

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.					Register Number	P I C T U R E
Name: Last <u>Kopstein</u>		First <u>Jeffrey</u>		Middle		
AKAs:						
Race (Check) <u>B</u> <u>W</u> <u>A</u> <u>I</u>	Sex (Check) <u>M</u> <u>F</u>	Ethnic Origin (Check) <u>Hispanic or</u> <u>Other</u>	D.O.B.	SSN:	FBI: INS: Other:	

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
 NARRATIVE: Title: _____ USC: _____
 NARRATIVE: Title: _____ USC: _____
Med Emergency Trip
170 William St NY NY
10038

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

State of Birth	Country of Birth	Citizenship	Current Address	Zip Code
Height Ft: _____ In: _____	Weight	Hair	Eyes	Scars / Marks / Tattoos
Injuries / Medication			Emergency Contact: (Name, Address, Phone Number)	

Arraigned: Y N Sentenced: Y N Special Handling: Y or N
Remarks:

IN	IN	IN	IN	IN
Remanding Official (Name) Sign _____ Print _____		Agency/District	Phone/24 Hour Number	

OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign <u>D. Dupree</u> Print <u>D. Dupree</u>		Agency/District <u>BOP</u>	Phone/24 Hour Number	

FOR BOP USE ONLY

Receiving Official (Name) Sign _____ Print _____	Date / Time	Releasing Official (Name) Sign <u>SB</u> Print <u>S. Ben</u>	Date / Time <u>8/10/19 7:12 PM</u>
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Sentry Load Data: (Must Initial) Name Search Completed by: _____	(OPTIONAL USE) ARS Code <u>AKO</u> Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	RIGHT THUMBPRINT 
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Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP). This form replaces BP-S377(58) and BP-377(58) of JUL 91



