

# NEVADA STATE BOARD OF MASSAGE THERAPY

NSBMT - Board Meeting  
June 10, 2020  
Agenda Item 6a

## AGENDA ACTION SHEET

**TITLE:** Application Review (Criminal History)

**MEETING DATE:** June 10, 2020

**APPLICANT:** Raeann M. Rigiroszi

**REVIEW UNDER:** NRS 640C.700

### BACKGROUND INFORMATION:

Ms. Rigiroszi's massage application is before you today due to potential criminal history that could not be approved administratively. [REDACTED]

[REDACTED] Rigiroszi is requesting to be granted a license under NRS 640C.580 or 420 and is before you today for review under NRS 640C.700. [REDACTED]

### ACTION:

- ☐ Approved  
☐ Tabled  
☐ Denied – NRS 640C. \_\_\_\_\_  
☐ Probation

### PROBATION CONDITIONS: Per NRS 640C.710 Respondent:

<input type="checkbox"/> A. Report all contact with law enforcement personnel within 48 hours after such contact occurs.	<input type="checkbox"/> B. Refrain from providing outcall services
<input type="checkbox"/> C. Submit employment offers to the staff of the Board for review and approval.	<input type="checkbox"/> D. Notify the Board of any changes in his or her employment.
<input type="checkbox"/> E. Complete an ethics course within 90 calendar days of licensure.	<input type="checkbox"/> F. Submit to the Board a complete set of fingerprints.
<input type="checkbox"/> G. Attend Probation Orientation.	<input type="checkbox"/> H. Take any other action that the Board deems appropriate;
<input type="checkbox"/> I. Take any combination of the actions set forth in paragraphs (a) through (h), inclusive.	<input type="checkbox"/> J. Responsible for all administrative fees incurred by the Board as a result of their probation compliance.
<input type="checkbox"/> K. Cooperate fully with Board staff to administrate term of probation.	<input type="checkbox"/> L. Comply with all laws governing massage therapy.
<input type="checkbox"/> M. Notify any change in address or phone number to the Board office within 15 days.	<input type="checkbox"/> N. Submit to a random drug test at respondent's expense.

Summary/Comments:



# Nevada State Board of Massage Therapy

1755 E. Plumb Lane, Suite 252, Reno, NEVADA

Application: License Application  
Application Number: OL200212120333

Fee: \$30.00

## APPLICATION INSTRUCTIONS

Please read the following instructions carefully before completing the application. Incomplete applications will cause delays in processing your application. If you have any questions about completing this application, visit our website listed above and click the FAQs tab.

1. Did you complete/graduate from a program of Massage Therapy with at least 550 hours? : ☒ Yes ☐ No
2. Did you take and pass the National Exam (NESL, NCETM, NCETMB, MBLEx, IASI, ITEC, ARCB, IIR and NCBTMB-R)? : ☒ Yes ☐ No

## Section 1 : Personal Information

- Include 1 current passport quality photo - No emailed photos or faxes will be accepted
- No larger than 2" x 2", front view of FACE - no profile
- Must be taken against a solid white background
- We will **NOT ACCEPT** the photo if you are wearing a hat, sunglasses, or anything obstructing any portion of your face.

Application Type : ☒ Massage Therapist ☐ Structural Integration ☐ Reflexology

### Applicant Name

Last Name : RIGIROZZI  
First Name : RAEANN  
Middle Name : M.



List all legal names previously or currently being used by you :

No record found.

### Mailing address :

Street :  
City : State : Zip :

Residence address (if different than the mailing address) : ☐ Same as mailing address

Street :  
City : State : Zip :

Social Security Number : Date of Birth :  
Place of Birth : Gender : ☐ Male ☒ Female  
Home/Cell Phone :

Indicate the appropriate selection; which address you would prefer to be public knowledge.

☐ Home ☐ Mailing ☒ Business

Do you want to be excluded from the public mailing list? (Select one - You will still receive Board

notifications)

☐ Yes ☒ No

## Section 2 : Child Support Information (Pursuant to NRS 640C.430)

Mark the appropriate response (failure to mark one of the three will result in denial of your application):

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Section 3 : Previous Licensure Information

### Previous Licensure :

List all jurisdictions/states in which you have ever been licensed as a Massage Therapist, Reflexology or Structural Integrationist.

☐ Check here if you have never been licensed in any state jurisdiction.

Jurisdiction / State	License Number	Year Issued	Expiration Date
IO	MASG-648	2013	02/03/2015
CO	MT.0015127	2013	12/31/2020

## Section 4 : Training and Education

### Training :

Contact registrar of your school/(s) and request to have official transcripts mailed directly to the Nevada State Board of Massage Therapy.

Diploma may be provided by school or applicant.

Name of School	City/State	Years from and to	Hours Completed
Colorado Institute of Massage Therapy	Colorado Springs	2003 - 2005	1150

### Transcript(s)

Document Name	User Defined Document Name	Document Link
200212120333-117795-Transcript.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY-TRANSCP	<a href="#">Document Detail</a>

## Section 5 : National Exam

Exam Taken	Where Taken	Date Taken
NCBTMB	Las Vegas, NV	01/01/2005

National Exam Status :

Date Received :

Score Report Received ☒

Document Name	User Defined Document Name	Document Status
200212120333-117603-ScoreReportCard.pdf	NCETM	Pass

## Section 6 : Application Screening Questions

Please review the information you provided on this page carefully before submitting. Once saved and submitted, this cannot be changed.

1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage, reflexology or structural integration?

☐ Yes ☒ No

If yes, add the disciplinary actions below.

No record found.

2. Are you currently a party to any pending litigation related to the practice of massage therapy, reflexology or structural integration? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.

☐ Yes ☒ No

3. Are you currently or have you ever been required to register as a Sex Offender? (Tier I, II or III)

☐ Yes ☒ No

If Yes, please explain in below textbox :

4. Have you been accused of, arrested for, engaged in or solicited sexual activity during the course of practicing massage, reflexology, or structural integration on a person, with or without the consent of the person, including, without limitation, if you were an applicant or holder of a license:

- (a) Made sexual advances toward the person;
- (b) Requested sexual favors from the person; or
- (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person had signed a written consent form provided by the Board;

☐ Yes ☒ No

If yes, fill in the following with complete and accurate information for each accusation or arrest:

No record found.

## Fingerprint Background Waiver

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the Nevada State Board of Massage Therapy that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information



Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize **Nevada State Board of Massage Therapy** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.  
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

**Last Name :** RIGIROZZI

**First Name :** RAEANN

**Middle Name :** M.

**Street :**

**City :**

**State :**

**Zip :**

**Date :** 3/23/2020

**Submitting Agency :** Nevada State Board of Massage  
Therapy

**Address :** 1755 E. Plumb Ln. Suite 252,  
Reno, NV 89502

#### **VETERAN**

**The Nevada State Board of Massage Therapy is required by State Law to report veteran information annually. If this section applies to you, please complete the following information.**

**Have you ever served in the military:** ☐ Yes ☒ No

**Branch(es) of Service:** (Check all that apply)

- ☐ Army/Army Reserve
- ☐ Marine Corps/Marine Corps Reserve
- ☐ Navy/Navy Reserve
- ☐ Air Force/Air Force Reserve
- ☐ Coast Guard/Coast Guard Reserve
- ☒ National Guard

**Military Occupation Speciality/Specialties:**

**Date(s) of Service:** From To

As by Executive Order 2014-20 all professional licensing board organized pursuant to the NRS shall collect the above data and provide the information to the Nevada Department of Veterans Services.

#### **Affidavit of Applicant / Authorization of Release**

I, **RAEANN RIGIROZZI** certify that I am the person described and identified in this application;  
I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any undisclosed disciplinary proceedings instituted against me relating to my license to practice massage, reflexology or structural integration and I have disclosed or have not been arrested or convicted, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapy any information, files or records required by the Nevada State Board of Massage Therapy in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice massage therapy, structural integration or reflexology in the State of Nevada.

Name : Raeann Rigirozzi

Date : 3/23/2020

#### Upload

**Have you uploaded a current passport quality photo?**

**Has our office received your Official School Transcripts, Certificate of Completion (diploma), National Exam Official Score Report and, if applicable, Certified Statement from other jurisdictions/states?**

☒ Yes ☐ No

**Have you uploaded a current copy of driver's license or identification card and social security card. Names must match on driver's license and social security card. If your license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

**Have you uploaded a current massage therapy license, reflexology license/certificate or structural integration license. If your current massage therapist license, reflexology license/certificate or structural integration license has expired since you submitted your application you must include a current legible copy?**

☒ Yes ☐ No

- Please allow up to 4 weeks for processing your live scan fingerprints
- Please allow up to 6-8 weeks for processing fingerprint cards
- **Once you have submitted your completed application, please allow up to 15 business days for processing before inquiring about the status of your application.**

Document Type	Document Name	User Defined Document Name
Certificate of Completion	OL200212120333-118248-Certificate-of-Completion.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY-DIPL
Photo	1055-118093-RIGIROZZI, RAEANN.jpg	
Certified Statement	200212120333-117973-Certified-Statement.pdf	ID VERIF
Transcript	200212120333-117795-Transcript.pdf	COLORADO INSTITUTE OF MASSAGE THERAPY TRANSCP
Score Report Card	200212120333-117603-ScoreReportCard.pdf	NCETM
Certified Statement	200212120333-117602-Certified-Statement.pdf	CO VERIF
Current Massage License	OL200212115332-117361-Current-Massage-License.jpg	
Social Security Card	OL200212115332-117360-Social-Security-Card.jpg	
Government Issued ID Card	OL200212115332-117359-Government-Issued-ID-Card.jpg	

#### Application Fees

**All fees are non-refundable.**

#### Fee Detail(s)



# Colorado Institute of Massage Therapy

Transcript of 1,150 Hours

Massage Therapy Certification Program

1490 West Fillmore

Colorado Springs, CO 80904

Phone (719) 634-7347

Fax (719) 447-9198

Last Name: Rigirozzi

First: Raeann

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Term / Class: Spring 2005

Current Status: Graduated

Enrollment Status: Full-time/Completed

Dates of Attendance: 7/22/2003-06/24/2005

Hours Enrolled In: 1,150

Hours Completed: 1,150

Incomplete Hours: 0

Overall GPA (4.0 Scale): 3.39

Section: Anatomy & Physiology		Sessions	Class Hours	Lab Hours	Total Hours	Grade
A101	Medical Terms	3	6.75	1.75	8.50	A
A102	Bones	8	18.00	7.75	25.75	B
A103	Structural Kines	14	31.50	46.00	77.50	C
A104	Functional Anatomy	6	13.50	20.00	33.50	A
A105	Neuromuscular Phys	8	18.00	12.00	30.00	A
A106	Postural Kines	6	13.50	8.00	21.50	B
A107	Pathology	6	13.50	14.00	27.50	B
<b>Anatomy &amp; Physiology Totals</b>		<b>51</b>	<b>114.75</b>	<b>96.50</b>	<b>211.25</b>	<b>GPA 2.97</b>

Section: Massage Theory		Sessions	Class Hours	Lab Hours	Total Hours	Grade
T101	Intro to NMT	4	9.00	0.00	9.00	C
T102	Foundations of Mt	3	6.75	0.25	7.00	A
T103	Self-Care	5	11.25	3.00	14.25	A
T104	Clin Apps I	3	6.75	0.00	6.75	A
T105	Practice Bldg	6	13.50	17.50	31.00	A
T106	SOAPS	4	9.00	11.25	20.25	B
T107	Trigger Point	11	24.75	47.50	72.25	B
T108	Clin Apps II	3	6.75	3.00	9.75	A
<b>Theory Totals</b>		<b>39</b>	<b>87.75</b>	<b>82.50</b>	<b>170.25</b>	<b>GPA 3.35</b>

Section: Technique		Sessions	Class Hours	Lab Hours	Total Hours	Grade
TC101	Swedish Massage	10	45.00	62.00	107.00	A
TC102	Joint Movement	5	22.50	36.00	58.50	A
TC103	NMT/Trigger Point	14	63.00	106.00	169.00	A
TC104	IANMT Certification Series	10	45.00	82.00	127.00	B
TC105	Integrative Techniques					
	/Subtle Techniques	5	22.50	43.00	65.50	A
TC106	Final Project / Internship Pres.	1	4.50	0.00	4.50	A
<b>Technique Totals</b>		<b>45</b>	<b>202.50</b>	<b>329.00</b>	<b>531.50</b>	<b>GPA 3.76</b>

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FEB 24 2020

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# Colorado Institute of Massage Therapy

Transcript of 1,150 Hours

Massage Therapy Certification Program

1490 West Fillmore

Colorado Springs, CO 80904

Phone (719) 634-7347

Fax (719) 447-9198

Last Name: Rigirozzi

First: Raeann

Section: Student Clinic		Class Hours	Lab Hours	Total Hours	Grade
SC101FP	Student Clinic	0.00	0.00	0.00	
SC101CI*	Student Clinic with Internship (*Optional replacement for SC101FP)	0.00	124.00	124.00	C
<b>Student Clinic Totals</b>		0.00	124.00	124.00	<b>GPA 2.00</b>

Section: Related Workshops		Class Hours	Total Hours	*Pass / Fail
W1 <b>Required</b>	Sports Massage	8.00	8.00	P
W2 <b>Required</b>	CPR / First Aid	8.00	8.00	P
W3 <b>Required</b>	Hydrotherapy	8.00	8.00	P
W4 <b>Elective</b>	Related Body Work	8.00	8.00	P
W5 <b>Elective</b>	Spa MS	8.00	8.00	P
W6 <b>Elective</b>	Accupressure	8.00	8.00	P
W7 <b>Elective</b>	Cadaver	8.00	8.00	P
W8 <b>Elective</b>	Pilates, Yoga, TaiChi/ ISSA	8.00	8.00	P
<b>Special Events Totals</b>		64.00	0.00	64.00 <b>GPA 4.00</b>

Section: Special Events		Class Hours	Lab Hours	Total Hours	*Pass / Fail
SM101*	Sports or Marketing Massage (*Min. 16 hours in Sports massage)	0.00	32.00	32.00	P
R101	Research Hours	0.00	12.00	12.00	P
MT101	Office / Spa Hours	0.00	5.00	5.00	P
<b>Special Events Totals</b>		0.00	49.00	49.00	<b>GPA 4.00</b>

		Class Hours	Lab Hours	Total Hours	TOTAL GPA
<b>GRAND TOTALS:</b>		469.00	681.00	1150.00	3.389

Students must maintain a C average to graduate. Grade Point averages are figured on a standard 4 point scale.

A=4.00, B=3.00, C=2.00, D=0.00 P=Pass, F=Fail, N/A= Not Applicable, T=Transfer

Approved and regulated by the Department of Higher Education and the Division of Private Occupational Schools.







# Colorado Institute of Massage Therapy

## Raeann Riggiozzi 1150 Hours

Course Number	Course Name	Anatomy, Physiology & Kinesiology	Massage Theory, Technique & Practice	Business of Massage	Pathology	Other	Total
A101	Medical Terms	8.5					8.5
A102	Bones	25.75					25.75
A103	Structural Kinesiology	77.5					77.5
A104	Functional Anatomy	33.5					33.5
A105	Neuromuscular Physiology	30					30
A106	Postural Kinesiology	21.5					21.5
A107	Pathology				14.5		14.5
T101	Intro to NMT		9				9
T102	Foundations of Massage			7			7
T103	Self-Care		14.25				14.25
T104	Clinical Applications I		4.75		2		6.75
T105	Practice Building			31			31
T106	SOAP Notes			20.25			20.25
T107	Trigger Point Theory		72.25				72.25
T108	Clinical Applications II		7.75	1	1		9.75
TC101	Swedish Massage		107				107
TC102	Joint Movements		58.5				58.5
TC103	NMT/ Trigger Point Release		169				169
TC104	IANMT		127				127
TC105	Integrative Techniques		65.5				65.5
WRKSH	Various Workshops		56			8	64
MT101	Office/Spa Hours			5			5
SM101	Sports & Marketing Massage		32				32
SC101C	Student Clinic		124				124
R101	Research Hours			12			12
TC106	Final Project		4.5				4.5
		196.75	851.5	76.25	17.5	8	1150

**NSBMT**

**FEB 24 2020**

**RECEIVED**

Phone: (719) 634-7347 Toll Free: (888) 634-7347 Fax: (719) 447-9198

1490 W. Fillmore St., Colorado Springs, CO 80904

Web: [www.cimt.com](http://www.cimt.com) Email: [info@cimt.com](mailto:info@cimt.com)

Institutional Accreditation with Commission on Massage Therapy Accreditation

Approved and Regulated by the Department of Higher Education, Private Occupational School Board

# CIMT

COLORADO INSTITUTE OF MASSAGE THERAPY

Colorado Springs, Colorado



Bestows upon

***Raeann Rigirozzi***

A Diploma of Graduation

In

Massage Therapy

1,150 hours

Certifies satisfactory completion of Neuromuscular Therapy, Joint Movement, Trigger Point Release,  
Anatomy and Physiology, Deep Tissue, Swedish and Sports Massage.

Awarded in Proud Testimony Whereof, Signed and dated this 24<sup>th</sup> day of June, 2005

  
Roger Patrizio, Director

Program approved by the American Massage Therapy Commission  
Approved and Regulated by the Department of Higher Education, Division of Private Occupational Schools

NSBMT

MAR 23 2020

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## Official NCBTMB Score Report

**Reann Rigirozzi**

UNITED STATES

DOB:



**Exam Name:** NCETM

**Exam Date:** 12/7/2005

**Exam Result:** PASS

**Candidate ID:** 440226-00

Please accept this as the Official Score Report for the candidate listed above for the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

If you have any questions, please contact [scores@ncbtmb.org](mailto:scores@ncbtmb.org) or call 800-296-0664.





## Lookup Detail View

### Licensee Information

*This serves as primary source verification\* of the license.*

*\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Raeann Marie Rigirozzi	Pueblo, CO 81006

### Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
MT.0015127	Endorsement	Massage Therapist	Active	07/09/2013	01/01/2019	12/31/2020

### Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 2/25/2020 10:33:56 AM







STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063



CERTIFICATION  
OF  
RECORD

Date of Certification: Wednesday, February 26, 2020

PUBLIC RECORD

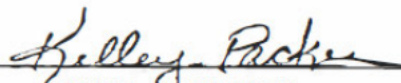
Licensee Name: RAEANN MARIE RIGIROZZI  
Profession: MESSAGE THERAPIST GRANDFATHER  
Number: MASG-648  
Public Record Address: PO BOX 2948  
City, State, Zip: MCCALL, ID 83638  
Date of Original Record: 06/29/2013  
Issued By: Grandfather  
Status: Not Current Discipline Status: None  
Last Action: Expired  
Action Date: 2/3/2015  
Cancelled Date: 2/3/2015  
Qualifications:



Disciplinary Action: None

OFFICIAL CERTIFICATION

I hereby verify that the above information is true and accurate and constitutes a current public record of the above named license.

  
CHIEF, BUREAU OF  
OCCUPATIONAL LICENSES

February 26, 2020



This is to verify that the

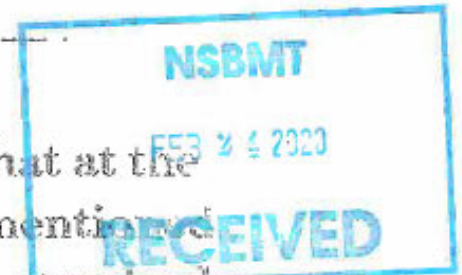
Colorado Institute of Massage Therapy  
Colorado Springs  
Colorado

Has been awarded Institutional Accreditation by the

**COMMISSION ON MASSAGE THERAPY ACCREDITATION**

for the term April 2017 through October 2023

Be it known that the Commission has verified that at the beginning of the term of accreditation, the aforementioned program was in compliance with all accreditation standards.



A handwritten signature in cursive script that reads "Dawn Hogue".

COMTA Chair

A handwritten signature in cursive script that reads "Kati M. Zaleski".

COMTA Executive Director





# State of Colorado

Division of Private Occupational Schools

Department of Higher Education

## APPROVED SCHOOL

This is to Certify that Colorado Institute of Massage Therapy

Name of School

Located at 1490 W. Fillmore St., Colorado Springs, CO 80904

Address, City, State, Zip Code

Meets the requirements for Certificate of Approval pursuant to the Private Occupational Education Act of 1981, Title 12, Section 101, et seq., C.R.S.

TYPE OF CERTIFICATE Standard

EXPIRATION DATE 06/30/20 20

In Witness Whereof, is affixed the Seal of the State of Colorado by the Department of Higher Education this

1st day of July, 2017  
Month Year



NSBMT  
FEB 24 2020  
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DIRECTOR



**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Website: <http://massagetherapy.nv.gov>

April 22, 2020

Raeann M. Rigirozzi

Re: DISPOSITION OF RECORD

Dear Ms. Rigirozzi,

In order to complete your application and obtain your Nevada State Board of massage therapy license, we need to have the following documents to continue processing your application;

1. A written narrative describing the incident(s), the circumstances that led up to the incident(s) and the outcome for the incident(s).
2. Dispositions from the court(s) you appeared at regarding the highlighted arrest(s). **Online printouts cannot be accepted.**
3. Receipts for all fines or penalties showing that they have been paid. You will need to contact the court you attended or appeared at. **Online printouts cannot be accepted.**
4. You must comply with Board Staff for all requested documents and the Board Staff will be making recommendations regarding your Application.

Please mail or fax the above documents to our office for review. Emailed documents cannot be accepted. Your background check will expire on **10/31/2020**. Your massage license must be completed and issued by the above expiration date, or you will be required to fulfill another background check and be responsible for the additional \$85.00 fee.

If you have any questions regarding the attached criminal history, you can email us at [nvmassagebd@state.nv.us](mailto:nvmassagebd@state.nv.us)

Sincerely,


A handwritten signature in blue ink, appearing to read "Tereza Van Horn".

Tereza Van Horn  
Executive Assistant  
Enclosed

COPY

**Please Note: It is a misdemeanor to practice or advertise Massage Therapy without a current valid NSBMT Massage License.**





To Whom It may Concern,

On 9/28/97 I was pulled over for speeding on I-25. The officer asked if I had been drinking. I answered honestly and said yes. The officer give me a roadside test that he stated that I failed. I then did a breath test . The officer arrested me and I was released from jail. I went to court, I was court ordered to attend alcohol classes and was given a 1 Year deferred sentence. The year went by and I satisfied the court by attending my classes. I did not receive a **DUI** it was a **DWAI**, big difference. I did not lose my license.



# REGISTER OF ACTIONS MISDEMEANOR/TRAFFIC/INFRACOCTIONS

COUNTY COURT, COUNTY OF Pueblo  
STATE OF COLORADO

## BOND INFORMATION

Bond set at \$ \_\_\_\_\_ Type \_\_\_\_\_  
Surety \_\_\_\_\_  
Bond reduced to \$ \_\_\_\_\_  
Bond filed \_\_\_\_\_  
Bond ordered returned Verbal E.O.R. 10/17/97  
Defendant's attorney Biddle

PEOPLE OF THE STATE OF COLORADO VS.  
DU RIGIROZZI, RAEANN M

Case # 97T-008120

3  
Division/Judge/Magistrate  
DEFENDANT, Name, address, DOB

Complaint Filed 9/29/1997  
Summons issued 1127786  
Complaining Officer \_\_\_\_\_  
First appearance 10/20/1997  
Continued to 12/29/97 4:00 pm  
Continued to 4/1/97 @ 10:00 am PLS AFS ordered

## FIRST APPEARANCE/ADVISEMENT/FURTHER ACTION

Date 10/17/97  
Defendant ☐ Pro Se ☐ with counsel ATD. waives adv.  
☐ Advised of rights, nature of charges, possible penalties  
☐ Written entry and plea by \_\_\_\_\_  
☐ Telephone setting by \_\_\_\_\_  
☐ Defendant failed to appear; bench warrant to issue  
☐ B/W issued Continued  
☐ B/W terminated  
☐ Defendant failed to appear; default judgment entered  
☐ Default judgment paid  
☐ Waiver/Guilty Plea

## CHARGES/PLEAS

Date \_\_\_\_\_  
Defendant ☐ Pro Se ☐ with counsel  
Charge 42-4-1301(1)(b) M  
Offense Description [REDACTED]  
Plea \_\_\_\_\_

## DISMISSALS/AMENDMENTS/PLEAS

Date \_\_\_\_\_  
Defendant ☐ Pro Se ☐ with counsel  
Charge ☐ People's motion to dismiss the following granted.  
☐ People's motion to amend the following to, granted.  
Plea \_\_\_\_\_

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**APR 29 2020**  
**RECEIVED**

## HEARING/TRIAL/SENTENCE

Date 4-1-98  
Defendant ☐ Pro Se ☒ with counsel Biddle  
☐ Sentence Trial to ☐ Court ☐ Jury of \_\_\_\_\_  
Charge D15 12 mos. NSU, DCU & full compliance w/ Ord.  
CC 409  
Rest. & CSP 12.45  
24 hrs. UPS  
LEV II ED 20 1x mtd DD

## PRE-SENTENCE/PROBATION

☒ Alcohol evaluation ordered. ☐ Pre-sentence report ordered.  
☐ Hearing set for \_\_\_\_\_  
☐ Probation granted for \_\_\_\_\_ to \_\_\_\_\_  
☐ Probation denied. ☐ Stay of execution during probation.  
☐ Deferred prosecution granted for \_\_\_\_\_  
☐ Deferred sentencing granted for \_\_\_\_\_ to \_\_\_\_\_  
☐ Restitution of \$ \_\_\_\_\_ ordered by \_\_\_\_\_  
☐ Other stipulations. ☐ Probation Terminated. Case Closed.  
☒ People's motion allowing defendant's guilty plea to be withdrawn, granted.  
Defendant discharged from deferred sentence.  
☐ Advisement given per Sec. 24-72-308, CRS.  
☐ Final Adjudication. So ordered and approved.

## FISCAL DATA

Bond Cash \$-6-98  
Returned \_\_\_\_\_  
Jury Fee \_\_\_\_\_  
Returned \_\_\_\_\_  
Fines \_\_\_\_\_  
Victim Assistance Fee (37%) \_\_\_\_\_  
Court Costs \_\_\_\_\_  
Sheriff Fee/Witness Fees \_\_\_\_\_  
Probation Fee \_\_\_\_\_  
Alcohol Fee \_\_\_\_\_  
Victim Compensation Fee \_\_\_\_\_  
Attorney Fee \_\_\_\_\_  
LEAF \_\_\_\_\_  
UPS Fee \_\_\_\_\_  
Total Due \$ \_\_\_\_\_  
Payment \$ \_\_\_\_\_

CONTINUE OR REVERSE



CASE NO. 97 T 6120DIVISION 3

PLEA OF GUILTY AND ADVISEMENT PER COLORADO RULES OF CRIMINAL PROCEDURE, RULES 5 AND 11  
 DRIVING UNDER THE INFLUENCE (DUI) (C.R.S. 42-4-1301(1)(a), as amended) or  
 DRIVING WHILE ABILITY IMPAIRED (DWAI) (C.R.S. 42-4-1301(1)(b), as amended)

THE PEOPLE OF THE STATE OF COLORADO,

v.

Racann RigirosziDefense Attorney Biddle

The undersigned acknowledges that he/she is the defendant in this case and that his/her name is as stated above.  
 THE PARTIES present the following plea agreement to the Court:

## 1) CHARGES:

- a. Defendant pleads guilty to: ☐ Driving Under the Influence; ☒ [REDACTED]
- b. ☒ All other charges will be dismissed, or
- c. ☐ the defendant also pleads guilty to \_\_\_\_\_  
 the remaining charges will be dismissed.

## 2) SENTENCING:

- ☐ Supervised Probation ☐ Court Supervised Probation ☒ [REDACTED]
- ☐ Conditional Suspended Sentence Term: 1 year ☐ Other

- a) ☐ Defendant will pay a fine of \$\_\_\_\_\_, plus court costs.
- b) ☐ Defendant will perform \_\_\_\_\_ hours Useful Public Service.
- c) ☐ Defendant will pay restitution, as determined by the District Attorney or Court.
- d) ☒ Defendant will pay costs in the amount of \$2.45 to the law enforcement agency which issued the charge.  
Colo. State Patrol
- e) Defendant will not drive without a valid license and insurance.
- f) Defendant will commit no criminal violations during the term of this sentence.
- g) Defendant will comply with all other conditions imposed by the Court.

OTHER AGREEMENTS: [REDACTED]

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There are no other agreements. Any other conditions will be left to the discretion of the Court.

Defendant acknowledges that he/she has read and understands the advisement of rights on the opposite side of this agreement and defendant understands that by entering his/her plea of guilty to the charge, he/she is waiving and giving up all of the rights set forth in Section I on the opposite side of this plea agreement. Defendant also acknowledges that he/she has read and understands the statements in Sections II on the opposite side of this agreement, and those statements are true and correct.

Dated: April 1, 1998

Deputy District Attorney

Dated: 4/1/98

Defendant

Dated: 4/1/98

Defense Attorney

## WAIVER OF RIGHT TO A LAWYER

I acknowledge that I understand my right to have a lawyer represent me as explained in Section I on the reverse side of this plea agreement. I am voluntarily giving up that right and choose to enter a plea of guilty at this time without the advice of a lawyer.

Dated: \_\_\_\_\_

Defendant's signature \_\_\_\_\_

## ATTORNEY CERTIFICATE

I inform the Court that I have advised my client pursuant to Rules 5 and 11, C.R.Crim.P., and have reviewed this agreement with my client. It is my opinion that my client is entering into this agreement freely and voluntarily.

Attorney for the Defendant

ALLAN D. ENRICH  
Chief of Probation Services

## PROBATION DEPARTMENT

ADULT DIVISION  
583-7071

JUVENILE  
583-7178

INVESTIGATIONS DIVISION  
583-7081

10th JUDICIAL DISTRICT  
Judicial Building, 320 West 10th  
PUEBLO, COLORADO 81003



District Court Judges:  
HON. C. DENNIS MAES  
Chief Judge

HON. EUGENE T. HALAAS  
HON. GERALD A. MARRONEY  
HON. ROSALIE VIGNA  
HON. JAMES A. FRASHER  
HON. DAVID A. COLE

County Court Judges:  
HON. ADELE K. ANDERSON  
HON. KATHLEEN K. HEARN  
HON. ERNEST J. RUYBALDO

Gus Sandstrom  
District Attorney  
10th Judicial District  
201 W. 8th Street  
Pueblo, CO 81003

RE: Raeann Rigirozzi

Case No.: 97T6120-3

Please be informed that the above mentioned has successfully completed  
all conditions of the deferred sentence for DWI/ DWAI granted on  
04/01/98 for a period of one year.

Respectfully,

Utahna Lemoine,  
Alcohol/Drug Evaluation Specialist

APPROVED:

(for) Chief of Probation Services

cc: Judge

99 MAR 31 4 9:28

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MAR 31 1999

NSBMT

APR 29 2020

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SENTENCING ORDER: DUI/DWI  
(Not a Mittimus)

NAME Raeann Rigiozzi

CASE NO. 97T6120-3

1. ☒ Deferred Sent. Granted 1 mos./yrs ☒ Court supervised  
☐ Probation Granted        mos./yrs ☐ Supervised by Probation Dept.  
☐ Probation Revoked & Re-granted        mos./yrs ☒ Monitored by Probation Dept.

**IF PROBATION OR DEFERRED SENTENCING GRANTED, YOU MUST PROVE FULL PERFORMANCE OF ALL ASPECTS OF THE COURT'S SENTENCING ORDER AS A CONDITION.**

2. 0 days/mos./yrs. in County Jail, or        days/mos./yrs. In-Home Detention granted beginning        Alternatives:         
☐ As condition of probation        Straight sentence  
☐ Work Release considered        Credit for        days served  
☐ Work Release Granted        Concurrent with/Consecutive to         
       days suspended on condition of full performance of all aspects of sentencing order.
3.        additional days in County jail are imposed but will be suspended if you show the Court that you have fully complied with all aspects of this sentencing order. You must appear in Court on        to show your compliance or begin serving this portion of your jail sentence.
4. 24 hrs. UPS: ☐ REPORT FOR UPS ORIENTATION IN ROOM 137 ON DATE SET BY PROBATION.  
☒ REPORT FOR UPS ORIENTATION IN ROOM 137 ON 4/20/98 at 10 A.M.)  
       Charitable contribution in lieu of Public Service ordered in amount of \$        to
5. ☒ No further violations of law of any kind except minor traffic violations under 8 pts. and fish and game violations.  
☐ No violations of any traffic law  
☒ No similar violations  
☒ Abide by any additional terms and conditions imposed by probation department  
☒ Do not drive without a valid license and insurance

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**6 (REPORT TO ROOM 302 TODAY WHEN YOU LEAVE COURTROOM & DO THE FOLLOWING):**

- |  |   |
|--|---|
| <input type="checkbox"/> Level 1 Alcohol Education   | <input type="checkbox"/> Consume no alcohol or illegal drugs;   |
| <input checked="" type="checkbox"/> Level 2 Alcohol Education <u>20 hrs</u>  | <input type="checkbox"/> Immediately begin monitored antabuse as recommended by treatment agencies if medically possible. |
| <input type="checkbox"/> 26 hrs. Level 2 Therapy   | <input type="checkbox"/> Attend AA <u>      </u> times per week and provide proof to Court                                |
| <input type="checkbox"/> 40 hrs. Level 2 Therapy   |   |
| <input checked="" type="checkbox"/> 1 MADD Victim Impact Group   |   |
| <input type="checkbox"/> Random UA/BA  |   |
| <input type="checkbox"/> Immediately obtain an Alcohol Evaluation in Room 302.                                       |   |
| <input type="checkbox"/> Comply with all Probation Dept. recommendations regarding alcohol therapy and/or education. |   |
| <input type="checkbox"/> Do inpatient therapy, minimum of <u>      </u> days. OBTAIN FIRST AVAILABLE BED SPACE.      |   |

7. ☒ Restitution. Pay \$ 1245 for Colo State Patrol  
Pay in Room 101 or through Collection Investigator in Room 105.

8. \$        Fine; \$        Suspended on condition of full performance of all aspects of sentencing order.

**9. COSTS (REPORT TO ROOM 101/105 TODAY AS SOON AS YOU LEAVE COURTROOM TO PAY COSTS)**

- |  |   |
|--|---|
| <input type="checkbox"/> \$18 court costs                        | <input checked="" type="checkbox"/> \$80 UPS fee        |
| <input type="checkbox"/> \$25 Victims Comp. fund                 | <input type="checkbox"/> \$5 MADD Victim's Impact Panel |
| <input checked="" type="checkbox"/> \$90 LEAF                    | <input type="checkbox"/> \$50 Probation Supervision Fee |
| <input type="checkbox"/> Victim's Assistant Fund (\$60 min.)     | <input type="checkbox"/> OJW fee (\$30 per warrant)     |
| <input type="checkbox"/> 37% of fine.                            | <input type="checkbox"/> OTHER <u>      </u>            |
| <input checked="" type="checkbox"/> \$156 Alcohol Evaluation Fee |   |

10. Any bond posted is ordered released and discharged.

DATE: 4/1/98

COUNTY JUDGE E. J. [Signature]

**COLORADO ALTERNATIVE SENTENCING PROGRAM  
USEFUL PUBLIC SERVICE / 10TH JUDICIAL DISTRICT**

**CASE NO: 97T6120**

**JUDGE RUYBALID**

**DIVISION: 3** ✓

**CONCLUDING REPORT ON COMPLIANCE OF USEFUL PUBLIC SERVICE**

**DATE: 07/09/98**

**COURT REVIEW: 04/01/99**

**END OF: Probation / Deferred**

**NAME: RAEANN RIGIROZZI**

**D.O.B. : 02/02/79**

**COMPLIANT: YES**

**HOURS ORDERED: [REDACTED]**

**HOURS DONE: [REDACTED]**

**AGENCY: DAVE ROBERTS (LANDFILL)**

**COMMENTS:**

**RESPECTFULLY SUBMITTED:**

*[Signature]*

**DATE: 7/9/98**

**USEFUL PUBLIC SERVICE / COLORADO ALTERNATIVE SENTENCING PROGRAM**

**cc: District Attorney  
COURT SUP  
BIDDLE**

**UPS file**

**NSBMT**

**APR 29 2020**

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FILED IN PUBLIC  
COURT  
AD: 30

COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T 6120

DIV .3

ENTRY OF APPEARANCE

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,

Defendant.

COMES NOW, DAROL C. BIDDLE, and enters his appearance as attorney of record for the Defendant, in the above-captioned matter.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
Attorney for Defendant  
323 South Union Avenue  
Pueblo, Colorado 81003  
Telephone: (719) 542-1385

98 JAN 28 10:33 AM  
CLERK OF COURT  
PUEBLO, CO

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COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO. 97 T 6120

DIV.3

REQUEST FOR JURY TRIAL

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,

Defendant.

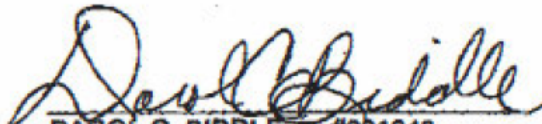
98 JAN 28 P 2:33

FILED IN PUEBLO  
COUNTY COURT

COMES NOW, the above-named defendant, by and through her attorney, DAROL C BIDDLE, and hereby requests a trial by jury in the above-captioned case.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
Attorney for Defendant  
323 S. Union Ave.  
Pueblo, Co. 81003  
Telephone: (719) 542-1385

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1-22-98



COUNTY COURT, PUEBLO COUNTY, STATE OF COLORADO

CASE NO. 97 T 6120

DIV.3

REQUEST FOR AN OMNIBUS HEARING

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIROZZI,

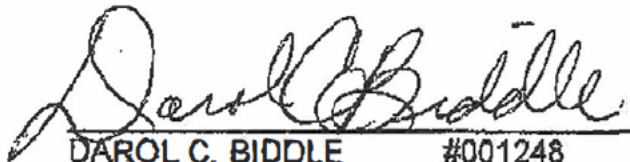
Defendant.

FILED IN PUEBLO  
COUNTY COURT  
98 JAN 28 2:33

COMES NOW the Defendant, pursuant to Part IV of Rule 16, Colorado Rules of Criminal Procedure, and requests an omnibus hearing to facilitate to implementation of discovery procedure.

DATED this 1st day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
323 S. Union Ave.  
Pueblo, Co. 81003  
Telephone: (719) 542-1385

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APR 29 2020

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1-29-98

COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO.

DIV.

MOTION TO SUPPRESS OBSERVATIONS

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAYANN RIGIROZZI,

Defendant.

FILED IN PUEBLO  
COUNTY COURT  
09 JAN 28 P 2:33

COMES NOW, the defendant and moves the Court for an Order suppressing any and all observations made by all law enforcement personnel with respect to the said Defendant which occurred subsequent to the illegal stop and arrest of the Defendant. As grounds therefore, Defendant states:

1. This defendant was stopped and arrested by a law enforcement officer on the 28th day of September, 1997. Following his stop and arrest, law enforcement personnel may have made certain observations of the Defendant relating to his state of sobriety.

2. The stop and arrest of this defendant were illegally and unconstitutionally made without a warrant and without probable cause in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.

3. Each and every observation made of the defendant by law enforcement officers were made as the fruit and result of the aforesaid unlawful stop and arrest of the defendant.

WHEREFORE, the defendant prays for an Order suppressing any and all observations by law enforcement personnel of the Defendant relating to the Defendant's state of sobriety subsequent to his stop and arrest..

DATED this 20th day of December, 1997.

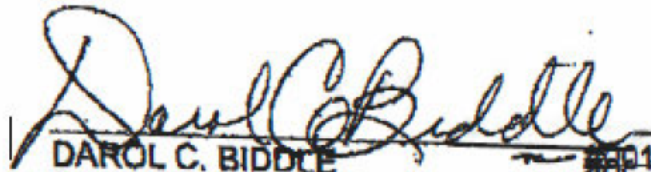
Respectfully submitted,

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APR 29 2020

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62298



DAROL C. BIDDLE

#01248  
#01

Attorney for Defendant  
323 South Union Avenue  
Pueblo, Colorado 81003  
Phone: (719) 542-1385

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APR 29 2020

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COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97T6120 DIV. 3

MOTION TO SUPPRESS STATEMENTS

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIRROZI,

Defendant.

98 JAN 28 P 2: 33

FILED IN PUEBLO  
COUNTY COURT

COMES NOW the Defendant, by and through his attorney, DAROL C. BIDDLE, and moves the Court for an Order suppressing in any criminal proceeding the following evidence:

1. Any and all statements of this Defendant to any police officer, to any employee of the District Attorney's Office or to any other federal, state or local law enforcement officer, agent or informer.
2. Any evidence, tangible or intangible, obtained as the result of the statements unlawfully procured from this Defendant.

AS GROUNDS FOR THIS MOTION, Defendant states as follows:

1. All of the aforesaid statements are inadmissible since they were obtained in violation of the Defendant's right to due process of law as guaranteed to him by the Fifth and Fourteenth Amendments to the United States Constitution and Article II, Section 25 of the Colorado Constitution.
2. All of the aforesaid statements are inadmissible since they were obtained in violation of this Defendant's privilege against self-incrimination and his right to effective assistance of counsel as guaranteed by Article II, Section 16 and Article II, Section 18 of the Colorado Constitution and the Fifth, Sixth and Fourteenth Amendments to the United States Constitution.
3. All of the aforesaid statements were obtained as the direct result of the unconstitutional arrest of the Defendant without probable cause in violation of the Fourth, and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of

APR 29 2020

RECEIVED



the Colorado Constitution.

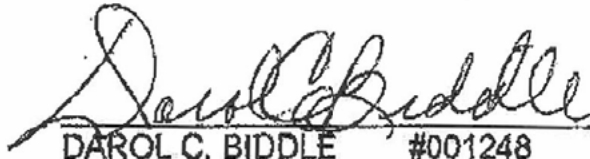
4. All of the aforesaid statements were obtained as the direct result of the violation of Rule 5(a) of the Colorado Rules of Criminal Procedure, which requires that an arrested person be taken before a County Judge without unnecessary delay.

5. All of the aforesaid statements were obtained without advising this Defendant that he was being interrogated for the purpose of obtaining evidence of the specific offenses with which he is herein charged as required by his right to effective assistance of counsel and by his privilege against self-incrimination.

WHEREFORE, this Defendant prays for an order suppressing as evidence against him in any criminal proceeding the above-specified evidence.

DATED this 20th day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248  
Attorney for Defendant  
323 S. Union Ave.  
Pueblo, Co. 81003  
Telephone: (719) 542-1385



COUNTY COURT, COUNTY OF PUEBLO, STATE OF COLORADO

CASE NO. 97 T 6120

DIV. 3

MOTION TO SUPPRESS PERFORMANCE TEST

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

vs.

RAEANN RIGIRROZI,

Defendant.

98 JAN 28 P 2:34

FILED IN PUEBLO  
COUNTY COURT

COMES NOW the defendant and moves the Court for an Order suppressing as evidence in any criminal proceeding, any video tape made of the Defendant following her stop and arrest in this case, testimonial evidence concerning the Defendant's performance of any physical tests after she was contacted by the law enforcement agents in this case and any evidence which is the fruit of such tests.

AS GROUNDS, THEREFOR, Defendant states:

1. At or about the time of the Defendant's stop and arrest and following her stop and arrest in connection with this case, law enforcement officers directed her to perform certain physical tests to check her motor skills, reflexes and coordination.
2. The aforesaid tests were performed by the Defendant involuntarily and without obtaining her consent.
3. The aforesaid tests were performed as the direct result of the unconstitutional and illegal stop and arrest of the Defendant without a warrant in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.
4. Performance of the aforesaid tests was obtained without advising this Defendant that she was being directed to perform such tests for the purposes of obtaining evidence of the specific offense with which she is charged as required by her right to effective assistance of counsel and by her privilege against self incrimination.
5. The Defendant was required to perform the roadside tests in violation of her constitutional privilege against self-incrimination and her constitutional right to effective

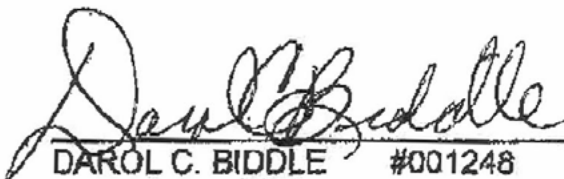


assistance of counsel.

WHEREFORE, the Defendant prays for an Order suppressing as evidence the aforesaid tests and any evidence which was obtained as the result and fruit of such tests.

DATED this 20th day of December, 1997.

Respectfully submitted,



DAROL C. BIDDLE #001248

Attorney for Defendant

323 S. Union Ave.

Pueblo, Co. 81003

Telephone: (719) 542-1385

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APR 29 2020

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COUNTY COURT, PUEBLO COUNTY, COLORADO

CASE NO. 97T6120

DIV. 3

MOTION TO SUPPRESS BREATH SAMPLE

THE PEOPLE OF THE STATE OF COLORADO,

Plaintiff,

Vs.

RAEANN RIGIRROZ,

Defendant.

FILED IN PUEBLO  
COUNTY COURT  
88 JAN 28 P 2:34

COMES NOW, the Defendant, and moves the Court for an Order suppressing as evidence the breath sample secured from this Defendant and the results of tests performed on such breath sample.

AS GROUNDS, THEREFORE, Defendant states:

1. The Defendant was arrested on the 28 day of September, 1997. Following her arrest, the Defendant was required to provide a sample of her breath for the purpose of determining the alcohol content of her blood.

2. The aforesaid breath sample was obtained in violation of C.R.S. 1973, 42-4-1202(3)

3. The aforesaid breath sample was obtained as the direct result of the unconstitutional and illegal arrest of the Defendant without a warrant in violation of the Fourth and Fourteenth Amendments to the United States Constitution and Article II, Section 7 of the Colorado Constitution.

WHEREFORE, Defendant prays for an Order suppressing as evidence the breath sample and the results of any tests performed on such breath sample.

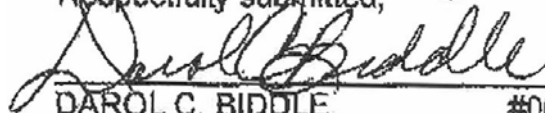
DATED this 20th day of December, 1997.

**NSBMT**

APR 29 2020

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Respectfully submitted,



DAROL C. BIDDLE

#001248

Attorney for Defendant

323 South Union Avenue  
Pueblo, Colorado 81003

128-98

PROOF OF SERVICE

The undersigned hereby certifies that on this <sup>9</sup>~~26~~th day of <sup>January</sup>~~December~~, 1997, a true and correct copy of the foregoing was mailed, postage prepaid, by placing same in the U.S. Mail, addressed to:

The District Attorney's Office  
201 W. 8th St.  
Suite 801  
Pueblo, Co. 81003

FILED IN PUEBLO  
COUNTY COURT  
98 JAN 28 P 2:44

Carol G. Rodalle



1-29-98

IN THE COUNTY COURT, COUNTY  
OF PUEBLO AND STATE OF COLORADO

CASE NO. 97T6120 DIV. 3 DATE 12/29/97  
NAME Rigirozzi, Raeanne M DOB:            ATD Biddle

NEXT COURT APPEARANCE DATE: FAILURE TO PROVIDE THE COURT WITH YOUR CASE NUMBER  
WILL REQUIRE YOU TO PAY AN ADDITIONAL \$2.00 SEARCH FEE

4/1/98 AT 15 AM/PM FOR PES  
AT AM/PM FOR  
AT AM/PM FOR

Defendant entered a plea of G NG NC            SPEEDY TRIAL WAIVED           

Defendant has 20 days to file written motions

COPY given / mailed to:

DEF            DDA            ATD             
PCJ            AES             
CSP            PPD             
PROB             
UPS            HOURS             
SURETY             
OTHER           

DEFENDANT WAS ADVISED THAT PAYMENT OF FINES/COSTS WILL BE DUE AT  
TIME OF SENTENCING

PAYMENTS NOT PAID IN FULL ON DATE OF SENTENCING WILL BE ASSESSED  
AN ADDITIONAL \$25 FEE. FAILURE TO PAY FEES OR APPEAR ON DATE  
SPECIFIED WILL RESULT IN YOUR ARREST AND CONFINEMENT IN THE PUEBLO  
COUNTY JAIL AND AN ADDITIONAL \$30 ADMINISTRATIVE FEE.

ESTIMATED COSTS \$            DUE AT SENTENCING

FINES & COSTS

DEFENDANT'S SIGNATURE

DATE

TOTAL DUE \$           

Pay in Rm. #101 / Make Arrangements for payment in Rm. #105

FINE CT. #1	VAF CT. #1	VCF	CC
FINE CT. #2	VAF CT. #2	VCF	ADM
FINE CT. #3	VAF CT. #3	VCF	UPS
FINE CT. #4	VAF CT. #4	VCF	OTHER
FINE CT. #5	VAF CT. #5	RESTITUTION	
FINE CT. #6	VAF CT. #6	TO:	

Report for UPS Orientation in Room #136 on            at            am / pm

(UPS fee must be paid at orientation) UPS PH # 583-7027

Traffic school LEVEL           

Defendant ordered released from custody as to this case only

No Affidavit or Charges filed, BOND ORDERED DISCHARGED

PAY PUBLIC DEFENDER FEE IN RM #101            PRETRIAL W/DDA HELD

BOND DISCHARGED

BOND REDUCED TO \$            CSP / PR

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REQUEST FOR PRESENTENCE INVESTIGATION

(CLASS 1 MISDEMEANORS ONLY) OR ALCOHOL / DRUG EVALUATION.

You are to report immediately to the  
Probation Department, Room # 305 / 302,  
Third Floor, Judicial Bldg., Pueblo Colo.

NAME Rigirozzi Ralann CASE NO. 9TT6120 DIV. 3 DATE 12/29/97

CHARGES: PLEA / VERDICT (Guilty / Dismiss)

CT. 1. DWAI CT. 1. g/d/s

CT. 2. CT. 2.

CT. 3. CT. 3.

CT. 4. CT. 4.

CT. 5. CT. 5.

CT. 6. CT. 6.

CO-DEFENDANTS:

PRESENTENCE INVESTIGATION ALCOHOL / DRUG EVALUATION

RECORD CHECK ONLY OTHER

DISTRICT ATTORNEY Desauviers DEFENDANT'S ATTORNEY Biddle

CONTINUE TO: 4/1/98 AT 1:15 AM/PM FOR P&S

REMARKS .093 BAC

DOB:

DOB:

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IN THE COUNTY COURT, COUNTY  
OF PUEBLO AND STATE OF COLORADO

CASE NO. 97T6120 DIV. 3 DATE 10/17/97  
NAME Rigirozzi, Ransom DOB: \_\_\_\_\_ ATD Biddle

NEXT COURT APPEARANCE DATE: FAILURE TO PROVIDE THE COURT WITH YOUR CASE NUMBER  
WILL REQUIRE YOU TO PAY AN ADDITIONAL \$2.00 SEARCH FEE

Dec 29, 1997 AT 4<sup>00</sup> AM/PM FOR Prc  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_  
\_\_\_\_ AT \_\_\_\_\_ AM/PM FOR \_\_\_\_\_

Defendant entered a plea of G \_\_\_\_\_ NG \_\_\_\_\_ NC \_\_\_\_\_ SPEEDY TRIAL WAIVED \_\_\_\_\_

Defendant has 20 days to file written motions \_\_\_\_\_

COPY given / mailed to:

DEF ☒ DDA ☒ ATD \_\_\_\_\_  
PCJ \_\_\_\_\_ AES \_\_\_\_\_  
CSP \_\_\_\_\_ PPD \_\_\_\_\_  
PROB \_\_\_\_\_  
UPS \_\_\_\_\_ HOURS \_\_\_\_\_  
SURETY \_\_\_\_\_  
OTHER \_\_\_\_\_

DEFENDANT WAS ADVISED THAT PAYMENT OF FINES/COSTS WILL BE DUE AT  
TIME OF SENTENCING

PAYMENTS NOT PAID IN FULL ON DATE OF SENTENCING WILL BE ASSESSED  
AN ADDITIONAL \$25 FEE. FAILURE TO PAY FEES OR APPEAR ON DATE  
SPECIFIED WILL RESULT IN YOUR ARREST AND CONFINEMENT IN THE PUEBLO  
COUNTY JAIL AND AN ADDITIONAL \$30 ADMINISTRATIVE FEE.

ESTIMATED COSTS \$ \_\_\_\_\_ DUE AT SENTENCING

FINES & COSTS

TOTAL DUE \$ \_\_\_\_\_

DEFENDANTS SIGNATURE

DATE

Pay in Rm. #101 / Make Arrangements for payment in Rm. #105

FINE CT. #1 _____	VAF CT. #1 _____	VCF _____	CC _____
FINE CT. #2 _____	VAF CT. #2 _____	VCF _____	ADM _____
FINE CT. #3 _____	VAF CT. #3 _____	VCF _____	UPS _____
FINE CT. #4 _____	VAF CT. #4 _____	VCF _____	OTHER _____
FINE CT. #5 _____	VAF CT. #5 _____	RESTITUTION _____	
FINE CT. #6 _____	VAF CT. #6 _____	TO: _____	

Report for UPS Orientation in Room #136 on \_\_\_\_\_ at \_\_\_\_\_ am / pm  
(UPS fee must be paid at orientation) UPS PH # 583-7027

Traffic school LEVEL \_\_\_\_\_

Defendant ordered released from custody as to this case only

No Affidavit or Charges filed, BOND ORDERED DISCHARGED

PAY PUBLIC DEFENDER FEE IN RM #101 \_\_\_\_\_ PRETRIAL W/DDA HELD

BOND DISCHARGED

BOND REDUCED TO \$ \_\_\_\_\_ CSP / PR

Verbal EOA  
Wames Ados

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NOTICE

BOND # 0968 85

It is a further condition of this bond that the Defendant shall not commit any felony while at liberty on this bail bond. If it is shown that a competent Court has found probable cause to believe that the Defendant has committed a Class 1, 2, 3, or 4 Felony while released pending adjudication of a prior felony charge, the Court in which this action is pending has the power to revoke the release of the Defendant, to increase the bail bond, or to change any bail bond conditions.

Raeann Rigirozzi  
Signature of Defendant

Vickie Rigirozzi  
Signature of Surety

STATE OF  
COLORADO

TENTH JUDICIAL DISTRICT  
PUEBLO DISTRICT/COUNTY COURT

APPEARANCE  
BOND

PUEBLO COUNTY

COURT

CASE NUMBER

DUAL

/SPEEDING

DN.

PEOPLE OF THE STATE OF COLORADO VS

97T6120-3

DEFENDANT RIGIROZZI, RAEANN MARIE

DOB: \_\_\_\_\_

AMOUNT

AKA \_\_\_\_\_

PR

SS # \_\_\_\_\_

SURETY

CASH

\$500.00

A.O.: MITCHELL CSP

SURETY \_\_\_\_\_

PROPERTY

We the undersigned, jointly and severally acknowledge that we and our personal representatives are bound to pay to The People of the State of Colorado, the sum of FIVE HUNDRED Dollars, (\$500.00 \*\*\*\*\*).

The condition of this bond is that the Defendant RAEANN MARIE RIGIROZZI is to appear in the PUEBLO COUNTY COURT AT PUEBLO, COLORADO, ON THE 22 DAY OF OCTOBER, 19 97, AT 0830 AM / PM and in accordance with all orders and directions of the Court relating to the appearance of the Defendant before the Court in the case of The People of the State of Colorado, versus said Defendant and until final disposition of said case, and in the event of a conviction, until sentence has been imposed; and if the Defendant appears as ordered, then this bond is to be void, but if the Defendant fails to perform this condition, payment of the amount of the bond shall be due forthwith. If the bond is forfeited and if the forfeiture is not set aside, judgment may be entered upon motion against each debtor jointly and severally for the amount above stated together with interest and costs, and execution may be issued or payment secured as provided by the laws of the State of Colorado.

ADDITIONAL CONDITIONS:

Given under our hands and seals this 28th day of SEPTEMBER, 19 97.

Raeann Rigirozzi  
Signature of Defendant, RAEANN MARIE RIGIROZZI Address \_\_\_\_\_ City, State \_\_\_\_\_

Vickie Rigirozzi  
Signature of Surety VICKIE RIGIROZZI Address \_\_\_\_\_ City, State \_\_\_\_\_

Signature of Surety \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_

Subscribed and sworn to before me this 28th day of SEPTEMBER, 19 97.

SHERIFF DANIEL CORSENTINO

CLERK/DEPUTY

STATE OF COLORADO \*\*\* COUNTY OF PUEBLO

The (surety) (sureties) whose name(s) (is) (are) subscribed to the above undertaking, being duly sworn, upon (his) (their) oath say(s): That (he) (they) (is) (are) resident(s) and realty holder(s) within the County of \_\_\_\_\_ and that (he) (they) (is) (are) worth the sum specified in the said undertaking as the penalty thereof, over and above (his) (their) just debts and liabilities, in property not by law exempt from execution in this State, said property

Signature of Surety \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_

Signature of Surety \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

BOND DISCHARGED

DATE

BY

JUDGE / CLERK

CLERK/DEPUTY

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10/1/97





COLORADO STATE PATROL  
AFFIDAVIT IN SUPPORT OF WARRANTLESS ARREST

NAME OF OFFICER AFFIANT: Sam Mitchell  
LAW ENFORCEMENT AGENCY: C.S.P.  
AGENCY CASE NUMBER: 92-2A1-1101  
DATE OF ARREST: 09-28-97  
MOST SERIOUS CRIME: DWAI  
STATUTE NUMBER: 12-41301(1)(b) CLASS: M  
NAME OF PERSON ARRESTED: RAEANN RIGIROZZI  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

The above named officer/affiant, being duly sworn upon oath says that the following facts support a probable cause finding for the warrantless arrest of the above named person arrested by the affiant for the charge listed above, and that the following facts are true and correct to the best of the affiants knowledge, information and belief.

The affiant arrested the above named person because  
YOUR AFFIANT OBSERVED A GRAY FORD SOUTH BOUND ON I-25 NEAR HWY 50B IN PUEBLO COUNTY, STATE OF COLORADO. YOUR AFFIANT PACE CLOCKED THE VEHICLE FOR ONE MILE AT 70 MPH. THE POSTED SPEED LIMIT IS 55 MPH. YOUR AFFIANT CONTACTED THE DRIVER, WHO WAS IDENTIFIED AS THE DEFENDANT. YOUR AFFIANT SMELLED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HER BREATH. HER EYES WERE BLOOD-SHOT, WATERY AND GLASSY. THE DEFENDANT FAILED TO COMPLETE SEVERAL VOLUNTARY ROAD-SIDE MANEUVERS TO YOUR AFFIANTS SATISFACTION. YOUR AFFIANT ARRESTED THE DEFENDANT FOR DUI. EXPRESS CONSENT ADVISEMENT GIVEN. THE DEFENDANT CHOSE A BREATH TEST. BA .093.

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07 SEP 29 11:34

FILED IN THE OFFICE  
OF THE CLERK  
OF THE DISTRICT COURT  
FOR THE COUNTY OF  
PUEBLO

*[Handwritten signature]*

WARRANTLESS ARREST AFFIDAVIT

Page 2 of \_\_\_\_

AFFIANTS SIGNATURE

*S Mitchell*

Subscribed and sworn to before me this 28 day of September 1997

Notary Public or Judge:

*Cheryl Higgins*

Notary Public Expiration date:

08-21-2001

The undersigned Judge of the Tenth Judicial District finds that the affidavit above provides PROBABLE CAUSE--NO PROBABLE CAUSE that the above named defendant committed the crime listed.

1. Bond is hereby set in the amount of \_\_\_\_\_ cash, property or surety.

2. Bond setting shall be before the Court assigned this case. \_\_\_\_\_ (Judges initials).

3. The defendant shall be immediately released. \_\_\_\_\_ (Judges initials).

By the Court this \_\_\_\_\_ day of \_\_\_\_\_, 1997.

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JUDGE

To Whom It may Concern,

On 4/11/99 I was living with my boyfriend. We had got into an argument which proceeded into the evening, it escalated and my boyfriend took a steak knife and cut himself 3 times and then hit himself in the head with the phone. I was so angry at him for doing that, I wanted to show him just how stupid he was and hit myself in the head with the phone. I realize now that I am older that was not the thing to do. The neighbors upstairs called the police. When they arrived we explained that we had an argument and nobody touched the other one. They explained that one had to go jail and I stated that I would go. Going to jail was my way out. He then said to take him and leave me there. They then just took us both. When I went to court I pleaded guilty to disorderly conduct. I was on probation for a year and had to fulfill required classes. This was done timely as the court ordered.

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APR 29 2020

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99M575

# PUEBLO POLICE DEPARTMENT OFFENDER INFORMATION

CLERK REPORT NUMBER  
99-07806

TYPE OF REPORT  
ORIGINAL ☐ FOLLOW-UP (SUPPLEMENTAL) ☐

Offender's Name <b>Rigoberto</b>	1. <input checked="" type="checkbox"/> Adult 2. <input type="checkbox"/> Juvenile	Gender 1. <input checked="" type="checkbox"/> Male 2. <input type="checkbox"/> Female	Color 1. <input checked="" type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Other	3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> Hispanic 5. <input type="checkbox"/> Unknown	6. <input type="checkbox"/> Wanted 7. <input type="checkbox"/> Runaway 8. <input type="checkbox"/> Missing Person	Last Activity Date/Time Last Seen <b>04-11-99</b>	Multiple Clearances 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	PICKUP MADE <input type="checkbox"/> Yes <input type="checkbox"/> No	By: Officer & I.D.#
Address <b>1800 S. 1st St. #100</b>	First Name <b>ROBERTO</b>	Last Name <b>MARIE</b>	Middle Name <b>JOSE</b>			Aliases <b>JOSE</b>	DOB/Date		
Employer/School and Address	Res. Phone	Bus. Phone	Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown	Social Security Number		Operator's License		State	
Sex 1. <input checked="" type="checkbox"/> Male 2. <input type="checkbox"/> Female	Race 1. <input checked="" type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Other	4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Unknown	Ethnicity 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non-Hispanic 3. <input type="checkbox"/> Unknown	Height <b>5'8"</b>	Weight <b>130</b>	Hair <b>Black</b>	Eyes <b>Blue</b>	Scars	Spouse's Name if Applicable
Place of Birth (City, State or Country)	Occupation	Gang Affiliation 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Unknown	Finger Prints Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Palm Prints Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offense Description	Request P.I.N.G.	Statute/Ordinance Number	Offense	No. Counts	Class	Fel.	Misd.	P.O.	Summons No. or Warrant No.
1. <input checked="" type="checkbox"/> 18-3-204	Y	18-3-204	Third Degree Assault	1	1			Y	
2. <input checked="" type="checkbox"/> 18-6-800.3	Y	18-6-800.3	Domestic Violence	1					

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Date/Time Released/Location

APR 29 2020

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Parent or Legal Guardian (Last, First, Middle)	Relationship	Date/Time Released/Location
Juvenile Released to/Apprehended by (Last, First, Middle)	Relationship/Agency Name	Date/Time Released/Location
Type of Arrest 1. <input type="checkbox"/> On-View 2. <input type="checkbox"/> Summoned/Cited 3. <input type="checkbox"/> Taken into Custody	Disposition of Person under 18 1. <input type="checkbox"/> (H) Handle within Department 2. <input type="checkbox"/> (R) Referred outside Department	Arrested Location At: <b>1322 Wabans</b> Arrest Date/Time: <b>04-11-99/0230</b> Booking Tab #/Completed By: <b>CCG</b>
Offender's Name <b>Robert Marie</b>	1. <input checked="" type="checkbox"/> Adult 2. <input type="checkbox"/> Juvenile	Gender 1. <input checked="" type="checkbox"/> Male 2. <input type="checkbox"/> Female
Color 1. <input checked="" type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Other	3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> Hispanic 5. <input type="checkbox"/> Unknown	6. <input type="checkbox"/> Wanted 7. <input type="checkbox"/> Runaway 8. <input type="checkbox"/> Missing Person
Last Activity Date/Time Last Seen <b>04-11-99</b>	Multiple Clearances 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	PICKUP MADE <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <b>1800 S. 1st St. #100</b>	First Name <b>ROBERTO</b>	Last Name <b>MARIE</b>
Employer/School and Address	Res. Phone	Bus. Phone
Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown	Social Security Number	
Operator's License	State	
Sex 1. <input checked="" type="checkbox"/> Male 2. <input type="checkbox"/> Female	Race 1. <input checked="" type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Other	4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Unknown
Ethnicity 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non-Hispanic 3. <input type="checkbox"/> Unknown	Height <b>5'6"</b>	Weight <b>135</b>
Hair <b>Black</b>	Eyes <b>Blue</b>	Scars
Spouse's Name if Applicable	Finger Prints Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth (City, State or Country)	Occupation	Gang Affiliation 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Unknown
Offense Description	Request P.I.N.G.	Statute/Ordinance Number
Offense	No. Counts	Class
1. <input checked="" type="checkbox"/> 18-3-204	Y	18-3-204
2. <input checked="" type="checkbox"/> 18-6-800.3	Y	18-6-800.3
3. <input type="checkbox"/> 18-3-204		18-3-204
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99. <input type="checkbox"/> 18-3-204		18-3-204
100. <input type="checkbox"/> 18-6-800.3		18-6-800.3

RELEASED

PUEBLO POLICE DEPARTMENT

Robert Marie and Son

Date & Time of Report  
04-11-99 0230Page  
1



**PUEBLO, COLORADO POLICE DEPARTMENT  
INCIDENT REPORT**

APPROVED BY: *AK 123*

CASE REPORT NUMBER: 99-07806

DATE / TIME OF REPORT: 04-11-99/ 0215

DATE / TIME OF INCIDENT: 04-11-99/ 0215

OFFENSE: Third Degree Assault/ Domestic Violence

TITLE OR PRINCIPAL:

LOCATION OF INCIDENT:

REPORT WRITTEN BY: R. Pope 1202

**EXPLANATION OF CODES**

W= WITNESS V= VICTIM NO= NAME ONLY S= SUSPECT A= ARRESTED

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

NAME:

DOB:

ADDRESS:

PH:

**DETAILS**

On 04-11-99 at about 0215 Officer Minck, Officer Groller and I were dispatched to 1322 Webash in reference to a male- female disturbance.

Upon arrival I made contact with

Upon contacting

I noticed a large bruise on the right side of his forehead. I asked what happened to his forehead. He told me that he had gotten into a fight. I asked who he got into the fight with. He told that he got in a fight with some guy. I asked who else was in the house. He said his girlfriend was there. I asked where she was. He said she was in the livingroom. I asked to get his girlfriend, Raeann Rigiroszi, DOB:

**NSBMT**

APR 29 2020

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99-7806

from living room, when invited me into the house. told me that he and his girlfriend had gotten into an argument about some girl. told me that he and his girlfriend had been out partying when they saw a girl that Rigiroszi had gotten into a fight with prior to tonight. told me that Rigiroszi started yelling that she wanted to fight the girl. told me that he drove away, not allowing Rigiroszi out of the car. told me that he drove home when he and Rigiroszi started arguing about the girl. While talking to I noticed blood on his pants. I asked where the blood came from. told me that he had cut himself on the arm while doing the dishes. told me that he had cut his arm with a knife and that he could show me the knife. showed me that cuts on his arm and on his chest. I asked to show me the cuts. removed his shirt and shows me his cuts. The cut on his left forearm is about 3 inches in length and cut at an angle towards his body. The cut on his chest is about 2 inches long and cut at an angle away from the center of his chest. then told me that he got the bump on his head by hitting himself on the head with a telephone. I asked why he hit himself on the head. told me that he did it because he loved Rigiroszi.

I then contacted Rigiroszi. Upon contacting Rigiroszi I noticed a big bruise on Rigiroszi's forehead. I asked Rigiroszi what happened. She told me that she hit herself in the head with the phone and hit her head on the kitchen wall several times. Rigiroszi then became very uncooperative and started arguing with me. I then noticed a large amount of blood on Rigiroszi's pants and hands. I asked Rigiroszi where she got the blood from. She told me from him and pointed to

While checking the house I found a large amount of blood on the kitchen floor and wall. I looked in the kitchen sink and on the kitchen counter and could not find any knives with blood on them. I did not see any knives other than the ones in the kitchen drawer and they were clean.

was transported to St. Mary Corwin Hospital where he was treated by Dr. McCaig who told me that the lacerations did not appear to be self inflicted.

I photographed the injuries to both and Rigiroszi. Both Rigiroszi and refused to complete the Domestic Violence Report form.

Rigiroszi and where arrested and booked into County Jail for Third Degree Assault/ Domestic Violence.

Robert Pope  
Robert Pope 1202

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**PUEBLO POLICE DEPARTMENT**  
**ADDITIONAL VICTIM(S) REPORT**

CASE REPORT NUMBER  
**99-7806**

Victim Type 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Financial 4. <input type="checkbox"/> Government		Victim's Rights Information Given 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Victim Connected to Offense No. 1 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Race 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> Other 5. <input type="checkbox"/> Unknown		D. O. B.		Social Security Number	
Victim Name (Last, First, Middle) <b>Robert Pope</b>		Phone (Home)		Phone (Business)	
Address (Street, City, State, Zip) <b>1202</b>		Height <b>5'5"</b>		Weight <b>130</b>	
Hair <b>Blond</b>		Eyes <b>Blue</b>		Skin <b>White</b>	
Occupation		Employer/School		Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown	
Gang Affiliation 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown		Injury Type (Check up to five) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Broken Bones 3. <input type="checkbox"/> Poss. Int. Injuries 4. <input type="checkbox"/> Severe Laceration		Victim of Offender No. <b>2</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	
Aggravated Assault/Offense Circumstances (Check up to two) 01. <input type="checkbox"/> Argument 02. <input type="checkbox"/> Lover's Quarrel 03. <input type="checkbox"/> Assault on Law Officer 04. <input type="checkbox"/> Mercy Killing 05. <input type="checkbox"/> Drug Dealing 06. <input type="checkbox"/> Other Felony Involved 07. <input type="checkbox"/> Gangland Attack 08. <input type="checkbox"/> Other Circumstances 09. <input type="checkbox"/> Unknown Circumstances		Relationship of Victim to Offender (For multiple offender relationships enter offender number(s) in space) (Crimes against persons/robbery only) 01. <input type="checkbox"/> Spouse 02. <input type="checkbox"/> Grandparent 03. <input type="checkbox"/> Grandchild 04. <input type="checkbox"/> In-Law 05. <input type="checkbox"/> Parent 06. <input type="checkbox"/> Sibling 07. <input type="checkbox"/> Child 08. <input type="checkbox"/> Stepparent 09. <input type="checkbox"/> Stepchild 10. <input type="checkbox"/> Other		Victim was Offender 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	
Victim Type 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Financial 4. <input type="checkbox"/> Government		Victim's Rights Information Given 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Victim Connected to Offense No. 1 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Race 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> Other 5. <input type="checkbox"/> Unknown		D. O. B.		Social Security Number	
Victim Name (Last, First, Middle) <b>Robert Pope</b>		Phone (Home)		Phone (Business)	
Address (Street, City, State, Zip) <b>1202</b>		Height <b>5'5"</b>		Weight <b>130</b>	
Hair <b>Blond</b>		Eyes <b>Blue</b>		Skin <b>White</b>	
Occupation		Employer/School		Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown	
Gang Affiliation 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown		Injury Type (Check up to five) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Broken Bones 3. <input type="checkbox"/> Poss. Int. Injuries 4. <input type="checkbox"/> Severe Laceration		Victim of Offender No. <b>2</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	
Aggravated Assault/Offense Circumstances (Check up to two) 01. <input type="checkbox"/> Argument 02. <input type="checkbox"/> Lover's Quarrel 03. <input type="checkbox"/> Assault on Law Officer 04. <input type="checkbox"/> Mercy Killing 05. <input type="checkbox"/> Drug Dealing 06. <input type="checkbox"/> Other Felony Involved 07. <input type="checkbox"/> Gangland Attack 08. <input type="checkbox"/> Other Circumstances 09. <input type="checkbox"/> Unknown Circumstances		Relationship of Victim to Offender (For multiple offender relationships enter offender number(s) in space) (Crimes against persons/robbery only) 01. <input type="checkbox"/> Spouse 02. <input type="checkbox"/> Grandparent 03. <input type="checkbox"/> Grandchild 04. <input type="checkbox"/> In-Law 05. <input type="checkbox"/> Parent 06. <input type="checkbox"/> Sibling 07. <input type="checkbox"/> Child 08. <input type="checkbox"/> Stepparent 09. <input type="checkbox"/> Stepchild 10. <input type="checkbox"/> Other		Victim was Offender 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	
Victim Type 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Financial 4. <input type="checkbox"/> Government		Victim's Rights Information Given 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Victim Connected to Offense No. 1 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Race 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> Other 5. <input type="checkbox"/> Unknown		D. O. B.		Social Security Number	
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Hair <b>Blond</b>		Eyes <b>Blue</b>		Skin <b>White</b>	
Occupation		Employer/School		Resident Status 1. <input type="checkbox"/> Resident 2. <input type="checkbox"/> Non-Resident 3. <input type="checkbox"/> Unknown	
Gang Affiliation 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown		Injury Type (Check up to five) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Broken Bones 3. <input type="checkbox"/> Poss. Int. Injuries 4. <input type="checkbox"/> Severe Laceration		Victim of Offender No. <b>2</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	
Aggravated Assault/Offense Circumstances (Check up to two) 01. <input type="checkbox"/> Argument 02. <input type="checkbox"/> Lover's Quarrel 03. <input type="checkbox"/> Assault on Law Officer 04. <input type="checkbox"/> Mercy Killing 05. <input type="checkbox"/> Drug Dealing 06. <input type="checkbox"/> Other Felony Involved 07. <input type="checkbox"/> Gangland Attack 08. <input type="checkbox"/> Other Circumstances 09. <input type="checkbox"/> Unknown Circumstances		Relationship of Victim to Offender (For multiple offender relationships enter offender number(s) in space) (Crimes against persons/robbery only) 01. <input type="checkbox"/> Spouse 02. <input type="checkbox"/> Grandparent 03. <input type="checkbox"/> Grandchild 04. <input type="checkbox"/> In-Law 05. <input type="checkbox"/> Parent 06. <input type="checkbox"/> Sibling 07. <input type="checkbox"/> Child 08. <input type="checkbox"/> Stepparent 09. <input type="checkbox"/> Stepchild 10. <input type="checkbox"/> Other		Victim was Offender 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Unknown	

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**SENTENCING ORDER: DOMESTIC VIOLENCE RELATED CASE**  
(Not a Mittimus)

NAME Racana, Mario Rigozzi CASE NO. 99 14575

PLEA OF GUILTY TO: \_\_\_\_\_

1. ☐ Deferred Sent. Granted \_\_\_\_\_ mos./yrs. ☐ Court supervised  
☐ Probation Denied ☒ Sup. by Prob. Dept.  
☒ Probation Granted 1 mos./yrs.

If probation or deferred sentencing granted, full performance of all aspects of the Court's sentencing order is a condition of probation or def. sent.

2. \_\_\_\_\_ hrs. UPS; \$ \_\_\_\_\_ charitable contribution to \_\_\_\_\_
3. \_\_\_\_\_ days/mos./yrs. in County Jail; \_\_\_\_\_ forthwith APR 29 2020  
☐ condition of probation ☐ straight sentence  
☐ Work Release to be considered ☒ Work Release granted  
☐ Credit \_\_\_\_\_ days served; ☐ Stay until \_\_\_\_\_  
☐ days suspended on condition of full performance of all aspects of sentencing order within \_\_\_\_\_ mos./yrs. of sentencing date.

4. ☒ No further viol. of law of any kind except minor traffic violations under 8 pts. and fish & game viol.;  
☒ 36 week domestic violence treatment and/or education. File proof of compliance. (Mandatory: all cases.) *Immediately begin & successfully complete*  
☒ Comply with any Probation Dept. recommendations re. alcohol treatment and/or education.  
☒ Comply with existing court orders regarding family support; comply with any existing court orders concerning a proceeding to determine paternity, custody, parenting time, or support; comply with the terms of any restraining order in effect against the defendant during the probation period. (Mandatory if probation granted.)  
☒ Refrain from possessing a firearm, destructive device, or other dangerous weapon. (Mandatory if probation granted.)  
☒ The Defendant shall not harass, molest, intimidate, retaliate against, or tamper with the victim or any prosecution witness. (Mandatory: all cases.)  
☐ No contact with the victim(s).  
☐ Restraining Order issued pursuant to 18-1-1001 shall continue in effect. Defendant shall not violate said Restraining Order.  
☐ Abide by any additional terms and conditions imposed by prob. dept.

5. Restitution: \_\_\_\_\_; \_\_\_\_\_ Paid through Collection Inv.  
DA may request restitution by letter within 90 days. Within 10 days, defendant is to pay in full, make arrangements with collection investigator or file a request for hearing with copies to the DA and schedule the hearing.

6. Other provisions of sentence: \_\_\_\_\_

7. FINE & COSTS: ☒ \$138 costs & fees; \_\_\_\_\_ \$60 UPS fee; ☒ \$50 Prob. Sup. fee; \$ \_\_\_\_\_ fine.

8. Bond posted is ordered released and discharged.

DATE: 4/13/99

COUNTY JUDGE

X Racana Rigozzi

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To Whom it May Concern,

On 6/13//2000 I was living with 3 roommates. One of my roommates and I would mix 1 cocktail and share it while we went on our walk after work. This night when we returned from walk and our other roommates started to argue with me. I got in my car and was going to my parent's home to avoid the situation. My car had a soft top and it was down. I drove down Northern and I saw the police officer driving in the opposite direction and saw him make a u-turn and he pulled me over. I had been crying and the officer said that I was speeding. He was going the opposite direction and he stated that he sight sped me. I asked what that was. I was not speeding and it a little difficult to see someone driving and say they speeding when they are going with the traffic. He asked why my eyes were red and it was obvious I had been crying. He asked if I had been drinking and I stated that I had shared a drink with my roommate and he said he said I smelled of alcohol. I don't really know why he said this. I did a roadside test and passed. I also agreed to do a breath test and he said it was high enough to charge me with a DWAI and he arrested me and took me to jail.



I went to court and the judge ruled that this case be dismissed because the officer did not follow procedure. Case was dismissed by the DA's office and the judge who expressed about how unhappy she was about bringing this case to court



ENTERED

- ☒ INCIDENT
- ☐ CONTINUATION
- ☐ SUPPLEMENT

## PUEBLO POLICE DEPARTMENT INCIDENT AND NARRATIVE INFORMATION

CASE REPORT NUMBER <b>00-13357</b>	
REPORT DATE <b>6/13/00</b>	REPORT TIME <b>3:04</b>
INCIDENT TIME <b>1:42</b>	TO TIME

INCIDENT / OFFENSE <b>DWAI/ALCOHOL</b>				INCIDENT DATE <b>6/13/00</b>	TO DATE	INCIDENT TIME <b>1:42</b>	TO TIME
ADDRESS <b>13</b>	DIR	STREET <b>Northern Ave</b>	APT.	At <b>Intersection</b>	STREET <b>Lake Ave</b>		
CODE	W - WITH/ISS	NU - NAME ONLY	NI - REPORTING PARTY	S - SUSPECT	A - ARRESTED / CITED		
RELATIONSHIP <b>None</b>	TITLE / NAME (Last First, Middle) <b>Rigirozzi, Raeann, Marie</b>		DOB	HOME PHONE	WORK PHONE	BUSINESS / SCHOOL	
CODE <b>A</b>	ADD RES	SUFFIX	DIR	STREET	APT.	CITY	STATE ZIP CODE

On 06-13-00 at approximately 0142 hours, Officer Rutherford and Affiant, were west bound on Northern Ave., when I noticed a red Isuzu Amigo traveling east bound on Northern Ave., City of Pueblo, State of Colorado at a high rate of speed.

Affiant turned my marked patrol vehicle around and caught up to the vehicle at Northern Ave. and Claremont Ave. As I was attempting to catch up to this vehicle, I observed the vehicle's brake lights come on and the vehicle slowed down considerable. I paced the her vehicle with my patrol vehicle, unit 613, at 40 MPH from Claremont Ave. to Carteret Ave Ms. Rigirozzi speed was approximately 40 MPH in a posted 35 MPH zone.

I activated my emergency equipment and pulled the vehicle over at Lake Ave. and Northern Ave.

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Affiant approached the vehicle and noticed a female later identified as **Raeann Marie Rigirozzi** DOB: [redacted] crying. Affiant asked Ms. Rigirozzi what had happened, she said that she just got into a fight with her roommate, I noticed a strong odor of an unknown alcoholic beverage on her breath, her eye's were blood shot and her speech was slurred, I noticed an opened 1.75 liter bottle of Runrico Puerto Rican Rum between the driver's seat and passengers seat. I asked Ms. Rigirozzi if she would perform some voluntary roadside maneuvers, Ms. Rigirozzi which she did. Affiant had Ms. Rigirozzi exit her vehicle, Ms. Rigirozzi was unsteady on her feet, and was crying profusely. Ms. Rigirozzi performed her

**RELEASED**  
**APR 18 2020**  
**PUEBLO POLICE DEPARTMENT**

OFFICER NAME AND ID # <b>Atencio, Steven M 1368</b>	OFFICER SIGNATURE <i>Steven M. Atencio</i>	SUPERVISOR NAME AND ID # <i>[Signature]</i>	REVIEWED BY AND ID #	PAGE <b>1 of 2</b>
--	---	--	----------------------	-----------------------

PUEBLO POLICE DEPARTMENT  
NARRATIVE CONTINUATION

ORIG

CONT

SUPP

REPORT DATE

REPORT TIME

CASE REPORT NUMBER

☒

☐

☐

6/13/00

3:04

00-13357

roadside maneuvers poorly. Ms. Rigiroszi agreed to a P.B.T which she blow a .086. I advised Ms. Rigiroszi per Express Consent Law, Ms. Rigiroszi chose breath. I transported the driver to the PPD Intoxilyzer 5000 EN room where I administered the breath test at 0229 hours and the result was 0.075 % BrAC. I sealed the breath sample tube and tagged it into property.

Affiant transported Ms. Rigiroszi to Pueblo County Jail and booked her for:

42-4-1301(1)(b) Drove Vehicle While Ability Impaired By Alcohol

42-4-1101 Speed (5-9 MPH over Prima Facie Limit)!!

tagged the bottle of Puerto Rican Rum into evidence.

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OFFICER NAME AND ID # 1368  
Atencio, Steven M

OFFICER SIGNATURE

*Steven M. Atencio*

SUPERVISOR NAME AND ID #

*[Signature]*

REVIEWED BY AND ID #

*[Signature]*

PAGE

2 of 2



00-13357

## UNIFORM SUMMONS &amp; COMPLAINT OR PENALTY ASSESSMENT

CITY OF PUEBLO BY AND ON BEHALF OF THE PEOPLE OF THE STATE OF COLORADO VS. ☐ JUVENILE (Parent must appear) ☐ CITIZENS COMPLAINT CR# 00-13357 No. U 65956

Defendant (Last Name) RIGIROZZI (First) RAEANN (Middle) MARIE DOB Mo. Day Yr Sex

Defendant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Telephone \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Type B Sex Co. Race W Ethnicity Co. Lat. ☐ Hisp. ☐ Non-Hisp. Sex F Height 5'6 Weight 135 Hair BLN Eyes BLU SSN \_\_\_\_\_

Vehicle License Number \_\_\_\_\_ Lic. Yr. 2000 State Co. VIN \_\_\_\_\_ Veh. Yr. 1992 Make ISU Body UT Model Amigo Vehicle Color RED

YOU ARE HEREBY SUMMONED AND ORDERED TO APPEAR AS INDICATED. SEE BACK FOR INSTRUCTIONS.

☒ Pueblo County Court ☐ Pueblo Municipal Court (Galeville)  
320 W. 10th Street, Pueblo 581-7000 Midtown Shopping Center - 549-9690  
1201 W. 6th St., Suite R, Pueblo

on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ AM / PM

IF THIS DATE FALLS ON A WEEKEND OR HOLIDAY YOU ARE TO APPEAR ON THE NEXT BUSINESS DAY.

TO ANSWER CHARGES OF VIOLATION OF: ☒ C.R.S. as amended. ☐ 1971 Pueblo Municipal Code (P.M.C.) as amended. ☐ Model Traffic Code as adopted by P.M.C.

CHARGE NO. 1	SECTION	C.R.S. / ORD. / M.T.C.	COM. CODE	FINE	SURCHARGE	POINTS
42-4-1301(1)(b)		DRIVE Vehicle While Ability Impaired By Alcohol	101	\$	SUMMONS	8
42-4-1101		Speeding (5-9 MPH Over Prima Facie Limit)	004	\$	SUMMONS	3
CHARGE NO. 3	SECTION	C.R.S. / ORD. / M.T.C.	COM. CODE	FINE	SURCHARGE	POINTS
				\$	\$	

Approx. Location of Violation: City of Pueblo, County of Pueblo, State of Colorado W. Northern Ave & 4th Ave Approx. Date of Violation 06-13-00 Approx. Time of Violation 0142 TOTAL TO BE PAID BY MAIL \$ (FINE AND SURCHARGE) Summons

Custody / Service / Location / Date / Time 909 Court St 06-13-00 00142 Citation / Summons No.'s \_\_\_\_\_ TOTAL POINTS 11

NON-PAYABLE SUMMONS: ☒ Traffic ☐ Non-Traffic PAYABLE SUMMONS OR PENALTY ASSESSMENT: ☐ Traffic Infraction ☐ Traffic Offense ☐ Non-Traffic Offense

WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED AND I ACKNOWLEDGE RECEIPT OF THIS SUMMONS AND COMPLAINT.

DEFENDANT: RAEANN RIGIROZZI (IF DEFENDANT UNDER 18) \_\_\_\_\_

THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND/OR THE CITY OF PUEBLO, CO. UNDERSIGNED ALSO AFFIRMS THAT A COPY OF THIS SUMMONS AND COMPLAINT OR PENALTY ASSESSMENT WAS ONLY SERVED UPON THE DEFENDANT.

Name Placed on Evidence \_\_\_\_\_ Report ☐ No ☒ Yes Traffic Accident ☐ No ☒ Yes Injuries ☐ No ☒ Yes

OFFICER: Steven M. Allen NO. 1368 ATTENCIO OFFICER PRINT LAST NAME

COMPLAINING WITNESS: \_\_\_\_\_ SERVED BY: \_\_\_\_\_ NO. \_\_\_\_\_

ORIGINAL - COURT COPY

PUEBLO POLICE DEPARTMENT

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Date Printed: 04/18/2013

## People Of The State Of Colorado Vs. Rigirozzi, Raeann Marie - 2000T2437 - Pueblo County

## Summary

<b>Case #:</b> 2000T2437 (County)	<b>Location:</b> Pueblo County	<b>Date Filed:</b> 2000-06-13
<b>Case Status:</b> Closed;	<b>Date Case Closed:</b> 2001-06-05	<b>Date of Speedy Trial:</b> 2001-07-08
<b>Case Type:</b> Driving While Ability Impaired	<b>Appealed:</b> N	<b>E-Filed:</b> N
<b>Judge or Magistrate:</b> Adele Konkel Anderson	<b>Division:</b> 2	<b>Bar Number:</b> 11344
<b>Related Cases:</b> N/A		

## Participants

<b>Party Type:</b> Defendant	<b>Person Status:</b> Not Applicable	
<b>Name:</b> Rigirozzi, Raeann Marie	<b>Addresses &amp; Phone Numbers</b>	<b>Attorneys</b>
<b>Birthdate:</b>		<b>Attorney Role:</b> Deputy District Attorney
<b>Gender:</b> F		<b>Attorney Name:</b> Harder, Lois A
<b>Race:</b> W		<b>Attorney Bar #:</b> 31669
<b>Drivers License:</b> (		<b>Primary Attorney:</b> No
<b>SSN:</b>		<b>Attorney Role:</b> Deputy District Attorney
<b>StateID:</b>		<b>Attorney Name:</b> Adams, Lois A
		<b>Attorney Bar #:</b> 31669
		<b>Primary Attorney:</b> No
		<b>Attorney Role:</b> Deputy District Attorney
		<b>Attorney Name:</b> Adams, Lois Hall
		<b>Attorney Bar #:</b> 31669
		<b>Primary Attorney:</b> No
		<b>Attorney Role:</b> Privately Retained Attorney
		<b>Attorney Name:</b> Biddle, Darol Clifford
		<b>Attorney Bar #:</b> 1248
		<b>Primary Attorney:</b> Yes
		<b>Attorney Role:</b> Deputy District Attorney
		<b>Attorney Name:</b> Lindsey, Jeffrey D
		<b>Attorney Bar #:</b> 24664

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CONFIDENTIAL			Primary Attorney: Yes	CONFIDENTIAL
	Party Type: SRT	Person Status: Not Applicable		
	Name: Rivera, Harvey	Addresses & Phone Numbers	Attorneys	
	Birthdate: Gender: M Race: Drivers License: StateID:		Attorney Role: Deputy District Attorney Attorney Name: Yaklich, Ron Attorney Bar #: 12983 Primary Attorney: Yes  Attorney Role: Deputy District Attorney Attorney Name: Ward, Thomas R Attorney Bar #: 28877 Primary Attorney: Yes  Attorney Role: Privately Retained Attorney Attorney Name: Kondija, Joseph A Attorney Bar #: 10239 Primary Attorney: Yes  Attorney Role: Privately Retained Attorney Attorney Name: Gartner, Michael Attorney Bar #: 26055 Primary Attorney: Yes	

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CONFIDENTIAL	Charges / Dispositions				CONFIDENTIAL
	Arresting Agency				
	Arresting Agency: Pueblo Police Dept		Arrest Date: 2000-06-13	Arrest Time:	
	Ticket/Summons Number: U65956		Arrest Number:	Case Number: 00-13357	
	Final Disposition on Charges				
	Charge Number: 1	Charge: Driving While Ability Impaired		Status: Dismissed	
	Offense Date From: 2000-06-13	Offense Date To:	Offense Time: 01:42 AM		
	Class: M (Unclassified Misdemeanor)	BAC: 0.000	Statute: 42-4-1301(1)(b)		
	Lic. Plate State: CO	Lic. Plate Number:	Lic. Plate Year: 2000	VIN Number:	
	Plea Date: 2001-01-08	Plea: Plea Not Guilty			
	Disposition Date: 2001-06-05	Disposition: Dismissed by DA			
	Charge Number: 2	Charge: Exceed Reas. & Prudent Speed: 5-9 Mph		Status: Dismissed	



## STATE OF COLORADO SUMMONS

\*TC12733\*

Summons #: 65956

## COURT INFORMATION

Court:

Time:

Case #: 00013357

## THE STATE OF COLORADO VS.

Defendent: **Rigirozzi, Raeann Marie**

Address:

Driver's License #:

Race: **W**Sex: **F**

Date Of Birth:

Age:

Social Security #:

Telephone #:

Last Known Employer:

## VEHICLE INFORMATION

Vehicle License #:

Lic. Year: **0**Year: **1992**Make: **ISU**Model: **AMIGO**Vehicle Type: **PASSENGER CAR**

## DEPARTMENT USE ONLY

Officer: **ATENCIO, STEVEN M**Agency: **PPD**

District:

Location: **1300 LAKE AVE, PUEBLO**

Alleged Speed:

Permissible Speed:

Summons: Traffic Infraction: **N**Penalty Assessment: Traffic Infraction: **N**Misd. Infraction: **N**Misd. Infraction: **N**Misd./Petty: **N**Misd./Petty: **N**

## SUMMONS DATE &amp; TIME

Date: **June 13, 2000, Tuesday**Time: **01:42**

## CHARGES

1. 42-4-1301(b) \_\_dwai | D.w.a.i.

2. 42-4-1101(1) \_\_speeding | Speeding - 5-9 Miles Over

## NOTES

Charge: 42-4-1301(B) \_\_DWAI | D.W.A.I.

Charge: 42-4-1101(1) SPEEDING | SPEEDING - 5-9 MILES OVER

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WITNESSES

**NSBMT**

MAY 4 2020

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**Nevada State Board of Massage Therapy**

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Reno Phone (775) 687-9955

Fax (775) 786-4264

Email: [nvmasseabdt@state.nv.us](mailto:nvmasseabdt@state.nv.us)

Website: <http://massagetherapy.nv.gov>

May 11, 2020

Raeann M. Rigiroszi

Re: Notice of meeting of the Nevada State Board of Massage Therapy to consider your character, alleged misconduct, competence, or physical or mental health.

Dear Ms. Rigiroszi:

In connection with your Application Review, the Nevada State Board of Massage Therapy (Board) may consider your character, alleged misconduct, competence or physical or mental health at its meeting on June 10, 2020. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. Participants can join the meeting via Zoom. The meeting will begin at 9:00 a.m:

Register in advance for this meeting:

<https://zoom.us/join/zoom/register/1c9f-mhgTguGNYc09MqVYIJK-5pMzMN9Oag>

After registering, you will receive a confirmation email containing information about joining the meeting.

Meeting ID 914 0777-9129

Password 564860

The meeting is a public meeting. You are not required to attend; however, attendance is recommended. Pursuant to NAC 640C.070 your completed investigation results may be discussed. You may choose to have an attorney or other representative of your choosing present during the meeting, present written evidence, provide testimony, present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health. Please be aware you are one of many agenda items, and the Board may take items out of order. The meeting may last until 4:30 p.m.

If the Board determines it necessary, after considering your character, alleged misconduct, professional competence, or physical or mental health whether in a closed meeting or open meeting, it may take administrative action against you at this meeting. This informational statement is in lieu of any notice that may be required pursuant to NRS 241.034. This notice is provided to you under NRS 241.033.

In the event you need an interpreter, please provide one at your own expense.

If you have any questions, please feel free to contact the office at (775) 687 9955.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sandra J. Anderson".

Sandra J. Anderson  
Executive Director

COPY

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