG
- 02  SICK/INJURED
- 03  SENIOR CITIZEN
- 04  BLIND
- 05  HANDICAPPED
- 06  DEAF
- 07  MUTE
- 08  MENT/EMOT IMPAIRED
- 99  OTHER \_\_\_\_\_

14 RELSHIP-VIC TO SUSP

- 01  HUSBAND
- 02  WIFE
- 03  MOTHER
- 04  FATHER
- 05  DAUGHTER
- 06  SON
- 07  BROTHER
- 08  SISTER
- 09  OTHER FAMILY
- 10  ACQUAINTANCE
- 11  FRIEND
- 12  BOYFRIEND
- 13  GIRLFRIEND
- 14  NEIGHBOR
- 15  BUSINESS ASSOCIATE
- 16  STRANGER
- 99  OTHER \_\_\_\_\_

15 MARITAL STATUS-VICT

- 01  ANNULLED
- 02  COMMON LAW
- 03  SINGLE
- 04  MARRIED
- 05  DIVORCED
- 06  WIDOWER
- 07  SEPARATED
- 99  OTHER \_\_\_\_\_

16 DOMESTIC ONLY (DV)

- 01  PRIOR DV ARRESTS INV
- 02  PRIOR DOMESTICS INV
- 03  PRIOR ASSLTIVE BEHAV
- 04  THREATENS FURTHER VIO
- 05  RESTRAIN ORDER INVOL
- 06  PROTECT ORDER INVOL
- 07  LESS THAN 4 HRS OLD
- 08  MORE THAN 4 HRS OLD
- 09  MULTIPLE ARRESTS INV
- 99  OTHER \_\_\_\_\_

NARRATIVE

*\* SEE NARRATIVE \**

**CONTROLLED DOCUMENT NOT TO BE DUPLICATED**

IN THE MUNICIPAL COURT OF THE CITY OF SPARKS  
COUNTY OF WASHOE, STATE OF NEVADA

FILED  
12/18/10  
J. Gamwell

CITY OF SPARKS,

Plaintiff,

v.

CRIMINAL COMPLAINT

[REDACTED]

Case # 10-12603

Defendant.

I, Richard Gamwell, hereby complain and say that one  
[REDACTED], has committed the crime of

**OBSTRUCTING A PUBLIC OFFICER**, to wit:

That said defendant, on or about the 18th day of December, 20 10, in the City of Sparks, County of Washoe, State of Nevada, did willfully hinder, delay or obstruct a public officer in the discharge of his official powers or duties, all of which are in violation of **Section 09.03.020** of the Sparks Municipal Code, and I therefore request that said defendant be dealt with according to law.

I hereby declare upon information and belief under penalty of perjury pursuant to NRS 171.102, that the foregoing is true and correct to the best of my knowledge.

Officer: [Signature]

Dated: December 18, 2010

IN THE MUNICIPAL COURT OF THE CITY OF SPARKS  
COUNTY OF WASHOE, STATE OF NEVADA

FILED  
*[Handwritten Signature]*

CITY OF SPARKS,

Plaintiff.

v.

CRIMINAL COMPLAINT

[Redacted], Case # 10-12603  
Defendant.

I, Richard Gamwell, hereby complain and say that one [Redacted], has committed the crime of

**SECURITY REQUIRED BY MOTOR VEHICLE OPERATORS**, to wit:

That said defendant, on or about the 18th day of December, 20 10, in the City of Sparks, County of Washoe, State of Nevada, did, in the vicinity of 3300 Blk Sparks Blvd.

- operate a vehicle registered or required to be registered in Nevada without having security covering the vehicle as required by NRS 690B.
- operate or knowingly permit the operation of a vehicle without having evidence of current insurance in the vehicle.
- fail or refuse to surrender proof of security upon demand to a peace officer or to an authorized representative of the Department of Motor Vehicles.

All of which is in violation of NRS 485.187 as adopted by Section 1.12.050 of the Sparks Municipal Code and I therefore request that said defendant be dealt with according to law.

I hereby declare upon information and belief under penalty of perjury pursuant to NRS 171.102, that the foregoing is true and correct to the best of my knowledge.

Officer: *[Handwritten Signature]*

Dated: December 18, 2010

STATEMENT OF  SUPPLEMENTAL  
(Please Print)  STATEMENT

# SPARKS POLICE DEPARTMENT SUPPLEMENTAL/WITNESS STATEMENT FORM

SPARKS CASE NO. 10-12980 DATE/TIME OF SUPPLEMENT 12/31/10 15:29  
TYPE OF ORIGINAL REPORT Veh. Burg

Name (Last, First, Middle)	Sex	Race	Date of Birth	Age	Height	Weight	Build	Hair	Eyes
[REDACTED]									
Residence Address	City	State	Zip	Residence Phone No.					
[REDACTED]				[REDACTED]		[REDACTED]			
Business Name or School	Address	City	State	Zip	Business Phone No.				
[REDACTED]					[REDACTED]				
Occupation	Days Off	Work Hours	Operators License/State	Social Security Number					
[REDACTED]									

My 2003 Toyota Tacoma (NV lic. 155 SKN) was seized by the Sparks P.D. (case no. 10-12603) on Dec. 18, 2010. When I retrieved it, <sup>Dec. 19</sup> the following items were missing:

- one (1) Oregon Scientific video camera containing two (2) Panasonic Eneloop AA batteries and one (1) 2 GB SD memory card with recorded audio/video of my encounter
- one (1) pen, black
- one (1) small, spiral-bound notebook used to record names, badge numbers, and other identifying information
- approximately three (3) printed pages (8.5x11) of various Nevada Revised Statutes

The "SPARKS POLICE DEPARTMENT VEHICLE INVENTORY REPORT" lists the video camera but not the other items. I spoke to a Sparks P.D. evidence person by telephone and she said the missing items were not logged as evidence. I have photographs of the items. The photos were taken Dec. 18 and show where they were in the vehicle.

CONTROLLED  
DOCUMENT  
NOT TO BE  
DUPLICATED

SIGNATURE [REDACTED] DATE Dec. 31, 2010 TIME 1500

REPORTING OFFICER <u>J. La Hill 8371</u>	ID #	APPROVING OFFICER	ID #	PAGE ___ of ___ PAGES	CDS	SPLIT
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