

U.S. Department of Justice

Federal Bureau of Investigation

Classification No.

90A

Bureau File Number

C19

File No.

NY-3151227
1A Supp.

Volume Number

4

Serials

Field Office Criminal Investigative and Administrative Files

Armed and Dangerous
DO NOT DESTROY
ELSUR
Escape Risk
Financial Privacy Act

FOIPA
NCIC
OCIS
Suicidal
Other

See also Nos.

J. Epstein
Manhattan Correctional
NYC NY 10007

NOVA 220

13 AUG 2019 PM 3L



Early
RETURN TO SENDER
Inmate

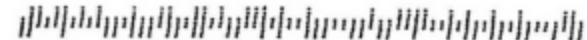
- ☐ INMATE NAME AND REGISTER NUMBER ARE REQUIRED TO PROPERLY IDENTIFY RECIPIENT
- ☐ UNAUTHORIZED INMATE TO INMATE CORRESPONDENCE. NO APPROVAL ON FILE. *8300 S. Whitmot Rd*
- ☐ UNAUTHORIZED PACKAGE. ITEMS WEIGHING IN EXCESS OF *1 lb 2 oz* REQUIRE AUTHORIZATION.
- ☒ NO LONGER AT THIS ADDRESS.

85756

86

ANK

85756-970600



AUG 11

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # NYM-19-0238

(Enclose with/attach to evidence)

ITEM # NYM-19-00269

CASE ID NUMBER: _____ SUSPECT (If known) Epstein, Jefferey 76318-054

DESCRIPTION OF ITEM: One returned to sender card to inmate Epstein

DATE/TIME ITEM FOUND: 9/25/19 06:00 A.M.

LOCATION: Mail Room

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: 09-25-19 11:00 AM

Witness: (printed name) _____

DISPOSITION:

☒ Hold as evidence
☐ Return to finder
☐ Other

☐ Return to owner
☐ Destroy immediately

☐ Lab Analysis
☐ FBI

REMARKS (condition of evidence):

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
_____	09-25-19	SIS office	_____
_____	09-25-19	SIS Safe	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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girls. When a young
beauty walked by he
loved to "grab snatch,"
whereas we ended
up snatching grub in
the mess halls of the
system.

Life is unfair.

Yours
J. Epstein

Dear L. N.

As you know by now,
I have taken the
"short route" home.
Good luck! We shared
one thing... our love
& caring for young
ladies and the hope
they'd reach their full
potential.

Our president also
shares our love of
young, mobile

SERIAL 147

Type	#	Acquired By	Date	Serial	Attachment Type	OST Notes	Vol
1A	92		2021-07-23	192	Digital		4
1A	91		2021-05-24	191	Digital		4
1A	90		2021-05-24	191	Digital		4
1A	89		2020-03-12	189	Digital and Physical		4
1A	88		2020-09-17	187	Digital		4
1A	87		2020-09-02	186	Digital		4
1A	86		2019-09-11	182	Physical		4
1A	85		2019-08-21	181	Digital		4
1A	84		2019-08-23	180	Digital		4
1A	83		2019-08-26	179	Digital		4
1A	82		2019-12-19	178	Digital		4
1A	81		2019-12-19	177	Digital		4
1A	80		2019-12-19	176	Digital		4
1A	79		2019-12-19	175	Digital		4
1A	78		2019-08-20	174	Digital		4
1A	77		2019-08-21	173	Digital		4
1A	76		2019-08-19	172	Digital		4
1A	75		2019-08-14	171	Digital		4
1A	74		2019-08-20	170	Digital		4
1A	73		2019-09-25	169	Digital		4
1A	72		2019-12-11	163	Digital		4
1A	71		2019-12-11	162	Digital		4
1A	70		2019-11-19	157	Digital and Physical		4
1A	69		2019-11-19	156	Digital		4
1A	68		2019-09-18	151	Digital		4
1A	67		2019-08-15	150	Digital		4
1A	66		2019-08-15	148	Digital		4
1A	65		2019-09-26	147	Physical	Not Located	4
1A	64		2019-09-26	147	Digital		4
1A	63		2019-09-30	145	Digital		4
1A	62		2019-09-30	143	Digital and Physical		4
1A	61		2019-09-25	142	Digital		4
1A	60		2019-08-13	131	Digital		4
1A	59		2019-08-13	129	Digital		4
1A	58		2019-08-30	126	Digital and Physical		4
1A	57		2019-09-24	125	Physical		4
1A	56		2019-08-28	122	Digital		4
1A	55		2019-09-11	119	Digital and Physical		4

1A55

FD-340c(4-11-03)

File Number 90A-NY-3151227

Field Office Acquiring Evidence NY

Serial # of Originating Document 119

Date Received 9-11-2019

From _____
(Name of Contributor/Interviewee)

(Address)

(City and State)

By _____

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

☐ Yes ☒ No

Federal Taxpayer Information (FTI)

☐ Yes ☒ No

Title: Unsub(s);
Jeffrey Epstein - Victim;
Death Investigation


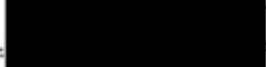

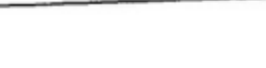
Reference: _____
(Communication Enclosing Material)

Description: ☐ Original notes re interview of



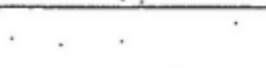
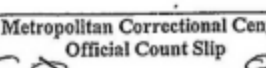
Notes from [redacted] interviews, Copy of MCC
Count Slip, Copy of MCC 30 minute Round
Sheet.

1A55


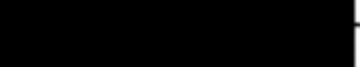
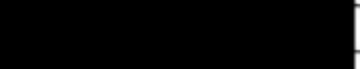
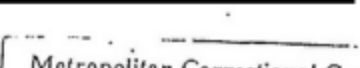
Metropolitan Correctional Center
Official Count Slip

Unit: STW Date: 8/9/2019
Count: 86 Time: 10:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 


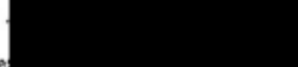
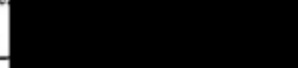

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ES + 1 Date: 8/9/2019
Count: 1 Time: 10:00 pm
1. Print Name: 
1. Signature: 
2. Print Name: 
2. Signature: 

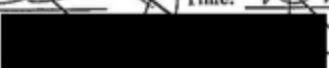
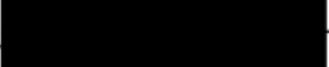


Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-9-19
Count: 42 + 1 Time: 10:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 


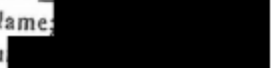

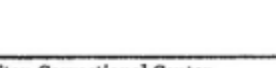
Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
Count: 78 Time: 10:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 


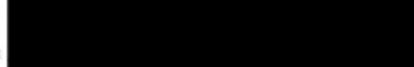


Metropolitan Correctional Center
Official Count Slip

Unit: CS Date: 8/9/19
Count: 22 Time: 10:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 


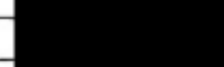

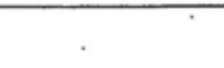
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 Time: 10:00 pm
1. Print Name: 
1. Signature: 
2. Print Name: 
2. Signature: 


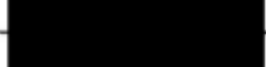

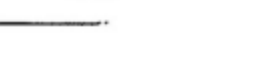
Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 88 Time: 10 pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
Count: 78 Time: 1000 PM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-09-19
Count: 92 Time: 10 pm
Print Name: 
Signature: 
Print Name: 
Signature: 

MCC NEW YORK
SPECIAL HOUSING UNIT
30 MINUTE CHECK SHEET
L-TIER

DATE: 08/09/2019

TIME FRAME	TIME START	TIME END	SIGNATURE	TIME FRAME	TIME START	TIME END	SIGNATURE	TIME FRAME	TIME START	TIME END	SIGNATURE
12:00-12:30 AM	1201	1202		8:00-8:30 AM	802	803		4:00-4:30 PM	401	402	
12:30- 1:00 AM	1233	1234		8:30- 9:00 AM	836	837		4:30-5:00 PM	433	434	
1:00-1:30 AM	103	104		9:00-9:30 AM	908	909		5:00-5:30 PM	503	504	
1:30-2:00 AM	131	132		9:30-10:00 AM	940	941		5:30-6:00 PM	531	532	
2:00-2:30 AM	201	202		10:00-10:30 AM	100	101		6:00-6:30 PM	601	602	
2:30-3:00 AM	235	236		10:30-11:00 AM	1036	1037		6:30-7:00 PM	635	636	
3:00-3:30 AM	301	302		11:00-11:30 AM	1108	1109		7:00-7:30 PM	701	702	
3:30-4:00 AM	333	334		11:30-12:00 AM	1138	1139		7:30-8:00 PM	733	734	
4:00-4:30 AM	406	407		12:00-12:30 PM	1213	1214		8:00-8:30 PM	806	807	
4:30-5:00 AM	430	431		12:30- 1:00 PM	1238	1239		8:30- 9:00 PM	830	831	
5:00-5:30 AM	500	501		1:00-1:30 PM	108	109		9:00-9:30 PM	900	901	
5:30-6:00 AM	533	534		1:30-2:00 PM	140	141		9:30-10:00 PM	933	934	
6:00-6:30 AM	602	603		2:00-2:30 PM	205	206		10:00-10:30 PM	1002	1003	
6:30-7:00 AM	632	633		2:30-3:00 PM				10:30-11:00 PM	1032	1033	
7:00-7:30 AM	702	703		3:00-3:30 PM				11:00-11:30 PM	1102	1103	
7:30-8:00 AM	731	732		3:30-4:00 PM				11:30-12:00 PM	1131	1132	

MORNING WATCH OPERATIONS LIEUTENANT		DAY WATCH OPERATIONS LIEUTENANT		EVENING WATCH OPERATIONS LIEUTENANT	
---	--	---------------------------------------	--	---	--

A staff member must observe all inmates confined in a continuous locked down status, such as administrative detention or disciplinary segregation, at least once in the first 30 minute period of the hour (example, 12:00 a.m. – 12:30 a.m.) followed by another round in the second 30 minutes period of the same hour (example, 12:30 am – 1:00 a.m.), thus ensuring an inmate is observed at least twice per hour. These rounds are to be conducted on an irregular schedule and no more than 40 minutes apart. All observations must be documented.

REVIEWED BY MORNING WATCH LIEUTENANT

CAPTAIN

9/11/19

Attorney
RD
RD
RD
12/4/89

1:10pm

Standard Proffer Agreement

To lieu of GJ Subpoena

Former Employment

HD July

BOP
2016
straight to
MCC
Sinks
total

lynco "IF" Classroom
Training (Powerpoint)

1st - MCC - CO (Housing Units and
Gen Pop) 11 South

New Material Handler (1 month ago)

Ordering
Commissary
Warehouse

yes OT in last year

Aug - Nov → 8a-4p → Aug 5 → Material Handler
before Aug 5 → 4p-12a (11 South)
Thurs + Fri RDO
wanted promotion Sat + Sun RDO

OT → 115 mandated OT 3-4 times a week

↳ could get written up if refused

will volunteer for OT so wouldn't get post don't want

5HU → didn't have as a post during a quarter but
has worked there a handful of times

Never went to 5HU training → AHT (would have info about 5HU)
↳ possibly 2 Xs went to AHT

Post Orders for 5HU → doesn't recall if reviewed
has read Post Orders but not sure if 5HU specifically

maybe 10 Xs worked in 5HU

Inst. Counts → aware needs to be done ^{& are important part of policy}

4pm, 10am, 12a, 3a, 5am

Sat/Sun 10am

Count w/

2 Officers → 1 goes + counts then ^{switch} other goes
+ counts → compare #s
do all Tiers

Call in # if agree on #

Count Slips → both ^{officers} sign

Same in SHU as Gen Housing Units

Count Slips put in Door 21 → lower level near laundry room

30 min rounds → not enforced as much until around
El Chapo was there + some officers ^{got in trouble for not doing rounds} (2am 2017)

W.

2016 → 30 min rds → under 10Xs in ^{worked} SHU
→ not as enforced for every 30 min. → just should do rounds

didn't really see 30 min rd sheets

Don't remember when exactly said should do 30 min
rds or frequent rounds

30 min Rd forms → ^{app} 2017/2018

was told to write down when did rounds

didn't fill in something didn't do →

may have written in to make consistent (5:01, 5:31)

would fill in during shift

possible

could have written down 4 30 min + only did 2

→ Why?

issue w/ inmates → suicide situation

was told to have to be consistent w/ 30 min needs to have consistent flow

dealt w/ inmates on a tier? would as rounds

Video wouldn't show consistent 30 min flow →
but would see going to tiers for normal
duties

Yes → now Officers making more rounds b/c Epstein
Before ^{Epstein} not as much b/c burnt out, always stressed,
work so many hours → may not be able to
work w/ Officer who is 100% → no sleep
↳ zombie-like / exhausted

Yes would cut corners → ^{like} writing did round and didn't
~~3 out of 5 times~~ ^{30 min} rounds ~~would~~ vary on different days
sometimes more than others

Don't think missed a count prior to Aug 9 in 5HU
didn't do 10pm count

Aug 9 @ 12a-8a → into 9th

Normal shift

did 12am count (doesn't remember who)

called and asked if could work 5HU → said he
would b/c felt a little pressure so said he would

2 inmates on Epstein's tier → said was going to
hang themselves → told other officers → Lt. was called

Some cell
to left
last on L Tier

+ they were put in 5U

Noel were on shift

1:30pm
4p-12a shift

→ after this → started crashing → feet skated to ~~use~~ hunt →
really tired

Epstein → app. around 8pm → put to cell on L Tier →
possibly (might have helped do this)
helped Noel feed him → later than rest of 5HU
b/c came up late

don't remember seeing

didn't see Epstein in shower area
Epstein didn't say anything when fed →
seemed "normal"

15-20 min after put in cell
(a little after 8pm)

→ took food, Noel [redacted] left tier, did a couple things around still
used bathroom → by laundry area
may have eaten

food tray → black tray → different b/c Jewish
doesn't know if tray was removed
→ paper-like can be thrown away
common fare kosher

went back to desk → talked to [redacted] + Noel

Epstein was alone in cell - wasn't aware was
supposed to have cellmate

Didn't know should have one, since tried to
was told cellmate had went home → thinks from
other inmates while working commissary

Control Center → middle of day → cellmate
pretty sure would have called
because that's what happens back
should be taken off count b/c not coming

→ thinks this happened but didn't
talk to Control himself
thinks heard from [redacted] or Noel
so knew by 4pm, cellmate was gone

Aug 9th
10pm count → didn't do → no one ever said wasn't going to count
thinks signed count slip but can't say for sure → just mentioned
has to go w/ 2 signatures - so Noel would
have had to sign it
best memory - Noel called in
talking to Noel was very
satisfied
very very fine

showed
#1

count slip for 8-9-19

said it was his signature

other signature \rightarrow not his signature \rightarrow ^{should} be Noel's
wasn't there for 4pm count \rightarrow had already been done

lead 2 to do the count \rightarrow so, Noel can't do by herself

so \rightarrow 10pm not done

not sure what "93+1" was or where it came from

probably did a good amount of rounds but don't remember ^{how many}

left @ 10pm

lead 2 to turn off lights

#2 not his signature

didn't see Noel fill out

4:01pm - 7:30pm \rightarrow accurate as to Officers

going around to different tiers

will communicate w/ tiers officers are going down
doesn't matter who does \rightarrow just as long as
gets done

pretty sure Noel would have filled out round sheet
b/c she was SHU officer

Pish \rightarrow fed Epstein \rightarrow
don't recall phone call

Op-Ida \rightarrow don't remember really what happened or
what he did \rightarrow just remember Thomas came in
a relieved him

started
Noel → he called her (they are friends)
↳ pulled back
said OK but scared to talk over phone
↳ around 8/10 around 4pm
after incident after Epstein was dead
co-workers

had talked after that → 2nd conversation →
a week to week + 1/2 ago
to check on how she was doing
didn't talk about what had happened → she seemed
scared

he told her about how he had a lawyer

talked to [redacted] after Epstein died → [redacted] kept telling him
he had nothing to worry about → Epstein didn't
die on his watch & he had worked 24 hrs.

would say
overall problem re: counts & rounds
tired → OT → no sleep

SHU → based on his time in SHU → Insti. Count actually done just not one
overhear about SHU counts/rounds → not conducted → "rumors" that time of 9 Aug @ 10pm
not specifically told didn't do
30 min count → yes, have officers seen blow off
but counts done (besides the one not done 8/9 10pm)

C-19

FD-340c(4-11-03)

File Number 90A-MY-2151227

Field Office Acquiring Evidence NEW YORK

Serial # of Originating Document 68

Date Received 8/28/2019

From EVIDENCE CONTROL UNIT
(Name of Contributor/Interviewee)

(Address)

By [REDACTED]

To Be Returned ☐ Yes ☐ No

Receipt Given ☐ Yes ☐ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

☐ Yes ☐ No

Federal Taxpayer Information (FTI)

☐ Yes ☐ No

Title:

Reference: _____
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

PACKAGE COPY FILE 1B44: EVIDENCE WAS RETURNED
TO SHANNON FARRAR ON 8/28/19 BY SA [REDACTED]
[REDACTED] CC(9) [REDACTED] 8/29/19, Ser. 68.

1A57

Evidence Details

 Charged Out to [REDACTED] on 08/26/2019 11:00 AM EST

Case: 90A-NY-3151227Item: 1B44

Description: (U) One (1) Apple iPhone XS, IMEI#: 357208091738649

Location: *Charged Out*Barcode #: E65163336

Collected On: 08/26/2019 11:00 AM EST

Receipt Item #: *None*CATS ID #: *None*FBI Seizure #: *None*CATS Abandonment #: *None*Abandonment #: *None*

Digital Information

Type: Cell Phone

Batteries Charged: No

Number Collected: 1

Collected by CART: No

Discovery Location

Area: *None*Others: *None*Specific: *None*Others Agency: *None*

Seizing Individual: [REDACTED]

Collected By: [REDACTED]

Seizing Individual: *None*

Other:

Anticipated Disposition

Return on 08/30/2019

Storage Information

Holding Office: NEW YORK

Finalized By: [REDACTED]

Last Inventory: *None*

Chain of Custody

Shipping / Transfer Log

History

Acquisition Event Details

Acquisition Event: (U) Receipt of Apple iPhone XS, IMEI#: 357208091738649

Collected From: (U) Associate SHANNON FARRAR
Law Offices of Montell Figgins
[REDACTED] suite 305
Newark, New Jersey,

Receipt Given: No

Holding Office: NEW YORK

Evidence Log: 90A-NY-3151227
Serial 57

PA PAGE COPY

UNCLASSIFIED

Filing and Security

Primary Case: 90A-NY-3151227

Case Title: (U) UNSUB(S); JEFFREY
EPSTEIN - VICTIM; DEATH
INVESTIGATION

Serial Number: 57

Serialized: 08/26/2019

Category: Full Investigation
Initiated: 08/12/2019FBI NYO 90A-NY-3151227 Original
CART NYC025647 Evidence
08/26/19 Init: [REDACTED]Reference Documents: 90A-NY-3151227
Serial 56

New York CART Lab



NYC025647

Referenced By: 90A-NY-3151227
Item 1B44

Details

Details: (U)

On 8/26/2019, SA [REDACTED] received one Apple iPhone XS, IMEI#: 357208091738649 from SHANNON FARRAR, Associate, LAW OFFICES OF MONTELL FIGGINS, address 17 Academy Street, suite 305, Newark, NJ 07102, telephone number 973-242-4700, facsimile number 973-242-4701, representing MICHAEL THOMAS, date of birth 2/11/1978, SS [REDACTED]

FARRAR provided a copy of the United States Department Office of the Inspector General, Consent to search Computer/Electronic Equipment form (OIG-Form 233/4), for an Apple iPhone XS, signed by [REDACTED] on 8/26/2019 at 10:20 a.m. and witnessed by FARRAR on the same date and time.

FARRAR provided SA [REDACTED] with the Apple iPhone XS, IMEI#: 357208091738649 and stated that THOMAS had unlocked the iPhone and turned off the security codes. SA [REDACTED] placed the iPhone in "airplane mode" and provided FARRAR with an FD-597 receipt for property for the iPhone.

Evidence

Acquisition Event: (U) Receipt of Apple iPhone XS, IMEI#: 357208091738649

Collected From: (U) Associate SHANNON FARRAR
Law Offices of Montell Figgins
17 Academy Street, suite 305
Newark, New Jersey

Receipt Given: No

Holding Office: NEW YORK

Evidence - 1B Digital

Description: (U) One (1) Apple iPhone XS, IMEI#: 357208091738649

Collected On: 08/26/2019 11:00 AM

Digital Information

Type: Cell Phone
Batteries Charged: No
Number Collected: 1
Collected by CART: No

Discovery Location

Area: None
Seizing Individual: [REDACTED]
Others: None
Specific: None

Collected By: [REDACTED]
Others: None
Others Agency: None

Anticipated Disposition

Return on 08/30/2019

Indexing

Display Name	Enterprise Role	Entity Role	Entity Type	US Person
M THOMAS	ENTERPRISE INDEX	Reference	PERSON	Unknown
SHANNON FARRAR	ENTERPRISE INDEX	Reference	PERSON	Yes

First Previous **1** Next Last

1 - 2 of 2 Entities

Intelligence

Intelligence Value: No Intelligence Value
Potential IIR/SIR? No
Sentinel Tags: No Sentinel Tags Selected

Can you identify the source of
this information? No

Routing

Drafted By: [REDACTED]
Approved By: [REDACTED]

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

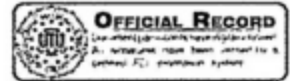
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # _____
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing Individual: [Redacted]
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: [Redacted] / FBI
<input type="checkbox"/> Biohazard		Reason: Initial Collection
<input type="checkbox"/> Other _____		Collected By: SA [Redacted]
		Agency: FBI
Date and Time		Date and Time
8/26/19 11:00 AM		
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: TRANSFER TO CART		Reason: [Redacted]
Date and Time		Date and Time
8/26/19 2:45		8/26/19 2:45
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: RETURN		Reason: ACCEPT CUST
Date and Time		Date and Time
8/27/19 3:00 PM		8/27/19 3:06 PM
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: TRANSFER CUSTODY		Reason: CUSTODY
Date and Time		Date and Time
8/27/19 3:45 PM		8/27/19 1:45 PM
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: RETURN TO OWNER		Reason: [Redacted]
Date and Time		Date and Time
8/28/19 12:32 PM		
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Date and Time		Date and Time
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Date and Time		Date and Time
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Date and Time		Date and Time

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 1B44 Barcode: E6516336

This form is incomplete without reference to the FD-1087.

UNCLASSIFIED

**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U) Return of Property belonging to MICHAEL THOMAS**Date:** 08/29/2019**From:** NEW YORK

NY-C19

Contact: Elisabeth Wheeler, [REDACTED]**Approved By:** SSA [REDACTED]**Drafted By:** [REDACTED]**Case ID #:** 90A-NY-3151227 ⁶⁸ (U) UNSUB(S);
JEFFREY EPSTEIN - VICTIM;
DEATH INVESTIGATION**Synopsis:** (U) Return of property to SHANNON FARRAR, Defense Counsel of MICHAEL THOMAS**Enclosure(s):** Enclosed are the following items:

1. (U) FD-1004
2. (U) FD-597

Details:

On August 28, 2019, at approximately 12:32 p.m., Special Agent (SA) [REDACTED] returned the below property to SHANNON FARRAR, Associate at the LAW OFFICES OF MONTELL FIGGINS, business address 17 Academy Street, Suite 305, Newark, New Jersey, telephone number (973) 242-4700. The property belonged to FARRAR's client, MICHAEL THOMAS:

- (1) APPLE iPhone XS, IMEI #357208091738649

The signed FD-597 is included in the 1A section of this report, as is

UNCLASSIFIED

EFTA02728206

UNCLASSIFIED

Title: (U) Return of Property belonging to MICHAEL THOMAS
Re: 90A-NY-3151227, 08/29/2019

a copy of the FD-1004 Chain of Custody.

Due to the permanent return of item 1B44 to the owner's lawyer, SA Wheeler requests the FBI New York's Evidence Control Unit change the status of evidence item 1B44 to reflect its permanent return.

◆◆

UNCLASSIFIED

[REDACTED] (NY) (FBI)

From: [REDACTED] (FBI)
Sent: Wednesday, September 04, 2019 12:48 PM
To: [REDACTED] (FBI)
Subject: Evidence return concurrence --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 9/4/2019 4:48:00 PM

Classification: UNCLASSIFIED

=====
Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

Hi [REDACTED]

Assistant United States Attorney (AUSA) [REDACTED] of the Southern District of New York concurred with the return of evidence item 1B44 in file number 90A-NY-3151227. I returned that item, belonging to MICHAEL THOMAS, to his lawyer, SHANNON FARRAR, on August 28, 2019, as outlined in Serial 68 of the same file number.

Sincerely,

[REDACTED]
=====
Classification: UNCLASSIFIED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151227On (date) 8/28/2019, 1232 hrs

item(s) listed below were:

- ☐ Collected/Seized
☐ Received From
☒ Returned To
☐ Released To

(Name) Shannon Farrar(Street Address) [REDACTED] Suite 305(City) Newark NJDescription of Item(s): (1) Apple iPhone XS, IMEI #357208091738649

Received By:

Shannon Farrar
(Signature)

Received From:

[REDACTED]

Printed Name/Title:

Shannon Farrar

Printed Name/Title:

[REDACTED] Special Agent

File Number 90A-NY-3151227Field Office Acquiring Evidence NYOSerial # of Originating Document 126Date Received 8/30/19From [REDACTED]
(Contributor/Interviewee)

(Address)

(City and State)

By SA [REDACTED]To Be Returned ☐ Yes☒ NoReceipt Given ☐ Yes☒ NoGrand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure☐ Yes☒ No

Federal Taxpayer Information (FTI)

☐ Yes☒ No

Title:

Reference: _____
(Communication Enclosing Material)Description: ☒ Original notes re interview ofBOP [REDACTED]

1A58

8/30/19

USAO SDNY

Interview

DOB -

POB

- residence

started for BOP -

other

text +
crime base

MCC - 1 year ago

GS 11 - current

STU + ops - both, was on SR-2, activities
+ ops

logging movement of building
+ overtime issues - responsibilities
for operations

does rounds in STU, goes down
range + addresses any issues
w/ STU inmates

- signature sheet for Ops Lt.

match Lt. puts final signature
+ then routes to Captain →

signs + put in logbook

- no involvement during cant for
STU during week unless emergency
cant

- would check to make sure rounds

done

6 A - 2pm - as SHU Lt.

no PM SHU Lt. @ MCE, other institutions have it

BOP. annual refresher training, last one @ 2ce Fed.

SHU training - quarterly w/ new staff members (officers) assigned to SHU info.

- anyone mandated - in post orders

- suicide prevention training is part of it, goes over signs, what to do if happens, etc.

- if inmate on suicide watch, inmate will have cellmate

- AS, OPS Lt., visits SHU approx. once a day

learned of Epstein once in MCE, heard about first suicide attempt but wasn't working then, he

was on suicide watch + then brought back upstairs, cellmate

(Raines) was placed w/ him

wasn't at any SHU meetings for Epstein

[redacted] placed - Epstein w/ Reyes
- Cos during shift knew to keep them together (day watch)
[redacted] told Epstein he would be placed w/ him - no issues
hot list - psychology - inmates who had been on suicide watch/require a bunkie (cellmate)
- OT at STU - requires being mobile + getting paperwork ready for AM
- recalled email sent before Reyes was placed w/ him
- 8/9 - Ops Lt. 8A-4pm (scheduled), actually worked 6A-2pm
Reyes moved in morning, new cellmate wasn't placed
[redacted] was waiting to see who new cellmate would be decided
Captain or Psychology would make that decision
- ~~Anyone~~ Epstein couldn't have been placed w/ just anyone
- didn't tell relief or Captain [redacted] that Reyes had left

██████ didn't speak to any of
the CO's that were coming on
to next shift.

didn't work 8/10 - heard about it
on news

- Cos get from 9th - 10th floor
via stairs, can take elevator
from 9th - 11th, 10th - is not
a full floor, like an attic

- bathrooms on 9th + 10th for CO's,
females mostly use 10th b/c more
private/ comfortable

- if do rand you pick up phone,
and control lets you in/
same as bathroom

C

C

1A62

FD-340c(4-11-03)

File Number 90A-NY-3151227

Field Office Acquiring Evidence NY

Serial # of Originating Document 143

Date Received 9-30-2019

From [REDACTED]
(Name of Contributor/Interviewee)

(Address)

By [REDACTED]

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

☐ Yes ☒ No

Federal Taxpayer Information (FTI)

☐ Yes ☒ No

Title: Unsub(s);
Jeffrey Epstein - Victim;
Death Investigation

Reference: _____
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

Notes from [REDACTED] Second Interview

1A62

started 10:25am
ended 10:47am
standard [redacted]

9-30-18

Proffer agreement

normal shift until 4pm

8-4 shift

receiving orders

carts to 2nd fl.

aboard Commissary → bring up to 2nd fl. to Commissary
& they distribute

workers to SHU

[redacted] did Commissary in SHU that night →
distributed [redacted]

during 8-4 shift [redacted] how do Commissary in SHU

20 min
@ most

started to during 8-4 shift

up to cell to cell

asked to work SHU during 8-4p

app 4:16p to SHU

did not do 4pm count → 2 Officers in
SHU had already done the count

was told by one of them that count
had been done.

did the feeding first
app. 12a → ul bel
after the count cleared
app. 5:30 → usually clears @ 8pm
could have been that
4:56pm

Commissary
and food

picks up trays after the feed
Commissary after the feed →
either during the pickup of trays
or after

inmates put in order 1-2 days prior
to delivery

Meal would have had to be @ the grill
in order for [redacted] to go down range
to do Commissary

Inmates threatening to commit suicide →
~~the total~~ said what he told last interview
sounded correct but couldn't be
completely sure about the time
Epstein → fed common fare → came from
the kitchen

↳ spent no more than 60 seconds ^{after tier}
delivering food to Epstein

Don't recall if ^{the other officer} went back to L-Tier
after fed Epstein
rest of shift was ^{sitting at desk} mostly sitting @ desk
left b/t 9:55 / 10 pm
^{so would have seen if someone went up to L-Tier}

doesn't know if [redacted] went up to L-Tier
before left

may have waved ^{or gave a head nod} up to Epstein
don't remember [redacted] going up to Epstein's cell / L-Tier

Don't recall [redacted] telling him that Epstein was his priority + to check on him that night

[redacted] would be more of an expert in SHL b/c works there

Doesn't remember if anyone walked up to Tiers around 9:20pm that night
Walk up by themselves to Tiers → inmate shouting or asking questions

[redacted] app. 11:50 relieved to go home

don't remember anyone / either Noel or him walking up to Tiers @ around 10:30pm

Noel probably had the grill key → but not a set person each shift that is designated to have the key → usually decided on the spot

Against policies to go down alone → doesn't know if Noel would've taken that risk

1A70

FD-340c(4-11-03)

File Number 90A-NY-3151227

Field Office Acquiring Evidence NY

Serial # of Originating Document 957

Date Received Nov 19, 2017

From _____

(Name of Contributor/Interviewee)

New York, NY (Address)

By _____

To Be Returned ☐ Yes

☒ No

Receipt Given ☐ Yes

☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

☐ Yes

☒ No

Federal Taxpayer Information (FTI)

☐ Yes

☒ No

Title: (Unsub(s);
Jeffrey Epstein - Victim;
Death Investigation

Reference: _____

(Communication Enclosing Material)

Description: ☐ Original notes re interview of

USMS Paperwork and Copy of Arrest
Warrants

1A70

UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.
MICHAEL THOMAS

Case No: 19 CRIM 830

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay

(name of person to be arrested) MICHAEL THOMAS

who is accused of an offense or violation based on the following document filed with the court:

- ☒ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Violations of 18 U.S.C. 371, 1001, and 2

Date: 11/19/2019

City and state: New York, NY

[REDACTED]
Issuing officer's signature

Hon. Sarah Netburn, USMJ

Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____

Date: _____

Arresting officer's signature

Printed name and title

UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.
TOVA NOEL

19 CRIM 830

Case No.

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay

(name of person to be arrested) TOVA NOEL

who is accused of an offense or violation based on the following document filed with the court:

- ☒ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Violations of 18 U.S.C. 371, 1001, and 2

Date: 11/19/2019

City and state: New York, NY

[REDACTED]
Issuing officer's signature

Hon. Sarah Netburn, USMJ

Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____

Date: _____

Arresting officer's signature

Printed name and title

Personal History of Defendant

Taken into Federal custody by the following:

- ☒ Street Arrest (not from a correctional/detention facility)
☐ Custodial Arrest (from a correctional/detention facility)
- ☐ Writ Used (Must provide copy of writ)
☐ Prior Federal Arrest or Safekeeper - Register #: _____ - _____
☐ Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

Last Name: THOMAS			First Name: MICHAEL			Middle Name:		
Sex:			Pregnant:			Race:		
Hair:		Eyes:		Height:		Weight:		DOB:
City of Birth:			State/Country of Birth:			Citizenship:		
FBI #:		State ID#:		Alien #:			SSN:	
Resident Address/City/State/ZIP:								
Home Phone:			Cell Phone:			Marital Status: Single		

COURT CASE

Agency: FBI		Agency ORI: NYFBINY00	
Agent Last Name: [REDACTED]		First Name: [REDACTED]	
Agent Phone #: [REDACTED]		Arrest Date: 11/19/2019	
Location/Facility of Arrest: 290 BROADWAY FBI NY			
Court Docket #: [REDACTED] CR		AUSA(s) Assigned: [REDACTED]	

OFFENSE

NCIC Code	Charge Description	Title/Code
	MAKING FALSE STATEMENTS	<u>18 USC 1001</u>
	CONSPIRACY TO MAKE FALSE STATEMENTS	<u>18 USC 371</u>

Known Detainers/Warrants: ☒ N ☐ Y - Agency: _____ (Must provide a copy of any detainers)

CAUTIONS AND MEDICAL

[REDACTED]

Security Cautions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Current or former military | <input checked="" type="checkbox"/> Current or former LE/corrections | <input type="checkbox"/> Current or former intelligence |
| <input type="checkbox"/> Current or former public official | <input type="checkbox"/> Assault on LE/corrections | <input type="checkbox"/> SAM subject or candidate |
| <input type="checkbox"/> Eligible for diplomatic immunity | <input type="checkbox"/> Leadership role | <input type="checkbox"/> Separation needs (Describe below) |
| <input type="checkbox"/> Threat to witness (Describe below) | <input type="checkbox"/> CI (Describe below) | <input type="checkbox"/> Other (Describe below) |

Remarks:

ALIASES

ALIAS Last Name	ALIAS First, MI	Remark	Date of Birth	SSN	State Driver's License

ASSOCIATES / CO-DEFENDANTS / RELATIVES / CHILDREN / SIGNIFICANT OTHER

Relationship	Last Name	First, MI	Register #	Resident Address, City, State, ZIP Code	Phone
Co-Defendant	TOVA	NOEL	-		

MARKS

Scar/Mark/Tattoo (Specify)	Location	Description

VEHICLES

Vehicle Year	Make	Model	Color(s)	Vehicle Style	State and Plate #	Registration Date	VIN

LICENSES

License Number	License State

MISCELLANEOUS NUMBERS

Miscellaneous Number	Type (Select from dropdown menu or type below)	Remarks (e.g., Issuing State or Country, etc.)

OCCUPATIONS

Occupation: BOP CORRECTIONS OFFICER		Company/Employer Name: FEDERAL BOP	
Employment Address: 150 PARK ROW NEW YORK NY			Phone: 646-836-6300
Start Date:	End Date:	Point of Contact:	

FINANCIAL

Bank Name	Account Type	Account #	Branch Address	Phone #

MILITARY

Branch	Rank	Entry Date	Discharge Date	Discharge Type	Military Occupation	Remarks

REMARKS

Additional Information/Remarks/Continuation:

PROFILE**Defendant Risks:** **Requires remarks below*

- | | |
|---|---|
| <input type="checkbox"/> Escapee | <input type="checkbox"/> Planned Murder |
| <input type="checkbox"/> Organized Crime* | <input type="checkbox"/> Protected Witness |
| <input type="checkbox"/> International Terrorist | <input type="checkbox"/> Domestic Terrorist |
| <input type="checkbox"/> Gang Member* | <input type="checkbox"/> Significant Criminal History |
| <input checked="" type="checkbox"/> Multiple Defendants | <input type="checkbox"/> Death Penalty Case |

Sex Offender:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Conviction |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Registration Violation |

+ Add History

Criminal History (Select from dropdown menu or type offense below)	Arrest (#)	Conviction (#)
-	NONE	

Remarks (e.g., name of gang or criminal organization, etc.):

- ☐
- Money Launderer
- ☐
- Kingpin
- ☐
- Violent Offender

INTERNET SOURCE

Internet Source	Remarks (e.g., email address, website address, username, etc.)

NOTICE TO ARRESTING AGENTS: As a courtesy, the USMS may temporarily hold an arrestee received by non-USMS personnel in the cellblock until the arresting agent(s) make arrangements for the prisoner's initial appearance before a United States Magistrate. A prisoner remains the responsibility of the arresting agency until remanded to the custody of the USMS by the courts. When a courtesy hold is allowed by the USMS to be housed in a USMS cellblock, a minimum of one agent from the arresting agency must be available to respond to the cellblock in order to address any issues with their prisoner (e.g., medical, disciplinary). If the arresting agency refuses to comply with USMS procedures, the courtesy hold may be refused. Meals are not provided by the USMS, and remain the responsibility of the arresting agent(s).

ARRESTEE PROCESSING CHECKLIST*For Arresting Officer Only*

- ☐ USM-312 (Personal History of Defendant)
- ☐ Medical clearance (from licensed physician), if necessary
- ☐ Copy of Arrest Warrant, if issued
- ☐ Copy of Complaint, Information, or Indictment, if completed
- ☐ Copy of Detainer(s), if issued
- ☐ Copy of Writ, if applicable
- ☐ Correctional facility discharge papers, if applicable
- ☐ Correctional facility prisoner receipt, if applicable
- ☐ Correctional facility medical summary, if applicable

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED]

Date: 11/19/2019

ARRESTEE PROCESSING CHECKLIST*For USMS Personnel Only*

- ☐ Confirm all arresting agent documentation is completed and inserted into prisoner's file
- ☐ USM-312 (Personal History of Defendant) - *reviewed, signed and dated by intake DUSM/DEO*
- ☐ USM-552 (Prisoner Medical Records Release Form) - *completed, signed and dated by intake DUSM/DEO*
- ☐ USM-18 (Federal Prisoner Property Receipt) - *completed, signed and dated by intake DUSM/DEO*
- ☐ USM-40/41 (Prisoner Remand) - *inserted into prisoner's file*
- ☐ USM-130 (Prisoner Custody Alert Notice), if applicable - *inserted into prisoner's file*
- ☐ FD-249 (Fingerprint Card) - *printed and inserted into prisoner's file*
- ☐ Prisoner Photograph (from Booking Package) - *printed and inserted into prisoner's file*

Reviewed By:

Badge #:

Date:

ITEMS RECEIVED:

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

CELLBLOCK

INMATE NAME: MICHAEL THOMAS

MDC BROOKLYN

11/19/2019

INMATE SIGNATURE:

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

FORM USM-18
(Rev 4/85)
Automated 01/01

INSTRUCTIONS

1. This Federal Prisoner's Property Receipt (Form USM-18) should be prepared in quadruplicate. Copies should be distributed as directed on the last line of each copy

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

2. When a Federal prisoner is placed in a non-federal institution by a U.S. marshal, a deputy marshal, or other employee of the marshal, all spaces above the double lines should be filled in and the receiving officer should sign in the space provided, a-, evidence of the receipt of the prisoner's property should then be distributed as set forth above.

3. When a prisoner is released, the last two boxes on the jailer's copy will be filled in as evidence of the jailer's return of the property.

4. If, while in jail, the prisoner is allowed to spend or otherwise dispose of any money or other property listed, that fact should be noted on the jailer's copy over the prisoner's signature.

5. If a prisoner is to be released to someone other than the committing officer, the original of the receipt should be attached to the commitment, removal, or other papers, for delivery to the marshal to whom the prisoner will be released.

PRISONER MEDICAL RECORDS RELEASE FORM

INSTRUCTIONS: Section I is to be completed by the USMS Intake Officer. Sections II & III are to be completed by the prisoner. Section II may be completed by the USMS Intake Officer if the prisoner is unable or unwilling, but Section III must be signed by the prisoner. If prisoner refuses to sign, note that in the signature block. All refusals should be immediately reported to the Office of Interagency Medical Services, Prisoner Services Division. The completed Form USM-552 is to be retained in the prisoner's files.

Section I - USMS Prisoner Information

1. Prisoner Name (Last, First, MI) THOMAS, MICHAEL		2. USMS Prisoner
3. District Name SDNY	4. District #	5. Custody Date (Mo/Day/Yr) 11/19/2019

Section II - Prisoner Personal Data And Medical Information

6. Date of Birth (Mo/Day/Yr) [REDACTED]		7. Social Security No. [REDACTED]	
8. Medical Insurance Information		C) Medicare /Medicaid Coverage?	
A) Insurance Company Name	B) Policy Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name of Your Physician		10. Phone Number ()	

Section III - Medical Consent And Records Release

I certify that the information I have provided above is true to the best of my knowledge.

I hereby authorize the United States Marshals Service to request, review, and have access to all medical records of care provided to me during the time that I am in the custody of that agency, and to all other medical records deemed necessary for the purposes of providing me with appropriate medical care, adjudicating medical bills for health care services provided to me while in the custody of the United States Marshals Service, and for infectious disease clearances.

Signature of Prisoner _____	Date _____
Signature of USMS Intake Officer _____	Date _____

Original--Prisoner File
Copy to District File
Copy Upon Transfer

Message Detail
Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services

Alfred E. Smith Building, 80 South Swan St.

Albany, New York 12210. Tel [REDACTED]

Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

● III Information ▲

The following information is provided in response to your request for a III search from the State of New Jersey based on:

FBI number: 25847JD9

Purpose Code: C

ATN/GREENES3

THIS RECORD IS BASED ON THE SID NUMBER IN YOUR REQUEST-
SID/NJ240238E

NEW JERSEY CRIMINAL HISTORY DETAILED RECORD

USE OF THIS RECORD IS GOVERNED BY FEDERAL AND STATE REGULATIONS.
UNLESS FINGERPRINTS ACCOMPANIED YOUR INQUIRY, THE STATE BUREAU
OF

IDENTIFICATION CANNOT GUARANTEE THIS RECORD RELATES TO THE
PERSON WHO IS

THE SUBJECT OF YOUR REQUEST. USE OF THIS RECORD SHALL BE LIMITED
SOLELY TO

THE AUTHORIZED PURPOSE FOR WHICH IT WAS GIVEN AND IT SHALL NOT
BE

DISSEMINATED TO ANY UNAUTHORIZED PERSONS. TO ELIMINATE A
POSSIBLE

DISSEMINATION VIOLATION, AND TO COMPLY WITH FUTURE EXPUNGEMENT
ORDERS,

THIS RECORD SHALL BE DESTROYED *IMMEDIATELY* AFTER IT HAS SERVED
ITS

INTENDED AND AUTHORIZED PURPOSES. ANY PERSON VIOLATING FEDERAL
OR STATE

REGULATIONS GOVERNING ACCESS TO CRIMINAL HISTORY RECORD
INFORMATION

MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES. THIS RECORD
IS

CERTIFIED AS A TRUE COPY OF THE CRIMINAL HISTORY RECORD
INFORMATION

ON FILE FOR THE ASSIGNED STATE IDENTIFICATION NUMBER.

STATE ID NO. 240238E FBI NO. 25847JD9 DATE REQUESTED.
11/18/2019
NAME: THOMAS, MICHAEL A.

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR BIRTH PLACE
[REDACTED]

RECEIVING AGENCY: NYFBINY00 U.S. CITIZEN: YES

FPC: ARRRRALALL
SINGLE STATE

AFIS NO:

III:

DNA SAMPLE

STATUS:

COLLECTION

NOT REQUIRED

ALIAS NAMES/OTHER BIRTH DATES

[REDACTED] 02/11/1978

SOCIAL SECURITY NUMBERS
[REDACTED]

SCARS/MARKS/TATTOOS/MISC NUMBERS
[REDACTED]

LAST REPORTED ADDRESS/DATE : 05/06/2019
[REDACTED]

***** ARREST 001 PRE-TRIAL INTERVENTION

DOMESTIC VIOLENCE

ARRESTED 06/11/2010 AGENCY CASE NO: 42694

AGENCY: NJ0201200 PLAINFIELD PD

UNION

NAME USED: THOMAS, MICHAEL A.
[REDACTED]

DOB USED:

OFFENSE DATE: 06/11/2010

001 CNT 2C:12-1B(7)

001 CNT 2C:13-2A

001 CNT 2C:17-3A(1)

001 CNT 2C:33-4

001 CNT 2C:39-4A

AGG ASSAULT-ATTEMPT/CAUSE SIGNI
CRIMINAL RESTRAINT - RISK OF SB
CRIMINAL MISCHIEF-DAMAGE PROPER
HARASSMENT
POSS FIREARM UNLAWFUL PURPOSE

SUMMONS/WARRANT
001

AOC NUMBER: UNN10002235-

NO: W 20100010592012
09/19/2011
AGENCY: NJ020081J

DISPOSITION DATE:
MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:12-1B(7)
ATTEMPT/CAUSE SIGN

DEG: 0

AGG ASSAULT-

DISPOSITION: PTI DISMISSED
001 CNT: 2C:13-2A
RISK OF S

DEG: 0

CRIMINAL RESTRAINT -

DISPOSITION: PTI DISMISSED
001 CNT: 2C:39-4A
PURPOSE

DEG: 0

POSS FIREARM UNLAWFUL

SUMMONS/WARRANT
001

AOC NUMBER: UNN10002235-

NO: W 20100010602012
09/19/2011
AGENCY: NJ020081J

DISPOSITION DATE:
MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:17-3A(1)
DAMAGE PROPE

DEG: 0

CRIMINAL MISCHIEF-

DISPOSITION: PTI DISMISSED
001 CNT: 2C:33-4A
MANNER TO C

DEG: 0

HARASSMENT-COMM IN

AGGREGATE SENTENCE DATE: 09/29/2010

COURT: NJ020043J UNION CO SUPERIOR COURT
DIVER PROGRM TRM12M AMOUNT ASSESSED \$
150

DEPARTMENT OF CORRECTIONS DATA NOT FOUND FOR THIS SID NUMBER

CRIMINAL HISTORY DIVERSION PROGRAM AND INDICTABLE
CONVICTION SUMMARY

PRE-TRIAL INTERVENTION: 001

CONDITIONAL DISCHARGE: 000
INDICTABLE CONVICTIONS: 000
VIOLATION OF PROBATION: 000

COURT DISPOSITION INFORMATION CONTAINED IN THIS RECORD IS
REPORTED
ELECTRONICALLY FROM THE SENTENCING COURT. QUESTIONS CONCERNING
DISPOSITION
INFORMATION SHOULD BE DIRECTED TO THE MUNICIPAL OR SUPERIOR
COURT LISTED ON
THE RECORD. INFORMATION REGARDING CORRECTIONS TO THIS RECORD MAY
BE DIRECTED
TO THE COURT OF SENTENCING.

END OF CCH RECORD

END OF RECORD

80 South Swan St.
Albany, New York 12210. Tel: [REDACTED] CJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

• III Information ↑

The following information is provided in response to your request for a search of the III based on:

Name: THOMAS, MICHAEL
Sex: Unknown
Race: Unknown
Date of Birth: [REDACTED]
Purpose Code: C

NYFBINY00

THIS NCIC INTERSTATE IDENTIFICATION INDEX MULTIPLE RESPONSE IS
THE

RESULT OF YOUR INQUIRY ON NAM/THOMAS, MICHAEL DOB [REDACTED] SEX/ [REDACTED]

RAC [REDACTED] PUR/ [REDACTED]

ATN/GREENES3

NAME	FBI NO.	INQUIRY DATE
[REDACTED]	411984XA8	2019/11/18

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR PHOTO

BIRTH PLACE

FINGERPRINT CLASS

PATTERN CLASS

[REDACTED]

ALIAS NAMES

WILKES, THOMAS

WILKIE, THOMAS

WILKIE, THOMAS MICHAEL

WILKIE, MICHAEL

WILKIE, THOMAS M

WILKIE, THOMAS MICHAEL JR

SCARS-MARKS-

TATTOOS

SOCIAL SECURITY

[REDACTED]

IDENTIFICATION DATA UPDATED 2019/05/15

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE FOLLOWING:

[REDACTED]

END - 1ST NCIC III RECORD OF MULTIPLE RESPONSE

NAME

THOMAS, MICHAEL A

FBI NO.

25847JD9

INQUIRY DATE

2019/11/18

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR PHOTO

[REDACTED]

BIRTH PLACE

[REDACTED]

FINGERPRINT CLASS

PATTERN CLASS

ALIAS NAMES

[REDACTED]

SCARS-MARKS-

TATTOOS

SOCIAL SECURITY MISC NUMBERS

[REDACTED]

IDENTIFICATION DATA UPDATED 2019/06/13

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE

FOLLOWING:

NEW JERSEY - STATE ID/NJ240238E

END - LAST NCIC III RECORD OF MULTIPLE RESPONSE

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE
IDENTIFICATION

INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

U.S. Department of Justice
United States Marshals Service

Personal History of Defendant**Taken into Federal custody by the following:**

- ☒ Street Arrest (not from a correctional/detention facility)
☐ Custodial Arrest (from a correctional/detention facility)

- ☐ Writ Used (Must provide copy of writ)
☐ Prior Federal Arrest or Safekeeper - Register #: _____ - _____
☐ Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

Last Name: NOEL		First Name: TOVA		Middle Name: [REDACTED]	
Sex: [REDACTED]	Pregnant: [REDACTED]	Race: [REDACTED]			
Hair: [REDACTED]	Eyes: [REDACTED]	Height: [REDACTED]	Weight: [REDACTED]	DOB: [REDACTED]	
City of Birth: [REDACTED]		State/Country of Birth: [REDACTED]		Citizenship: USA - NATURALIZE	
FBI #:	State ID#: [REDACTED]	Alien #:		SSN: [REDACTED]	
Resident Address/City/State/ZIP: [REDACTED]					
Home Phone:		Cell Phone: [REDACTED]		Marital Status: Single	

COURT CASE

Agency: FBI		Agency ORI: NYFBINY00	
Agent Last Name: [REDACTED]		First Name: [REDACTED]	
Agent Phone #: [REDACTED]		Arrest Date: 11/19/2019	
Location/Facility of Arrest: 290 BROADWAY FBI NY			
Court Docket #: _____ CR		AUSA(s) Assigned: [REDACTED]	

OFFENSE

NCIC Code	Charge Description	Title/Code
	MAKING FALSE STATEMENTS	18 USC 1001
	CONSPIRACY TO MAKE FALSE STATEMENTS	18 USC 371

Known Detainers/Warrants: ☒ N ☐ Y - Agency: _____ (Must provide a copy of any detainers)

CAUTIONS AND MEDICAL

Security Cautions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Current or former military | <input checked="" type="checkbox"/> Current or former LE/corrections | <input type="checkbox"/> Current or former intelligence |
| <input type="checkbox"/> Current or former public official | <input type="checkbox"/> Assault on LE/corrections | <input type="checkbox"/> SAM subject or candidate |
| <input type="checkbox"/> Eligible for diplomatic immunity | <input type="checkbox"/> Leadership role | <input type="checkbox"/> Separation needs (Describe below) |
| <input type="checkbox"/> Threat to witness (Describe below) | <input type="checkbox"/> CI (Describe below) | <input type="checkbox"/> Other (Describe below) |

Remarks:

ALIASES

ALIAS Last Name	ALIAS First, MI	Remark	Date of Birth	SSN	State Driver's License

ASSOCIATES / CO-DEFENDANTS / RELATIVES / CHILDREN / SIGNIFICANT OTHER

Relationship	Last Name	First, MI	Register #	Resident Address, City, State, ZIP Code	Phone
Co-Defendant	THOMAS	MICHAEL	-		

MARKS

Scar/Mark/Tattoo (Specify)	Location	Description

VEHICLES

Vehicle Year	Make	Model	Color(s)	Vehicle Style	State and Plate #	Registration Date	VIN

LICENSES

License Number	License State

MISCELLANEOUS NUMBERS

Miscellaneous Number	Type (Select from dropdown menu or type below)	Remarks (e.g., Issuing State or Country, etc.)

OCCUPATIONS

Occupation: BOP CORRECTIONS OFFICER		Company/Employer Name: FEDERAL BOP	
Employment Address: 150 PARK ROW NEW YORK NY		Phone:	
Start Date:	End Date:	Point of Contact:	

FINANCIAL

Bank Name	Account Type	Account #	Branch Address	Phone #

MILITARY

Branch	Rank	Entry Date	Discharge Date	Discharge Type	Military Occupation	Remarks

REMARKS

Additional Information/Remarks/Continuation:

PROFILE**Defendant Risks:** **Requires remarks below*

- | | |
|---|---|
| <input type="checkbox"/> Escapee | <input type="checkbox"/> Planned Murder |
| <input type="checkbox"/> Organized Crime* | <input type="checkbox"/> Protected Witness |
| <input type="checkbox"/> International Terrorist | <input type="checkbox"/> Domestic Terrorist |
| <input type="checkbox"/> Gang Member* | <input type="checkbox"/> Significant Criminal History |
| <input checked="" type="checkbox"/> Multiple Defendants | <input type="checkbox"/> Death Penalty Case |

Sex Offender:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Conviction |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Registration Violation |

+ Add History

Criminal History (Select from dropdown menu or type offense below)	Arrest (#)	Conviction (#)
-	NONE	

Remarks (e.g., name of gang or criminal organization, etc.):

- ☐
- Money Launderer
- ☐
- Kingpin
- ☐
- Violent Offender

INTERNET SOURCE

Internet Source	Remarks (e.g., email address, website address, username, etc.)

NOTICE TO ARRESTING AGENTS: As a courtesy, the USMS may temporarily hold an arrestee received by non-USMS personnel in the cellblock until the arresting agent(s) make arrangements for the prisoner's initial appearance before a United States Magistrate. A prisoner remains the responsibility of the arresting agency until remanded to the custody of the USMS by the courts. When a courtesy hold is allowed by the USMS to be housed in a USMS cellblock, a minimum of one agent from the arresting agency must be available to respond to the cellblock in order to address any issues with their prisoner (e.g., medical, disciplinary). If the arresting agency refuses to comply with USMS procedures, the courtesy hold may be refused. Meals are not provided by the USMS, and remain the responsibility of the arresting agent(s).

ARRESTEE PROCESSING CHECKLIST*For Arresting Officer Only*

- ☐ USM-312 (Personal History of Defendant)
- ☐ Medical clearance (from licensed physician), if necessary
- ☐ Copy of Arrest Warrant, if issued
- ☐ Copy of Complaint, Information, or Indictment, if completed
- ☐ Copy of Detainer(s), if issued
- ☐ Copy of Writ, if applicable
- ☐ Correctional facility discharge papers, if applicable
- ☐ Correctional facility prisoner receipt, if applicable
- ☐ Correctional facility medical summary, if applicable

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED]

Date: 11/19/2019

ARRESTEE PROCESSING CHECKLIST*For USMS Personnel Only*

- ☐ Confirm all arresting agent documentation is completed and inserted into prisoner's file
- ☐ USM-312 (Personal History of Defendant) - *reviewed, signed and dated by intake DUSM/DEO*
- ☐ USM-552 (Prisoner Medical Records Release Form) - *completed, signed and dated by intake DUSM/DEO*
- ☐ USM-18 (Federal Prisoner Property Receipt) - *completed, signed and dated by intake DUSM/DEO*
- ☐ USM-40/41 (Prisoner Remand) - *inserted into prisoner's file*
- ☐ USM-130 (Prisoner Custody Alert Notice), if applicable - *inserted into prisoner's file*
- ☐ FD-249 (Fingerprint Card) - *printed and inserted into prisoner's file*
- ☐ Prisoner Photograph (from Booking Package) - *printed and inserted into prisoner's file*

Reviewed By:

Badge #:

Date:

ITEMS RECEIVED:

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

NO PROPERTY// NO PROPERTY// NO PROPERTY

CELLBLOCK

INMATE NAME: TOVA NOEL

MDC BROOKLYN

11/19/2019

INMATE SIGNATURE:

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

FORM USM-18
(Rev 4/85)
Automated 01/01

INSTRUCTIONS

1. This Federal Prisoner's Property Receipt (Form USM-18) should be prepared in quadruplicate. Copies should be distributed as directed on the last line of each copy

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

2. When a Federal prisoner is placed in a non-federal institution by a U.S. marshal, a deputy marshal, or other employee of the marshal, all spaces above the double lines should be filled in and the receiving officer should sign in the space provided, a-
evidence of the receipt of the prisoner's property should then be distributed as set forth above.

3. When a prisoner is released, the last two boxes on the jailer's copy will be filled in as evidence of the jailer's return of the property.

4. If, while in jail, the prisoner is allowed to spend or otherwise dispose of any money or other property listed, that fact should be noted on the jailer's copy over the prisoner's signature.

5. If a prisoner is to be released to someone other than the committing officer, the original of the receipt should be attached to the commitment, removal, or other papers, for delivery to the marshal to whom the prisoner will be released.

PRISONER MEDICAL RECORDS RELEASE FORM

INSTRUCTIONS: Section I is to be completed by the USMS Intake Officer. Sections II & III are to be completed by the prisoner. Section II may be completed by the USMS Intake Officer if the prisoner is unable or unwilling, but Section III must be signed by the prisoner. If prisoner refuses to sign, note that in the signature block. All refusals should be immediately reported to the Office of Interagency Medical Services, Prisoner Services Division. The completed Form USM-552 is to be retained in the prisoner's files.

Section I - USMS Prisoner Information

1. Prisoner Name (Last, First, MI) NOEL, TOVA		2. USMS Prisoner	
3. District Name SDNY	4. District #	5. Custody Date (Mo/Day/Yr) 11/19/2019	

Section II - Prisoner Personal Data And Medical Information

6. Date of Birth (Mo/Day/Yr) [REDACTED]		7. Social Security No. [REDACTED]	
8. Medical Insurance Information			
A) Insurance Company Name		B) Policy Number	C) Medicare /Medicaid Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name of Your Physician		10. Phone Number ()	

Section III - Medical Consent And Records Release

I certify that the information I have provided above is true to the best of my knowledge.

I hereby authorize the United States Marshals Service to request, review, and have access to all medical records of care provided to me during the time that I am in the custody of that agency, and to all other medical records deemed necessary for the purposes of providing me with appropriate medical care, adjudicating medical bills for health care services provided to me while in the custody of the United States Marshals Service, and for infectious disease clearances.

Signature of Prisoner _____	Date _____
Signature of USMS Intake Officer _____	Date _____

Original--Prisoner File
Copy to District File
Copy Upon Transfer

Repository Inquiry

To: [REDACTED] For: [REDACTED] Case No:90a-ny-3151227 NYSID Number - 11672345L - CRI

New York State Division of Criminal Justice Services

Alfred E. Smith Building, 80 South Swan St.

Albany, New York 12210. Tel [REDACTED] JS

Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

Identification Summary Criminal History Job/License Wanted Missing

● Attention - Important Information ↑

* See **Additional Information** at the bottom of this response for more banners pertaining to the criminal history

● Identification Information ↑



Civil Image
Date January 13, 2015

Name:

TOVA A NOEL

TOVA ANJANIQUE
NOEL

TOVA ANJANIQUE
NOELCHRISTIAN

TOVA A
NOELCHRISTIAN

TOVA NOEL CHRISTIAN

Date of Birth:

[REDACTED]

Place of Birth :

[REDACTED]

Address:

[REDACTED]

Sex: Race: Ethnicity: Skin Tone:

[REDACTED]

Eye Color: Hair Color: Height: Weight:

[REDACTED]

SSN:

[REDACTED]

NYSID#: FBI#: NCIC Classification#:

11672345L

III Status: Status in other states unknown

US Citizen: Unknown

● NYS Criminal History Information ↑

There is no Criminal History Information associated with this history.

● Other History Related Information ↑

There is no Other History Related Information associated with this history.

● Job/License Information ↑

Civil Information

Type of Application: Police Department Employee

Name: TOVA A NOEL

Date of Birth:

Ethnicity:

SSN:

Address:

Agency ID:

Date of Application:

Application Agency: [NYCPD Applicant Investigation Unit](#)

Application Number: 2217296

Type of Application: Correction Officer

Name: TOVA ANJANIQUE NOEL

Date of Birth:

Country of Citizenship:

Ethnicity:

SSN:

Address:

Agency ID:

Date of Application:

Application Agency: [NYS DOCCS Employee Investigation Unit](#)

Application Number: 25626-71

Type of Application: Special Officer

Name: TOVA A NOELCHRISTIAN

Date of Birth:

SSN:

Address:

Agency ID:

Date of Application: [REDACTED]
Application Agency: NYC Dept Citywide Administrative Svcs-Division of City Personnel
Application Number: 993SONC
Type of Application: Local Service Applicant
Name: TOVA NOEL CHRISTIAN
Date of Birth: [REDACTED]
SSN: [REDACTED]
Agency ID: [REDACTED]
Date of Application: [REDACTED]
Application Agency: NYS Justice Center - OPWDD - CBC Unit
Application Number: 17550

● Wanted Information ↑

There is no NYS Wanted Information associated with this history.

● Missing Person Information ↑

There is no NYS Missing Information associated with this history.

● Additional Information ↑

Caution: Identification not based on fingerprint comparison. This record was produced as the result of an inquiry.

According to our files, this individual does not appear to have History in III. However this does not preclude the possibility that the FBI does have a record. If you desire this information, please submit a request directly to the FBI.

WARNING: Release of any of the information presented in this computerized Case History to unauthorized

individuals or agencies is prohibited by federal law TITLE 42 USC 3789g(b).

This report is to be used for this one specific purpose as described in the Use and Dissemination Agreement

your agency has on file with DCJS. **Destroy after use and request an updated rap sheet for subsequent needs.**

All information presented herein is as complete as the data furnished to DCJS.

Message Detail
Additional Inquiry Response

ORI: NYFBINY00
Federal Bureau of Investigation - New York
NYSID: 11672345L

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Te [REDACTED]

Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

● Federal NCIC


WARNING: Release of any NCIC information to unauthorized individuals or agencies, including the subject of the data, is prohibited. Please refer to section 4.2 of the CJIS security policy and Title 28, Part 20 of the code of Federal Regulations for the proper access, use, and dissemination of the information contained in the NCIC restricted and non-restricted files.

The following information is provided in response to your request for a search of the NCIC - Protection Order File based on:

Name: NOEL, TOVA
Sex: 
Race: 
Date of Birth: 
Social Security number: 
NYFBINY00

*****WARNING - THE FOLLOWING IS AN EXPIRED NCIC PROTECTION ORDER RECORD. DO NOT SEARCH, DETAIN, OR ARREST BASED SOLELY ON THIS RECORD. CONTACT ENTERING AGENCY TO CONFIRM STATUS AND TERMS OF PROTECTION ORDER*****

MKE/CLEARED PROTECTION ORDER

ORI/CA0194100 NAM/  SEX  RAC/ 

DOB/  HGT/  WGT/  EYE/  HAI/ 

PNO/  BRD/  ISD/  EXP/ 

PPN/  PSX/  PPB/ 

PCO/01 - THE SUBJECT IS RESTRAINED FROM ASSAULTING, THREATENING, ABUSING,

PCO/HARASSING, FOLLOWING, INTERFERING, OR STALKING THE PROTECTED PERSON AND/OR


PCO/THE CHILD OF THE PROTECTED PERSON.

OCA/NQ023221

MIS/RP NO AMMO, COURT RECEIVED INFO THAT RP OWNS A FIREARM, PP HAS LEGAL AND

MIS/PHYSICAL CUSTODY OF ALL CHILDREN, RP ALLOWED VISITS SEE FORM DV140 FOR DATES

MIS/AND TIMES, RP AND PP MUST HAVE PERMISSION FROM EACH OTHER TO TAKE ALL

MIS/CHILDREN OUT OF  ORDER TO SHOW CAUSE REGARDING SURRENDER OF

MIS/FIREAMRS SET FOR 11232016 AT 1030AM IN DEPT 14

DNA/N

ORI IS 

PCO/05 - THE SUBJECT IS RESTRAINED FROM MAKING ANY COMMUNICATION WITH THE

PCO/PROTECTED PERSON INCLUDING BUT NOT LIMITED TO, PERSONAL, WRITTEN, OR

MIS/MADE BY THE RP THAT VIOL THE JUDGES ORDERS,REL TO PP-KIDS
DAD
DNA/N
ORI IS [REDACTED]
PCO/04 - THE SUBJECT IS REQUIRED TO STAY AWAY FROM THE
RESIDENCE, PROPERTY,
PCO/SCHOOL, OR PLACE OF EMPLOYMENT OF THE PROTECTED PERSON OR
OTHER FAMILY OR
PCO/HOUSEHOLD MEMBER.
PCO/05 - THE SUBJECT IS RESTRAINED FROM MAKING ANY COMMUNICATION
WITH THE
PCO/PROTECTED PERSON INCLUDING BUT NOT LIMITED TO, PERSONAL,
WRITTEN, OR
PCO/TELEPHONE CONTACT, OR THEIR EMPLOYERS, EMPLOYEES OR FELLOW
WORKERS, OR
PCO/OTHERS WITH WHOM THE COMMUNICATION WOULD BE LIKELY TO CAUSE
ANNOYANCE OR
PCO/ALARM THE VICTIM.
PCO/06 - THE SUBJECT HAS VISITATION OR CUSTODY RIGHTS OF THE
CHILD(REN)NAMED.
PCO/07 - THE SUBJECT IS PROHIBITED FROM POSSESSING AND/OR
PURCHASING A FIREARM
PCO/OR OTHER WEAPONS AS IDENTIFIED IN THE MISCELLANEOUS FIELD.
PCO/09 - THE PROTECTED PERSON IS AWARDED TEMPORARY EXCLUSIVE
CUSTODY OF THE
PCO/CHILD(REN) NAMED.
AKA, [REDACTED]
NIC/H406505421 DTE/20190829 1046 EDT DLU/20190829 1047 EDT
NO NCIC PROTECTION ORDER FILE RECORD SOC/204800523

Message Detail
Additional Inquiry Response

ORI: NYFBINY00
Federal Bureau of Investigation - New York
NYSID: 11672345L

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. T [REDACTED]

Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

● **Federal NCIC** 📌

WARNING: Release of any NCIC information to unauthorized individuals or agencies,including the subject of the data, is prohibited. Please refer to section 4.2 of the CJIS security policy and Title 28, Part 20 of the code of Federal Regulations for the proper access, use, and dissemination of the information contained in the NCIC restricted and non-restricted files.

PCO/TELEPHONE CONTACT, OR THEIR EMPLOYERS, EMPLOYEES OR FELLOW WORKERS, OR
PCO/OTHERS WITH WHOM THE COMMUNICATION WOULD BE LIKELY TO CAUSE ANNOYANCE OR
PCO/ALARM THE VICTIM.

PCO/06 - THE SUBJECT HAS VISITATION OR CUSTODY RIGHTS OF THE CHILD(REN) NAMED.

PCO/07 - THE SUBJECT IS PROHIBITED FROM POSSESSING AND/OR PURCHASING A FIREARM

PCO/OR OTHER WEAPONS AS IDENTIFIED IN THE MISCELLANEOUS FIELD.

PCO/09 - THE PROTECTED PERSON IS AWARDED TEMPORARY EXCLUSIVE CUSTODY OF THE

PCO/CHILD(REN) NAMED.

AKA [REDACTED]

CLEARED/20161228 CA0194100

NIC/H938596432 DTE/20161118 1202 EST DLU/20161228 1327 EST

*****WARNING - THE FOLLOWING IS AN EXPIRED NCIC PROTECTION ORDER RECORD. DO NOT
SEARCH, DETAIN, OR ARREST BASED SOLELY ON THIS RECORD. CONTACT
ENTERING
AGENCY TO CONFIRM STATUS AND TERMS OF PROTECTION ORDER*****

MKE/EXPIRED PROTECTION ORDER

ORI/CA0194100 NAM/[REDACTED] SEX/[REDACTED] RAC/[REDACTED]

DOB/[REDACTED] HGT/[REDACTED] WGT/[REDACTED] EYE/[REDACTED] HAI/[REDACTED]

SVC/2 - NOT SERVED

PNO/[REDACTED] BRD/[REDACTED] ISD/[REDACTED] EXP/[REDACTED]

PPN/[REDACTED] PSX/[REDACTED] PPB/[REDACTED]

PCO/01 - THE SUBJECT IS RESTRAINED FROM ASSAULTING, THREATENING, ABUSING,

PCO/HARASSING, FOLLOWING, INTERFERING, OR STALKING THE PROTECTED PERSON AND/OR

PCO/THE CHILD OF THE PROTECTED PERSON.

OCA/NQ023221

MIS/RP NO AMMO, MUST NOT CNTCT PP, BY ANY MEANS, INCL BUT NOT LMTD TO, BY

MIS/PHONE, MAIL, EMAIL, OR ELCTRNC MEANS, SOCIAL MEDIA, PCL WRTN CNTCT THRU A LWYR OR

MIS/ PRCSS SRVR OR ANTHR PERSON FOR SVC OF LEG PAPERS REL TO A CRT CASE IS ALLWD

MIS/ & DOES NOT VIOL THIS ORDER, BRF & PCFL CNTCT WITH THE PP & WITH CHLDRN, AS

MIS/REQ FOR CRT ORDRD VISIT OF CHLDRN, IS ALLWD UNLS A CPO SAYS OTHRWS, THE CRT

MIS/HAS RCD INFO THAT RP OWNS OR POSS A FIREARM, PP HAS THE RIGHT TO REC COMM

The following information is provided in response to your request for a search of the NCIC - Person Files based on:

Name:

NOEL, TOVA

Sex:

Race:

Date of Birth:

Social Security number:

NYFBINY00



NO NCIC WANT SOC/204800523

NO NCIC WANT NAM/NOEL, TOVA A DOB/19880727 RAC/B SEX/F

***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

File Number 90A-N73151227Field Office Acquiring Evidence N7FOSerial # of Originating Document 116Date Received 70⁵⁰ 9/6/18From [REDACTED]
(Name of Contributor/Interviewee)[REDACTED]
(Address)[REDACTED]
(City and State)By [REDACTED]To Be Returned ☐ Yes ☒ NoReceipt Given ☐ Yes ☒ NoGrand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure☒ Yes ☐ No

Federal Taxpayer Information (FTI)

☐ Yes ☒ No

Title:

Reference: _____
(Communication Enclosing Material)Description: ☒ Original notes re interview ofPsychology Report
& Interview notes

1486

**Bureau of Prisons
Psychology Services
Post Suicide Watch Report**

SENSITIVE BUT UNCLASSIFIED

Inmate Name: EPSTEIN, JEFFREY EDWARD	Reg #: 76318-054
Date of Birth: 01/20/1953	Unit Team: 5
Date: 07/24/2019 09:23	Sex: M Facility: NYM
Provider: [REDACTED]	

Watch Start Date: 07/23/2019 01:40	Watch Stop Date: 07/24/2019 08:45
Total Time on Watch: 31 hrs 5 minutes	
Watch Conducted By: Both inmates and staff	Transferred to Medical Center: No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Current Mental Status: Mr. EPSTEIN was alert and oriented. He was polite, calm, and cooperative in demeanor. He exhibited a neutral affect with appropriate range. Eye contact and hygiene were appropriate. The inmate spoke with normal rate, tone, and volume. His thoughts were organized and coherent, with no loosening of associations or tangential, circumstantial, or irrelevant content. There was no evidence of perceptual disturbance, delusional ideation, or a formal thought disorder. He did not engage in any bizarre or inappropriate behavior. He noted having normal sleeping and eating habits. Mr. EPSTEIN explicitly denied recent and current suicidal ideation, planning, and intent. He was future-oriented and expressed a commitment to life and safety, agreeing to contact staff immediately should he experience suicidal ideation or psychological distress. He also denied thoughts of harming others.

Risk Factors Assessed:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: High Profile Crime, Lack of family connections, Sex offender status

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Fear for own safety

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, View of death as negative, Willingness to engage in treatment

Risk Factors: Mr. EPSTEIN has a significant scar around his neck, which is now scabbing over. He reported swelling in this area but denied experiencing any related pain. Mr. EPSTEIN continues to claim a lack of memory for the incident resulting in this scar. The story he provided was vague, such that this writer challenged him a couple of times, but he insisted he was being honest about his lapse in memory. The nature of the incident remain unclear. Mr. EPSTEIN is incarcerated for a very high profile crime with media attention. He was recently denied bail. He also reported difficulty managing his time in the SHU. He reported being fearful for his safety if he is to return to the cell with his previous cell mate.

Protective Factors: Mr. EPSTEIN adamantly denied current suicidal ideation or intent or a history of suicide attempts. He stated, "I have no interest in killing myself." He explained, although his situation is "not perfect" due to his being incarcerated, he noted he has "lots to do for [his] legal case." He described having a "wonderful life," to include interactions with "interesting people and projects." He said "it would be crazy" to take his life. He furthered, "I would not do that to myself." He denied feelings of hopelessness, although did report being "depressed" and "unhappy" about his current legal situation. He previously denied a history of childhood abuse. He reported he is sleeping adequately now that he is no longer in the SHU. He appear future-oriented as he endorsed an interest in being housed in general population.

Weighing of Risk and Protective Factors: Mr. EPSTEIN adamantly denied suicidality. However, in light of his vague self-report regarding the incident which precipitated his placement on Suicide Watch, combined with his fear for his own safety, reported

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Date: 07/24/2019 09:23

Sex: M Facility: NYM
Provider: [REDACTED]

Reg #: 76318-054
Unit Team: 5

difficulty managing his time in the SHU, and the high profile nature of his alleged offense, Mr. EPSTEIN will be stepped down from Suicide Watch to Psychological Observation.

Changes in Risk Factors Assessed

Upon a review of the log book, it was indicated Mr. EPSTEIN has been speaking to the inmate companions about having previously taught mathematics and physics. He has been observed pacing the cell as well as sleeping, eating, and drinking within normal limits.

Upon interview today, Mr. EPSTEIN requested he be provided a toothbrush as well as a shower. His requests were made known to the lieutenants and he was provided a shower prior to attending his legal visit. This writer also provided him a toothbrush, toothpaste, and hygiene products.

Asked about the alleged incident which transpired yesterday resulting in his placement on Suicide Watch, Mr. EPSTEIN said he is frustrated he has been placed in a "punishment cell for no reason." Specifically, Mr. EPSTEIN was referring to his placement in the SHU. Asked to recall the events surrounding the alleged incident, Mr. EPSTEIN said his cell mate was "playing with a bed sheet" and he claimed he does not recall the events thereafter. He said he recalled eating meat and drinking water and claimed the next event for which he has memory is his hearing himself snore and waking up on a stretcher.

Mr. EPSTEIN claimed he does not recall himself or his cell mate tying a string or rope around his neck. He said he has "been trying to remember" and "wracking his mind." Asked if he experienced any interpersonal issues with his cell mate, Mr. EPSTEIN described his cell mate as "agitated" and claimed his cell mate called him a "pedophile" for the first time yesterday. His cell mate was also reportedly reading a newspaper article about Mr. EPSTEIN, which bothered him and it was something he believed to be "strange" for their to be an article about him in his cell. Mr. EPSTEIN recalled throwing away the newspaper photograph of himself by crumpling it and flushing it down the toilet. Asked if his cell mate ever threatened to harm him, he denied this to be the case. Asked why he told the inmate companions yesterday his cell mate tried to kill him, while also claiming no memory of the incident, Mr. EPSTEIN again said he did not recall the incident and further stated, "I don't know if he put it there as a joke." Mr. EPSTEIN explained he had been experiencing difficulty sleeping in his SHU cell due to his inmate peers banging on the cell door and window, but has not been experiencing any other acute issues other than this.

Reason for Removal from Watch

Mr. EPSTEIN stated, "I have no interest in killing myself." He explained although his situation is "not perfect" due to his being incarcerated, he noted he has "lots to do for [his] legal case." He described having a "wonderful life," to include interactions with "interesting people and projects." He said "it would be crazy" to take his life. He furthered, "I would not do that to myself." Mr. EPSTEIN did express a feeling of safety being housed on Psychological Observation rather than in the SHU. He asked if he could remain on this status for a couple of days, he was advised his housing situation will be re-evaluated on a day-to-day basis. He expressed a desire to be housed in general population rather than in the SHU and asked if there were a "safer" unit for him to be housed in comparison to the one where he was initially placed. Mr. EPSTEIN claimed there were many MS-13 gang members on the initial unit. He was advised he will be maintained on Psychological Observation in the near future, but his long-term housing situation will be revisited, as it is not ideal for one to remain in isolation on Psychological Observation for extended periods of time. Mr. EPSTEIN acknowledged this information and thanked this writer for her explanation and time.

Diagnosis:

No Diagnosis, No Dx - Current

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Absent

Recommendations

1. Mr. EPSTEIN will be removed from Suicide Watch and stepped down to Psychological Observation.
2. While on Psychological Observation, he will be continuously observed by Inmate Companions.
3. While on Psychological Observation, he will be seen daily by Psychology.
4. Supportive and educative interventions were provided.
5. Mr. EPSTEIN was provided novels and a request was made for his legal paperwork to be provided to him on Psychological

Inmate Name: EPSTEIN, JEFFREY EDWARD

Date of Birth: 01/20/1953

Sex:

M

Facility: NYM

Reg #: 76318-054

Unit Team:

5

Date: 07/24/2019 09:23

Provider:

Observation.

6. This writer contacted the Pharmacy to indicate Mr. EPSTEIN has not been receiving his medication used to alleviate his constipation.

7. Mr. EPSTEIN attended a legal visit today, after having been provided a shower.

8. Mr. EPSTEIN was educated about both routine and emergency procedures for contacting psychology.

9. The inmate was encouraged to reach out for PRN services should he experience any psychological distress.

Completed by [REDACTED] on 07/24/2019 12:09

9/6/19

- PhD clinical Psych
- BA Psych
- MA Psych

PHS - uniform
Lt / O3

2016 PHS - 2016

MCC 2014 Aug

PHS Aug 2016

- Forensic Psychologist
- - clinical Duties

Forensic eval
- case load -
- Psych issue
Crisis - 25% of eval
interview clinical
On call for weeks
5-6 weeks
M-F 7-1500

CPST team seen 1 time
- On animal work
- ever other week
- Duty psychologist
- 24 July 2019
- met for search
watch contact
- 30 min in AM
- Discussed Recent
incident
- was vague
- challenged self
Report

- UN. Unwound
- Scan on Net.
- inmate companion
- Log book note
- ep stem claimed
- cell mate injured
- Him. Reported
- to Co -
- ~~Adm~~ Denied self
- harm
- "No Interest in
- Killing Myself"
- "wonderful life"
- Reviewed Report
- "I Don't Know
- What Happened"
- "Remembered Waking up
- snoring on stretcher"

"Never threatened
me"

"cell mate was
reading an article
about him"

- crumpled paper
& flushed

- called Epstein a
Redfile

- No Indicating of
harm by cell mate
Prior

"was not ~~confident~~
takes him off suicide

watch" - Put him
into a step down
psych observation

- gave Hygiene
products/shower

- then to Legal visit

- cautious about

Self Report

- Signs of Distress
- asked if he could
- "Admittedly
Denied Suicide"

- Clothing, 2 months
- Request Legal
Paper work
- upset about
Legal P/w
↳ Do Not Know
if that occurs

Question was -

- Good eye contact
- Engaging
- Smiling
- 30 minutes spent
w/ him

- Appropriate
- Appreciative

- asked if he would
see me the next
day

- Respectful - Kind
- unlike

- Discussed w/ Dr. [REDACTED]

Awarder
[REDACTED]

- Discussed case

- can't have it
both ways

"I make the decision
w/ consult of
above"

- high profile - covered
w/ child psychology
& execution staff

- He felt safer
in psych obs room

- Not in situ

Explained not ~~to~~
healthy to stay
on suicide watch
- Re-evaluation on
day to day basis

- Epstein wanted to
stay in psych
obs -
- No SHU meeting
where Epstein
was discussed
- Epstein felt he
was placed in
a punishment cell
for his safety
- Felt labeled a SHU
inmate
- Not in protective
custody
- Decision by BOP
to move to SHU

- upset about the
suicide

- "Never want to
lose a life"

- "Tragic"

- "Can leave some
on suicide watch
for a month"

- 7 Days on
Psych Obs - similar
w/ suicide watch

only - Noah -

- clothing

- Flipper

- tooth brush

- tooth paste

- Bar of soap

- Deodorant

you
know
it

File Number 90A-NY-3151227Field Office Acquiring Evidence NYSerial # of Originating Document 189Date Received 3-12-2020From [REDACTED]

(Name of Contributor/Interviewee)

(Address)

(City and State)

By [REDACTED]To Be Returned ☐ Yes ☐ NoReceipt Given ☐ Yes ☐ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☐ No

Federal Taxpayer Information (FTI)

☐ Yes ☐ NoTitle: Unsub(s); Jeffrey Epstein-Victim; Death Investigation

Reference: _____

(Communication Enclosing Material)

Description: ☐ Original notes re interview ofInterview notes taken by TFO [REDACTED] - [REDACTED]

1A89

03-12-2020

AT 1105 - MCC

START BOP

Education -

10 YEARS Electronics BEAUNE CO - WANTED
to work as Electronic AS CO NO POSITION Avail.

6-7 YEARS - 18 MO BACK TO NY
Back to NY 2014 - CHARGE OF ALL CAMERAS
PHONES - RADIO - ELEVATOR - FIRE ALL COMMS
CAMERAS AT MCC (August +)

MCC out of DATE NEEDS "Redo"

RECORDERS go BAD

All Analog - NOT MAINTAINED

over 20 yrs old

Recording Analog & Multi plexer (Router)

Bosch system

RECORDERS RE CODES Anal RE CODES for DATA

HARDWARE 2 "A" / "B"

Analog → Magic Box → Digital

"Active light" = DOES NOT MEAN All good
Screen Active Camera Working MAY NOT
BE RECORDING

only 1 HARD DRIVE WAS WORKING
AT TIME OF INCIDENT
DVR 1 & DVR 2

HARD DRIVE 16 CHANNELS +/- ? 9/6
DAY 1 WAS ← THERE BOTH HARD DRIVES BAD
HOW MANY CAM SHY
EACH TIER 1 CAMERA

1 common

1 1/4 DOOR 15 +/-

(AUSA 9 +/-)

DAY AFTER FLOVE AROUND EQUIP FOR MORE
REC IN BUILDING

DVR goes BAD ALL gone NOT RECORD
AUTO OVER WRITE 30 Roughly

SYSTEM FAILURES:

JULY 29 DVR #2 FAILURE

ACTUALLY THE MOTHERBOARD FAILED

AUGUST 08 DVR #2

HARD DRIVE FAILURE

AUGUST 10

2 TRY STAFF FOR CAMERAS FAILS

RUN P.P.R @ 4 AM BODY ALARM

9:30

Respond All working on Him →
MEDICAL - CRAZY - I WORKED ON
HIM BRIEFLY - ALL CLEAR MED
WENT TO ASSIST GSD FEEDING
NOW ASK ABOUT CAMERA - HAD
2 NEW HARD DRIVES TO RE-INSTALL
NEW HARD DRIVE MEANS LOSE ALL
PRIOR DATA I MAYBE 2 DEF.
100SR.

WARDEN WANTED VIDEO - I INFORM
ITS GONE THEY SAY START
WORKING ON IT - VENDOR ON
PHONE - MACHINE RUNNING
WHEN SHUT OFF DAYS TO RE-START
SOMETIMES DRIVES DUR #1
NOT DUR #2

My Supv. [REDACTED] → WARDEN
I STARTED TO REMOVE BAD
DRIVES OUT TO REBUILD DRIVES
WHO PULLED - I ADVISED TO LABEL
AGENTS PULLED OUT
NEW SYSTEM STARTED THE SAME
DAY

I knew that By Replacing
Both it would wipe system - 1
ADVISED MCC OF that

END 1730

1A95

FD-340c(4-11-03)

File Number 90A-NY-3151227Field Office Acquiring Evidence NYSerial # of Originating Document 197Date Received 5-3-2022From [REDACTED]
(Name of Contributor/Interviewee)

(Address)

(City and State)

By [REDACTED]To Be Returned ☐ Yes ☒ NoReceipt Given ☐ Yes ☒ NoGrand Jury Material - Disseminate Only Pursuant to Rule 6 (c)
Federal Rules of Criminal Procedure☐ Yes ☒ NoFederal Taxpayer Information (FTI)
☐ Yes ☒ NoTitle: Unsub(s); Jeffrey Epstein - Victim; Death InvestigationReference: _____
(Communication Enclosing Material)Description: ☐ Original notes re interview ofFD-597 Evidence to OIGFD-597 Property to OIG

1A95

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151027On (date) 5/3/2022

item (s) listed below were:

- ☐ Collected/Seized
☐ Received From
☐ Returned To
☒ Released To

(Name) (Street Address) DOJ/Office of the Inspector General(City) New York field Office

Description of Item (s):

had hope Containing the following:
CDs containing footage from DVB MCC
Photos on CD of Bad Drivers (HQ 0019610)
Seagate HD S/N 9QFCN325
Seagate HD S/N 3PG0005E

End

Received By: Received From: Printed Name/Title: Printed Name/Title: Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151227

On (date) 5/3/2022

item (s) listed below were:

- ☐ Collected/Seized
☐ Received From
☐ Returned To
☒ Released To

(Name)

(Street Address)

(City)

Description of Item (s):

Red box containing the following:
CDs containing footage from DVB MCC
Photos on CD of Red Drives (HQ 0619610)
Seagate HD S/N 9QFCN325
Seagate HD S/N 3PG00Q5E

End

Received By:

Received From:

Printed Name/Title:

Printed Name/Title

Special Agent

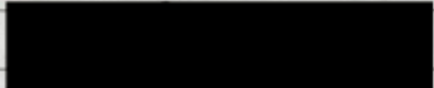

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151227On (date) 5/3/2022

item (s) listed below were:

- ☐
- Collected/Seized
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- ☐
- Received From
-
- ☐
- Returned To
-
- ☒
- Released To

(Name) (Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): Red Rope - One Seagate Barracuda 1000GB HD S/N 51D859LA (1B32)
Red Rope - One Seagate Barracuda 1000GB HD S/N W1D4826E (1B32)
Red Rope - One Seagate Barracuda 1000GB HD S/N 21D32558 (1B34)
Red Rope - One Seagate Desktop 1TB HD S/N 244DJLIT (1B25)
Red Rope - One Seagate Desktop 1TB HD S/N 244DHX5M (1B26)
Red Rope - One Seagate Barracuda 1000GB HD S/N W1D484H6 (1B37)
Red Rope - One Western Digital 1TB HD S/N WCAU45803960 (1B28)
Red Rope - One Seagate Desktop 1000GB HDD S/N 24488Q48 (1B29)
Red Rope - One Seagate Barracuda 1000GB HDD S/N W1D496N8 (1B30)
Red Rope - One Seagate Barracuda 1000GB HDD S/N 21D825CT (1B31)
Red Rope - One Hitachi 1TB HD S/N JPW9K0839624 (1B23)
Red Rope - One Western Digital 1000GB HDD S/N WCC3F2783519 (1B33)
Red Rope - One Seagate Barracuda 1000GB HDD S/N 51D9GK9P (1B34)
Red Rope - One Seagate Barracuda 1000GB HDD S/N 51D9D6TC (1B35)
Red Rope - One Seagate Barracuda 1000GB HDD S/N W1D06T5L (1B36)
Red Rope - One Seagate 500GB HD S/N W2AEX55V (1B40)

End of pageReceived By: Received From: 

Printed Name/Title

SA

Printed Name/Title:

Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151227

On (date) 5/3/2022

item (s) listed below were:

- ☐ Collected/Seized
☐ Received From
☐ Returned To
☒ Released To

(Name)

(Street Address)

(City)

Description of Item (s):

Red Pope - One Seagate Barracuda 1000GB HD S/N 51D8591A (1B32)
Red Pope - One Seagate Barracuda 1000GB HD S/N W1D4826E (1B32)
Red Pope - One Seagate Barracuda 1000GB HD S/N 21DB2558 (1B31)
Red Pope - One Seagate Desktop 1TB HD S/N 244D5L1T (1B35)
Red Pope - One Seagate Desktop 1TB HD S/N 244DHX5M (1B26)
Red Pope - One Seagate Barracuda 1000GB HD S/N W1D484H6 (1B37)
Red Pope - One Western Digital 1TB HD S/N WCAU45803950 (1B28)
Red Pope - One Seagate Desktop 1000GB HDD S/N 24488A48 (1B29)
Red Pope - One Seagate Barracuda 1000GB HDD S/N W1D496N8 (1B30)
Red Pope - One Seagate Barracuda 1000GB HDD S/N 21DB25CT (1B31)
Red Pope - One Hitachi 1TB HD S/N JPW9K0839E2LL (1B23)
Red Pope - One Western Digital 1000GB HDD S/N WCC3F2783519 (1B33)
Red Pope - One Seagate Barracuda 1000GB HDD S/N 51D9GK9P (1B34)
Red Pope - One Seagate Barracuda 1000GB HDD S/N 51D9DETC (1B36)
Red Pope - One Seagate Barracuda 1000GB HDD S/N W1D06T5L (1B36)
Red Pope - One Seagate 500GB HD S/N W2AEX55V (1B40)

End of page

Received By:

Received From:

Printed Name/Title:

SA

Printed Name/Title:

Special Agent



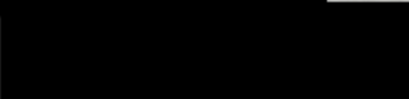
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151227On (date) May 3 2002

item (s) listed below were:


- ☐
- Collected/Seized
-
- ☐
- Received From
-
- ☐
- Returned To
-
- ☒
- Released To

(Name) (Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): Red Rope - One Hitachi 2TB HD S/N B9GMC TYF (1B42)
Red Rope - One WD Black 3TB HD S/N WCC13L2R579P (1B43)
Red Rope - One western Digital 250 GB HD S/N WMAEP1322402 (1B45)
Red Rope - Seagate HD S/N Z1M16CMQ (1B47)
Red Rope - Seagate HD S/N 9QG4FNAD (1B48)
Red Rope - Toshiba HD S/N 74J2Z3GAS (1B49)
Red Rope - Seagate HD S/N Z1M116CC8 (1B50)
Red Rope - Seagate HD S/N 6VM5VHFN (1B51)
Red Rope - Seagate HD S/N 9QG23rDP (1B52)
Red Rope - Two Ultrium LTO-6 tapes containing CART archive of video images from MCC-NY video recorder hard drives (1B53)
Red Rope - Archive of DVB2 Controller Images, DVB2 repaired drive images, & Video exports (1B54)
Red Rope - 1 10TB Seagate HD - archive of DVB1 images (1B55)
Red Rope - 1 2.0TB WD HD - archive of DVB main controller images (1B56)
Red Rope - Western Digital HD S/N WCA TB 7962678 (1B58)

End of pageReceived By: Received From: Printed Name/Title: 

SA

Printed Name/Title: 

Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151227On (date) May 3 2002

item (s) listed below were:

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Red Rope - Seagate HD S/N 21M16CMAQ (1B47)
Red Rope - Seagate HD S/N 9QG4FNAD (1B48)
Red Rope - Toshiba HD S/N 74J223GAS (1B49)
Red Rope - Seagate HD S/N 21M116CC8 (1B50)
Red Rope - Seagate HD S/N 6VM5VHFD (1B51)
Red Rope - Seagate HD S/N 9QG23rDP (1B52)
Red Rope - Two Ultrium LTO-6 tapes containing CART archive of video
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images, & Video exports (1B54)
Red Rope - 1 10TB Seagate HD - archive of DVB1 images (1B55)
Red Rope - 1 2.0TB WD HD - archive of DVB main controller images
(1B56)
Red Rope - Western Digital HD S/N WCA TB 7962678 (1B58)
End of page

Received By: _____

(Signature)

Received From: _____

Printed Name/Title: _____

Printed Name/Title: _____

Serial Capt

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151227On (date) May 3 2022

item (s) listed below were:

- ☐
- Collected/Seized
-
- ☐
- Received From
-
- ☐
- Returned To
-
- ☒
- Released To

(Name) [REDACTED](Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): Red Rope - One Seagate Barracuda 500GB HD S/N Z3T6CJJA (1B1)
Red Rope - One Hitachi 500GB HD S/N JP1592JE36A13K (1B2)
Red Rope - One Seagate Barracuda 500GB HD S/N Z3T6CF5X (1B3)
Red Rope - One Seagate Barracuda 500GB HD S/N 9QM8MT9P (1B4)
Red Rope - One Hitachi 500GB HD S/N JP1592JE36MWNK (1B5)
Red Rope - One Seagate Barracuda 500GB HD S/N 9QM8EC95 (1B6)
Red Rope - One Seagate Constellation ES 500GB HD S/N Z1M1P2PE (1B7)
Red Rope - One Western Digital 500GB HD S/N WCAV92911086 (1B8)
Red Rope - One Western Digital 500GB HD S/N WCC2EJUC34CJ (1B9)
Red Rope - One Seagate Barracuda 500GB HD S/N 9QM8M5EZ (1B10)
Red Rope - One Seagate Constellation ES 500GB HD S/N Z1M1P206 (1B11)
Red Rope - One Seagate Constellation ES 500GB HD S/N Z1M1Q1FX (1B12)
Red Rope - One Western Digital 500GB HD S/N WCAV9T870816 (1B13)
Red Rope - One Western Digital 500GB HD S/N WCC2E0DE834K (1B14)
Red Rope - One Seagate Barracuda 500GB HD S/N 9QM8MT6D (1B15)
Red Rope - One Seagate Constellation ES 500GB HD S/N Z1M1P207 (1B16)
Red Rope - One Seagate Constellation ES 500GB HD S/N Z1M1L4YG (1B17)
Red Rope - One Seagate Barracuda 500GB HD S/N 9QM8M5B3 (1B18)
End of page

Received By: [REDACTED]Received From: [REDACTED]Printed Name/Title: SAPrinted Name/Title: Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151227On (date) May 3 2022

item (s) listed below were:

- ☐
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-
- ☐
- Received From
-
- ☐
- Returned To
-
- ☒
- Released To

(Name) [REDACTED](Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): Red Rope - One Seagate Barracuda 500GB HD SN Z3T6CJJA (1B1)
Red Rope - One Hitachi 500GB HD SN JP1592JE36A13K (1B2)
Red Rope - One Seagate Barracuda 500GB HD SN Z3T6CF5X (1B3)
Red Rope - One Seagate Barracuda 500GB HD SN 9QM8MT9P (1B4)
Red Rope - One Hitachi 500GB HD SN JP1592JE36MWNK (1B5)
Red Rope - One Seagate Barracuda 500GB HD SN 9QM8EC75 (1B6)
Red Rope - One Seagate Constellation ES 500GB HD SN Z1M1P2PE (1B7)
Red Rope - One Western Digital 500GB HD SN WCAV92911026 (1B8)
Red Rope - One Western Digital 500GB HD SN WCC2EJUC31CJ (1B9)
Red Rope - One Seagate Barracuda 500GB HD SN 9QM8M5EZ (1B10)
Red Rope - One Seagate Constellation ES 500GB HD SN Z1M1P206 (1B11)
Red Rope - One Seagate Constellation ES 500GB HD SN Z1M1Q1FX (1B12)
Red Rope - One Western Digital 500GB HD SN WCAV9T870216 (1B13)
Red Rope - One Western Digital 500GB HD SN WCC2E0DE834K (1B14)
Red Rope - One Seagate Barracuda 500GB HD SN 9QM8MT6D (1B15)
Red Rope - One Seagate Constellation ES 500GB HD SN Z1M1P207 (1B16)
Red Rope - One Seagate Constellation ES 500GB HD SN Z1M1L8Y6 (1B17)
Red Rope - One Seagate Barracuda 500GB HD SN 9QM8M3AB (1B18)
End of page

Received By: [REDACTED]Received From: [REDACTED]Printed Name/Title: SAPrinted Name/Title: Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151227On (date) May 3 2022



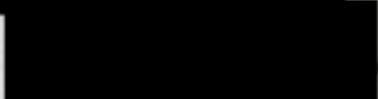

item (s) listed below were:

- ☐
- Collected/Seized
-
- ☐
- Received From
-
- ☐
- Returned To
-
- ☒
- Released To

(Name) (Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): One Large Brown Box - DVR system 1 S/N 43144901 (1B57)
Dell Poweredge R420 DVR controller Barcode # 5BMA212 (1B20)
One box containing DVR system #2 (Disk array chassis & Disk array controller) (1B19)
Box containing 18 hard drives (1B59)
One large box containing DVR system #1 (Disk array chassis containing 16 hard drives) (1B21)

End of page

Received By: Received From: Printed Name/Title:  SAPrinted Name/Title:  Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 90A-NY-3151227On (date) May 3 2022

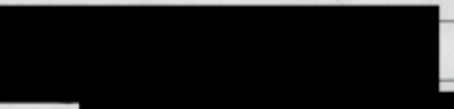



item (s) listed below were:

- ☐ Collected/Seized
☐ Received From
☐ Returned To
☒ Released To

(Name) (Street Address) DOJ / Office of the Inspector General(City) New York Field Office

Description of Item (s): One Large Brown Box - DVR system 1 S/N 43144901 (1B57)
Dell Poweredge R420 DVR Controller Barcode # 5BMA212 (1B20)
One box containing DVR system #2 (Disk array chassis + Disk array controller) (1B19)
Box containing 18 hard drives (1B59)
One large box containing DVR system #1 (Disk array chassis containing 16 hard drives) (1B21)

End of page

Received By: Received From: Printed Name/Title:  SAPrinted Name/Title:  Special Agent

C 19

FD-340c(4-11-03)

File Number 90A-NY-3151227

Field Office Acquiring Evidence New York

Serial # of Originating Document 197 199

Date Received 5/3/2022

From [REDACTED]
(Name of Contributor/Interviewee)

(Address)

(City and State)

By ECU

To Be Returned ☐ Yes ☐ No

Receipt Given ☐ Yes ☐ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

☐ Yes ☐ No

Federal Taxpayer Information (FTI)

☐ Yes ☐ No

Title:

Reference: 197
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

Chains of custody for evidence items permanently released
to OIG: 1B1-36, 1B40, 1B42, 1B43, 1B45, and 1B47-59

1A96

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon		Item # <u>1</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____ Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>
Date and Time: <u>8/15/19</u>		Date and Time: <u>8/15/19</u>
4:45p		
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	<u>8/15/19</u>	Signature: _____
Printed Name/Agency: _____	<u>6:00pm</u>	Printed Name/Agency: _____
Reason: <u>TO Transport team</u>		Reason: <u>Transport</u>
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	<u>8/16/19</u>	Signature: _____
Printed Name/Agency: _____	<u>12:06A</u>	Printed Name/Agency: _____
Reason: <u>Transfer to OIS</u>		Reason: <u>receive transfer</u>
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	<u>10/26/21</u>	Signature: _____
Printed Name/Agency: _____	<u>2:22pm</u>	Printed Name/Agency: _____
Reason: <u>Split to 1B58 E6944130</u>		Reason: _____
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	<u>5/2/23</u>	Signature: _____
Printed Name/Agency: _____	<u>11:50am</u>	Printed Name/Agency: _____
Reason: <u>Charge out</u>		Reason: <u>charge out</u>
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	<u>5/3/20</u>	Signature: _____
Printed Name/Agency: _____	<u>12:30pm</u>	Printed Name/Agency: _____
Reason: <u>Permanent transfer to 1B58/1B59</u>		Reason: _____
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____






Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 1B20 Barcode: E6516212

Box

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature: 	10/14/21
Printed Name/Agency:		Printed Name/Agency:	11:30
Reason:		Reason: STORAGE Room Split	
Relinquished Custody Split From 1B21	Date and Time	Accepted Custody	Date and Time
Signature: 	5/2/22	Signature: 	5/2/22
Printed Name/Agency:	11:50am	Printed Name/Agency:	11:50am
Reason: Change out		Reason: Change out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/22	Signature:	
Printed Name/Agency:	12:50pm	Printed Name/Agency:	
Reason: Permanent transfer to 101/018		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-NY-3151227 IB: 57 Barcode: E6943445

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>7</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Recharge <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time: 8/10/19 4:30pm		
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	8/12/19 10:00am	Signature: _____
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____ FBI
Reason: TO CART		Reason: CART
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	8/15/19 10:20am	Signature: _____
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____
Reason: TO CH		Reason: RECEIVED
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	8/15/19 2:00pm	Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: TRANSFER		Reason: Accepted
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____	8/15/19 3:00pm	Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: Transfer to OTD		Reason: Received from CRF
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____
Relinquished Custody	Date and Time	Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 7 Barcode: EG516200

This form is incomplete without reference to the FD-1087.

EFTA02728278

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/20 11:00am	Signature: [Redacted]	5/2/20 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>Change of</i>		Reason: <i>Change of</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/20 11:15am	Signature:	
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency:	
Reason: <i>Permanent transfer to DHS/BIC</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-M-3151227 IB: 7 Barcode: E6516200

This form is incomplete without reference to the FD-1087.

EFTA02728279

[REDACTED] (FBI)

From: [REDACTED] (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (FBI)
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED], can one of you upload this e-mail to the case file?

From: [REDACTED] (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>8</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Recharge <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time		Date and Time
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____ FBI
Reason: TO CART		Reason: CART
Date and Time: 8/12/19 10:00 AM		Date and Time: 8/12/19 10:00 AM
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____ FBI
Reason: TO C/A		Reason: RECEIVED
Date and Time: 8/15/19 10:20 AM		Date and Time: 8/15/19 10:20 AM
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: TRANSFER		Reason: Accepted
Date and Time: 8/15/19 2:00 PM		Date and Time: 8/15/19 2:00 PM
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: Transfer to OTD		Reason: Received from GPT
Date and Time: 8/15/19 3:00 PM		Date and Time: 8/15/19 11:00 AM
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____
Date and Time: _____		Date and Time: _____
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____
Date and Time: _____		Date and Time: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 8 Barcode: E0510201

This form is incomplete without reference to the FD-1087.

EFTA02728281

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>change out</i>	11:50am	Reason: <i>change out</i>	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature:	
Printed Name/Agency: [Redacted] / FBI	11:15am	Printed Name/Agency:	
Reason: <i>permanent transfer to WIS/BIG</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 9A-M-3151227 IB: 8 Barcode: E6516201

This form is incomplete without reference to the FD-1087.

[REDACTED]
From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>9</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CART		Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: CART
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO C/A		Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: RECEIVED
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Accepted
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTD		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from GRI
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason:		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason:
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason:		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason:
Date and Time		Date and Time

Case ID: 90A-NY-3151227 IB: 9 Barcode: E6516202

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/20 11:50am	Signature: [Redacted]	5/2/20 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>Change out</i>		Reason: <i>Change out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	6/3/22 11:18am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]	
Reason: <i>Permanent transfer to DOJ/OTG</i>		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3251227 IB: 9 Barcode: E6516202

This form is incomplete without reference to the FD-1087.

EFTA02728285

[REDACTED]
From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>10</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time: _____		Date and Time: 8/10/19 4:30 pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CAPT	Date and Time: 8/12/19 10:00 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: CAPT
Date and Time: 8/12/19 10:00 AM		Date and Time: 8/12/19 10:00 AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO C/A	Date and Time: 8/15/19 10:20 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: RECEIVED
Date and Time: 8/15/19 10:20 AM		Date and Time: 8/15/19 10:20 AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer	Date and Time: 8/15/19 2:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Accepted
Date and Time: 8/15/19 2:00 PM		Date and Time: 8/15/19 2:00 PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTO	Date and Time: 8/15/19 3:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from GEF
Date and Time: 8/15/19 3:00 PM		Date and Time: 8/15/19 3:00 PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Date and Time: _____		Date and Time: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Date and Time: _____		Date and Time: _____
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>

Case ID: 90A-NY-3151227 1B: 10 Barcode: E6516203

This form is incomplete without reference to the FD-1087.

EFTA02728287

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50a	Signature: [Redacted]	5/2/22 11:50a
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>change out</i>		Reason: <i>change out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:58am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]	
Reason: <i>permanent transfer to DVS/616</i>		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-MY-3151227 1B: 10 Barcode: E 6516203

This form is incomplete without reference to the FD-1087.

EFTA02728288

[REDACTED]
From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same-case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon		Item # <u>11</u>	
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			
Special Handling Instructions:		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI	
Date and Time		Date and Time	
8/10/19 4:30pm			
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____ FBI	
Reason: TO CART		Reason: CART	
Date and Time		Date and Time	
8/12/19 10:00 AM		8/12/19 10:00 AM	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____ FBI		Printed Name/Agency: _____	
Reason: TO C/A		Reason: RECEIVED	
Date and Time		Date and Time	
8/15/19 10:20 AM		8/15/19 10:20 AM	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: TRANSFER		Reason: Accepted	
Date and Time		Date and Time	
8/15/19 2:00 PM		8/15/19 2:00 PM	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: Transfer to OTD		Reason: Received from GPT	
Date and Time		Date and Time	
8/15/19 3:00 PM		9/25/20 11am	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Date and Time		Date and Time	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Date and Time		Date and Time	

Case ID: 90A-NY-3151227 IB: 11 Barcode: 66516204

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50am	Signature: [Redacted]	5/2/22 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>Charge Out</i>		Reason: <i>Charge Out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:15am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] <i>ABT</i>		Printed Name/Agency: [Redacted]	
Reason: <i>permanent transfer to DDI/brig</i>		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 1B: 11 Barcode: E6516204

This form is incomplete without reference to the FD-1087.

[REDACTED]
From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

[REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM

[REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

[REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM

[REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>12</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time: 8/10/19 4:30 pm		
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CART	Date and Time: 8/12/19 10:00 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CART
Date and Time: 8/12/19 10:00 AM		Date and Time: 8/12/19 10:00 AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO C/A	Date and Time: 8/15/19 10:20 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: RECEIVED
Date and Time: 8/15/19 10:20 AM		Date and Time: 8/15/19 10:20 AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER	Date and Time: 8/15/19 2:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Accepted
Date and Time: 8/15/19 2:00 PM		Date and Time: 8/15/19 2:00 PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTD	Date and Time: 8/15/19 3:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Fed Ex # 7726 2020 4468
Date and Time: 8/15/19 3:00 PM		Date and Time: 8/15/19 3:00 PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF
Date and Time: _____		Date and Time: 8/15/19 11:00 AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Date and Time: _____		Date and Time: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 12 Barcode: E6516205

This form is incomplete without reference to the FD-1087.

EFTA02728293

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50am	Signature: [Redacted]	5/2/22 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>change out</i>		Reason: <i>change out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:18am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]	
Reason: <i>permanent transfer to DOJ/OTG</i>		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 12 Barcode: E-6526205

This form is incomplete without reference to the FD-1087.

[REDACTED]
From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>13</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI
Date and Time: 8/10/19 4:30 pm		
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/12/19 10:00 am	Signature: [Redacted]
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted] FBI
Reason: TO CART		Reason: CART
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/15/19 10:20 AM	Signature: [Redacted]
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]
Reason: TO C/A		Reason: RETURN
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/15/19 2:00 PM	Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: TRANSFER		Reason: accepted
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/15/19 3:00 pm	Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: accept transfer to OTD		Reason: Received from EPF
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 13 Barcode: E6516206

This form is incomplete without reference to the FD-1087.

EFTA02728296

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/25/20 1101	Signature: [Redacted]	9/25/20 1102
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Split to E6 123796		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/21 11:50am	Signature: [Redacted]	5/2/21 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Change out		Reason: change out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/21 11:15am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DJS/OTG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 13 Barcode: E6516206

This form is incomplete without reference to the FD-1087.

[REDACTED]

From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED]
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED]
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED], can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED]
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>14</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: <u>MA77 [redacted] / FBI</u> Reason: Initial Collection Collected By: <u>MA77 [redacted]</u> Agency: <u>FBI</u>
Date and Time <u>8/10/19</u> <u>4:30pm</u>		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: <u>MA77 [redacted] / FBI</u> Reason: <u>TO CART</u>		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: <u>CART</u>
Date and Time <u>8/12/19</u> <u>10:00 AM</u>		Date and Time <u>8/12/19</u> <u>10:00 AM</u>
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: <u>TO C/A</u>		Accepted Custody Signature: _____ Printed Name/Agency: <u>MA77 [redacted] / FBI</u> Reason: <u>RECEIVED</u>
Date and Time <u>8/15/19</u> <u>10:20 AM</u>		Date and Time <u>8/15/19</u> <u>10:20 AM</u>
Relinquished Custody Signature: _____ Printed Name/Agency: <u>MA77 [redacted]</u> Reason: <u>TRANSFER</u>		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>
Date and Time <u>8/15/19</u> <u>2:00pm</u>		Date and Time <u>8/15/19</u> <u>2:00pm</u>
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: <u>transfer to OTD</u>		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from ERF</u>
Date and Time <u>8/15/19</u> <u>3:00pm</u>		Date and Time <u>9/25/20</u> <u>12am</u>
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Date and Time		Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Date and Time		Date and Time

Case ID: 90A-NY-3151227 IB: 14 Barcode: E0516281

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/25/20 1102	Signature: [Redacted]	9/25/20 1102
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Split to 56213797		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50am	Signature: [Redacted]	5/2/22 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Charge out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:15am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DOJ/OTG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3451227 1B: 14 Barcode: E6516207

This form is incomplete without reference to the FD-1087.

EFTA02728300

[REDACTED] (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED

=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] L. (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

Kristine or Kadie, can one of you upload this e-mail to the case file?

From: [REDACTED] L. (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====

Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>15</u>	
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt: Signature of Seizing Individual: _____ Printed Name/Agency: _____ FBI Reason: Initial Collection Collected By: _____ Agency: FBI	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CAPT		Date and Time: 8/12/19 10:00 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CAPT
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CA		Date and Time: 8/15/19 10:20 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: RECEIVED
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER		Date and Time: 8/15/19 2:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: ACCEPTED
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer to CTD		Date and Time: 8/15/19 3:00 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from FRF
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):

Printed Name:

Signature:

Date:

ATF Trace Form Completed: ☐NCIC: ☐

Case ID:

90A-NY-3151227

IB:

15

Barcode:

E6576208

This form is incomplete without reference to the FD-1087.

EFTA02728302

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <u>[Redacted]</u>	5/2/02	Signature: <u>[Redacted]</u>	5/2/02
Printed Name/Agency: <u>[Redacted]</u>		Printed Name/Agency: <u>[Redacted]</u>	
Reason: <u>Charge out</u>	11:50am	Reason: <u>charge out</u>	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <u>[Redacted]</u>	5/3/02	Signature:	
Printed Name/Agency: <u>[Redacted] / FBI</u>	11:50am	Printed Name/Agency:	
Reason: <u>permanent transfer to DOJ/DOJ</u>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-M-3151227

IB: 15

Barcode: E6516208

This form is incomplete without reference to the FD-1087.

MONTGOMERY, COREY L. (NY) (FBI)

From: [REDACTED] M. (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED

=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: M [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <KMLENHART@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

[REDACTED] or [REDACTED], can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====

Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

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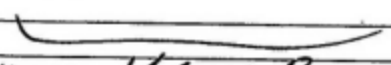
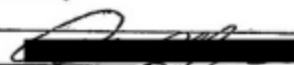




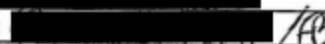
Classification: UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>16</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI
Date and Time: 8/10/19 4:30pm		Date and Time: 8/10/19 4:30pm
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TO CART		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TO CART
Date and Time: 8/12/19 10:00AM		Date and Time: 8/12/19 10:00AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TO C/A		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: RECEIVER
Date and Time: 8/15/19 10:20AM		Date and Time: 8/15/19 10:20AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: TRANSFER		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Accepted
Date and Time: 8/15/19 2:00PM		Date and Time: 8/15/19 2:00PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Transfer to OTD		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from GRF
Date and Time: 8/15/19 3:00PM		Date and Time: 8/15/19 3:00PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: [Redacted] Signature: [Redacted] Date: [Redacted]		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>

Case ID: 90A-NY-3151227 IB: 16 Barcode: E6516209

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/2/22 11:50am	Signature: 	5/2/22 11:50am
Printed Name/Agency: 		Printed Name/Agency: 	
Reason: 		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/22 11:15am	Signature:	
Printed Name/Agency:  / FBI		Printed Name/Agency:	
Reason: <i>permanent transfer to DOJ/DOJ</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-MY-3151227 IB: 16 Barcode: E6516209

This form is incomplete without reference to the FD-1087.

MONTGOMERY, COREY L. (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

Kristine or Kadie, can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
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FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>17</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		

Special Handling Instructions:	Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____	Signature of Seizing Individual: _____ Printed Name/Agency: _____ Reason: Initial Collection Collected By: _____ Agency: FBI	8/10/19 4:30pm

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	8/12/19	Signature: _____	8/12/19
Printed Name/Agency: _____ / FBI	10:00 AM	Printed Name/Agency: _____ / FBI	10:00 AM
Reason: TO C/A		Reason: CAFE	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	8/15/19	Signature: _____	8/15/19
Printed Name/Agency: _____ / FBI	10:20 AM	Printed Name/Agency: _____	10:20 AM
Reason: TO C/A		Reason: RECEIVED	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	8/15/19	Signature: _____	8/15/19
Printed Name/Agency: _____	2:00 PM	Printed Name/Agency: _____	2:00 PM
Reason: TRANSFER		Reason: Accepted	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	8/15/19	Signature: _____	9/25/20
Printed Name/Agency: _____	3:00 PM	Printed Name/Agency: _____	
Reason: Transfer to OTD		Reason: Received from CRF	11am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:		NCIC: <input type="checkbox"/>
Signature:		
Date:		

Case ID: 90A-NY-3151227 IB: 17 Barcode: E6516210

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/25/20	Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Split to E 6713793		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/20	Signature: [Redacted]	5/2/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Change out		Reason: change out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/20	Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DOJ/DOJ		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 17 Barcode: E6516210

This form is incomplete without reference to the FD-1087.

[REDACTED] (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

Kristine or Kadie, can one of you upload this e-mail to the case file?

From: [REDACTED]
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

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Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>1B</u>	
Special Handling Instructions:		Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted]	8/10/19 4:30pm
		Printed Name/Agency: <u>MA77 [Redacted] / FBI</u>	
		Reason: Initial Collection	
		Collected By: <u>MA77 [Redacted]</u> Agency: <u>FBI</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	8/12/19	Signature: [Redacted]	8/12/19
Printed Name/Agency: <u>MA77 [Redacted] / FBI</u>	10:00 AM	Printed Name/Agency: <u>[Redacted] / FBI</u>	10:00 AM
Reason: <u>TO CART</u>		Reason: <u>TO CART</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	8/15/19
Printed Name/Agency: <u>[Redacted] / FBI</u>	10:20 AM	Printed Name/Agency: <u>MA77 [Redacted]</u>	10:20 AM
Reason: <u>TO C/A</u>		Reason: <u>RECEIVED</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	8/15/19
Printed Name/Agency: <u>MA77 [Redacted]</u>	2:00 PM	Printed Name/Agency: <u>[Redacted]</u>	2:00 PM
Reason: <u>TRANSFER</u>		Reason: <u>Accepted</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	9/25/20
Printed Name/Agency: <u>[Redacted]</u>	3:00 PM	Printed Name/Agency: <u>[Redacted]</u>	12 am
Reason: <u>Transfer to OTD</u>		Reason: <u>Received from GFE</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name:		NCIC: <input type="checkbox"/>	
Signature:			
Date:			

Case ID: 90A-NY-3151227 IB: 1B Barcode: E6516211

This form is incomplete without reference to the FD-1087.

EFTA02728311

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/25/20 1201	Signature: [Redacted]	9/25/20 1202
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Split to E6713795		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/21 11:50am	Signature: [Redacted]	5/2/21 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Change out		Reason: Change out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/13/22 11:50am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DOJ/DOJ		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 18 Barcode: E6516211

This form is incomplete without reference to the FD-1087.

[REDACTED]
[REDACTED] (NY) (FBI)

From: [REDACTED]
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED]
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

Kristine or Kadie, can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
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Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	
Date and Time		Date and Time	
8/12/19		7:00 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TO EVIDENCE		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge to In/Storage	
Date and Time		Date and Time	
8/16/19		2:20 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: do		Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: CART	
Date and Time		Date and Time	
8/16/19		4:30 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TRANSFER		Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Transfer	
Date and Time		Date and Time	
8/19/19		12:30 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Release to OTD for Exam		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from GRF	
Date and Time		Date and Time	
8/20/19		8:50 am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: charge out	
Date and Time		Date and Time	
5/2/22		11:50 am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: permanent transfer to DCA/ITG		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason:	
Date and Time		Date and Time	
5/3/22		11:13 am	
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name:		NCIC: <input type="checkbox"/>	
Signature:			
Date:			

Case ID:

90A-NY-3151227

IB:

22

Barcode:

E6515200

This form is incomplete without reference to the FD-1087.

EFTA02728314

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____			
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI		Date and Time 8/12/19 7:00pm	
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: TRANSFER		Date and Time 8/19/19 12:30pm	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Transfer to OTD		Date and Time 8/19/19 12:30pm
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Release to OTD to Exam		Date and Time 8/20/19 8:50am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from CRT		Date and Time 9/25/20 11am
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charged out		Date and Time 8/2/22 11:50am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: charged out		Date and Time 5/2/22 11:50am
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: permanent transfer to DOJ/DOJ		Date and Time 5/3/22 11:00am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Date and Time
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Date and Time	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Date and Time
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Date and Time	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Date and Time

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 32 Barcode: 6516230

This form is incomplete without reference to the FD-1087.

EFTA02728315

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # _____
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____/FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time		Date and Time
8/12/19		7:00pm
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____
Reason: TO EVIDENCE		Reason: Charged In Utrase
Date and Time		Date and Time
8/16/19		8/16/19
2:20pm		2:20pm
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: CACT		Reason: CACT
Date and Time		Date and Time
8/16/19		8/16/19
4:30pm		4:30pm
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: TRANSFER		Reason: Transfer to OTD
Date and Time		Date and Time
8/19/19		8/19/19
12:30pm		12:30pm
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: Release 13 OTD for CACT		Reason: Received from CRF
Date and Time		Date and Time
8/20/19		9/25/20
4:50am		7:20am
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: Charged out		Reason: Charge act
Date and Time		Date and Time
5/2/20		5/2/20
11:50am		11:50am
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____
Reason: permanent transfer to DOJ/KIG		Reason: _____
Date and Time		Date and Time
5/3/20		
11:15am		
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____
Reason: _____		Reason: _____
Date and Time		Date and Time
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID:

90A-NY-3151227

IB:

24

Barcode:

E6515202

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: _____ 1B: _____ Barcode: _____

This form is incomplete without reference to the FD-1087.

**FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY**

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		Item # _____
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ / FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: TO EVIDENCE		Date and Time: 8/16/19 2:20pm Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Charged In Storage
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: do		Date and Time: 8/16/19 4:30pm Accepted Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: CART
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: TRANSFER		Date and Time: 8/19/19 12:30pm Accepted Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: Transport to OTD
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: Release to OTD For Exam		Date and Time: 8/20/19 8:50am Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from GRT
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge out		Date and Time: 5/2/20 11:50am Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: charge out
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: permanent transfer to DIV/OTD		Date and Time: 5/3/22 11:15am Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Firearm Certification by (FISWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		
ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>		

Case ID: 90A-NY-3151227 1B: 25 Barcode: E6515203

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: _____ 1B: _____ Barcode: _____

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ /FBI Reason: Initial Collection Collected By: _____ Agency: FBI	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO EVIDENCE		Date and Time: 8/16/19 3:15pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Charged To Y. Storage
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: CO		Date and Time: 8/16/19 4:30pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: CART
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER		Date and Time: 8/19/19 12:30pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Transfer TO OSD
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Release to OTD for Egan		Date and Time: 8/25/19 9:50am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from GPF
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Check out		Date and Time: 5/2/22 11:00am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: change out
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: permanent transfer to DOJ/OTG		Date and Time: 5/3/22 11:15am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason:

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
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Case ID: 90A-NY-3151227

IB: 26

Barcode: E 6515204

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # _____
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing Individual: [Redacted]
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: [Redacted] / FBI
<input type="checkbox"/> Biohazard		Reason: Initial Receipt
<input type="checkbox"/> Other _____		Collected By: [Redacted]
		Agency: FBI
Date and Time: 8/12/19 7:00pm		
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/16/19 3:15pm	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]
Reason: TO EVIDENCE		Reason: Charged in storage
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/16/19 4:30pm	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI
Reason: CC		Reason: CART
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/19/19 12:30pm	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI
Reason: TRANSFER		Reason: Transport to ODP
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/26/19 8:50am	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI
Reason: Release to ODP for ERF		Reason: Received from ERF
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	5/2/20 11:50am	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]
Reason: Charge out		Reason: charge out
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	5/3/20 11:50am	Signature: [Redacted]
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]
Reason: permanent transfer to WI/OTG		Reason: [Redacted]

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):

Printed Name:

Signature:

Date:

ATF Trace Form Completed: ☐NCIC: ☐

Case ID: 90A-NY-3151227

IB: 27

Barcode: E6515205

This form is incomplete without reference to the FD-1087.

EFTA02728321

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # _____
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____/FBI Reason: Initial Collection Collected By: _____ Agency: FBI
Date and Time		Date and Time
Relinquish _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____
Reason: TO EVIDENCE		Reason: Charged to Storage
Date and Time: 8/16/19 3:15pm		Date and Time: 8/26/19 3:15pm
Relinquish _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: CLO		Reason: CART
Date and Time: 8/16/19 4:30pm		Date and Time: 8/16/19 4:30pm
Relinquished Custody _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: TRANSFER		Reason: Transport to OTD
Date and Time: 8/19/19 12:30pm		Date and Time: 8/19/19 12:30pm
Relinquished Custody _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: Return to OTD for Exam		Reason: Received from GPF
Date and Time: 8/26/19 8:50am		Date and Time: 9/25/20 11am
Relinquished Custody _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____/FBI
Reason: Charge out		Reason: Charge out
Date and Time: 5/2/22 11:50am		Date and Time: 5/2/22 11:50am
Relinquished Custody _____		Accepted Custody _____
Signature: _____		Signature: _____
Printed Name/Agency: _____/FBI		Printed Name/Agency: _____
Reason: permanent transfer to 105/OTD		Reason: _____
Date and Time: 5/3/22 11:50am		Date and Time: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 1B: 20 Barcode: E6515206

This form is incomplete without reference to the FD-1087.

EFTA02728322

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: _____ 1B: _____ Barcode: _____

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ / FBI Reason: Initial Collection Collected By: _____ Agency: FBI	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: TO EVIDENCE		Date and Time: 8/16/19 3:15 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Charged In Storage
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: CLO		Date and Time: 8/16/19 4:30 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: CANT
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: TRANSFER		Date and Time: 8/19/19 12:30 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Transports to OTD
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: Relocated OTD for EX-101		Date and Time: 8/20/19 8:30 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from EXF
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Change over		Date and Time: 9/2/19 11:30 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: change over
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: permanent transfer to DSI/OTG		Date and Time: 5/3/22 11:30 AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason:

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
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Case ID: 90A-NY-3151227

1B: 29

Barcode: E6515207

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>	
Date and Time		Date and Time	
8/12/19		7:00pm	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: <u>FBI</u>		Printed Name/Agency: <u>FBI</u>	
Reason: <u>TRANSFER</u>		Reason: <u>Transfer to OTD</u>	
Date and Time		Date and Time	
8/19/19		8/19/19	
12:30pm		12:30pm	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: <u>FBI</u>		Printed Name/Agency: _____	
Reason: <u>Release to OTD & Exam</u>		Reason: <u>Received from ERF</u>	
Date and Time		Date and Time	
8/20/19		9/25/20	
8:50am		12am	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: <u>Charge Out</u>		Reason: <u>Charge out</u>	
Date and Time		Date and Time	
5/2/22		5/2/22	
11:50am		11:50am	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: <u>FBI</u>		Printed Name/Agency: _____	
Reason: <u>permanent transfer to NY/DC</u>		Reason: _____	
Date and Time		Date and Time	
5/3/22		5/3/22	
11:15am		11:15am	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Date and Time		Date and Time	
5/3/22		5/3/22	
11:15am		11:15am	
Relinquished Custody		Accepted Custody	
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Date and Time		Date and Time	
5/3/22		5/3/22	
11:15am		11:15am	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):

Printed Name: _____

Signature: _____

Date: _____

ATF Trace Form Completed: ☐NCIC: ☐Case ID: 90A-NY-3151227IB: 30Barcode: E6516228

This form is incomplete without reference to the FD-1087.

EFTA02728325

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions:		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] / FBI Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	
Date and Time: 8/12/19 7:00pm		Date and Time: 8/12/19 7:00pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] / FBI Printed Name/Agency: [Redacted] / FBI Reason: Transfer		Signature: [Redacted] / FBI Printed Name/Agency: [Redacted] / FBI Reason: Transport to OTD	
Date and Time: 8/19/19 12:30pm		Date and Time: 8/19/19 12:30pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Return to OTD for Enron		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from ERF	
Date and Time: 8/20/19 8:50am		Date and Time: 9/6/20 11am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge Out		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge Out	
Date and Time: 5/2/22 11:50am		Date and Time: 5/2/22 11:50am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Permanent transfer to DOJ/OTG		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	
Date and Time: 5/3/22 11:50am		Date and Time: [Redacted]	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	
Relinquished Custody		Accepted Custody	
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name: _____		NCIC: <input type="checkbox"/>	
Signature: _____			
Date: _____			

Case ID: 90A-NY-3151227 IB: 31 Barcode: E6516229

This form is incomplete without reference to the FD-1087.

EFTA02728326

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions		Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: _____ Printed Name/Agency: _____/FBI Reason: Initial Collection Collected By: _____ Agency: FBI	8/12/19 7:00pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____/FBI Reason: TO EVIDENCE	8/16/19 2:20pm	Signature: _____ Printed Name/Agency: _____ Reason: Charged In / Storage	8/16/19 2:20pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: C/O	8/16/19 4:30pm	Signature: _____ Printed Name/Agency: _____/FBI Reason: CART	8/16/19 4:30pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____/FBI Reason: TRANSFER	8/19/19 12:30pm	Signature: _____ Printed Name/Agency: _____ Reason: Transport to OTD	8/19/19 12:30pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____/FBI Reason: Release to OTD for Exam	8/20/19 8:00am	Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF	9/25/20 11am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: Charge Out	5/2/22 11:50am	Signature: _____ Printed Name/Agency: _____ Reason: chargeout	5/2/22 11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____/FBI Reason: permanent transfer to DOJ/OTG	5/3/22 11:19am	Signature: _____ Printed Name/Agency: _____ Reason: _____	
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name: _____		NCIC: <input type="checkbox"/>	
Signature: _____			
Date: _____			

Case ID: 90A-NY-3151227 IB: 23 Barcode: E6525202

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	
Relinquished Custody Signature: [Redacted] / FBI Printed Name: [Redacted] / FBI Reason: TRANSFER		Date and Time: 8/19/19 12:30pm	Accepted Custody Signature: [Redacted] / FBI Printed Name: [Redacted] / FBI Reason: Transport to OTD
Relinquished Custody Signature: [Redacted] / FBI Printed Name: [Redacted] / FBI Reason: Release to OTD for Exam		Date and Time: 8/20/19 8:50am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from ERF
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out		Date and Time: 5/2/22 11:50am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out
Relinquished Custody Signature: [Redacted] / FBI Printed Name/Agency: [Redacted] / FBI Reason: Permanent transfer to DIT/OTG		Date and Time: 5/3/20 11:00am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):

Printed Name:

Signature:

Date:

ATF Trace Form Completed: ☐NCIC: ☐

Case ID: 90A-NY-3151227 IB: 33 Barcode: E6516231

This form is incomplete without reference to the FD-1087.

EFTA02728328

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	
Relinquished Custody Signature: [Redacted] Printed Name: [Redacted] / FBI Reason: TRANSFER		Date and Time: 8/19/19 12:30pm	Accepted Custody Signature: [Redacted] Printed Name: [Redacted] / FBI Reason: Transport to OTD
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Release to OTD via Exam		Date and Time: 8/20/19 8:50am	Accepted Custody Signature: [Redacted] Printed Name: [Redacted] Reason: Received from ERF
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out		Date and Time: 5/2/22 11:50am	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: charge out
Relinquished Custody Signature: [Redacted] Printed Name: [Redacted] / FBI Reason: permanent transfer to DOJ/OTG		Date and Time: 5/3/22 11:15am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Date and Time: _____	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 34 Barcode: 6516232

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon		Item # _____	
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			
Special Handling Instructions		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ' <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	
Date and Time: 8/12/19		Date and Time: 7:00pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted] FBI	
Reason: TRANSFER		Reason: [Redacted] to [Redacted]	
Date and Time: 8/19/19		Date and Time: 12:30pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted] FBI	
Reason: Release to OTD for [Redacted]		Reason: Received from ERIF	
Date and Time: 8/20/19		Date and Time: 8:50am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Charge out		Reason: Charge out	
Date and Time: 5/2/22		Date and Time: 11:50am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to USV [Redacted]		Reason: [Redacted]	
Date and Time: 5/3/20		Date and Time: 11:00am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	

Case ID: 90A-NY-3151227 1B: 35 Barcode: E6516233

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____ / FBI Reason: Initial Collection Collected By: _____ Agency: FBI	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ / FBI Reason: TRANSFER		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Transport to OTS	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: Received from ERF		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge out		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge out	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: permanent transfer to DOJ/ATG		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 IB: 36 Barcode: E6516234

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # _____	
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables			
Special Handling Instructions		Initial Receipt	
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing Individual: [Redacted]	
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: [Redacted]	
<input type="checkbox"/> Biohazard		Reason: Initial Collection	
<input type="checkbox"/> Other _____		Collected By: [Redacted]	
		Agency: FBI	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: FBI	
Reason: Storage		Reason: CART	
Date and Time: 8-16-19 5:14 pm		Date and Time: 8/16/19 5:14 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: FBI		Printed Name/Agency: [Redacted]	
Reason: TO EVIDENCE		Reason: Charged In / Storage	
Date and Time: 8/20/19 3:00 pm		Date and Time: 8/20/19 3:00 pm	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Charge Out		Reason: charge out	
Date and Time: 5/2/22 11:50 am		Date and Time: 5/2/22 11:50 am	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DOJ/DOJ		Reason: [Redacted]	
Date and Time: 5/3/22 11:15 am		Date and Time: [Redacted]	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	
Relinquished Custody		Accepted Custody	
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Date and Time: [Redacted]		Date and Time: [Redacted]	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name: [Redacted]		NCIC: <input type="checkbox"/>	
Signature: [Redacted]			
Date: [Redacted]			

Case ID: 90A-NY-3151227 IB: 40 Barcode: E6515232

This form is incomplete without reference to the FD-1087.

EFTA02728332

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>1</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt: Signature of Seizing In: [Redacted] Printed Name/Agency: [Redacted] (NYPD) Reason: Initial Collection Collected By: MICHAEL GILDER Agency: NYPD
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] / NYPD Reason: TRANSFER		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: RECEIVED
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] / FBI Reason: TRANSFER		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: RECEIVED
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: TRANSPORT TO OTD		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: Received from ERF
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: Split to 66713798		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: storage
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: Churns out		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: change out
Relinquished Custody: Signature: [Redacted] Printed Name: [Redacted] / FBI Reason: Permanent transfer to DOJ/OTG		Accepted Custody: Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:		NCIC: <input type="checkbox"/>
Signature:		
Date:		

Case ID: 90A-NY-3151227 IB: 19 Barcode: E6516867

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	4/26/21
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason: <i>Received from ERF</i>	10:14am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	10/26/21
Printed Name/Agency:		Printed Name/Agency:	2:29pm
Reason:		Reason: <i>Split from 1B21 E6518213</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <i>[Signature]</i>	5/2/22	Signature: <i>[Signature]</i>	5/2/22
Printed Name/Agency:	11:50am	Printed Name/Agency:	11:18am
Reason: <i>Charge out</i>		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: <i>[Signature]</i>	5/3/22	Signature:	
Printed Name/Agency: <i>FBI</i>	11:16am	Printed Name/Agency:	
Reason: <i>Permanent Transfer to OIG</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	



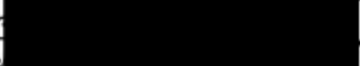
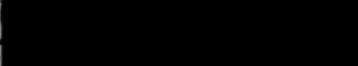


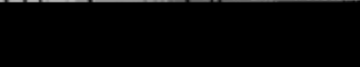


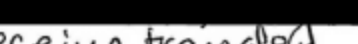



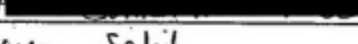
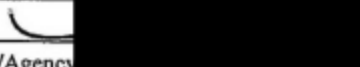
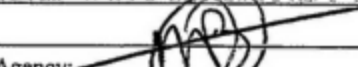


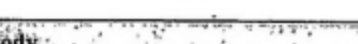


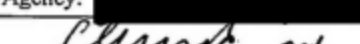
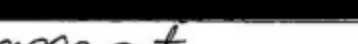
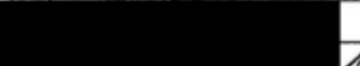
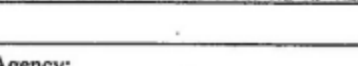



Case ID: 90A-NY-3151227

1B: 59

Barcode: E6944131

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>2</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing In 
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency:  FBI
<input type="checkbox"/> Biohazard		Reason: Initial Collection
<input type="checkbox"/> Other _____		Collected By: <u>Margaret Grand</u>
		Agency: <u>RSI</u>
Date and Time		Date and Time
8/15/19		8/15/19
6:00pm		4:45pm
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name:  / FBI		Printed Name: 
Reason: <u>To transport team</u>		Reason: <u>transport</u>
Date and Time		Date and Time
8/16/19		8/16/19
12:06A		4:20/21
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name: 		Printed Name: 
Reason: <u>Transfer to OTD</u>		Reason: <u>receive transfer</u>
Date and Time		Date and Time
10/14/21		10/14/21
11:30 am		11:30 am
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name: 		Printed Name: 
Reason: <u>Split to EG943445</u>		Reason: <u>From Split</u>
Date and Time		Date and Time
10/26/21		
2:22pm		
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name/Agency: 		Printed Name/Agency: 
Reason: <u>Split to 1B59 EG944131</u>		Reason: 
Date and Time		Date and Time
5/2/22		5/2/22
11:50am		11:50am
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name/Agency: 		Printed Name/Agency: 
Reason: <u>Charge out</u>		Reason: <u>charge out</u>
Date and Time		Date and Time
6/3/22		
11:15am		
Relinquished Custody		Accepted Custody
Signature: 		Signature: 
Printed Name:  FBI		Printed Name/Agency: 
Reason: <u>permanent release to DOJ/BIG</u>		Reason: 
Date and Time		Date and Time
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:		NCIC: <input type="checkbox"/>
Signature:		
Date:		

Case ID: 90A-NY-3151227 IB: 1B21 Barcode: EG516213

This form is incomplete without reference to the FD-1087.

EFTA02728335

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>1</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing In <u>[Redacted]</u>
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: <u>[Redacted] FBI</u>
<input type="checkbox"/> Biohazard		Reason: Initial Collection
<input type="checkbox"/> Other _____		Collected By: <u>MA77 HAMMOND</u>
		Agency: <u>FBI</u>
Date and Time		Date and Time
Relinquished Custody		Accepted Custody
Signature: <u>[Redacted]</u>		Signature: <u>[Redacted]</u>
Printed Name/Agency: <u>[Redacted] FBI</u>		Printed Name/Agency: <u>[Redacted] FBI</u>
Reason: <u>TO CART</u>		Reason: <u>CART</u>
Date and Time: <u>8/12/19 10:00 AM</u>		Date and Time: <u>8/12/19 10:00 AM</u>
Relinquished Custody		Accepted Custody
Signature: <u>[Redacted]</u>		Signature: <u>[Redacted]</u>
Printed Name/Agency: <u>[Redacted] FBI</u>		Printed Name/Agency: <u>[Redacted] FBI</u>
Reason: <u>TO GA</u>		Reason: <u>RECEIVED</u>
Date and Time: <u>8/15/19 10:20 AM</u>		Date and Time: <u>8/15/19 10:20 AM</u>
Relinquished Custody		Accepted Custody
Signature: <u>[Redacted]</u>		Signature: <u>[Redacted]</u>
Printed Name/Agency: <u>[Redacted]</u>		Printed Name/Agency: <u>[Redacted]</u>
Reason: <u>TRANSFER</u>		Reason: <u>Accepted</u>
Date and Time: <u>8/15/19 2:00 PM</u>		Date and Time: <u>8/15/19 2:00 PM</u>
Relinquished Custody		Accepted Custody
Signature: <u>[Redacted]</u>		Signature: <u>[Redacted]</u>
Printed Name/Agency: <u>[Redacted]</u>		Printed Name/Agency: <u>[Redacted]</u>
Reason: <u>TRANSPORT TO ORD</u>		Reason: <u>Received from ERF</u>
Date and Time: <u>8/15/19 3:00 PM</u>		Date and Time: <u>9/25/20 11 am</u>
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____
Date and Time: _____		Date and Time: _____
Relinquished Custody		Accepted Custody
Signature: _____		Signature: _____
Printed Name/Agency: _____		Printed Name/Agency: _____
Reason: _____		Reason: _____
Date and Time: _____		Date and Time: _____

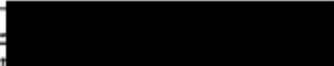
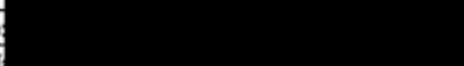
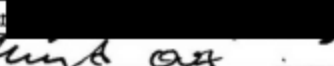


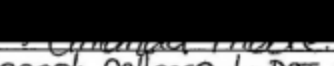
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 1B: 1 Barcode: EG516194

This form is incomplete without reference to the FD-1087.

EFTA02728336

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/2/22	Signature: 	5/2/22
Printed Name/Agency: 		Printed Name/Agency: 	
Reason: <i>change out</i>	11:50am	Reason: <i>change out</i>	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/22	Signature:	
Printed Name/Agency: 		Printed Name/Agency:	
Reason: <i>Permanent release to DSS/BIG</i>	11:15am	Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A - MY - 3151227 IB: 1 Barcode: E 6516194

This form is incomplete without reference to the FD-1087.

EFTA02728337

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Firearms/Other		Item # <u>2</u>
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		
Special Handling Instructions:		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing Individual: [Redacted]
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: [Redacted] FBI
<input type="checkbox"/> Biohazard		Reason: Initial Collection
<input type="checkbox"/> Other _____		Collected By: [Redacted]
		Agency: FBI
Date and Time		Date and Time
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted] FBI
Reason: TO CART		Reason: CART
Date and Time: 8/12/19 10:00 AM		Date and Time: 8/12/19 10:00 AM
Relinquished Custody		Accepted Custody
Signature: [Redacted] FBI		Signature: [Redacted]
Printed Name/Agency: [Redacted] FBI		Printed Name/Agency: [Redacted]
Reason: TO CIA		Reason: RELEASE
Date and Time: 8/15/19 10:20 AM		Date and Time: 8/15/19 10:20 AM
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: TRANSFER		Reason: Accepted
Date and Time: 8/15/19 2:00 PM		Date and Time: 8/15/19 2:00 PM
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: Transfer to OTD		Reason: Received from GPF
Date and Time: 8/15/19 3:00 PM		Date and Time: 8/15/19 11:00 AM
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]
Relinquished Custody		Accepted Custody
Signature: [Redacted]		Signature: [Redacted]
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]
Reason: [Redacted]		Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]

Firearm Certification by (FISWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:		NCIC: <input type="checkbox"/>
Signature:		
Date:		

Case ID:

90A-NY-3151227

IB:

2

Barcode:

66516195

This form is incomplete without reference to the FD-1087.

EFTA02728338

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22	Signature:	5/2/22
Printed Name/Agency:	11:50am	Printed Name/Agency:	11:50am
Reason: <i>charge out</i>		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22	Signature:	
Printed Name/Agency: FBI	11:16am	Printed Name/Agency:	
Reason: <i>permanent transfer to US/BI</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-MY- 3751227 1B: 2 Barcode: E6516195

This form is incomplete without reference to the FD-1087.

[REDACTED] (NY) (FBI)

From: L [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (FBI)
Subject: [REDACTED]

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED

=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

Kristine or Kadie, can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: L [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED

=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====

Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>3</u>
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing In: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI
Date and Time: 8/10/19 4:30pm		
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: TO CART		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: CART
Date and Time: 8/12/19 10:00 AM		Date and Time: 8/12/19 10:00 AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: TO CIA		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: RECEIVED
Date and Time: 8/15/19 10:20 AM		Date and Time: 8/15/19 10:20 AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: TRANSFER		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Accepted
Date and Time: 8/15/19 2:00 PM		Date and Time: 8/15/19 2:00 PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Transfer to OTD		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from GRF
Date and Time: 8/15/19 3:00 PM		Date and Time: 9/25/20 11am
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]		Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Date and Time: [Redacted]		Date and Time: [Redacted]
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input checked="" type="checkbox"/> NCIC: <input type="checkbox"/>

Case ID: 90A-NY-3151227 IB: 3 Barcode: E0516196

This form is incomplete without reference to the FD-1087.

EFTA02728341

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/02	Signature: [Redacted]	5/2/02
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: <i>change out</i>	11:50am	Reason: <i>change out</i>	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/02	Signature:	
Printed Name/Agency: <i>FBI</i>	11:15am	Printed Name/Agency:	
Reason: <i>permanent transfer to DOJ/DIG</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-W-3151227 1B: 3 Barcode: E6516196

This form is incomplete without reference to the FD-1087.

[REDACTED] (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] M. (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

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Classification: UNCLASSIFIED
=====

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Classification: UNCLASSIFIED
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=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>4</u>	
Special Handling Instructions:		Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] <u>FBI</u>	8/10/19
		Printed Name/Agency: [Redacted] <u>FBI</u>	4:30 PM
		Reason: Initial Receipt	
		Collected By: [Redacted]	
		Agency: <u>FBI</u>	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]	8/12/19	Signature: [Redacted]	8/12/19
Printed Name/Agency: [Redacted] <u>FBI</u>	10:00 AM	Printed Name/Agency: [Redacted]	10:00 AM
Reason: <u>TO CART</u>		Reason: <u>CART</u>	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	8/15/19
Printed Name/Agency: [Redacted] <u>FBI</u>	10:20 AM	Printed Name/Agency: [Redacted]	10:20 AM
Reason: <u>TO CIA</u>		Reason: <u>RECEIVED</u>	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	8/15/19
Printed Name/Agency: [Redacted]	2:00 PM	Printed Name/Agency: [Redacted]	2:00 PM
Reason: <u>TRANSFER</u>		Reason: <u>Accepted</u>	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]	8/15/19	Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]	3:00 PM	Printed Name/Agency: [Redacted]	11 AM
Reason: <u>Transfer to OTD</u>		Reason: <u>Received from ERF</u>	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody		Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>	
Printed Name: _____		NCIC: <input type="checkbox"/>	
Signature: _____			
Date: _____			

Case ID:

90A-NY-3151227

IB:

4

Barcode:

E6516197

This form is incomplete without reference to the FD-1087.

EFTA02728344

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50am	Signature: [Redacted]	5/2/22 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Change out		Reason: Change out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:15am	Signature: [Redacted]	
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DTS/OTG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-MY-3151227 IB: 4 Barcode: E6516197

This form is incomplete without reference to the FD-1087.

[REDACTED] (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>5</u>	
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing In: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	Date and Time 8/10/19 4:30 pm
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: TO CART	Date and Time 8/12/19 10:00 AM	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: CART	Date and Time 8/12/19 10:00 AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: TO CIA	Date and Time 8/15/19 10:20 AM	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: RECEIVED	Date and Time 8/15/19 10:20 AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: TRANSFER	Date and Time 8/15/19 2:00 PM	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Accepted	Date and Time 8/15/19 2:00 PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Transfer to OTD	Date and Time 8/16/19 3:00 PM	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from GRF	Date and Time 9/25/20 11 AM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	Date and Time [Redacted]	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	Date and Time [Redacted]
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	Date and Time [Redacted]	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]	Date and Time [Redacted]

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
--	--	--

Case ID:

90A-NY-3151227

IB:

5

Barcode:

E6516198

This form is incomplete without reference to the FD-1087.

EFTA02728347

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/25/20 1101	Signature: [Redacted]	9/25/20 1102
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: Sp. 4 to E6713794		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22 11:50a	Signature: [Redacted]	5/2/22 11:50am
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22 11:16am	Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: permanent transfer to DCS/BIG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 5 Barcode: E6516798

This form is incomplete without reference to the FD-1087.

EFTA02728348

[REDACTED] (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>; [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>6</u>	
Special Handling Instructions:		Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> PGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] Printed Name/Agency: <u>FBI</u> Reason: Initial Collected By: [Redacted] Agency: <u>FBI</u>	<u>8/10/19</u> <u>4:30pm</u>
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted] Printed Name: [Redacted] / <u>FBI</u> Reason: <u>TO CART</u>	<u>8/12/19</u> <u>10:00 AM</u>	Signature: [Redacted] Printed Name: [Redacted] / <u>FBI</u> Reason: <u>CH19</u>	<u>8/12/19</u> <u>10:00 AM</u>
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted] Printed Name: [Redacted] / <u>FBI</u> Reason: <u>TO CIA</u>	<u>8/15/19</u> <u>10:20 AM</u>	Signature: [Redacted] Printed Name: [Redacted] Reason: <u>RECEIVED</u>	<u>8/15/19</u> <u>10:20 AM</u>
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted] Printed Name: [Redacted] Reason: <u>TRANSFER</u>	<u>8/15/19</u> <u>2:00 PM</u>	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: <u>Accepted</u>	<u>8/15/19</u> <u>2:00 PM</u>
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: <u>Transfer to OTD</u>	<u>8/15/19</u> <u>3:00 PM</u>	Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Received from CRF</u>	<u>8/15/20</u> <u>11am</u>
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: _____	_____	Signature: _____ Printed Name/Agency: _____ Reason: _____	_____
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: _____	_____	Signature: _____ Printed Name/Agency: _____ Reason: _____	_____

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:		NCIC: <input type="checkbox"/>
Signature:		
Date:		

Case ID:

90A-NY-3151227

IB:

6

Barcode:

E6516199

This form is incomplete without reference to the FD-1087.

EFTA02728350

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/02	Signature: [Redacted]	5/5/02
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]	11:50am	Reason: charge out	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/02	Signature:	
Printed Name/Agency: [Redacted]	11:16am	Printed Name/Agency:	
Reason: permanent transfer to DVS/ORG		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-M-3151227 IB: 6 Barcode: E6516199

This form is incomplete without reference to the FD-1087.

EFTA02728351

[REDACTED] L. (NY) (FBI)

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 1:35 PM
To: [REDACTED] (NY) (FBI)
Subject: RE: --- UNCLASSIFIED

SentinelCaseId: 90A-NY-3151227
SentToSentinel: 10/14/2020 5:35:00 PM

Classification: UNCLASSIFIED
=====

Sent for Approval for RECORD//Sentinel Case 90A-NY-3151227

From: [REDACTED] (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov>
Subject: FW: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

[REDACTED] or [REDACTED] can one of you upload this e-mail to the case file?

From: [REDACTED] L. (NY) (FBI)
Sent: Wednesday, October 14, 2020 10:24 AM
To: [REDACTED] (NY) (FBI) <[REDACTED]@fbi.sgov.gov> [REDACTED] (NY) (FBI)
[REDACTED]@fbi.sgov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED
=====

This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished Custody to CART, therefore a continuation chain of custody will be started for the following 1B Numbers listed.

=====
Classification: UNCLASSIFIED
=====

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Classification: UNCLASSIFIED
=====

=====
Classification: UNCLASSIFIED
=====

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # _____	
Special Handling Instructions: <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing: [Redacted] Printed Name/Agency: [Redacted] Reason: Initial Call Collected By: [Redacted] Agency: <u>FBI</u>	
Date and Time: <u>8/21/19</u> Signature: [Redacted] Printed Name: [Redacted] Reason: <u>TO EVIDENCE</u>		Date and Time: <u>8/21/19</u> Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Charge In Storage</u>	
Relinquished Custody Date and Time: <u>5/2/22</u> Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Charge out</u>		Accepted Custody Date and Time: <u>5/2/22</u> Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Charge out</u>	
Relinquished Custody Date and Time: <u>5/3/22</u> Signature: [Redacted] Printed Name: [Redacted] Reason: <u>permanent transfer to NY/bic</u>		Accepted Custody Date and Time: <u>5/3/22</u> Signature: [Redacted] Printed Name/Agency: [Redacted] Reason:	
Relinquished Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____	
Relinquished Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____	
Relinquished Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____		ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
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Case ID: 90A-NY-3151227 IB: 43 Barcode: E 6515258

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type:	<input type="checkbox"/> General	<input type="checkbox"/> Drugs	<input type="checkbox"/> Firearms/Weapon	Item #
	<input checked="" type="checkbox"/> Digital	<input type="checkbox"/> Valuables	<input type="checkbox"/> Firearms/Other	NY 1025654

Special Handling Instructions	Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____	Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Initial Collection Collected By: Victoria Tenpenny Agency: FBI	8/8/19 5:00PM

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	9/3/19	Signature: [Redacted]	9/3/19
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: Submit to ECU	2:40PM	Reason: [Redacted]	2:40PM

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	12/6/19	Signature: [Redacted]	12/6/19
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: C/O to SA	1025	Reason: [Redacted]	1010

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	12/6/19	Signature: [Redacted]	12/6/19
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: handed to Cart	1004	Reason: CART	10:24 AM

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	12/11/19	Signature: [Redacted]	12/11/19
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: TO EVIDENCE	10:00AM	Reason: [Redacted]	10:00AM

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: Charge Out	11:50am	Reason: charge out	11:50am

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name/Agency: [Redacted] / FBI		Printed Name/Agency: [Redacted] / FBI	
Reason: permanent transfer to OSI/OTG	11:00am	Reason: [Redacted]	

Firearm Certification by (FISWAT) / Explosive Material Certification by (SABT):	ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:	NCIC: <input type="checkbox"/>
Signature:	
Date:	

Case ID: 90A-NY-3151227 1B: 45 Barcode: E6516399

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: Split from E6516128	1202
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: Storage	1202
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted]	11:50a	Printed Name/Agency: [Redacted]	11:30am
Reason: Charge out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name/Agency: [Redacted]	11:13am	Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-MY-3151227 1B: 47 Barcode: E6713794

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Split from 66S16223	1202
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Storage	1202
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/4/22	Signature: [Redacted]	06/23/22
Printed Name: [Redacted]	11:50am	Printed Name: [Redacted]	11/20/20
Reason: Charge Out		Reason: Charge Out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name: [Redacted]	11:16am	Printed Name/Agency: [Redacted]	
Reason: Permanent transfer to NY/DIG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-MY 315 1227 IB: 98 Barcode: E6713793

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Split from 'E 6516221'	1101
Relinquished	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Storage	1102
Relinquished	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name: [Redacted]	11:50am	Printed Name: [Redacted]	11:50am
Reason: Charge Out		Reason: Charge Out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name: [Redacted]	11:50am	Printed Name/Agency: [Redacted]	
Reason: permanent transfer to OSI/OTG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID:

90A-M-325227

IB:

49

Barcode:

E6223795

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Spl. + Rom E65162.06	1101
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name: [Redacted]	
Reason: [Redacted]		Reason: Storage	1102
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	0/2/20
Printed Name: [Redacted]	11:50am	Printed Name: [Redacted]	11:50am
Reason: Charge out		Reason: charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name: [Redacted]	11:16am	Printed Name/Agency: [Redacted]	
Reason: permanent transfer to Dishes		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90A-M-3151227 IB: 50 Barcode: E6713796

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	1102
Reason: [Redacted]		Reason: Split from E6516207	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	9/25/20
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	1102
Reason: [Redacted]		Reason: Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted]	11:50am	Printed Name/Agency: [Redacted]	11:50am
Reason: Charge Out		Reason: Charge Out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name/Agency: [Redacted]	11:15am	Printed Name/Agency: [Redacted]	
Reason: Permanent transfer to DSS/OSG		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID: 90C-MY-3151227 IB: 51 Barcode: E6773797

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody		Accepted Custody	Date and Time
Signature:		Signature:	9/25/20
Printed Name/Agency:		Printed Name/Agency:	1101
Reason:		Reason: split from E6516227	
Relinquished Custody		Accepted Custody	Date and Time
Signature:		Signature:	9/25/20
Printed Name/Agency:		Printed Name/Agency:	1102
Reason:		Reason: storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	9/2/22	Signature:	5/2/22
Printed Name/Agency:	11:50am	Printed Name/Agency:	11:50am
Reason: Charge Out		Reason: charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22	Signature:	
Printed Name/Agency:	11:15am	Printed Name/Agency:	
Reason: permanent transfer to NY/DIA		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-M-3151227 IB: 52 Barcode: E6773798

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables		Item # _____	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: [Redacted] Agency: <u>FBI</u>	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: [Redacted] Printed Name: [Redacted] / <u>FBI</u> Reason: <u>CHANGE IN</u>		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Storage</u>	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Charge Out</u>		Accepted Custody: Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Charge Out</u>	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: [Redacted] Printed Name: [Redacted] Reason: <u>Permanent transfer to 151/102</u>		Accepted Custody: Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody: Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody: Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	
Relinquished: [Redacted] Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody: Signature: _____ Printed Name/Agency: _____ Reason: _____	
Date and Time		Date and Time	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):		ATF Trace Form Completed: <input type="checkbox"/>
Printed Name: _____		NCIC: <input type="checkbox"/>
Signature: _____		
Date: _____		

Case ID: 90A-NY-3151227 1B: 53 Barcode: E6944310

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name:	8/21/21
Reason:		Reason: Split from (1B19) E	4:24P
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22	Signature:	5/2/22
Printed Name:	11:50am	Printed Name:	11:50am
Reason: Charge Out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/13/22	Signature:	
Printed Name:	11:15am	Printed Name/Agency:	
Reason: Permanent transfer to USS/SIG		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-ny-3151227 1B: 54 Barcode: E6871400

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason:	

Case ID:

90A-ny-3151227

1B:

55

Barcode:

E0871405

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	8/2/21 440P
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: <u>SPLIT FROM (1820)UE</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	5/2/22 11:50am	Signature: _____	5/2/22 11:50am
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: <u>Charge out</u>		Reason: <u>charge out</u>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	5/3/22 11:19am	Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: <u>permanent transfer to DOJ/DOG</u>		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____		Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: _____		Reason: _____	

Case ID: 90A-ny-3151227 1B: SC Barcode: E6871404

This form is incomplete without reference to the FD-1087.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	4/26/21
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	10:14am
Reason: [Redacted]		Reason: Received from FBI	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	10/26/21
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	2:22pm
Reason: [Redacted]		Reason: Split from 1B20 E656212	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted]	11:50am	Printed Name/Agency: [Redacted]	11:50am
Reason: Charge out		Reason: charge-out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name/Agency: [Redacted]	11:10am	Printed Name/Agency: [Redacted]	
Reason: Permanent transfer to DOJ/AJ		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Case ID:

90A-NY-3151227

1B:

58

Barcode:

E 6944132

This form is incomplete without reference to the FD-1087.

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon		Item # _____	
<input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			
Special Handling Instructions:		Initial Receipt	Date and Time
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] FBI Reason: Initial Collection Collected By: [Redacted] Agency: FBI	8/21/19 4:00pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	8/22/19	Signature: [Redacted]	8/22/19
Printed Name/Agency: [Redacted] FBI	12:10pm	Printed Name/Agency: [Redacted]	1220
Reason: TO EVIDENCE		Reason: Charged In Storage	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/2/22	Signature: [Redacted]	5/2/22
Printed Name/Agency: [Redacted]	11:50am	Printed Name/Agency: [Redacted]	11:00am
Reason: Charge Out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]	5/3/22	Signature: [Redacted]	
Printed Name/Agency: [Redacted] FBI	11:19am	Printed Name/Agency: [Redacted]	
Reason: Permanent transfer to DOJ/BIC		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [Redacted]		Signature: [Redacted]	
Printed Name/Agency: [Redacted]		Printed Name/Agency: [Redacted]	
Reason: [Redacted]		Reason: [Redacted]	

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):

Printed Name:

Signature:

Date:

ATF Trace Form Completed: ☐NCIC: ☐

Case ID: 90A-NY-3151227

IB: 42

Barcode: E6515259

This form is incomplete without reference to the FD-1087.

EFTA02728366

File Number 90A-NY-3151227
Field Office Acquiring Evidence NYO
Serial # of Originating Document 203
Date Received _____
From _____
(Name of Contributor/Interviewee)

(Address)

By 

To Be Returned ☐ Yes ☐ No
Receipt Given ☐ Yes ☐ No
Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure
☐ Yes ☐ No
Federal Taxpayer Information (FTI)
☐ Yes ☐ No

Title:

Reference: 202
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

package copies for 1B37 + 1B38 and
BP-40971

1A98

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

E6516236

Evidence Type: <input checked="" type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		Item # <u>1</u>	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: _____ Printed Name/Agency: _____/FBI Reason: Initial Collection Collected By: _____ Agency: FBI	Date and Time 8/10/19 3:40pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____/FBI Reason: TO NYPD	Date and Time 8/12/19 10:30AM	Accepted Custody Signature: _____ Printed Name: _____ Reason: TO OCME	Date and Time 8/12/19 10:30AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: TO OCME	Date and Time 8/12/19 11:56AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____	ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
--	--

Case ID: 90A-NY-3151227

IB: 37

Barcode: E6516236

This form is incomplete without reference to the FD-1087.

EFTA02728368

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

E6516237

Evidence Type: <input checked="" type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon		Item # <u>2</u>
<input type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other		
Special Handling Instructions		Initial Receipt
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ		Signature of Seizing Inc. [Redacted]
<input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate		Printed Name/Agency: [Redacted] / FBI
<input type="checkbox"/> Biohazard		Reason: Initial Collection
<input type="checkbox"/> Other _____		Collected By: [Redacted]
		Agency: FBI
Date and Time		8/10/19
4:26pm		
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/12/19	Signature: [Redacted]
Printed Name: [Redacted] FBI	10:30AM	Printed Name/Agency: [Redacted]
Reason: TO NYPD		Reason: TO OCME
Relinquished Custody	Date and Time	Accepted Custody
Signature: [Redacted]	8/12/19	Signature:
Printed Name/Agency: [Redacted]	11:56AM	Printed Name/Agency:
Reason: TO OCME		Reason:
Relinquished Custody	Date and Time	Accepted Custody
Signature:		Signature:
Printed Name/Agency:		Printed Name/Agency:
Reason:		Reason:
Relinquished Custody	Date and Time	Accepted Custody
Signature:		Signature:
Printed Name/Agency:		Printed Name/Agency:
Reason:		Reason:
Relinquished Custody	Date and Time	Accepted Custody
Signature:		Signature:
Printed Name/Agency:		Printed Name/Agency:
Reason:		Reason:
Relinquished Custody	Date and Time	Accepted Custody
Signature:		Signature:
Printed Name/Agency:		Printed Name/Agency:
Reason:		Reason:
Relinquished Custody	Date and Time	Accepted Custody
Signature:		Signature:
Printed Name/Agency:		Printed Name/Agency:
Reason:		Reason:

Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT):	ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:	NCIC: <input type="checkbox"/>
Signature:	
Date:	

Case ID: 90A-NY-3151227

1B: 38

Barcode: E6516237

This form is incomplete without reference to the FD-1087.

EFTA02728369

BP-A0971

CHAIN OF CUSTODY LOG CDFRM

AUG 11

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # NVM-19-0174

(Enclose with/attach to evidence)

ITEM # NVM-19-00183 7

CASE ID NUMBER:

SUSPECT (If known) Jeffrey Epstein #

DESCRIPTION OF ITEM:

(1) torn sheet miscellaneous paperwork, MP3 Player
Clothing released from Hospital (one bag Plastic)

DATE/TIME ITEM FOUND:

8/10/19 @ 3:11 PM

LOCATION:

Special Housing Unit L-Tier Cell #220

X SIGNATURE OF

X PRINTED NAME:

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

☐ Hold as evidence☐ Return to owner☐ Lab Analysis☐ Return to finder☐ Destroy immediately☐ FBI☐ Other

REMARKS (condition of evidence):

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
<u>SIS L.T.T.</u>	<u>8/10/19 3:40 AM</u>	<u>FBI</u>	<u>[REDACTED]</u>

PDF

Prescribed by P5510

EFTA02728370

BP-A0971

AUG 11

U.S. DEPARTMENT OF JUSTICE

CHAIN OF CUSTODY LOG CDFRM

FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # NYM-19-00182

CASE ID NUMBER: _____ SUSPECT (If known) Jeffrey, Epstein#76318-154

DESCRIPTION OF ITEM: Clothing Epstein was transported to outside hospital with.

DATE/TIME ITEM FOUND: August 10, 2019 2 10:15 AM

LOCATION: New York Presbyterian Hospital

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

() Hold as evidence () Return to owner () Lab Analysis

() Return to finder () Destroy immediately () FBI

() Other

REMARKS (condition of evidence):

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
Derrick Mebane	8/10/19 10:32AM	SIS Office	SIS Lt. T. Doctor
SIS Lt. [REDACTED]	8/10/19 4:26PM	FBI Office	Special Agent [REDACTED]

PDF

Prescribed by P5510

EFTA02728371

C C-19 C

90A-NY-3151227

N40

206

6-25-24

01-15-20

(Address)

By

БСМ.

☐ **No**☐ No☐ Yes☐ **No**☐ Yes☐ **No**

Reference:

(Communication Enclosing Material)

☐

Chain of custody of 1B60

Destruction Date - 6-25-24

~~2A721~~ 1A100

UNCLASSIFIED



FEDERAL BUREAU OF INVESTIGATION
Electronic Communication

Title: (U) UNSUB(S); JEFFREY EPSTEIN - VICTIM;
DEATH INVESTIGATION

Date: 06/25/2024

CC: [REDACTED]

From: NEW YORK

Contact: [REDACTED], [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED] J

206

Case ID #: 90A-NY-3151227

(U) UNSUB(S);
JEFFREY EPSTEIN - VICTIM;
DEATH INVESTIGATION

Synopsis: (U) Authorization to destroy evidence

Details:

Authorization granted to destroy Item 1B60 as this exhibit is no longer pertinent to the above-captioned case.

♦♦

UNCLASSIFIED

EFTA02728373

90A-NY-3151227 - 1B60

PACKAGE COPY

Evidence Item: 90A-NY-3151227 - 1B60
Evidence Type: Digital
Description: (U) (1) Red rope containing: Two (2) Ultrium LTO6 tapes containing the archive of MCC video images and work product under CART Submission ID 112048. Master Copy.
Location: E03707388 - ECR8, BRONX WAREHOUSE
E7303053 - ECR8, VS60
E7303054 - ECR8, VS60, D
Barcode: E8382027

Digital Information ^

Type:	Magnetic Tape	Batteries Charged:	No
Designation:	Master Copy	Number Collected:	2
		Collected by CART:	Yes

Details ^

Collected On:	05/29/2024 03:15 PM EDT	FBI Seizure #:	None
		Abandonment #:	None
CATS ID #:	None		
CATS Abandonment #:	None		

Storage Location

Holding Office: NY - NEW YORK
Finalized By: HOLCHIN, AURAY
Last Inventory: None

Discovery Location

Area: None
Specific: None
Seizing Individual: GONZALEZ, PETER D.
Collected By:

Retention

Retention: No

Legal Caveats

None

Chain of Custody v

FD-1004
10/13/2023

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms Weapon <input type="checkbox"/> Valuables <input type="checkbox"/> Ammunition		Item # _____	
Special Handling Instructions <input type="checkbox"/> HAZMAT <input type="checkbox"/> Latents <input type="checkbox"/> FGJ <input type="checkbox"/> Req. Charging <input type="checkbox"/> Freeze <input type="checkbox"/> Refrigerate <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____		Initial Receipt Signature of Seizing Individual: [Redacted] Printed Name/Agency: [Redacted] Reason: Initial Collection Collected By: [Redacted] Agency: FBI	Date and Time 5/29/24 3:15 PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: CHARGE IN	Date and Time 5/31/24 1:55 PM	Accepted Custody Signature: [Redacted] Printed Name/Agency: [Redacted] / FBI Reason: Charged in	Date and Time 5/31/24 1:55 PM
Relinquished Custody Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Ret'd to CARTER reuse	Date and Time 6/25/24 1:50 PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: ser #206	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time

Firearm Certification by (FI/SWAT) / Explosive Device Certification by (SABT):	ATF Trace Form Completed: <input type="checkbox"/>
Printed Name:	NCIC: <input type="checkbox"/>
Signature:	Explosive device safe for ECR storage: <input type="checkbox"/>
Date:	

Case ID: 90A-NY-3151227 IB: 60 Barcode: E8382027

This form is incomplete without reference to the FD-1087.

EFTA02728375