

U.S. Department of Justice

Office of the Inspector General

EVIDENCE DISPOSITION DOCUMENT

NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #1 Item 1: Annual Refresher Training March 2019 Item 2: Annual Refresher Training April 2019		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/12/24 [REDACTED]		
ADDRESS			TELEPHONE NUMBER	
MDC Brooklyn 80 29 <sup>th</sup> Street, Brooklyn			[REDACTED]	
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #2 Item 1: 8-10-19 Count Slips G 5:00 am Item 2: 8-10-19 Count Slips G 8:00 am Item 3: 8-10-19 Count Slips G 12:00 am Item 4: 8-10-19 Count Slips G 10:00 am		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn 80 29 <sup>th</sup> Street, Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #3 Item 1: Weekly SHU Signature Book Item 2: SHU Visitor Search Log Item 3: Attorney Log Book		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
HDC Brooklyn 80 29th St., Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #4 30 Minute Round Sheets from 8-9-19, 8-8-19, 8-10-19		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
HDC Brooklyn 80 29 <sup>th</sup> St., Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

EVIDENCE DISPOSITION DOCUMENT

NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-14-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG #5 Item 1: BOP HP 24A4381XJW Item 2: BOP HP MXL14700DY		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		[REDACTED]		
ADDRESS		TELEPHONE NUMBER		
HDC Brooklyn 80 29th St., Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #6 Item 1: Law Enforcement / BOP Staff Log In Book Item 2: Social Visiting Log Book		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn 80 29 <sup>th</sup> St. Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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NAME OF AUTHORIZING OFFICIAL [REDACTED]		TITLE AND TELEPHONE NUMBER AUSA [REDACTED]	DATE 12-19-24	CASE NUMBER 2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG # 7 Item 1: Post Orders (ETs, SHU LT, SHU # 1, 2, 3, Rec. Off. #1 & 2) Item 2: Sign <sup>ing</sup> Sheet for SHU Item 3: Quarterly SHU training 6-6-19		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE [REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE [REDACTED]		DATE AND SIGNATURE OF RECIPIENT 12/19/24 [REDACTED]		
ADDRESS HDC Brooklyn 30 29th St., Brooklyn		TELEPHONE NUMBER [REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG # 8 TRU-Intel Log Entries 7/1/19 -> 8/19/19		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn 80 29th St., Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG #9 - PERSONNEL FILES Item 1: M. Thomas Item 2: T. Noel Item 3: R. Adams Item 4: G. Anderson-Layne		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		[REDACTED] - 12/19/24		
ADDRESS			TELEPHONE NUMBER	
MDC Brooklyn 80 29th St., Brooklyn			[REDACTED]	
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER		DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]		12-19-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM			
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG #10 Item 1: TRU View Documents Item 2: PP37 Reyes Item 3: Commissary Records Item 4: Lieutenant Logs 7/1/19 -> 8/11/19			
EVIDENCE RETURNED					
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE					
[REDACTED]					
NAME OF PERSON RECEIVING EVIDENCE			DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]			12/19/24 [REDACTED]		
ADDRESS			TELEPHONE NUMBER		
HDC Brooklyn			[REDACTED]		
EVIDENCE DESTROYED					
METHOD USED				DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE				DATE	
NAME AND SIGNATURE OF WITNESS				DATE	

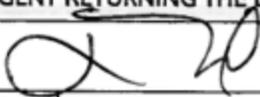
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NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>	DESCRIPTION OF ITEM			
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>	LOG #11 Item 1: Daily Forms (COs, LTs) 7/7/19-7 8/9/19 Item 2: Control Center Paperwork 8/9/19 → 8/10/19			
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

EVIDENCE DISPOSITION DOCUMENT

NAME OF AGENCY OFFICIAL	TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
Robert Sobelman	AUSA 212-637-2616	12-19-24	2019-010614
DISPOSITION ORDERED (check one)	DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)	LOG #12 Item 1: Phone Log Ext 6314 Item 2: Phone Log Ext 6313 Item 3: 333 Calls Item 4: Phone Log Ext 6468 Item 5: Phone Log Ext 6385 Item 6: Phone Log Ext 6317		
EVIDENCE RETURNED			
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE			
Lyeson Daniel 			
NAME OF PERSON RECEIVING EVIDENCE	DATE AND SIGNATURE OF RECIPIENT		
S. Parnick	12/19/24 		
ADDRESS	TELEPHONE NUMBER		
MDC Brooklyn	718 840 4200		
EVIDENCE DESTROYED			
METHOD USED	DATE		
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE	DATE		
NAME AND SIGNATURE OF WITNESS	DATE		

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NAME OF AUTHORIZING OFFICIAL		TITLE AND TELEPHONE NUMBER	DATE	CASE NUMBER
[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>	DESCRIPTION OF ITEM			
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>	LOG # 13 30 Minute Rounds 7/1/19 → 8/19/19			
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG # 15 Item 1: BOP MCC Control Center 30 Day Files 7/22/19 Item 2: BOP MCC Control Center 30 Day Files 7/23/19 → 8/1/19 Item 3: BOP MCC Control Center 30 Day Files 8/3/19 → 8/14/19		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
HDC Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG #16 Item 1: HP Elite Desktop s/n: 2UA4381YN5 Item 2: HP Elite Desktop s/n: 2UA4381YMW		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG # 17 Item 1: Epstein Psych Observation Log 7/24/19 → 7/30/19 Item 2: Epstein Psych Observation Log 7/8/19 → 7/10/19 Item 3: Suicide Watch Log Item 4: Suicide Watch Log		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS			TELEPHONE NUMBER	
MDC Brooklyn			[REDACTED]	
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG # 18 Intake Screening Phone Log		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
HDC Brooklyn		[REDACTED]		
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG # 19 18 Hard Drives seized from NICE Vision Camera System - MCC NY		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS		TELEPHONE NUMBER		
MDC Brooklyn		[REDACTED]		
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[REDACTED]		AUSA [REDACTED]	12-19-24	2019-010614
DISPOSITION ORDERED (check one)		DESCRIPTION OF ITEM		
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (specify)		LOG # 22 Item 1: 1857 DVR System Dist Array Item 2: 1820 DVR Controller Item 3: 1821 DVR Disk Array Chassis Item 4: (2 Boxes) 1819 DVR System		
EVIDENCE RETURNED				
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE				
[REDACTED]				
NAME OF PERSON RECEIVING EVIDENCE		DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]		12/19/24 [REDACTED]		
ADDRESS			TELEPHONE NUMBER	
MDC Brooklyn			[REDACTED]	
EVIDENCE DESTROYED				
METHOD USED			DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE			DATE	
NAME AND SIGNATURE OF WITNESS			DATE	

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[REDACTED]		AUSA [REDACTED]		12-19-24	2019-010614
DISPOSITION ORDERED <i>(check one)</i>		DESCRIPTION OF ITEM			
<input checked="" type="checkbox"/> RETURN <input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER <i>(specify)</i>		LOG # 23 CPAP Machine			
EVIDENCE RETURNED					
NAME AND SIGNATURE OF SPECIAL AGENT RETURNING THE EVIDENCE					
[REDACTED]					
NAME OF PERSON RECEIVING EVIDENCE			DATE AND SIGNATURE OF RECIPIENT		
[REDACTED]			12/19/24 [REDACTED]		
ADDRESS			TELEPHONE NUMBER		
MDC Brooklyn			[REDACTED]		
EVIDENCE DESTROYED					
METHOD USED				DATE	
NAME AND SIGNATURE OF PERSON WHO DESTROYED THE EVIDENCE				DATE	
NAME AND SIGNATURE OF WITNESS				DATE	