

Qualified Lead Intake Summary

Lead Qualification Summary

Submission Date	July 15, 2026 at 02:22 PM UTC
Injured Party	Mia Rose Coleman
Classification	Tier 1, Tier 2, Tier 3
Filing Type	Someone Else
First Contact	Roblox
Roblox Username	@yellow_unicorn4608

Legal Notices

CONFIDENTIAL - ATTORNEY WORK PRODUCT

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This lead qualification package was prepared for legal counsel in anticipation of litigation and is protected by attorney-client privilege and work product doctrine. It contains personally identifiable information (PII) that must be handled in accordance with applicable privacy regulations. Counsel should conduct independent verification as part of client intake procedures.

Party & Contact Information

This intake package summarizes a qualified lead based on verification of critical eligibility criteria. All fields marked with ✓ indicate successful validation.

Legal Representative

FULL NAME Rebecca A Coleman ✓	RELATIONSHIP TO INJURED PARTY Parent
PHONE +1 (585) 336-0471 WIRELESS ✓	EMAIL rebecca.coleman@gmail.com ✓
DATE OF BIRTH [REDACTED]	ADDRESS 418 Maple Crest Dr, Rochester, NY 14620 ✓
REASON FOR REPRESENTATION Parent of minor child	

Alternate Contact

PHONE +1 (585) 229-0147 LANDLINE ✓	EMAIL r.coleman.home@outlook.com ✓
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Injured Party

FULL NAME Mia Rose Coleman	CURRENT AGE 17
PHONE +1 (585) 412-0198 WIRELESS ✓	DATE OF BIRTH [REDACTED]
GENDER AT BIRTH Female	CURRENTLY HAS ATTORNEY No
ADDRESS 418 Maple Crest Dr, Rochester, NY 14620 ✓	

Additional Contact Methods

Relatives & Affiliates (4 records)

NAME	RELATION	AGE	LOCATION	PHONE	EMAIL	SCORE*
Rebecca A. Coleman	Mother	39	Rochester, NY	(585) 336-0471	rebecca.coleman@gmail.com	892
David M. Coleman	Father	41	Rochester, NY	(585) 404-8823	dcoleman81@gmail.com	864
Ethan J. Coleman	Sibling	18	Rochester, NY	(585) 771-2245	ethanc07@gmail.com	813
Linda K. Powell	Grandparent	67	Henrietta, NY	(585) 218-9940	--	755

*Relationship match confidence (0-1000 scale)

Address History (3 records)

ADDRESS	CITY	STATE	DATE RANGE
418 Maple Crest Dr	Rochester	NY	March 2019 – July 2026
22 Winton Rd N Apt 4	Rochester	NY	August 2015 – February 2019
1140 Jefferson Rd	Henrietta	NY	January 2012 – July 2015

Associated Phone Numbers (3 records)

PHONE NUMBER	TYPE	CONNECTED	CARRIER	DATE RANGE
(585) 336-0471	Wireless	Yes	Verizon Wireless	May 2018 – July 2026
(585) 229-0147	Landline	Yes	Frontier Communications	February 2016 – June 2026
(585) 404-8823	Wireless	No	T-Mobile USA	September 2013 – April 2018

Associated Email Addresses (3 records)

EMAIL ADDRESS	TYPE
rebecca.coleman@gmail.com	Personal
r.coleman.home@outlook.com	Personal
beckycoleman86@yahoo.com	Personal

Case Criteria

Eligibility Details

FIRST CONTACT OCCURRED Roblox	ROBLOX USERNAME yellow_unicorn4608 ✓
CREATED AT 06/07/2020	GAMER ID 1681698714
ROBLOX ACCOUNT EMAIL mia.rose.colemann@gmail.com ✓	UNDER 18 WHEN ABUSE BEGAN Yes
ABUSER USED OTHER PLATFORMS Yes	ABUSE TIMELINE April 2023 – September 2023
DURATION OF ABUSE 5 months, 3 days	TYPES OF ABUSE Sextortion, Child Received Explicit Images, Solicitation
IMPACT & CONSEQUENCES Social Withdrawal, Anxiety, Depression	ABUSE DISCOVERED September 2023
STATE WHERE ABUSE OCCURRED NY	

Reporting & Evidence

REPORTED TO Roblox, Law Enforcement	ROBLOX REPORT DATE October 2023
ROBLOX TICKET # RBX-58194023	EVIDENCE AVAILABLE Chat Logs, Screenshots, Discord Snap Sms Messages

Abuser Contact

FULL NAME Not provided	PHONE Not provided
EMAIL shadowfitz@proton.me ✓	ROBLOX USERNAME MASKED4LIFE ✓
ONGOING CONTACT No	

Case Timeline



Background Verification Report

Report Summary

✓ Verified

This report consolidates identity verification, criminal background, and fraud detection data from multiple verification providers.

Section 1: Identity Verification

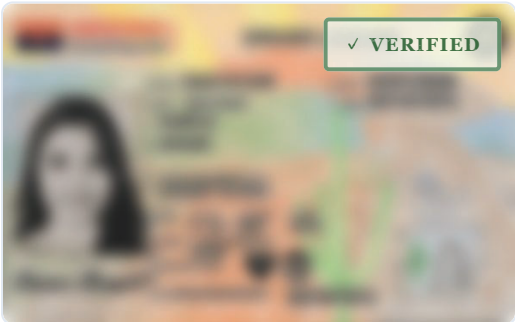
Browser Information

IP ADDRESS 72.229.28.185 ✓	BROWSER Mobile Safari 17.5 ✓
OPERATING SYSTEM iOS 17.5 ✓	LOCATION Rochester, United States ✓

Document Details

VERIFICATION TIME July 15, 2026 at 03:40 PM UTC ✓	DOCUMENT TYPE Driver's License ✓
NAME ON DOCUMENT Rebecca Coleman ✓	DOCUMENT NUMBER NY-D2841-9973 ✓
DATE OF BIRTH [REDACTED] ✓	EXPIRY DATE March 27, 2029 ✓

Document Verification Checks



Driver's License

✓	Document Originality
✓	Visual Integrity
✓	Document Expiration
✓	Document Type Consistency
✓	Document Issuing Country
✓	Document Sides Consistency

Section 2: Criminal Background Check

No criminal records found.

Section 3: Fraud Detection

Phone Verification

PHONE NUMBER +1 (585) 336-0471 ✓ WIRELESS	VALID Yes ✓
ACTIVE Yes ✓	PREPAID No ✓
ASSOCIATED NAME Rebecca Coleman	

Email Verification

EMAIL rebecca.coleman@gmail.com ✓	VALID Yes ✓
DISPOSABLE No ✓	RECENT ABUSE No ✓

Consent & Compliance

TRUSTEDFORM Verified ✓	CERTIFICATE ID a1b2c3d4e5f60718293a4b5c6d7e8f90abc
PHONE CHECK Pass ✓	SUPPRESSION CHECK Pass ✓

Physician Verification Report

Report Summary

✓ Verified

This report verifies treating physician credentials. Fields marked with ✓ indicate verified data.

Provider Name	MARTHA AARON, MD
NPI Number	1457424350
Specialty	Psychiatry & Neurology, Child & Adolescent Psychiatry
Practice Location	SALEM, OR

Provider Details

Basic Information

FIRST NAME MARTHA ✓	LAST NAME AARON ✓
CREDENTIAL MD ✓	NPI NUMBER 1457424350 ✓
ENUMERATION DATE 11/16/2006 ✓	LAST UPDATED 02/20/2009 ✓

Practice Information

PRACTICE ADDRESS 4747 SKYLINE RD S # 180 ✓	CITY SALEM ✓
STATE OR ✓	POSTAL CODE 97306-4200 ✓
PHONE 503-370-4950 ✓	FAX 503-370-4958 ✓

Taxonomy Classification

PRIMARY SPECIALTY Psychiatry & Neurology, Child & Adolescent Psychiatry PRIMARY ✓	TAXONOMY CODE 2084P0804X ✓
LICENSE NUMBER MD23332 ✓	LICENSE STATE OR ✓

Additional Specialties

Psychiatry & Neurology, Psychiatry (2084P0800X) ✓

ATTORNEY CONTINGENCY FEE AGREEMENT

This retainer agreement is made between [REDACTED] (the "Litigating Firm"), & [REDACTED] (the "Referral Firm"), jointly, "the Attorneys"). Client retains and employs the Attorneys to recover compensation for Client's injuries suffered from Roblox Abuse. If Client brings a claim relating to or arising from a deceased person's damages or injuries, Client agrees to proceed both individually and as representative of the estate of the deceased person to the extent, Client is legally able to do so. This agreement is intended to bind Client's heirs, death beneficiaries, and Client's estate representative in the event of a death.

- **FREE CASE EVALUATION:** The Attorneys will evaluate Client's claim at no upfront expense or fee.
- **NO FEES OR EXPENSES UNLESS WE RECOVER FOR YOU:** If there is no recovery, Client will not owe the Attorneys anything.
- **SETTLEMENT OF CLAIMS:** Client shall have the right to accept or reject any offers for settlement of the cause of action.
- **THE ATTORNEYS WILL NOT SUE CLIENT'S DOCTOR(S):** The Attorneys will not investigate or pursue a medical malpractice

CONTINGENT FEES: Client agrees to pay forty percent (40%) of the GROSS settlement or recovery in case of settlement or verdict as a reasonable Attorneys' fee for the Attorneys' services. The "GROSS settlement" means all money or other things of value including any attorney's fees awarded by the court. These fees apply regardless of whether the case goes to trial or settles before a lawsuit is filed. If the amount or calculation of fees is contrary to any applicable ethical rule, law, or regulation such law, rule, or regulation will control. Client understands and agrees that there will be a sharing of Attorneys' fees among the Attorneys with Litigating Firm receiving 50.00% of the fee, and the Referral Firm receiving 50.00% of the fee. Although the Attorneys are jointly responsible for the representation, Litigating Firm will be the lead firm handling the case and will be responsible for all or most aspects of the legal representation. Referral Firm and Originating Firm shall receive regular updates, including but not limited to case status updates on a monthly basis, from Litigating Firm regarding the case. Referral Firm shall consult with Client as requested and assist Litigating Firm with case management and litigation strategy as necessary. Originating Firm shall consult as needed with Referral Firm and Litigating Firm regarding the case, as reasonably necessary. Client agrees that this division of responsibility is reasonable. **The division of fees between the firms does not affect the Client's share of the recovery.** The Attorneys may employ other attorneys to help with Client's claims at their discretion, but the association of other contingency fee attorneys will not increase the contingency fee owed by Client.

EXPENSES: The Attorneys shall advance the court costs and other expenses for this claim, including case specific expenses and a pro rata share of general case expenses. Client agrees and consents to reimburse Attorneys for case specific and general case expenses out of Client's share of the gross amount recovered. Case specific expenses are those incurred for the sole benefit of the Client's individual claim. General case expenses are those incurred in the prosecution of Client's cause of action and other similarly situated clients. Client agrees to pay a pro rata share of such general case expenses in exchange for the benefit of sharing these expenses with other similarly situated clients rather than incurring these expenses individually. These expenses will be disclosed to Client at the time of settlement. Should the Attorneys elect to fund such expenses by borrowing the funds required, Client agrees to reimburse the full sum of all related interest charges for case specific expense costs as well as a pro rata share of related interest charges for general case expenses out of Client's percentage of the gross amount recovered. However, if the Client wishes to pay all expenses when the expenses are incurred, and before any award by a court or settlement with an adversary, in order to avoid interest payments, the Client must notify the Attorneys upon Client's execution of this Agreement and the Attorneys will make the necessary arrangements. Client grants the Attorneys a lien on any proceeds or judgments recovered for Client's claim as security for the payment of the Attorneys' fees and expenses to be incurred. **If there are no proceeds recovered on Client's claim, then the Client will not owe the Attorneys for the expenses incurred during the prosecution of this claim. Again, no settlement of any nature shall be made without Client's consent and approval.**

MULTIPLE CLIENTS: Client understands that Client may be one of multiple plaintiffs being represented by the Attorneys and that representation of multiple Clients may give rise to potential conflicts of interest by the Attorneys.

Client recognizes and agrees that the Attorneys may reach a single aggregate settlement of multiple cases involving the same or similar product at one time if the Attorneys believe the aggregate settlement to be fair and adequate for the group as a whole. Client understands Client ultimately retains the right to reject any settlement offer. A possible disadvantage of joint representation is that if a conflict does arise, the Attorneys may be forced to withdraw from representing one or more of the jointly represented Client's. If that happens then a jointly represented Client would have to obtain new, separate counsel, and perhaps, incur additional expense and delay as the new Attorneys become familiar with the matter. Any Client that will retain new counsel waives herein any objection to the Attorneys continuing to represent other Clients in this matter. By signing this agreement, Client confirms awareness of the potential for conflicts of interest and consents to the Attorneys joint representation of all of the persons and/or entities identified in this Agreement as Client.

STATUTE OF LIMITATIONS: There are legal time limits to prosecute Client's claim, generally Statutes of Limitation or Repose, and if the Claim is not timely prosecuted then the legal right to pursue the claim may be lost forever. The Attorneys require reasonable time to thoroughly investigate Client's legal claims in order to uphold their ethical responsibility, and the Attorneys will not take action on Client's behalf without adequate time for investigation. Client assumes the risks and understands, agrees, and consents that the Attorneys shall not be required to pursue the Client's claims, to file a lawsuit, or to take any action to comply with any Statute of Limitations or Repose, if such limitations period expires within 120 days of the date this signed Agreement is received by the Attorneys. Client further understands the Statute of Limitations or Repose may have already expired prior to contacting the Attorney. If so, Client understands that the Attorneys will attempt to obtain a recovery on their behalf but that such recovery may be barred by law. **Prompt return of this Agreement is very important.**

STATUTE OF LIMITATIONS: There are legal time limits to prosecute Client's claim, generally Statutes of Limitation or Repose, and if the Claim is not timely prosecuted then the legal right to pursue the claim may be lost forever. The Attorneys require reasonable time to thoroughly investigate Client's legal claims in order to uphold their ethical responsibility, and the Attorneys will not take action on Client's behalf without adequate time for investigation. Client assumes the risks and understands, agrees, and consents that the Attorneys shall not be required to pursue the Client's claims, to file a lawsuit, or to take any action to comply with any Statute of Limitations or Repose, if such limitations period expires within 120 days of the date this signed Agreement is received by the Attorneys. Client further understands the Statute of Limitations or Repose may have already expired prior to contacting the Attorney. If so, Client understands that the Attorneys will attempt to obtain a recovery on their behalf but that such recovery may be barred by law. **Prompt return of this Agreement is very important.**

CLIENT'S COOPERATION AND TERMINATION: Client shall keep the Attorneys advised of their current address and telephone number at all times during representation. Failure to advise the Attorneys of this current contact information may result in the dismissal of Client's claim and/or the loss of Client's legal rights forever. Client consents to receive future communications electronically at the Attorneys' discretion, including text messages, Client may opt out anytime by providing written notice to the Attorneys. Further, Client agrees that the Attorneys may withdraw from representing Client if the Attorneys deem withdrawal warranted for any reason. If the Attorneys withdraw from representation, they may do so by notifying the Client through electronic communication, or by sending mail to the Client's last known address. **In the event the Attorneys withdraw, the Client will not owe any Attorneys' fees or expenses.** Client agrees to provide complete and truthful information. Client agrees not to file any lawsuits, or to negotiate settlement of Client's claims without the Attorneys' knowledge and consent. Client agrees to not share information obtained from the Attorneys. Client agrees to preserve all evidence of Client's claim. Client agrees to notify the Attorneys of any previous bankruptcy filings and prior to any future bankruptcy filing. **Client may terminate this**

agreement at any time by providing written notice. If Client terminates this agreement and Client's case results in proceeds from settlement or judgments recovered after termination, then the Attorney may enforce the lien to recover cost and expenses incurred on the case as well as a lien for Attorneys' fees.

CONFIDENTIAL INFORMATION: If Client talks to anyone other than Attorneys or their staff, except for Client's spouse, about discussions between Client and Attorney or members of their staff, Client risks the attorney-client privilege and perhaps other privileges. Client authorizes the release of this agreement, case status, and other information to accountants, lenders, legal consultants, marketing companies, and others who assist in furthering or administering the law-practice business of the law firms. Client hereby authorizes Attorneys and employees working on behalf of the law firm to conduct identity verification, criminal history checks, and to obtain and review Client's medical records, employment records, and other relevant documentation as Attorney deems necessary to investigate, corroborate, and substantiate Client's claims in this matter.

POWER OF ATTORNEY: Client hereby grants Attorneys a limited power of attorney to execute documents necessary to conclude this representation. The Attorneys are authorized and empowered to act as Client's negotiator in any and all settlement negotiations concerning the subject of this agreement. As part of this power of attorney, Client authorizes the Attorneys to require that any settlement checks be made payable jointly to Client and the Attorneys and the Attorneys may reimburse themselves for expenses and fees prior to disbursing money to Client. However, the Attorneys will not unreasonably withhold disbursement from Client. **No settlement of any nature shall be made without Client's consent and approval.**

SETTLEMENT OF HEALTHCARE LIENS: Client understands and acknowledges that prior to the disbursement of any settlement proceeds, the Attorneys may be required to investigate and satisfy any third-party interest healthcare liens such as Medicare, Medicaid, and other medical provider liens.

COMPLETE AGREEMENT: Client hereby acknowledges that the Attorneys have made no guarantees regarding the successful outcome of this matter and all expressions about the outcome are only opinions. This is the entire agreement. Client represents that no one has promised Client anything to induce Client to retain the Attorneys. Client understands and acknowledges that the decision to hire the Attorneys was made willfully and independently without outside influence and no person has solicited Client on behalf of the Attorneys. It may be changed only by a writing signed by the Attorneys. If any part is contrary to any applicable ethical rule or becomes unenforceable, the rest remains valid and enforceable. The Attorneys' choice to not enforce a provision is not a waiver of the right. This agreement shall be governed by and construed in accordance with the law of the State of Arizona. If Client and the Attorneys cannot resolve a dispute related to this matter, they will mediate it before a mutually agreeable mediator. If mediation does not work, Client and Attorney agree to remedy through a binding individual arbitration subject to the rules of the American Arbitration Association.

Signed by:
[REDACTED]
997GG43A6E5141G...

Client Signature

[REDACTED]

Printed Name

07-02-2026

Date

[REDACTED]

Name of Minor (if applicable)

HIPAA & HITECH PATIENT AUTHORIZATION

Including Sensitive Information & Third-Party Designation

This Authorization complies with HIPAA (45 C.F.R. §164.508), HITECH (45 C.F.R. §164.524), 42 CFR Part 2, and applicable state law. It is intentionally structured for efficient hospital and medical records department processing.

1. Patient Information

Full Legal Name: [REDACTED] D.O.B: [REDACTED] S.S. #: [REDACTED]

Address: [REDACTED] Email: [REDACTED]

2. Purpose of Disclosure

Investigation, intake, claims evaluation, medical record retrieval, litigation support, and related lawful purposes associated with my legal claim.

3. Authorized Recipients

4. Authorization to Disclose Health Information

I authorize any physician, hospital, pharmacy benefit manager, health insurance plan, health information exchange, health data utility, medical records contractor, pharmacy, consumer reporting agency, or other entities that maintain my medical information to disclose such information to the Authorized Recipients listed above.

5. Information Authorized for Disclosure (Including Sensitive Information)

- ☒ Entire medical record
- ☐ Billing and insurance records
- ☐ Records for the following dates:
- ☐ Records relating to the following condition:
- ☐ Photographs or videos depicting injuries

This Authorization includes, unless restricted by law, diagnoses, treatment records, prescriptions, mental and behavioral health records, substance use disorder records pursuant to 42 CFR Part 2, HIV/AIDS and sexually transmitted disease records, reproductive health information, and genetic information.

6. Psychotherapy Notes Exclusion

Psychotherapy notes, as defined by 45 C.F.R. §164.501, are excluded from this Authorization and require separate, specific authorization.

7. Expiration and Revocation

This Authorization expires one (1) year from the date of signature below unless a shorter period is required by law or otherwise specified here: [REDACTED] I may revoke this Authorization at any time by providing written notice to [REDACTED] or [REDACTED] Revocation will not affect information already disclosed in reliance on this Authorization.

8. Legal Notices & Patient Rights

Information disclosed pursuant to this Authorization may be subject to redisclosure and may no longer be protected by federal privacy regulations. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned upon signing this Authorization. A copy or electronic version of this Authorization is as valid as the original. Where state law provides greater privacy protection, the stricter standard applies.

Ex Parte Communications Notice:

Pursuant to 45 C.F.R. §164.512(e), this Authorization does **not** permit informal, ex parte communications between my healthcare providers and counsel for any adverse or opposing party. I do not authorize my healthcare providers to communicate with counsel for a defendant regarding my medical condition or treatment except through formal legal process or separate written authorization.

9. Electronic Communications & Processing

I consent to communications, intake calls, and related interactions being recorded, transcribed, or processed through secure electronic or AI-assisted systems for claim-related purposes only. My information will not be used to train public or unrestricted AI models.

Patient Acknowledgment & Signature

I have read and understand this Authorization and voluntarily authorize disclosure as described above.

Patient Name: [REDACTED]

Signature: _____

Legal Representative Name: [REDACTED]

I represent that I have legal authority to act on behalf of the patient. Signature: [REDACTED]

Relationship to patient: Parent

Date: [REDACTED]

Certificate Of Completion

Envelope Id: 74B801E8-2244-4B83-B92B-683D87EB76BD	Status: Completed
Subject: Complete with Docusign: HIPAA_Patient_Authorization_2026V1.docx	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	, AZ 85142
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	@ net
	IP Address: 64.159.180.26

Record Tracking

Status: Original	Holder:	Location: DocuSign
2/27/2026 4:18:27 PM	@ net	

Signer Events

Signature	Timestamp
Lauren M (480)	Sent: 2/27/2026 4:18:50 PM Viewed: 2/27/2026 4:33:11 PM Signed: 2/27/2026 4:33:36 PM
Security Level: SMS, Account Authentication (None)	
Signature Adoption: Pre-selected Style	
Signed by link sent to (480)	
Using IP Address: 64.159.180.26	

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/27/2026 4:18:50 PM
Certified Delivered	Security Checked	2/27/2026 4:33:11 PM
Signing Complete	Security Checked	2/27/2026 4:33:36 PM
Completed	Security Checked	2/27/2026 4:33:36 PM
Payment Events	Status	Timestamps

ROBLOX REPORT

Platform Activity Analysis

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SECTION 1

Report Metadata

Document Control	7e6454b9-4623-4b55-be50-5d04d21b49a7
Case Identifier	334105154254
Report Generated	July 18, 2026 at 12:19 AM UTC
Generated By	Automated System

LEGAL NOTICE

This report represents a timestamped snapshot of publicly available data collected from the Roblox platform via official application programming interfaces at the time of generation. The contents of this document are provided for reference and review by counsel and the court, and should be handled in accordance with applicable rules of evidence, data retention policies, and chain-of-custody requirements. The integrity of this document is cryptographically verified as documented in Appendix H. No conclusions, findings of fact, or determinations regarding user behavior, intent, or activity are made herein.

Table of Contents

1 Report Metadata

2 Subject Profile

3 Platform Activity Analysis

Appendices

A Friends List

B Group Memberships

C Badge Details

D Collectibles Inventory

E Favorite Games

F Abuser's Account

G Corroboration

H Verification & Data Sources

SECTION 2

Subject Profile



Platform Username	@yellow_unicorn4608
Display Name	MiLLiE
Unique User Identifier	1681698714
Account Creation Date	June 07, 2020
Account Age	6.11 years
Account Status	[ACTIVE]

SECTION 3

Platform Activity Analysis

Time Investment Estimates

The following values are derived estimates calculated from publicly available platform metrics, documented system mechanics, and industry research on typical user behavior patterns. These estimates are provided solely for contextual reference and do not represent determinations of actual usage, duration of activity, or user behavior.

Estimated Minimum Playtime	600+ hours
Estimated Playtime Range	3,000 - 6,000 hours

Activity Metrics

Metric	Recorded Value	Contextual Notes
Badges Earned	0	Estimated 0 hours of gameplay
Collectibles Owned	0	Recorded ownership of collectibles with publicly listed RAP values
Portfolio Value (RAP)	0 Robux	Estimated 0 hours of trading activity
Friends Count	180	Indicator of social engagement on platform
Followers	2	Indicator of account visibility/influence
Following	3	Indicator of platform engagement
Group Memberships	15	Indicator of community participation
Favorited Games	19	Indicator of repeated engagement

APPENDICES

APPENDIX A: Friends List

The Roblox friend-count endpoint reported 180 friend(s) for @yellow_unicorn4608. This appendix lists the top 11 of 180 resolvable friend record(s), sorted by mutual groups.

	USERNAME	USER ID	FRIEND COUNT	MUTUAL GROUPS
	@SllllllMP	1087139189	44	5
	@fangsalice	991758636	355	2
	@frostail11326	183694403	183	2
	@kingjojoyroyal	674828066	151	2
	@24klamooo	2057490238	115	2
	@lesliej101	1573151579	0	2
	@ioudueyly	1577876918	0	2
	@Markyy_T1	3499566980	704	1
	@Lolgirl3248	3017508853	281	1
	@BruhMyAccIsGone	1543407947	266	1
	@katey443355	426212475	250	1

APPENDIX B: Group Memberships

Top 15 of 15 group membership(s) for @yellow_unicorn4608, sorted by role.

GROUP NAME	GROUP ID	ROLE
Welcome to Bloxburg: Fan Club	2910593	Bloxburgers
Lévante	9182952	Customer
Nigiri Games	34498670	Fan 🥰
Rock Panda Games	8252064	Fan
Sweet Studios.	6418155	Fan
Astra Studios.	4584635	🌟Fans
skinny aesthetics	4740294	LEGENDS
Animations: Mocap	4872031	Member
Beauty and brains	6907704	Member
Honey The Unicorn	5142719	Member
Pastel sxnset	7162767	Member
Perry The Panda	5510736	Member
ESSENTIAL RPG ★ shared	440941144	Player🎮
Frappé®	950346	Trainee
LSPLASH	3049798	you guys

APPENDIX C: Badge Details

Complete list of 0 badge(s) earned by @yellow_unicorn4608. Badges represent achievements and milestones on the Roblox platform.

No badges recorded for this account.

APPENDIX D: Collectibles Inventory

Complete list of 0 collectible(s) owned by @yellow_unicorn4608. Total portfolio value: 0 Robux (RAP).

No collectibles recorded for this account.

APPENDIX E: Favorite Games

Top 16 of 19 favorite game(s) for @yellow_unicorn4608.

GAME NAME	PLACE ID
[❤️UPD] Basketball: Zero	7028566528
KittyLand (Horror)	5683886531
Movie Massacre 🎬 [HORROR]	9145282410
[🎮] 1500+ CATALOG R6 & R15 Male & Female Outfits	5557801601
[BIG UPDATE🚗] Highway Legends ★ shared	5272606478
🌐 PASS BOMB [2 Player Obby]	6764173482
Clout Baddies Homestore	1879196759
Aesthetic Clothing HomeStore Outfit Ideas Shop	1191943390
[Content Deleted]	2038889815
🛒 BloxStreet Shopping	212028886
Wizard Life	442754449
[?] The Sky Is Falling! [BETA]	1469406897
Be A Parkour Ninja	69530376
Broken Bones IV ★ shared	911750776
Brookhaven 🏠RP	1686885941
Tower of Hell	703124385

APPENDIX F: Abuser's Account

The reported account was identified from information provided by the claimant and is not independently verified except where a Roblox account was resolved.

Reported Account Resolution

Reported Roblox Username	@MASKED4LIFE
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Resolved Roblox Account	@MASKED4LIFE
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SECTION 4

Reported Account Profile



Platform Username	@MASKED4LIFE
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Display Name	1luv_scurry
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Unique User Identifier	1178931693
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Account Creation Date	July 27, 2019
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Account Age	6.97 years
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Account Status	[ACTIVE]
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SECTION 5

Reported Account Activity Analysis

Activity Metrics

METRIC	RECORDED VALUE	CONTEXTUAL NOTES
Badges Earned	0	
Collectibles Owned	1	Recorded ownership of collectibles with publicly listed RAP values
Portfolio Value (RAP)	207 Robux	Estimated 0 hours of trading activity
Friends Count	0	Indicator of social engagement on platform
Followers	0	Indicator of account visibility/influence
Following	0	Indicator of platform engagement
Group Memberships	14	Indicator of community participation
Favorited Games	73	Indicator of repeated engagement

Reported Account — Friends List

The Roblox friend-count endpoint reported 0 friend(s) for @MASKED4LIFE. This appendix lists the top 11 of 46 resolvable friend record(s); 1 unresolvable placeholder record(s) were omitted.

	USERNAME	USER ID
	@Jennysparkles23	10913499998
	@cbank27	682435450
	@lemonade_drinkk	11160782633
	@journirose108	2242366085
	@Jayboyjc5	1229351163
	@thatboy_rara2	5438515971
	@Scorpions_SpinAlt	1239253960
	@Leveinydns	8271658814
	@homesickangels	1798278628
	@Roy_cappalot	2518873726
	@RJSMITH0919	9449472078

Reported Account — Group Memberships

Top 14 of 14 group membership(s) for @MASKED4LIFE, sorted by role.

GROUP NAME	GROUP ID	ROLE
Highway Legends	33525912	 Driver
Anime Final Quest	34258454	Member
Awesome Ninja Games	15557357	Member
Clover Retribution	15890651	Member
Current.	34852864	Member
Jule Games	13031751	Member
Midnight Continent	9233039	Member
NoDrivingLicense	271600977	Member
Shadowrise Devs	1002185259	Member
No Skill Games	6355996	Members
SecretVerse Studio	1074557114	Membre
Bloxxit Studios	3883261	New Member
ESSENTIAL RPG ★ shared	440941144	Player 
Train ur Army!	1003047045	Troops

Reported Account — Badge Details

Complete list of 0 badge(s) earned by @MASKED4LIFE. Badges represent achievements and milestones on the Roblox platform.

No badges recorded for this account.

Reported Account — Collectibles Inventory

Complete list of 1 collectible(s) owned by @MASKED4LIFE. Total portfolio value: 207 Robux (RAP).

ICON	ITEM NAME	ASSET ID	VALUE (RAP)
	Cake Topper	3798248888	207 Robux

Reported Account — Favorite Games

Top 16 of 73 favorite game(s) for @MASKED4LIFE.

GAME NAME	PLACE ID
Hide and Seek Extreme	93740418
Duckies! 🦆 [2 Player Obby]	10132466472
my driver is blind [2 Player Obby]	9843407918
Are You Smart? 🧠	5345619122
😂 Lying Challenge	9256255979
100 Player Mega Hide and Seek! 💯	2198666251
Spicy milk challenge 🌶️🥤	9546963181
Wavelength! [BETA]	8017401632
🏰 CASTLE MAP! Blox Hunt v3.7.0	28401883
Clean a Crime 🔪	9480698255
Secure the Airport	9912025777
Color or Die 🌈	4523856444
A Broken Dream	8237105425
Cursed Blade[ALPHA]	9501409571
[UPD!] Anime Apocalypse	9073513091
[LOVESICK KILLER] Heroes Battlegrounds	4568630521

APPENDIX G: Corroboration

This section lists data points that appear in both the subject's and the reported account's collected data. Overlap in popular games or large public groups is common among unrelated accounts and is not, by itself, indicative of a relationship.

Strong — Direct Connection

The two accounts are directly connected on Roblox: the reported account (@MASKED4LIFE) appears in the subject's friends list.

Moderate — Mutual Friends

No mutual friends identified.

Context — Shared Favorited Games

3 game(s) favorited by both accounts:

GAME	PLACE ID
[BIG UPDATE🚗] Highway Legends	5272606478
Breaking Point	271119130
Broken Bones IV	911750776

Context — Shared Groups

1 group(s) both accounts belong to:

GROUP	GROUP ID	SUBJECT ROLE	REPORTED ROLE
ESSENTIAL RPG	440941144	Player🎮	Player🎮

APPENDIX H: Verification & Data Sources

DATA INTEGRITY

Data Integrity Verification

✓ CRYPTOGRAPHICALLY VERIFIED

Hash Algorithm

SHA-256

Snapshot Hash

be82d20613539b098592ac7c3df0cb13b2ee245d1b
d529c531412a20dd62c49f

Reported Account Snapshot Hash

be636ee877e8db8e745e365da99ab7b685871ca2164
2259f677574912ce34ad9

Each SHA-256 hash is computed from the complete normalized dataset collected for that account at capture time, enabling verification that it has not been modified after collection. Appendices display a capped, sorted view of this data (see each appendix's "top N of M" count); the hash attests the full captured dataset, not the displayed subset. The subject account and the reported account, where included, are collected separately and are each independently attested by their own hash above. Any overlap analysis is derived from these two datasets and is not separately hashed.

Query Parameters

Search Mode

username

Search Query

yellow_unicorn4608

CHAIN OF CUSTODY

Chain of Custody

EVENT	ACTOR	TIMESTAMP (UTC)
report_generated	leads-pdf-roblox-report	July 18, 2026 at 12:19:33 AM UTC