

INCIDENT REPORT

SDNY_00000889 EFTA_00000

Part I - Incident Report

1. Institution: MCC New York

2. Inmate's Name: Epstein, Jeffery

3. Register Number: 76318-054

4. Date of Incident: 07/23/2019

5. Time: 1:27am

6. Place of Incident: SHU M-Tier Cell 124

7. Assignment: Unassigned

8. Unit: ZA

9. Incident: Self-Mutilation

10. Prohibited Act Code (s): 228

11. Description of Incident (Date: 07/23/2019 Time: 1:27AM Staff became aware of incident):

On July 23, 2019 at approx. 1:27am While working in the Special Housing Unit myself and S/O Silva heard noise coming from the M tier cell 124. Upon arrival I/M's Epstein, Jeffery #76318-054 cell mate (I/M [redacted] was at the door stating I/M Epstein, Jeffery #76318-054 had attempted to hang himself. I kept a visual while S/O [redacted] grabbed the door keys and called for assistance. After securing I/M [redacted] and removing him from the cell, I entered then placed I/M Epstein on his side and removed a orange homemade rope from his neck. I/M was breathing at this time but unresponsive. Addition staff and Ops Lt [redacted] arrived I/M was then removed from SHU.

12. Typed Name: Masullo, J

13. Date And Time: 07/23/2019 3:30am

14. Incident Report (Type Name): [redacted]

15. Date Incident Report Delivered: 7-30-19

16. Time Incident Report Delivered: 1240pm

Part II - Committee Action

17. Comments of Inmate to Committee Regarding Above Incident:

18. A. It is the finding of the committee that you:

Committed the Prohibited Act as charged.

Did not Commit a Prohibited Act.

Committed Prohibited Act Code (s):

B. The Committee is referring the Charge(s) to the DHO for further Hearing.

C. The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.

19. Committee Decision is Based on Specific Evidence as Follows:

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act):

21. Date and Time of Action: (The UDC Chairmans signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings).

Chairman (Typed Name/Signature): Member (Typed Name): Member (Typed Name):

INSTRUCTIONS: All items outside of heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.