

INCIDENT REPORT

J.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Part I - Incident Report

1. Institution: MCC New York		Incident Report Number: 3282555	
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 [redacted] heard noise coming from the M tier cell 124. Upon arrival I/M's Epstein, Jeffery #76318-054 cell mate (I/M Tartaglione #78514-054) was at the door stating I/M Epstein, Jeffery #76318-054 had attempted to hang himself. I kept a visual while [redacted] grabbed the door keys and called for assistance. After securing I/M Tartaglione #78514-054 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 [redacted] arrived I/M was then removed from SHU.

12. Typed Name/Signature of Employee: [redacted]	13. Date And Time: 07/23/2019 3:30am
14. Incident Reported By: [redacted]	16. Time Incident Report Delivered:
15. Date 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: <input type="checkbox"/> Committed the Prohibited Act as charged; <input type="checkbox"/> Did not Commit a Prohibited Act. <input type="checkbox"/> Committed Prohibited Act Code (s). _____	B. <input type="checkbox"/> The Committee is referring the Charge(s) to the DHO for further Hearing. C. <input type="checkbox"/> The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.
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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 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.

COPY
7-23-19
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Distribute: Original-Central File Record; COPY-1-DHO; COPY-2-Inmate after UDC Action; COPY 3-Inmate within 24 hours of Part I Preparation