

INCIDENT REPORT CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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 1:30 am
6. Place of Incident SHU M-Tier Cell 124	7. Assignment Unassigned	8. Unit 2A	
9. Incident Self-Mutilation		10. Prohibited Act Code(s) 228	
11. Description Of Incident (Date: <u>07/23/2019</u> Time: <u>1:27 am</u> Staff became aware of incident) On July 23,2019 at approx. 1:27am While working in the Special Housing Unit Myself and S/O [REDACTED] heard noise coming from the M tier Cell 124.Upon arrival inmate Epstein's cell mate (I/M Tartaglione [REDACTED] was at the door stating I/M Epstein #76318-054 had attempted to hang himself. I kept a visual while Officer [REDACTED] grabbed door keys and called for assistance.After securing I/M Tartaglione and removing him from the cell, I entered then placed I/M Epstein on his side and removed an 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 the SHU.			
12. Typed Name/Signature of Reporting Employee [REDACTED]		13.Date And Time 7/23/2019 1:30 am	
14. Incident Report Delivered to Above Inmate By (Type Name/Signature)		15. Date Incident Report Delivered	16. Time Incident Report Delivered

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 Chairman's 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 heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.
DISTRIBUTE: ORIGINAL-Central File record; COPY-1- DHO; COPY-2- Inmate After UDC Action; COPY-3- Inmate within 24 hours of Part I Preparation.