

U.S. Department of Justice

**Federal Bureau
of
Investigation**

Classification No. 90AFile No. W4-3151227
1A Supp.Bureau File Number C19Volume Number 4

Serials _____

**Field Office Criminal Investigative
and Administrative Files**

FOIPA NCIC
 DO NOT DESTROY OCIS
 ELSUR Suicidal
 Escape Risk Other _____
 Financial Privacy Act

See also Nos. _____

J. Epstein : NOVA 220
Manhattan Correctional AUG 20 19 PM 3L
NYC NY 10007



TURN TO SENDER
Inmate

- INMATE NAME AND REGISTER NUMBER ARE REQUIRED TO PROPERLY IDENTIFY RECIPIENT
- UNAUTHORIZED INMATE TO INMATE CORRESPONDENCE. NO APPROVAL ON FILE.
- UNAUTHORIZED PACKAGE ITEMS WEIGHING IN EXCESS OF REQUIRE AUTHORIZATION.
- NO LONGER AT THIS ADDRESS.

86 ANK ANK
85756-970600

85756

EFTA02728186

BP-A0971

CHAIN OF CUSTODY LOG CDFRM

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 owner
 Return to finder Destroy immediately
 Other

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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EFTA02728188

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, nubile

SERIAL 147

EFTA02728190

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

File Number 90A-04-3151229Field Office Acquiring Evidence NYSerial # of Originating Document 119Date Received 9-11-2019From _____
(Name of Contributor/Interviewee)

(Address)

(City and State)

By _____

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 NoTitle: Unsub(s);
Jeffrey Epstein - victim;
Death InvestigationReference: _____
(Communication Enclosing Material)Description: Original notes re interview ofNotes from [REDACTED] interview, Copy of MCC
Count Slip, Copy of MCC 30 minute band
Sheet

1A55

1

Metropolitan Correctional Center
Official Count Slip

Unit: STV Date: 8/9/2019
Count: 86 Time: 1000pm

Print Name: 
Signature: 
Print Name: 
Signature: 

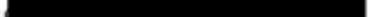
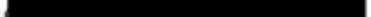
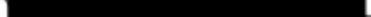
Metropolitan Correctional Center
New York, New York
Official Count Slip

95 + 1 Date: 8/9/2019
Unit: h2D Count: 1 Time: 10:00pm

1. Print Name: 
1. Signature: 
2. Print Name: 
2. Signature: 

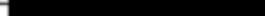
Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-9-19
Count: 52 + 1 Time: 10pm

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

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

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

CS Date: 8-9-19
Unit: CS Count: 78 Time: 10:00pm

Print Name: 
Signature: 
Print Name: 
Signature: 

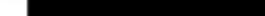
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 Time: 10:00pm

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: 10pm

Print Name: 
Signature: 
Print Name: 
Signature: 

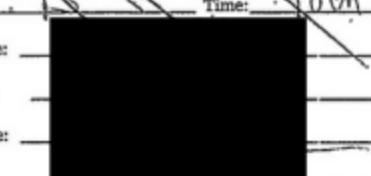
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
Count: 78 Time: 1000pm

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-09-19
Count: 72 Time: 10pm

Print Name: 
Signature: 
Print Name: 
Signature: 

EFTA02728193



MCC NEW YORK
SPECIAL HOUSING UNIT

MCC NEW YORK
SPECIAL HOUSING UNIT
30 MINUTE CHECK SHEET



MCC NEW YORK
SPECIAL HOUSING UNIT

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	930	941		5:30-6:00 PM	531	532	
2:00-2:30 AM	201	202		10:00-10:30 AM	101	102		6:00-6:30 PM	601	602	
2:30-3:00 AM	235	236		10:30-11:00 AM	106	107		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	08	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	207		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

Attorneys
RDR
RDR
100
12/4/89

1:10pm

Standard Offer Agreement

To Lien of GJ Subpoena

Former Employment

→ 100 HD July

RDR
2016 to
specific time

Working
total
Gmail

1400 "IF" Classroom
Training (Powerpoint)

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

New Material Handler (1 month ago)

Ordering
Commissary
Warehouse

40+ OT in last year

Aug - Nov → 8a-4p → Aug 5 → Material Handler

before Aug → 4p-12a (11 South)

+ wanted promotion
Sat + Sun
100

Thurs + Fri 800

OT → 115 mandated OT 3-4 times a week

Could opt written up if refused

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

SHU → didn't have as a post during a quarter but
has worked those a handful of times

New went to SHU training → AH (would have info about SHU)
Possibly 2 Xs went to AH

Post Orders for SHU → doesn't recall if reviewed

has read Post Orders but not sure if SHU specifically
maybe 10% worked in SHU

Inst. Counts \rightarrow aware. Needs to be done

+ ^{an important part of policy}

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

Sat+Sun 10am

Count w/

Officers \rightarrow 1 goes + counts then ^{1st} other goes
& counts \rightarrow compare #s

do all Tiers

Call in # if agree on #

Count slips \rightarrow both ^{officers} sign

Same in STU as Gen Housing Units

Count slips (Door 2) \rightarrow lower level near laundry room

30 min rounds \rightarrow not enforced as much until around

El Chapo was there + some officers got ^{in trouble for not doing rounds} (20pm 2017)

10:

2016 \rightarrow 30 min rds \rightarrow under 10Xs in STU ^{worked}

\rightarrow not as enforced for every 30 min. \rightarrow ^{just} 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 \rightarrow ^{app} 2017/2018

was told to write down when did rounds

didn't fill in something didn't do \rightarrow

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

\rightarrow Why? ^{issue w/ inmate suicide prevention}

we have to be consistent w/ 30 min
 \rightarrow need to have consistent
for consistent law

dealt w/ inmate
wants of
can't afford

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
↳ ^{like} ~~zombie-like~~ exhausted

↳ would cut corners → writing did round and didn't
~~30 min~~ rounds would vary on different days
sometimes more than others

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

12a-8a 115 Vol OT 8a-10a 10pm
8a-10a SHU 12a-8a into 9th
4p-10a OT 12a-8a into 9th
normal shift
did 10am count (doesn't remember who) worked regular shift
called and asked if could work SHU → 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 cells left + they were put in SHU 1:30pm
last of tier to tier
Noel were on shift 4p-10a shift

→ after this → started crashing → feet started to hurt →
really tired

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

didn't see Epstein in shower area

Epstein didn't say anything when fed → 15-20 min after put in cell (cell 7th floor, cell 1, approx. 8pm)

seemed "normal"

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

food tray → black tray → different b/c. Jewish
common fare

doesn't know if tray was removed

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

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

Didn't know should have one, since tried to

was told cellmate had gone home → thinks from other inmates while working commissary

pretty sure Control Center → middle of day → cellmate was taken off count b/c not coming back

→ thinks this happened but didn't talk to Control himself

so knew by 4pm, cellmate was gone.

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 across very
to Noel
signified
very
very fine

Showed
#1

Count slip for 8-9-19

said it was his signature

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

Need 2 to do the count \Rightarrow so, Noel can't do by himself
so \Rightarrow 10pm not done

Not sure what "73+1" was or where it came from
probably did a good amount of rounds but don't remember ~~remember~~

[REDACTED] left @ 10pm

Need 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 5th officer

Fish \rightarrow fed Epstein \rightarrow
can't recall phone call

Op-12a \rightarrow don't remember really what happened or
what he did \Rightarrow just remember Thomas came in
a relieved him

Novel → he called her "they are friends" ^{after incident found out Epstein was dead} (co-workers)

↳ called back said OK but scared to talk over phone
↳ around 8/10 around 4pm

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 all night.

wanted overall problem re: counts + rounds
tired → OT → no sleep

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

File Number AOA-NY-3151227
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 

To Be Returned Yes No
Receipt Given Yes No

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

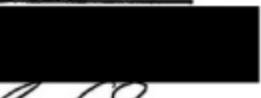
Yes No

Federal Taxpayer Information (FTI)
 Yes No

Title:

Reference: _____
(Communication Enclosing Material)

Description: Original notes re interview of

PACKAGE COPY FOR BLM: EVIDENCE AIDS RECOVERED
TO SHANNON FARRELL ON 8/28/19 BY SA 
CC-19  8/29/19, SCL-68.

1A57

Evidence Details

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

Case: 90A-NY-3151227

Item: 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
[REDACTED] Newark, New Jersey,

Receipt Given: No

Holding Office: NEW YORK

Evidence Log: 90A-NY-3151227
Serial 57

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: 08/12/2019

Reference Documents: 90A-NY-3151227 Serial 56

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

FBI NY 90A-NY-3151227 **CART** NYC025647 **Original Evidence**
08/26/19 Init: [REDACTED]

New York CART Lab

NYC025647

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

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 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 No
this information?

Routing

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

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

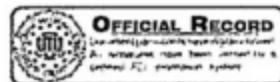
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other Item # _____			
Special Handling Instructions		Initial Receipt Signature of Seizing Individual: [REDACTED] Printed Name/Agency: [REDACTED] /FBI Reason: Initial Collection Collected By: SA [REDACTED] Agency: FBI	
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: TRANSFER TO CHP		Date and Time: 2:45 8/26/19	Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: CHP
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: RETURN		Date and Time: 8/27/19 3:00pm	Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: Accept cust
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: TRANSFER CUSTODY		Date and Time: 8/27/19 3:45PM	Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: Custody
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: return to owner		Date and Time: 8/28/19 12:32PM	Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]		Date and Time	Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]			Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [REDACTED]			Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: [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 1B: 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

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-3151227

On (date) 8/28/2019, 1232 hrs

item(s) listed below were:

Collected/Seized
 Received From
 Returned To
 Released To

(Name) Shannon Farrar

(Street Address) ██████████ Suite 305

(City) Newark NJ

Description of Item(s): (1) Apple iPhone XS, IMEI #357208091738649

Received By:

Shannon Farrar
(Signature)

Received From:

██████████

Printed Name/Title:

Shannon Farrar

Printed Name/Title:

██████████ Special Agent

File Number: 90A-NY-3151227

Field Office Acquiring Evidence NYD

Serial # of Originating Document 126

Date Received 8/30/19

From _____ **Contributor/Interviewee** _____

(Contributor/Interviewee)

(Address)

(City and State)

By SA

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

Federal Taxpayer Information (FTI)

Yes No

Title:

Reference: _____
(Communication Enclosing Material)

Description: Original notes re interview of

BOP

1A58

8/30/19

USAO SDNY

Interview

DOB -

POB

- residence

Started for BOP -

Off +
came back

other

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.

A [redacted] watch Lt. puts final signature
+ then routes to Captain →

Signs + put in logbook

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

- would check to make sure rounds

done

6 A-2 pm- as SHU Lt.
no PM SHU Lt. @ MCC, other
institutions have it

BOP- annual refresher training
last one @ 2nd 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., mig visits SHU approx. once a day/ learned
- learned of Epstein once in MCC, heard about first suicide attempt but wasn't working then, he was on suicide watch + then brought back upstairs, cellmate (Rawles) was placed w/ him [REDACTED] 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 bunky (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

[REDACTED] 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 COs, females mostly use 10th b/c more private/ comfortable
- if do rand you pick up phone, and control lets you in / same as bathroom

File Number 900-04-3151227Field Office Acquiring Evidence DCISerial # of Originating Document 143Date Received 9-30-2019From [REDACTED]

(Name of Communicator/interviewee)

(Address)

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 NoTitle: Unsub(s);
Jeffrey Epstein - Victim;
Death InvestigationReferences [REDACTED]
(Communication Enclosing Material)Description: Original notes re interview ofNotes from [REDACTED] second Interview

1A62

started
10:26am ended
10:47am

9-30-18

standard [REDACTED] [REDACTED]
Proper agreement

Normal shift until 4pm

8-4 shift

recieving orders

cart to 2nd fl.

about Commissary → bring up to 2nd fl. to Commissary
+ they distribute

workers to SHU

[REDACTED] did Commissary in SHU that night →
distributed [REDACTED] [REDACTED] to Commissary

During 8-4 shift [REDACTED] [REDACTED] do in SHU

20 min. → started to during 8-4 shift

20 min. → up to cell to cell

11a' [REDACTED] [REDACTED] 8a' up
asked to work. SHU [REDACTED] 8a' up

app 4:16p to SHU

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

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

4p-12a → ul Abel

did the feeding [REDACTED] after the count cleared [REDACTED] 8pm
from [REDACTED] the count cleared [REDACTED] 8pm
that could have been [REDACTED] 4:16pm

~~Commissioner~~ picks up trays after the feed
~~Commissioner~~ did Commissary after the feed \rightarrow
either during the pickup of trays
or after

inmates get in order 1-2 days prior to delivery

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

inmates threatening to commit suicide →
he told 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 ^{of time} delivering food to Epstein

Don't recall if went back to L-Tier, after fed Epstein, rest of shift was mostly sitting @ desk so have seen if went to L-Tier left b/t 9:55/10pm

doesn't know if [REDACTED] went up to L-Tier
before left [REDACTED] ~~or appeared~~

~~better left~~ ^{organ needed} May have waved up to Epstein
~~don't remember~~ going up to Epstein's cell/L-Ts

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 SHU b/c works there.

Doesn't remember if anyone walked up to Tiers around 9:30pm that night.

Walk up by themselves to Tiers → inmate shouting or asking questions

[REDACTED] all 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

IA70

File Number 90A-NY-3161227Field Office Acquiring Evidence DOJSerial # of Originating Document 159Date Received Dec 19, 2019From _____
(Name of Contributor/Interviewee)New York, NY (Address)

By _____

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 NoTitle: Unsub(s);
Jeffrey Epstein - Victim;
Death InvestigationReference: _____
(Communication Enclosing Material)Description: Original notes re interview of
USMS Paperwork and Copy of Arrest
Warrants

IA70

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

Issuing officer's signature

City and state: New York, NY

Hon. Sarah Netburn, LSSMJ

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

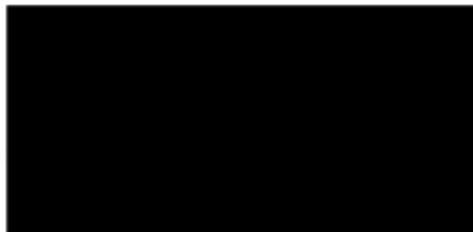
YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) TOVA NOEL

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

*Issuing officer's signature*Date: 11/19/2019City and state: New York, NYHon. 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*

**U.S. Department of Justice
United States Marshals Service**

Personal History of Defendant

Taken into Federal custody by the following:

<input checked="" type="checkbox"/> Street Arrest (not from a correctional/detention facility)	<input type="checkbox"/> Writ Used (Must provide copy of writ)
<input type="checkbox"/> Custodial Arrest (from a correctional/detention facility)	<input type="checkbox"/> Prior Federal Arrest or Safekeeper - Register #: _____ - _____
	<input type="checkbox"/> Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

Last Name: THOMAS		First Name: MICHAEL		Middle Name:	
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: [REDACTED]	
FBI #: [REDACTED]		State ID #: [REDACTED]		Alien #: [REDACTED]	
Resident Address/City/State/ZIP: [REDACTED]					

Resident Address/City/State/ZIP: [REDACTED]

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 #: 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 De-

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 (<i>Describe below</i>)
<input type="checkbox"/> Threat to witness (<i>Describe below</i>)	<input type="checkbox"/> CI (<i>Describe below</i>)	<input type="checkbox"/> Other (<i>Describe below</i>)

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 (<i>Select from dropdown menu or type below</i>)	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

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*

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED] Date: 11/19/2019

Reviewed By:

Badge #: [REDACTED] Date: [REDACTED]

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

CELLBLOCK	
INMATE NAME: MICHAEL THOMAS	MDC BROOKLYN
INMATE SIGNATURE:	

	11/19/2019
--	------------

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, as evidence of the receipt of the prisoner's property. It 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)

7. Social Security No.

8. Medical Insurance Information

A) Insurance Company Name

B) Policy Number

C) Medicare /Medicaid Coverage?

 Yes 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

Form USM-552
 Est. 6/98

EFTA02728227

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

RECEIVING AGENCY: NYFBINY00 U.S. CITIZEN: YES

FPC: ARRRRALALL AFIS NO: III:
SINGLE STATE

STATUS: DNA SAMPLE

NOT REQUIRED COLLECTION

ALIAS NAMES/OTHER BIRTH DATES

02/11/1978

SOCIAL SECURITY NUMBERS

SCARS/MARKS/TATTOOS/MISC NUMBERS

LAST REPORTED ADDRESS/DATE : 05/06/2019

***** 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. DOB USED:

OFFENSE DATE: 06/11/2010

001 CNT 2C:12-1B(7)	AGG ASSAULT-ATTEMPT/CAUSE SIGNI
001 CNT 2C:13-2A	CRIMINAL RESTRAINT - RISK OF SB
001 CNT 2C:17-3A(1)	CRIMINAL MISCHIEF-DAMAGE PROPER
001 CNT 2C:33-4	HARASSMENT
001 CNT 2C:39-4A	POSS FIREARM UNLAWFUL PURPOSE

SUMMONS/WARRANT
001

AOC NUMBER: UNN10002235-

EFTA02728229

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

DISPOSITION DATE:
MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:12-1B(7) DEG: 0 AGG ASSAULT-
ATTEMPT/CAUSE SIGN

DISPOSITION: PTI DISMISSED
001 CNT: 2C:13-2A DEG: 0 CRIMINAL RESTRAINT -
RISK OF S

DISPOSITION: PTI DISMISSED
001 CNT: 2C:39-4A DEG: 0 POSS FIREARM UNLAWFUL
PURPOSE

SUMMONS/WARRANT AOC NUMBER: UNN10002235-
001
NO: W 20100010602012 DISPOSITION DATE:
09/19/2011
AGENCY: NJ020081J MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:17-3A(1) DEG: 0 CRIMINAL MISCHIEF-
DAMAGE PROPE

DISPOSITION: PTI DISMISSED
001 CNT: 2C:33-4A DEG: 0 HARASSMENT-COMM IN
MANNER TO C

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

EFTA02728230

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

[REDACTED]

FINGERPRINT CLASS

PATTERN CLASS

[REDACTED]

[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	FBI NO.	INQUIRY DATE
THOMAS, MICHAEL A	25847JD9	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

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#:	Alien #:	SSN: [REDACTED]	

Resident Address/City/State/ZIP: [REDACTED]

Home Phone: [REDACTED] 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 (<i>Describe below</i>)
<input type="checkbox"/> Threat to witness (<i>Describe below</i>)	<input type="checkbox"/> CI (<i>Describe below</i>)	<input type="checkbox"/> Other (<i>Describe below</i>)

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 (<i>Select from dropdown menu or type below</i>)	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: [REDACTED]
Start Date:	End Date:

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

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*

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED] Date: 11/19/2019

Reviewed By:

Badge #: [REDACTED] 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

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, as evidence of the receipt of the prisoner's property. This 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)

2. USMS Prisoner

NOEL, TOVA

3. District Name

4. District #

5. Custody Date (Mo/Day/Yr)

SDNY

11/19/2019

Section II - Prisoner Personal Data And Medical Information

6. Date of Birth (Mo/Day/Yr)

7. Social Security No.

8. Medical Insurance Information

A) Insurance Company Name

B) Policy Number

C) Medicare /Medicaid Coverage?

 Yes 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

Form USM-552
 Est. 6/98

EFTA02728239

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: [REDACTED] Race: [REDACTED] 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: 

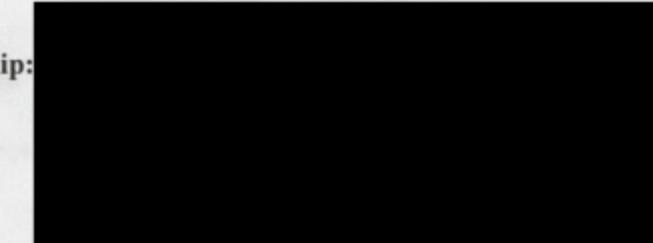
Date of Application: 

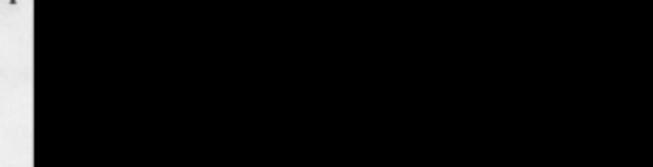
Application Agency: [NYCPD Applicant Investigation Unit](#)

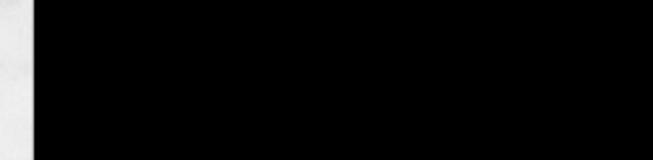
Application Number: 2217296

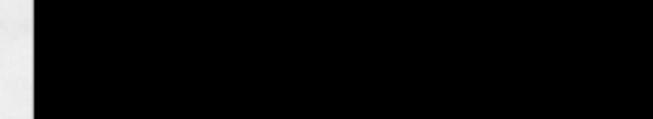
Type of Application: Correction Officer

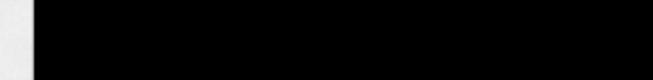
Name: TOVA ANJANIQUE NOEL

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. Tel: [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/ [REDACTED] SEX [REDACTED] RAC/ [REDACTED]

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

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, 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 [REDACTED], ORDER TO SHOW CAUSE REGARDING SURRENDER OF

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

DNA/N

ORI IS [REDACTED]

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-N7315-1227Field Office Acquiring Evidence NYFOSerial # of Originating Document 116Date Received 20 9/6/11From ██████████(Name of Contributor/Interviewee)
████████████████████
(Address)
██████████(City and State)
██████████By ██████████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 of
Psychology Report
& Interview Notes
██████████

1A86

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	Sex:	M
Date:	07/24/2019 09:23	Facility:	NYM
		Provider:	
Unit Team:	5		

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

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 - unknown

Lt / 03

2016 PHS - 2006

MCC 2014 Aug

PHS Aug 2016

- Forensic psychologist
- clinical Psych

• • • • • • • • • •

Forensic event

- case load -

- Psych issue

crisis - 25% of new
interv clinical

on cell for week
5-6 weeks

MC E 7-1546

CPSTian seen 1 time

- on swim with

- ever other week

- Duty psychologist

- 24 July 2019

- met for swim

watch contact

- 30 min in AM

- Discuss Reiset
incident

- was vague

- challenged Self
Report

.....

- Un aware of
Scan on Net

- inmate companion
Log book note
- staff claim
cell mate injured
Him. Reported
to CO -

- Actor Denied self
harm
- "No Interest in
killing myself"
- "wonderful life"

- Review Report

- "I Dont Know
what happened"

- "Remember waking up
snoring on stretcher"



"Never threatened
me"

"cell mate was
really an article
about him"

- crumpled Paper
& Flushed

- called Epstein a
Redfile

- No threatening of
harm by cell mate

✓ Prior

"was not ~~not~~ concerned
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 would
- "Admittedly
Denied suicide"

- clothing, 2 words

- Red vest legal
paper work

- upset about
Legal P/w

↳ Do not know

if that occurs

Question was -

- good by contact

- crying

- smiling

- 30 minutes spent

w/ him

- APPROPRIATE

- APPRECIATIVE



- asked if he would see me the next day
- Respectful - kind
 - unlike
- Discussed w/ Dr. [REDACTED]

Answer

- Discussed case
- can't have it both ways

"I make the design w/ consult of above"

- high profile - connect w/ child psychology & exception staff
- He felt safer in speech observer
- Not in staff

explained not ~~to~~

healthy to stay
on suicide watch

- Reevaluation on
day to day basis

- Epstein wanted to
stay in psych
ob-

- No SHU meetings
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 He
survived

- "Never want to
lose a life"
- "Tragic"
- "and leave course
on suicide watch
for a month"
- 7 Days on
Psych O's - similar
w/ survival watch
- only - Noelle -
- clothing
- Fly paper
- tooth brush
- tooth paste
- Box of sun
- Decoder

File Number 90A-NY-3151227
Field Office Acquiring Evidence NY
Serial # of Originating Document 189
Date Received 3-12-2020
From ██████████
(Name of Committee or 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

Interview Notes taken by TFO ██████████ - ██████████

6

1D89

03-12-2020

AT 1105 - Mcc

#

SMART BOP

Elevation -

10 YEARS Electronics BECAUSE CO - wanted
to work as Electronic AS CO NO POSITION AVAIL.

6-7 YEARS - 18 MO BACK TO NY

BACK TO NY 2016 - CHARGE OF ALL CAMERAS
PHONES - RADIO - ELEVATOR - FIRE ALL CAMS

CAMERAS AT MCC (August +)

MCC OUT OF DATE NEEDS "REDO"

RECORDERS go BAD

ALL ANALOG - NOT MAINTAINED

OVER 20 yrs old

RECORDING ANALOG \$ MULTIPLEXER (ROUTER)

Bosch system

RECORDING IN CORES AND RE CORES FOR 100%

HARD DRIVE 2 "A" / "B"

ANALOG → MAGIC BOX → DIGITAL

"ACTIVE LIGHT" = DOES NOT MEAN ALL GOOD

SCREEN ACTIVE Camera working may NOT

BE RECORDING

EFTA02728260

only 1 HARD DRIVE WAS WORKING

AT TIME OF INCIDENT

DVR DVR

DVR 1 & DVR 2

1 1

HARD DRIVE 16 CHANNELS + - ? 96

DAY 1 WAS [←] THREE BOTH HARD DRIVES BAD
HOW MANY CAM SHOT

1 EACH TIRE 1 CAMERA

1 COMM

1 1/4 DOOR 15 +/-

(AUX 9 +/-)

DAY AFTER ROVE AROUND EQUIP FOR MORE
REC IN BUILDING

DVR GONE BAD ALL GONE NOT RECOVER

Auto OVER WRITE 30 Roughly

SYSTEM FAILURES:

July 29, DUC #2 FAILURE

Actually the Motherboards Failed

August 08 DVR #2

HARD DRIVE FAILURE

August 10

2 DAY SHIFT FOR Camera fails

Run P.P.C @ 4 AM BODY ALARM

9:30

Respond all working on him →
Medical - crazy - I worked on
him briefly - all of his med
went to assist 950 freezing
Now ask about camera - has
2 new hard drives to re-install
new hard drive means lose all
prior data / maybe 2 diff.
loss.

Warden wanted video - I inform
it's gone they say start
working on it - vendor on
phone - machine running
when shut off days to re-start
sometimes drives DVR #1
Not DVR #2

My Supv. [REDACTED] → Warden
I started to remove bad
drives out to rebuild drives
which 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-014-3151aa7Field Office Acquiring Evidence NYSerial # of Originating Document 197Date Received 5-3-2002From REDACTED (Name of Contributor/Interviewee)

(Address)

(City and State)

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

Reference: _____
(Communication Enclosing Material)Description: Original notes re interview ofFD-597 Evidence to OIGFD-597 Property to OIG

1A95

EFTA02728264

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

Case ID: 90A-NY-3151aa7
On (date) 5/3/2022

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 box Containing the following:

CDR containing footage from DVB MCC

Photos on CD of Bad Drives (HQ Q019610)

Seagate HD S/N 9QFC0325

Seagate HD S/N 3PG0005E

CRD

Received By: [REDACTED]

Received From: [REDACTED]

Printed Name/Title: [REDACTED]

SA
Printed Name/Title: [REDACTED]

Special Agent

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

Case ID: 90A-NY-3151aa7

On (date) 5/3/2022

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 bag containing the following:

CDs containing footage from DVB MCC

Photos on CD of Bad Drives (HQ Q&L 9610)

Seagate HD S/N 9QFC0325

Seagate HD S/N 3PG00Q5E

End

Received By: [REDACTED]

Received From: [REDACTED]

Printed Name/Title: [REDACTED]

SA Printed Name/Title: [REDACTED]

Special Agent

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

Case ID: 90A- NY-3151229
On (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):
Red Rose - One Seagate Barracuda 1000GB HD 5/n 51D85PLA (1B22)
Red Rose - One Seagate Barracuda 1000GB HD 5/n W1D4826E (1B32)
Red Rose - One Seagate Barracuda 1000GB HD 5/n Z1D32550 (1B24)
Red Rose - One Seagate Desktop 1TB HD 5/n 244D5L1T (1B25)
Red Rose - One Seagate Desktop 1TB HD 5/n 244DHX5M (1B26)
Red Rose - One Seagate Barracuda 1000GB HD 5/n W1D484H6 (1B27)
Red Rose - One Western Digital 1TB HD 5/n WCAU45803960 (1B28)
Red Rose - One Seagate Desktop 1000GB HDD 5/n 244Q8Q48 (1B29)
Red Rose - One Seagate Barracuda 1000GB HDD 5/n W1D496N0 (1B30)
Red Rose - One Seagate Barracuda 1000GB HDD 5/n Z1D825CT (1B31)
Red Rose - One Hitachi 1TB HD 5/n JPW9K0N03962U (1B23)
Red Rose - One Western Digital 1000GB HDD 5/n WCC3F2183519 (1B33)
Red Rose - One Seagate Barracuda 1000GB HDD 5/n 51D961K9P (1B34)
Red Rose - One Seagate Barracuda 1000GB HDD 5/n 51D9DE7C (1B36)
Red Rose - One Seagate Barracuda 1000GB HDD 5/n W1D06T5L (1B36)
Red Rose - One Seagate 500GB HD 5/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 Property

Case ID: 90A-04-3151227

On (date) 5/3/2022

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 Rose - One Seagate Barracuda 1000GB HD S/N 31D85PA (1B31)
Red Rose - One Seagate Barracuda 1000GB HD S/N W1D04826E (1B32)
Red Rose - One Seagate Barracuda 1000GB HD S/N 21D32550 (1B34)
Red Rose - One Seagate Desktop 1TB HD S/N 244D5L1T (1B35)
Red Rose - One Seagate Desktop 1TB HD S/N 244DHX5M (1B36)
Red Rose - One Seagate Barracuda 1000GB HD S/N W1D484H6 (1B37)
Red Rose - One Western Digital 1TB HD S/N WCAU45803960 (1B38)
Red Rose - One Seagate Desktop 1000GB HDD S/N 24400Q48 (1B39)
Red Rose - One Seagate Barracuda 1000GB HDD S/N W1D49608 (1B30)
Red Rose - One Seagate Barracuda 1000GB HDD S/N Z1D825CT (1B31)
Red Rose - One Hitachi 1TB HD S/N JPW9K0N39E2L (1B33)
Red Rose - One Western Digital 1000GB HDD S/N WCC3F2183519 (1B33)
Red Rose - One Seagate Barracuda 1000GB HDD S/N 31D961K9P (1B34)
Red Rose - One Seagate Barracuda 1000GB HDD S/N 31D9DE7C (1B35)
Red Rose - One Seagate Barracuda 1000GB HDD S/N W1D06T5L (1B36)
Red Rose - One Seagate 500GB HD S/N W2AEX55V (1B40)

End of Page

Received By: [REDACTED]

Received From: [REDACTED]

Printed Name/Title: SA

Printed Name/Title: [REDACTED]

Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-NY-3151aaOn (date) May 3 2002item (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 Rose - One Hitachi 2TB HD s/n B96MG-T4F (1B42)
Red Rose - One WD Black 3TB HD s/n WCC13L2R579P (1B43)
Red Rose - One western Digital 250 GB HD s/n WMAEP1322402 (1B45)
Red Rose - Seagate HD s/n Z1M16CMQ (1B47)
Red Rose - Seagate HD s/n 9QE4F0AD (1B48)
Red Rose - Toshiba HD s/n 74J223GAS (1B49)
Red Rose - Seagate HD s/n Z1M116CC8 (1B50)
Red Rose - Seagate HD s/n 6VM5VRF0 (1B51)
Red Rose - Seagate HD s/n 9Q923rDP (1B52)
Red Rose - Two Ultrium LTO-6 tapes containing CART archive of video
images from MCC-NY video recorder hard drives (1B53)
Red Rose - Archive of DVBR2 Controller Images, DVBR2 repaired drive
images, & Video exports (1B54)
Red Rose - 1 10TB Seagate HD - archive of DVBR1 images (1B55)
Red Rose - 1 2.0TB WD HD - archive of DVBR main controller images
(1B56)
Red Rose - Western Digital HD s/n WCA7B7962678 (1B58)

End of pageReceived By: [REDACTED]Received From: [REDACTED]Printed Name/Title: SXPrinted Name/Title: [REDACTED]

Special Agent

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for PropertyCase ID: 90A-04-3151aa7On (date) May 3 2022item (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 Rose - One Hitachi 2TB HD s/n B96MG-14F (1B42)
Red Rose - One WD Black 3TB HD s/n WRC13L2R579P (1B43)
Red Rose - One western Digital 250 GB HD s/n WMAEP1322402 (1B45)
Red Rose - Seagate HD s/n Z1M16CMQ (1B47)
Red Rose - Seagate HD s/n 9QG4F0AD (1B48)
Red Rose - Toshiba HD s/n 74J2Z3GAS (1B49)
Red Rose - Seagate HD s/n Z1M116CC8 (1B50)
Red Rose - Seagate HD s/n 6VM5VHF0 (1B51)
Red Rose - Seagate HD s/n 9gg23rDP (1B52)
Red Rose - Two Ultrium LTO-6 tapes containing CART archive of video images from mcc-ny video recorder hard drives (1B53)
Red Rose - Archive of DVBR2 Controller Images, DVBR2 repaired drive images, & Video exports (1B54)
Red Rose - 1 10TB Seagate HD - archive of DVBR1 images (1B55)
Red Rose - 1 2.0TB WD HD - archive of DVBR main controller images (1B56)
Red Rose - Western Digital HD s/n WCA7B7962678 (1B58)

End of page

Received By: _____

(Signature) [REDACTED]

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 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 tape - One Seagate Barracuda 500GB HD S/N 23TbC5JA (1B1)
Red tape - One Hitachi 500GB HD S/N JP15723E36A13K (1B2)
Red tape - One Seagate Barracuda 500GB HD S/N 23TbCF5X (1B3)
Red tape - One Seagate Barracuda 500GB HD S/N 9QM8M79P (1B4)
Red tape - One Hitachi 500GB HD S/N JP15723E36MWNK (1B5)
Red tape - One Seagate Barracuda 500GB HD S/N 9QM8EC75 (1B6)
Red tape - One Seagate Constellation ES 500GB HD S/N Z1M1P2 PE (1B7)
Red tape - One Western Digital 500GB HD S/N WCAV92911086 (1B8)
Red tape - One Western Digital 500GB HD S/N WCA2EJUC3HCJ (1B9)
Red tape - One Seagate Barracuda 500GB HD S/N 9QM8M5EZ (1B10)
Red tape - One Seagate Constellation ES 500GB HD S/N Z1M1P2a6 (1B11)
Red tape - One Seagate Constellation ES 500GB HD S/N Z1M1Q1 FX (1B12)
Red tape - One Western Digital 500GB HD S/N WCAV91870016 (1B13)
Red tape - One Western Digital 500GB HD S/N WCA2E0DE8341C (1B14)
Red tape - One Seagate Barracuda 500GB HD S/N 9QM8MT6D (1B15)
Red tape - One Seagate Constellation ES 500GB HD S/N Z1M1P207 (1B16)
Red tape - One Seagate Constellation ES 500GB HD S/N Z1M1L6Y4G (1B17)
Red tape - One Seagate Barracuda 500GB HD S/N 9QM8M3R3 (1B18)
End of Page

Received By: [REDACTED]Received From: [REDACTED]Printed Name/Title: [REDACTED]

SA

Printed Name/Title: [REDACTED]

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

Description of Item (s):
Red Rose - One Seagate Barracuda 500GB HD 5/11 23TBGJJA (1B1)
Red Rose - One Hitachi 500GB HD 5/11 23TBGJJA (1B2)
Red Rose - One Seagate Barracuda 500GB HD 5/11 23TBGJJA (1B3)
Red Rose - One Seagate Barracuda 500GB HD 5/11 9QM8M79P (1B4)
Red Rose - One Hitachi 500GB HD 5/11 23TBGJJA (1B5)
Red Rose - One Seagate Barracuda 500GB HD 5/11 9QM8M79P (1B6)
Red Rose - One Seagate Constellation ES 500GB HD 5/11 Z1M1P2 PE (1B7)
Red Rose - One Western Digital 500GB HD 5/11 WCAV92911086 (1B8)
Red Rose - One Western Digital 500GB HD 5/11 WCAV92911086 (1B9)
Red Rose - One Seagate Barracuda 500GB HD 5/11 9QM8M79P (1B10)
Red Rose - One Seagate Constellation ES 500GB HD 5/11 Z1M1P2 PE (1B11)
Red Rose - One Seagate Constellation ES 500GB HD 5/11 Z1M1Q1 FX (1B12)
Red Rose - One Western Digital 500GB HD 5/11 WCAV92911086 (1B13)
Red Rose - One Western Digital 500GB HD 5/11 WCAV92911086 (1B14)
Red Rose - One Seagate Barracuda 500GB HD 5/11 9QM8M79P (1B15)
Red Rose - One Seagate Constellation ES 500GB HD 5/11 Z1M1P2 PE (1B16)
Red Rose - One Seagate Constellation ES 500GB HD 5/11 Z1M1Q1 FX (1B17)
Red Rose - One Seagate Barracuda 500GB HD 5/11 9QM8M79P (1B18)
End of Page

Received By: [REDACTED]Received From: [REDACTED]Printed Name/Title: [REDACTED]

SA

Printed Name/Title: [REDACTED]

Special Agent

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

Case ID: 90A-04-3151227On (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 OfficeDescription of Item (s): One Large Brown Box- DVB System 1 S/N 43144901 (1B67)Dell Poweredge R420 DVB Controller Barcode# 5B MQZ12 (1B20)One box containing DVB system #2 (Diskarray chassis+Disk array controller) (1B19)Box containing 18 hard drives (1B59)One large box containing DVB system #1 (Diskarray chassis containing 16 hard drives) (1B21)

End of page

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

Special Agent

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

Case ID: 90A-041-3151227On (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): One Large Brown Box- DVB system 1 S/N 43144901 (1B59)
Dell Poweredge R420 DVB Controller Barcodet# 5BMAZ12 (1B20)
One box containing DVB system #2 (Diskarray chassis+Disk array
controller) (1B19)
Box containing 18 hard drives (1B59)
One large box containing DVB system #1 (Diskarray chassis
containing 16 hard drives) (1B21)

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

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

EFTA02728275

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

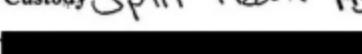
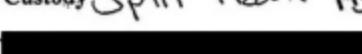
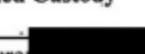
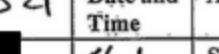
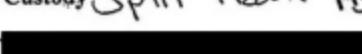
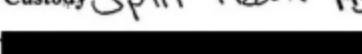
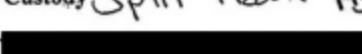
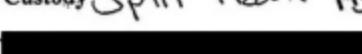
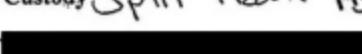
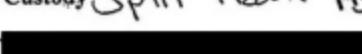
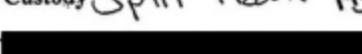
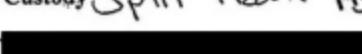
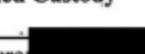
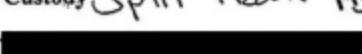
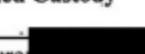
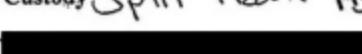
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			Item # <u>1</u>
Special Handling Instructions		Initial Receipt	
<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: PG	
		Date and Time: <u>8/15/19</u> <u>4:45p</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: TO Transport team		<u>8/15/19</u> <u>10:00pm</u>	Signature: _____ Printed Name/Agency: _____ Reason: Transport
		Date and Time: <u>8/15/19</u> <u>6:00pm</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OIS		<u>8/16/19</u> <u>12:00A</u>	Signature: _____ Printed Name/Agency: _____ Reason: receive transferred
		Date and Time: <u>8/16/19</u> <u>10:14AM</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: Split to 1B58 E698443C		<u>8/26/21</u> <u>8:20am</u>	Signature: _____ Printed Name/Agency: _____ Reason:
		Date and Time: <u>8/26/21</u> <u>11:50am</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: Charge out		<u>8/27/21</u> <u>11:50am</u>	Signature: _____ Printed Name/Agency: _____ Reason: charge out
		Date and Time: <u>8/27/21</u> <u>11:50am</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: Return transfer to OIS/1016		<u>8/30/21</u> <u>12:30pm</u>	Signature: _____ Printed Name/Agency: _____ Reason:
		Date and Time: <u>8/30/21</u> <u>12:30pm</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason:			Signature: _____ Printed Name/Agency: _____ Reason:
		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: 1B2D 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 11:30
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason: STURGE From 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: Cleaned out		Reason: Check 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 10/10/22		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 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 checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # <u>7</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: _____ Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>		8/10/19 4:30 pm
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO CART</u>		8/12/19 10:00 AM	Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>CART</u>	8/12/19 10:00 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO C4</u>		8/15/19 10:20 AM	Signature: _____ Printed Name/Agency: _____ Reason: <u>RECEIVED</u>	8/15/19 10:20 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>TRANSFER</u>		8/15/19 2:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>	8/15/19 2:00 PM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>Transfer to OTD</u>		8/15/19 3:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from CTF</u>	8/25/20 11 am
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: 7 Barcode: E6576200

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

EFTA02728278

EVIDENCE CHAIN OF CUSTODY

Case ID: 90A-M-3151227 1B: 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 checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			Item # <u>8</u>
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> <u>8/10/19</u> Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>	
Relinquished Custody		Date and Time	Accepted
Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/12/19</u> Reason: <u>TO CART</u>		<u>8/12/19</u> <u>10:00 AM</u>	Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/12/19</u> Reason: <u>CART</u>
Relinquished Custody		Date and Time	Accepted/Custody
Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/15/19</u> Reason: <u>TO C/A</u>		<u>8/15/19</u> <u>10:20 AM</u>	Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/15/19</u> Reason: <u>RECEIVERS</u>
Relinquished Custody		Date and Time	Accepted/Custody
Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/15/19</u> Reason: <u>TRANSFER</u>		<u>8/15/19</u> <u>2:00 PM</u>	Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/15/19</u> Reason: <u>Accepted</u>
Relinquished Custody		Date and Time	Accepted/Custody
Signature: _____ Printed Name/Agency: <u>FBI</u> <u>8/15/19</u> Reason: <u>Transfer to OTD</u>		<u>8/15/19</u> <u>3:00 PM</u>	Signature: _____ Printed Name/Agency: <u>FBI</u> <u>9/25/20</u> Reason: <u>Receives from GPO</u>
Relinquished Custody		Date and Time	Accepted/Custody
Signature: _____ Printed Name/Agency: _____ Reason: _____			
Relinquished Custody		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: 8 Barcode: E0516201

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]	5/2/23	Signature: [REDACTED]	5/2/23
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: <i>Change to ours</i>	11:50am	Reason: <i>change out</i>	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/3/23	Signature: [REDACTED]	
Printed Name/Agency: [REDACTED]	11:16am	Printed Name/Agency: [REDACTED]	
Reason: <i>permanent transfer to WDS/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]	
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:

Barcode:

E6516201

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

EFTA02728282

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.

=====

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>9</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 Printed Name/Agency: <u>FBI</u>		8/10/19 4:30 pm
		Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>		
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO CART</u>		8/12/19 10:00 AM	Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>CART</u>	8/12/19 10:00 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO C/A</u>		8/15/19 10:20 AM	Signature: _____ Printed Name/Agency: _____ Reason: <u>RECEIVED</u>	8/15/19 10:20 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>TRANSFER</u>		8/15/19 2:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>	8/15/19 2:00 PM
Relinquished Custody		Date and Time	Accepted Custody <u>Fed Ex # 7716 2020 4468</u>	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>Transfer to OTD</u>		8/16/19 3:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from GRF</u>	8/25/20 11am
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 1B: 9 Barcode: E6516202

EVIDENCE CHAIN OF CUSTODY

Case ID: 90A-NM-3151227

1B:

9

Barcode:

E6516202

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

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.

=====

Classification: UNCLASSIFIED

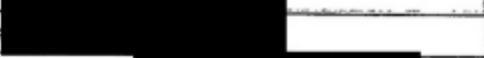
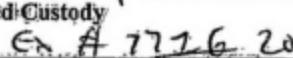
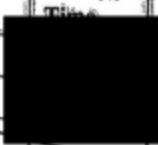
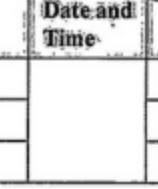
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Classification: UNCLASSIFIED

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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>10</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:  Printed Name/Agency:  FBI		8/10/19 4:30 pm
Relinquished Custody Signature:  Printed Name/Agency:  FBI Reason: TO CART		Date and Time: <u>8/12/19</u> <u>10:20 AM</u>	Accepted Custody:  Signature:  Printed Name/Agency:  FBF Reason: CART	Date and Time: <u>8/12/19</u> <u>10:20 AM</u>
Relinquished Custody Signature:  Printed Name/Agency: FBI Reason: TO C/A		Date and Time: <u>8/15/19</u> <u>10:20 AM</u>	Accepted Custody:  Signature:  Printed Name/Agency:  Reason: RECEIVED	Date and Time: <u>8/15/19</u> <u>10:20 AM</u>
Relinquished Custody Signature:  Printed Name/Agency: Reason: Transfer		Date and Time: <u>8/15/19</u> <u>2:00 PM</u>	Accepted Custody:  Signature:  Printed Name/Agency:  Reason: Accepted	Date and Time: <u>8/15/19</u> <u>2:00 PM</u>
Relinquished Custody Signature:  Printed Name/Agency: Reason: Transfer to OJD		Date and Time: <u>8/15/19</u> <u>3:00 PM</u>	Accepted Custody:  Signature:  Printed Name/Agency:  Reason: Received from GRF	Date and Time: <u>9/25/20</u> <u>11am</u>
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: 10 Barcode: E6516203

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

EVIDENCE CHAIN OF CUSTODY

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

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

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.

=====

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 # <u>11</u>
Special Handling Instructions		Initial Receipt	
<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: _____ Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>	
		Date and Time	Date and Time
		<u>8/10/19</u>	<u>3/10/19</u>
		<u>10:00 AM</u>	<u>4:30 PM</u>
Relinquished Custody		Date and Time	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO CART</u>		Accepted Custody: _____ Signature: _____ Printed Name/Agency: _____ Reason: <u>CART</u>	Date and Time: <u>8/10/19</u> Date and Time: <u>8/10/19</u>
		<u>8/10/19</u>	<u>10:00 AM</u>
Relinquished Custody		Date and Time	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO C/A</u>		Accepted Custody: _____ Signature: _____ Printed Name/Agency: _____ Reason: <u>RECEIVED</u>	Date and Time: <u>8/15/19</u> Date and Time: <u>10:20 AM</u>
		<u>8/15/19</u>	<u>10:20 AM</u>
Relinquished Custody		Date and Time	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>TRANSFER</u>		Accepted Custody: _____ Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>	Date and Time: <u>8/15/19</u> Date and Time: <u>2:00 PM</u>
		<u>8/15/19</u>	<u>2:00 PM</u>
Relinquished Custody		Date and Time	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>Transfer to OTP</u>		Accepted Custody: <u>Fed Ex #77162020 4468</u> Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from GPF</u>	Date and Time: <u>9/25/20</u> Date and Time: <u>11am</u>
		<u>9/25/20</u>	<u>11am</u>
Relinquished Custody		Date and Time	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: _____		Accepted Custody: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____	Date and Time: _____ Date and Time: _____
		<u>9/25/20</u>	<u>11am</u>
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: 11 Barcode: E6516204

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

EFTA02728290

EVIDENCE CHAIN OF CUSTODY

Case ID: 90A-M-3151227 IB: 11 Barcode: E6516204

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

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.

=====

Classification: UNCLASSIFIED

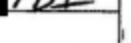
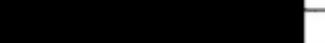
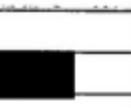
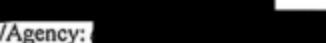
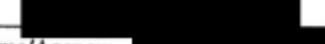
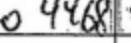
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Classification: UNCLASSIFIED

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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>12</u>	
Special Handling Instructions:				Initial Receipt 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 Signature:  Printed Name/Agency:  FBI Reason: TO CART		Date and Time 8/12/19 10:00AM	Accepted Custody Signature:  Printed Name/Agency:  FBI Reason: TO CART		Date and Time 8/12/19 10:00AM
Relinquished Custody Signature:  Printed Name/Agency:  FBI Reason: TO C/A		Date and Time 8/15/19 10:20AM	Accepted Custody Signature:  Printed Name/Agency:  Reason: RECEIVER		Date and Time 8/15/19 10:20AM
Relinquished Custody Signature:  Printed Name/Agency:  Reason: TRANSFER		Date and Time 8/15/19 2:00PM	Accepted Custody Signature:  Printed Name/Agency:  Reason: ACCORD		Date and Time 8/15/19 2:00PM
Relinquished Custody Signature:  Printed Name/Agency:  Reason: Transfer to OTO		Date and Time 8/15/19 3:00PM	Accepted Custody Signature:  Printed Name/Agency:  Reason: Received from TPF		Date and Time 8/15/19 3:00PM
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: 12 Barcode: E6516205

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>Going to court</i>		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/3/22 11:18am	Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason: <i>Permanent transfer to DOJ/OTG</i>		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature:	
Printed Name/Agency: [REDACTED]		Printed Name/Agency:	
Reason:		Reason:	

Case ID: 90A-NM-3151227 1B: 12 Barcode: E6526205

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

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.

=====

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>13</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: _____ Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>		8/10/19 4:30 pm
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO CART</u>		<u>8/12/19</u> <u>10:40 AM</u>	Signature: _____ Printed Name/Agency: _____ Reason: <u>CART</u>	<u>8/12/19</u> <u>10:50 AM</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>FBI</u> Reason: <u>TO G/A</u>		<u>8/15/19</u> <u>10:20 AM</u>	Signature: _____ Printed Name/Agency: _____ 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: _____ Printed Name/Agency: _____ Reason: <u>TRANSFER</u>		<u>8/15/19</u> <u>2:00 PM</u>	Signature: _____ Printed Name/Agency: _____ 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: _____ Printed Name/Agency: _____ Reason: <u>Accepted transfer to OTP</u>		<u>8/15/19</u> <u>3:00 PM</u>	Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from ERF</u>	<u>8/15/19</u> <u>7:20 AM</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: 13 Barcode: E6516206

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 11:01	Signature: [REDACTED]	9/25/20 11:02
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Split to E6 113796		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]	5/3/22 11:16am	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]	
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-NM-3151227 1B: 13 Barcode: E6516206

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

EFTA02728297

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

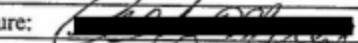
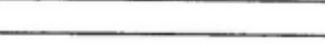
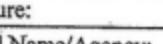
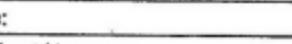
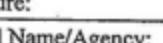
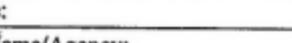
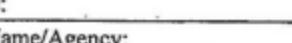
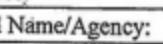
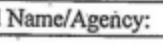
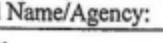
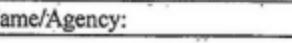
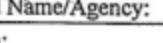
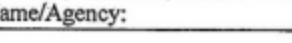
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # <u>14</u>
Special Handling Instructions:		Initial Receipt		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: <u>MA77</u> <u>FBI</u> Reason: Initial Collection Collected By: <u>MA77</u> <u>FBI</u> Agency: <u>FBI</u>		8/10/19 4:30 PM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>MA77</u> <u>FBI</u> Reason: <u>TO CART</u>		8/10/19 10:00 AM	Signature: <u>DP/14</u> Printed Name/Agency: _____ Reason: <u>CART</u>	8/10/19 10:00 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>DP/14</u> Printed Name/Agency: <u>FBI</u> Reason: <u>TO C/A</u>		8/15/19 10:10 AM	Signature: <u>DP/14</u> Printed Name/Agency: <u>MA77</u> <u>FBI</u> Reason: <u>RECEIVED</u>	8/15/19 10:20 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>MA77</u> <u>FBI</u> Reason: <u>TRANSFER</u>		8/15/19 2:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>	8/15/19 2:00 PM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>transfer to OTD</u>		8/15/19 3:00 PM	Signature: <u>DP/14</u> Printed Name/Agency: _____ Reason: <u>Received from CEF</u>	8/15/19 3:00 PM
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: 14 Barcode: E6576287

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: 	9/25/20 11:01	Signature:  Printed Name/Agency:  Reason: <i>Split from 56213791</i>	7/25/20 11:02
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/2/20 11:50am	Signature:  Printed Name/Agency:  Reason: <i>Charge out</i>	5/2/20 11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/20 11:15am	Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 		Signature:  Printed Name/Agency:  Reason: 	

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

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

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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.gov.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.gov.gov>, [REDACTED] (NY) (FBI)
[REDACTED]@fbi.gov.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:		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 <u>8/10/19</u> <u>4:30 pm</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CAR		<u>8/10/19</u> <u>10:00 AM</u>	Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CAR
		Date and Time <u>8/10/19</u> <u>10:00 AM</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ FBI Reason: TO GA		<u>8/15/19</u> <u>10:20 AM</u>	Signature: _____ Printed Name/Agency: _____ Reason: REVEREN
		Date and Time <u>8/15/19</u> <u>10:20 AM</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER		<u>8/15/19</u> <u>2:00 PM</u>	Signature: _____ Printed Name/Agency: _____ Reason: ACCEPTED
		Date and Time <u>8/15/19</u> <u>2:00 PM</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: TRAFTER TO CTD		<u>8/15/19</u> <u>3:00 PM</u>	Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF
		Date and Time <u>9/25/20</u> <u>11am</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: _____			Signature: _____ Printed Name/Agency: _____ Reason: _____
		Date and Time	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: _____			Signature: _____ Printed Name/Agency: _____ Reason: _____
		Date and Time	
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): <input type="checkbox"/> Printed Name: _____ Signature: _____ Date: _____			
ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>			

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

Case ID: 90A-M-3151227 1B: 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. (NY) (FBI)
Sent: Wednesday, October 14, 2020 11:37 AM
To: [REDACTED] (NY) (FBI) <KMLENHART@fbi.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.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

Classification: UNCLASSIFIED

Classification: UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

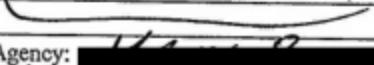
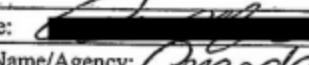
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # <u>16</u>
Special Handling Instructions		Initial Receipt		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: _____ Printed Name/Agency: _____ /FBI Reason: Initial Collection Collected By: _____ Agency: FBI		8/10/19 4:30 pm
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO CART		8/12/19 10:00 AM	Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO CART	8/12/19 10:00 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO C/A		8/15/19 10:20 AM	Signature: _____ Printed Name/Agency: _____ Reason: RECEIVED	8/15/19 10:20 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: TO C/A		8/15/19 2:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: ACCEPTED	8/15/19 2:00 PM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTD		8/15/19 3:00 PM	Signature: _____ Printed Name/Agency: _____ Reason: Received from GRF	9/25/20 11 am
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: 16 Barcode: E6516209

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: 	5/2/20 11:50am	Signature:  Printed Name/Agency:  Reason: 	5/2/20 11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/20 11:15am	Signature:	
Printed Name/Agency:  FBI		Printed Name/Agency:	
Reason: Permanent transfer to DCS/DCI		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:	
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 1B: 16 Barcode: E6516209

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

EFTA02728306

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.gov.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.gov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.gov.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>17</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: _____ Printed Name/Agency: <u>NY</u> _____		<u>8/10/19</u> <u>4:30pm</u>
		Reason: Initial Collection Collected By: _____ Agency: <u>FBI</u>		
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>NY</u> <u>FBI</u> Reason: <u>TO C</u>		<u>8/12/19</u> <u>10:00 AM</u>	Signature: <u>NY</u> Printed Name/Agency: <u>NY</u> <u>FBI</u> Reason: <u>CAR</u>	<u>8/12/19</u> <u>10:00 AM</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: <u>NY</u> <u>FBI</u> Reason: <u>TO C/A</u>		<u>8/15/19</u> <u>10:20 AM</u>	Signature: _____ Printed Name/Agency: _____ 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: _____ Printed Name/Agency: _____ Reason: <u>TRANSFOR</u>		<u>8/15/19</u> <u>2:50pm</u>	Signature: _____ Printed Name/Agency: _____ Reason: <u>Accepted</u>	<u>8/15/19</u> <u>2:50pm</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: _____ Printed Name/Agency: _____ Reason: <u>Transfer to OTD</u>		<u>8/15/19</u> <u>3:00pm</u>	Signature: _____ Printed Name/Agency: _____ Reason: <u>Received from CRF</u>	<u>9/25/20</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: <u>✓</u> 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: 17 Barcode: E651620

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 4713 793	11:02a	Reason: Storage	12:02
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/1/20	Signature: [REDACTED]	5/1/20
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Change out	11:30a	Reason: charge out	11:30a
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	6/3/20	Signature:	
Printed Name/Agency: [REDACTED]	11:15am	Printed Name/Agency:	
Reason: permanent transfer to DOJ/DOJ		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: 90A-NY-3151227 1B: 17 Barcode: G6516210

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>18</u>
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: MA77 [REDACTED] FBI Reason: Initial Collection Collected By: MA77 [REDACTED] Agency: FBI	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: MA77 [REDACTED] FBI Reason: TO CART		8/12/19 10:00 AM	Signature: _____ Printed Name/Agency: [REDACTED] FBI Reason: TO CART
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: [REDACTED] FBI Reason: TO C/A		8/15/19 10:20 AM	Signature: _____ Printed Name/Agency: MA77 [REDACTED] Reason: RECEIVED
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: MA77 [REDACTED] Reason: TRANSFER		8/15/19 2:00 PM	Signature: _____ Printed Name/Agency: [REDACTED] FBI Reason: ACCEPTED
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: [REDACTED] Reason: Transfer to OTD		8/15/19 3:50 PM	Signature: _____ Printed Name/Agency: [REDACTED] Reason: Received from ERF
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: _____			Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody		Date and Time	Accepted Custody
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: 18 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]	9/28/20 11:01	Signature: [REDACTED]	9/28/20 11:02
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]	5/2/20 11:50am	Signature: [REDACTED]	5/2/20 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]	5/13/20 11:15am	Signature: [REDACTED]	
Printed Name/Agency: [REDACTED] /FBI		Printed Name/Agency: [REDACTED]	
Reason: Permanent transfer to DDCI/HG		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-NY-3151227 IB: 18 Barcode: E6516217

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

[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.gov.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.gov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.gov.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 # _____
Special Handling Instructions				Initial Receipt [Redacted] 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
Relinquished Custody [Redacted]	Date and Time 8/16/19 2:20 pm	Accepted Custody [Redacted]		Date and Time 8/16/19 2:20 pm
Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI Reason: TO EVIDENCE	Signature: [Redacted] Printed Name/Agency: [Redacted]	Reason: Charge & In Storage		Date and Time 8/16/19 2:20 pm
Relinquished Custody [Redacted]	Date and Time 8/16/19 4:30 pm	Accepted Custody [Redacted]		Date and Time 8/16/19 4:30 pm
Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI Reason: do	Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI	Reason: CART		Date and Time 8/16/19 4:30 pm
Relinquished Custody [Redacted]	Date and Time 8/19/19 12:30 pm	Accepted Custody [Redacted]		Date and Time 8/19/19 12:30 pm
Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI Reason: TRANSFER	Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI	Reason: Transfer		Date and Time 8/19/19 12:30 pm
Relinquished Custody [Redacted]	Date and Time 8/26/19 8:50 am	Accepted Custody FBI EX # 7716 2020 4262		Date and Time 9/25/20 11am
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Relate to OTD for Exam	Signature: [Redacted] Printed Name/Agency: [Redacted]	Reason: Received from GPF		Date and Time 9/25/20 11am
Relinquished Custody [Redacted]	Date and Time 5/2/20 11:50 am	Accepted Custody [Redacted]		Date and Time 5/2/20 11:50 am
Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out	Signature: [Redacted] Printed Name/Agency: [Redacted]	Reason: charge out		Date and Time 5/2/20 11:50 am
Relinquished Custody [Redacted]	Date and Time 5/3/20 11:30 am	Accepted Custody [Redacted]		Date and Time [Redacted]
Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI Reason: permanent transfer to DSY/ATG	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: 22 Barcode: E6515200

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
				Date and Time
				8/12/19 7:00pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER		Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Transfer to OTD	
		8/12/19 12:30pm		
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Relocated to OTD for Exam		Date and Time	Accepted Custody Fed Ex # 7716 2020 4261 Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF	
		8/20/19 8:30am		
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Checked out		Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Checked out	
		8/2/20 11:30am		
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Permanent transfer to DOT/DIG		Date and Time	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____	
		8/3/20 11:00am		
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: <input type="checkbox"/> NCIC: <input type="checkbox"/>				

Case ID: 90A-NY-3151227 1B: 32 Barcode: E6516230

**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: _____ Printed Name/Agency: _____ /FBI Reason: Initial Collection Collected By: _____ Agency: FBI
			Date and Time: 8/12/19 7:00pm
Relinquished Custody _____			Date and Time: 8/16/19 2:20pm
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO EVIDENCE			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: Charged In Lab
			Date and Time: 8/16/19 2:20pm
Relinquished Custody _____			Date and Time: 8/16/19 4:30pm
Signature: _____ Printed Name/Agency: _____ Reason: CDT			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ /FBI Reason: CDT
			Date and Time: 8/16/19 4:30pm
Relinquished Custody _____			Date and Time: 8/19/19 12:30pm
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ /FBI Reason: Report to OTD
			Date and Time: 8/19/19 12:30pm
Relinquished Custody _____			Date and Time: 8/20/19 4:50pm
Signature: _____ Printed Name/Agency: _____ /FBI Reason: Release to OTD for CDT			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: Received from CDT
			Date and Time: 8/20/19 4:50pm
Relinquished Custody _____			Date and Time: 5/2/20 11:50am
Signature: _____ Printed Name/Agency: _____ Reason: Change out			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: Change out
			Date and Time: 5/2/20 11:50am
Relinquished Custody _____			Date and Time: 5/3/20 11:15am
Signature: _____ Printed Name/Agency: _____ /FBI Reason: Demand for transfer to DCS/HRG			Accepted Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: Demand for transfer to DCS/HRG
			Date and Time: 5/3/20 11:15am

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: 24 Barcode: E6515207

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

EFTA02728316

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:	
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
				Date and Time: 8/12/19 7:00PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO EVIDENCE				Accepted Custody Date and Time: 8/16/19 2:20PM Signature: _____ Printed Name/Agency: _____ Reason: Charged In 13 storage
				Date and Time: 8/16/19 2:20PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: To				Accepted Custody Date and Time: 8/16/19 4:30PM Signature: _____ /FBI Printed Name/Agency: _____ /FBI Reason: CART
				Date and Time: 8/16/19 4:30PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER				Accepted Custody Date and Time: 8/19/19 12:30PM Signature: _____ Printed Name/Agency: _____ /FBI Reason: Transport to OTD
				Date and Time: 8/19/19 12:30PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Release to OTD for Erm				Accepted Custody Date and Time: 8/20/19 8:50AM Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF
				Date and Time: 8/20/19 8:50AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge out				Accepted Custody Date and Time: 5/2/20 11:50AM Signature: _____ Printed Name/Agency: _____ Reason: charge out
				Date and Time: 5/2/20 11:50AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: permanent transfer to DJS/OTD				Accepted Custody Date and Time: 5/3/20 11:50AM Signature: _____ Printed Name/Agency: _____ Reason: permanent transfer to DJS/OTD
				Date and Time: 5/3/20 11:50AM

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: 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:	
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			Initial Receipt Date and Time Signature of Seizing Individual: _____ Printed Name/Agency: _____/FBI Reason: Initial Collection Collected By: _____ Agency: FBI
<input type="checkbox"/> HAZMAT <input type="checkbox"/> Req. Charging <input type="checkbox"/> Biohazard <input type="checkbox"/> Other _____			8/12/19 7:00pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____/FBI Reason: TO EVIDENCE			Date and Time: 8/16/19 Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Charged In 9 Storage Date and Time: 8/16/19 3:15pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: CO			Date and Time: 8/16/19 Accepted Custody Signature: _____ Printed Name/Agency: _____/FBI Reason: CART Date and Time: 8/16/19 4:30pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____/FBI Reason: TRANSFER			Date and Time: 8/19/19 Accepted Custody Signature: _____ Printed Name/Agency: _____/FBI Reason: Transfer to OSD Date and Time: 8/19/19 12:30pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Roberta OTD for exam			Date and Time: 8/25/19 Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF Date and Time: 9/25/20 12pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Cleaned out			Date and Time: 5/2/20 Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: change out Date and Time: 5/2/20 11:30am
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: permanent transfer to DOJ/DOJ			Date and Time: 5/3/20 Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____

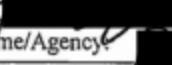
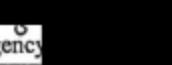
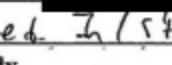
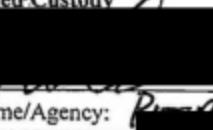
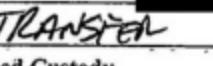
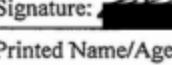
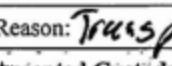
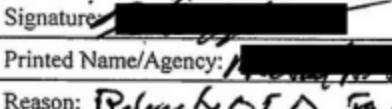
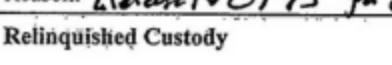
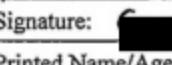
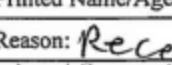
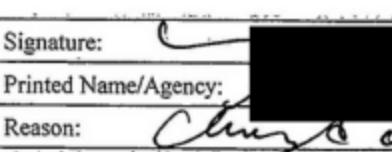
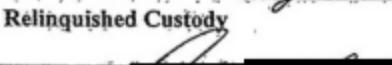
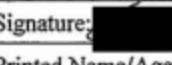
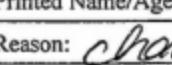
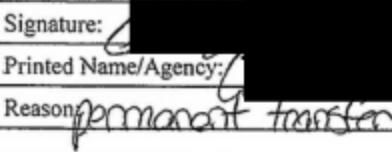
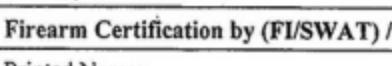
Firearm Certification by (FI/SWAT) / Explosive Material Certification by (SABT): Printed Name: _____ Signature: _____ Date: _____	ATF Trace Form Completed: <input type="checkbox"/> NCIC: <input type="checkbox"/>
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Case ID: 90A-NY-3151227 1B: 26 Barcode: E 6515204

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

EFTA02728320

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 Signature of Seizing Individual:  Printed Name/Agency:  /FBI Reason: Initial Collection Collected By  Agency:  /FBI	Date and Time 8/12/19 7:00pm	
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 In Storage	Date and Time 8/16/19 3:15pm
Relinquished Custody Signature:  Printed Name/Agency:  Reason: CCR			Date and Time 8/16/19 4:30pm	Accepted Custody Signature:  Printed Name/Agency:  Reason: CART	Date and Time 8/16/19 4:30pm
Relinquished Custody Signature:  Printed Name/Agency:  /FBI Reason: TRANSFER			Date and Time 8/19/19 12:30pm	Accepted Custody Signature:  Printed Name/Agency:  Reason: Transport to OTP	Date and Time 8/19/19 (2:30pm)
Relinquished Custody Signature:  Printed Name/Agency:  /FBI Reason: Relieved ODP for ERF			Date and Time 8/26/19 8:50am	Accepted Custody Signature:  Printed Name/Agency:  Reason: Received from ERF	Date and Time 9/25/20 1:10am
Relinquished Custody Signature:  Printed Name/Agency:  Reason: Charge out			Date and Time 8/16/19 11:30am	Accepted Custody Signature:  Printed Name/Agency:  Reason: charge out	Date and Time 8/16/19 11:30am
Relinquished Custody Signature:  Printed Name/Agency:  /FBI Reason: permanent transfer to ODS/OTG			Date and Time 5/3/20 11:15am	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"/>
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Case ID: 90A-NY-3151227 IB: 27 Barcode: E6515205

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: 8/12/19 7:00pm
Relinquish _____	Date and Time: 8/16/19 3:15pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Charged to Storage		
Signature: _____ Printed Name/Agency: _____ /FBI Reason: To Evidence	Date and Time: 8/16/19 3:15pm			
Relinquish _____	Date and Time: 8/16/19 4:30pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: CART		
Signature: _____ Printed Name/Agency: _____ Reason: CC	Date and Time: 8/16/19 4:30pm			
Relinquished Custody _____	Date and Time: 8/19/19 12:30pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Transfer to OTD		
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER	Date and Time: 8/19/19 12:30pm			
Relinquished Custody	Date and Time: 8/26/19 8:50am	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Received from GRF		
Signature: _____ Printed Name/Agency: _____ /FBI Reason: Release to OTD for Exam	Date and Time: 8/26/19 8:50am			
Relinquished Custody	Date and Time: 5/2/22 11:50am	Accepted Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Charge out		
Signature: _____ Printed Name/Agency: _____ /FBI Reason: Charge out	Date and Time: 5/3/22 11:50am			
Signature: _____ Printed Name/Agency: _____ /FBI Reason: permanent transfer to NY/OIT	Date and Time: 5/3/22 11:50am			

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: 28 Barcode: E6515206

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

EFTA02728322

EVIDENCE CHAIN OF CUSTODY

Case ID: _____ 1B: _____ Barcode: _____

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

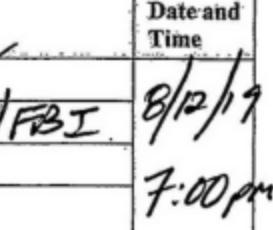
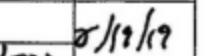
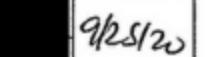
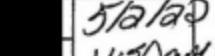
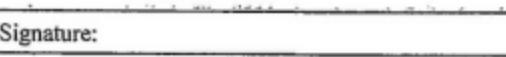
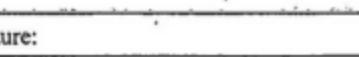
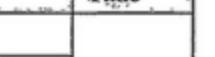
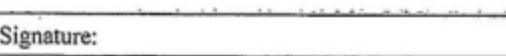
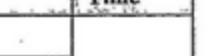
FEDERAL BUREAU OF INVESTIGATION
EVIDENCE CHAIN OF CUSTODY

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
				Date and Time: 8/12/19 7:00 pm
Relinquished _____ 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: CART	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER		Date and Time: 8/19/19 2:30 pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfers to OTD	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Relent to OTD for Ex		Date and Time: 8/20/19 8:34 pm	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Change out		Date and Time: 9/2/19 11:50 am	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: charged out	
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: permanent transfer to 105/OTG		Date and Time: 5/3/20 11:15 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 <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:  Reason: Initial Collection Collected By:  Agency: FBI	
			Date and Time	8/12/19 7:00 pm
Relinquished Custody Signature:  Printed Name/Agency:  Reason: TRANSFER		Date and Time	Accepted Custody	Date and Time
		8/19/19 12:30pm	Signature:  Printed Name/Agency:  Reason: Transport to OTD	8/19/19 12:30pm
Relinquished Custody Signature:  Printed Name/Agency:  Reason: Release to OTD for Exam		Date and Time	Accepted Custody Fed EX # 7726 2020 4262	Date and Time
		8/20/19 8:50am	Signature:  Printed Name/Agency:  Reason: Received from ERF	8/20/19 8:50am
Relinquished Custody Signature:  Printed Name/Agency:  Reason: Charge Out		Date and Time	Accepted Custody	Date and Time
		5/2/20 11:50am	Signature:  Printed Name/Agency:  Reason: Charge out	5/2/20 11:50am
Relinquished Custody Signature:  Printed Name/Agency:  Reason: permanent transfer to DCS/BIG		Date and Time	Accepted Custody	Date and Time
		5/3/20 11:15am	Signature:  Printed Name/Agency:  Reason:	
Relinquished Custody Signature:  Printed Name/Agency:  Reason:		Date and Time	Accepted Custody	Date and Time
			Signature:  Printed Name/Agency:  Reason:	
Relinquished Custody Signature:  Printed Name/Agency:  Reason:		Date and Time	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 1B: 30 Barcode: E6516228

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 [Redacted] Date and Time 8/19/19 7:00pm
<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
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		8/19/19 12:30pm	Signature: [Redacted] Printed Name/Agency: [Redacted] /FBI Reason: Transfer
Printed Name/Agency: [Redacted] /FBI			
Reason: Transfer			
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		8/20/19 8:50am	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Received from ERF
Printed Name/Agency: [Redacted]			
Reason: Relocated to OTD for ERF			11am
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		5/2/22 11:50am	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Charge out
Printed Name/Agency: [Redacted]			
Reason: Charge out			11:50am
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		5/3/22 11:00am	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: Permanent transfer to DOJ/OTC
Printed Name/Agency: [Redacted] /ATF			
Reason: Permanent transfer to DOJ/OTC			
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		Date and Time	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Printed Name/Agency: [Redacted]			
Reason: [Redacted]			
Relinquished Custody		Date and Time	Accepted Custody
Signature: [Redacted]		Date and Time	Signature: [Redacted] Printed Name/Agency: [Redacted] Reason: [Redacted]
Printed Name/Agency: [Redacted]			
Reason: [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"/>
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Case ID: 90A-NY-3151227 1B: 31 Barcode: E6516229

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 Signature of Seizing Individual: _____ Printed Name/Agency: _____ /FBI Reason: Initial Collection Collected By: _____ Agency: FBI
				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 _____				8/12/19 7:00pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO EVIDENCE				Accepted Custody Date and Time: 8/16/19 2:20pm Signature: _____ Printed Name/Agency: _____ Reason: Charged In Storage
				Date and Time
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: CLO				Accepted Custody Date and Time: 8/16/19 4:30pm Signature: _____ Printed Name/Agency: _____ /FBI Reason: CART
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: TRANSFER				Accepted Custody Date and Time: 8/19/19 12:30pm Signature: _____ Printed Name/Agency: _____ Reason: Transport to OTD
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: Release to OTD for Edam				Accepted Custody Date and Time: 8/20/19 8:30am Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge Out				Accepted Custody Date and Time: 5/2/22 11:50am Signature: _____ Printed Name/Agency: _____ Reason: chargeout
Relinquished Custody Signature: _____ Printed Name/Agency: _____ /FBI Reason: permanent transfer to DOJ/OTG				Accepted Custody Date and Time: 5/3/22 11:16am 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: E6515201

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

EFTA02728327

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
Relinquished Custody _____ Signature: _____ Printed Name: _____ /FBI Reason: TRANSFER			Date and Time: 8/19/19 12:30pm Accepted Custody: Signature: _____ Date and Time: 8/19/19 12:30pm
Relinquished Custody _____ Signature: _____ Printed Name: _____ /FBI Reason: Release to OTD for Exam			Date and Time: 8/20/19 8:50am Accepted Custody: Fed Ex # 7726 2020 4262 Signature: _____ Date and Time: 8/25/20 11:50am
Relinquished Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: Charge Out			Date and Time: 8/2/22 11:50am Accepted Custody: Signature: _____ Date and Time: 8/2/22 11:50am
Relinquished Custody _____ Signature: _____ Printed Name/Agency: _____ /FBI Reason: Permanent transfer to DSI/OSIG			Date and Time: 5/3/22 11:16am Accepted Custody: Signature: _____ Date and Time: 5/3/22 11:16am
Relinquished Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: _____			Date and Time: Accepted Custody: Signature: _____ Date and Time: Accepted Custody: Signature: _____ Date and Time: Accepted Custody: Signature: _____
Relinquished Custody _____ Signature: _____ Printed Name/Agency: _____ Reason: _____			Date and Time: Accepted Custody: Signature: _____ Date and Time: Accepted Custody: Signature: _____ Date and Time: Accepted Custody: Signature: _____

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: 33 Barcode: E6516231

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 Signature of Seizing Indiv Printed Name/Agency: <i>[Redacted]</i> /FBI Reason: Initial Collection Collected By: <i>[Redacted]</i> Agency: <i>FBI</i>	Date and Time 8/18/19 7:00 pm
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name: <i>[Redacted]</i> /FBI Reason: <i>TRANSFER</i>	Date and Time 8/19/19 12:30pm	Accepted Custody Signature: <i>[Redacted]</i> Printed Name: <i>[Redacted]</i> /FBI Reason: <i>TRANSFER TO OTD</i>	Date and Time 8/19/19 12:30pm	
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> /FBI Reason: <i>Releas to OTD for Exam</i>	Date and Time 8/20/19 8:50am	Accepted Custody Signature: <i>[Redacted]</i> Printed Name: <i>[Redacted]</i> Reason: <i>Received from ERF</i>	Date and Time 9/25/20 11am	
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>Charge Out</i>	Date and Time 5/2/22 11:50am	Accepted Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>charge out</i>	Date and Time 5/2/22 11:50am	
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> /FBI Reason: <i>permanent transfer to OTD/OTG</i>	Date and Time 5/3/22 11:16am	Accepted Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>[Redacted]</i>	Date and Time	
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>[Redacted]</i>	Date and Time	Accepted Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>[Redacted]</i>	Date and Time	
Relinquished Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>[Redacted]</i>	Date and Time	Accepted Custody Signature: <i>[Redacted]</i> Printed Name/Agency: <i>[Redacted]</i> Reason: <i>[Redacted]</i>	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"/>
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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 <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			Item # _____
Special Handling Instructions			Initial Receipt Signature of Seizing Individual Printed Name/Agency: Reason: Initial Collection Collected By: 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: Received from ER			Date and Time: 8/20/20 8:50am Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: Received from ER
			Date and Time: 8/20/20 8:50am
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
			Date and Time: 5/2/22 11:50am
Relinquished Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] /FBI Reason: Administrative transfer to WFOIC			Date and Time: 5/3/22 11:15am Accepted Custody Signature: [REDACTED] Printed Name/Agency: [REDACTED] Reason: Administrative transfer to WFOIC
			Date and Time: 5/3/22 11:15am
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"/>
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Case ID: **90A-NY-3151227** IB: **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: 8/12/19 1:00PM
Relinquished Custody Signature: _____ Printed Name: _____ /FBI Reason: TRANSFER				Accepted Custody Date and Time: 8/19/19 12:30PM Signature: _____ Printed Name: _____ Reason: Transport to OTS
				Date and Time: 8/19/19 12:30PM
Relinquished Custody Signature: _____ Printed Name: _____ /FBI Reason: Back to OTS for Exam				Accepted Custody Date and Time: 8/20/19 6:50am Signature: _____ Printed Name: _____ Reason: Received from ERF
				Date and Time: 8/20/19 6:50am
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge Out				Accepted Custody Date and Time: 5/2/22 11:50am Signature: _____ Printed Name/Agency: _____ Reason: charge out
				Date and Time: 5/2/22 11:50am
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Permanent transfer to DSVIG				Accepted Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____
				Date and Time: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____				Accepted Custody Date and Time: _____ Signature: _____ Printed Name/Agency: _____ Reason: _____
				Date and Time: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____				Accepted Custody Date and Time: _____ 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: NCIC:

Case ID: 90A-NY-3151227

IB: 36

Barcode: E65 (6234)

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

EFTA02728331

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 Signature of Seizing Individual: _____ Printed Name/Agency: _____ Reason: Initial Collection Collected By: _____ Agency: FBI
				Date and Time: 8/15/19 11:30PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Storage				Accepted Custody Date and Time: 8/16/19 5:14PM Signature: _____ Printed Name/Agency: _____ Reason: CART
				Date and Time: 8/16/19 5:14PM
Relinquished Custody Signature: _____ Printed Name/Agency: FBI Reason: TO EVIDENCE				Accepted Custody Date and Time: 8/20/19 3:00PM Signature: _____ Printed Name/Agency: _____ Reason: Charged In / Storage
				Date and Time: 8/20/19 3:00PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Charge Out				Accepted Custody Date and Time: 5/2/22 11:50AM Signature: _____ Printed Name/Agency: _____ Reason: Charge out
				Date and Time: 5/2/22 11:50AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Permanent transfer to WTBIS				Accepted Custody Date and Time: 5/3/22 11:19AM Signature: _____ Printed Name/Agency: _____ Reason: _____
				Date and Time: 5/3/22 11:19AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____				Accepted Custody Date and Time: 5/3/22 11:19AM Signature: _____ Printed Name/Agency: _____ Reason: _____
				Date and Time: 5/3/22 11:19AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____				Accepted Custody Date and Time: 5/3/22 11:19AM Signature: _____ Printed Name/Agency: _____ Reason: _____
				Date and Time: 5/3/22 11:19AM

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: 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 # 1
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 Printed Name/Agency: (NYPD)		Date and Time 8/14/19 9:00PM
Relinquished Custody Signature: _____ Printed Name/Agency: /NYPD Reason: TRANSFER		Date and Time 8/15/19 1:30pm	Accepted Custody Signature: _____ Printed Name: _____ Reason: RECEIVED	Date and Time 8/15/19 1:30pm
Relinquished Custody Signature: _____ Printed Name/Agency: /FBI Reason: TRANSFER		Date and Time 8/15/19 2:00pm	Accepted Custody Signature: _____ Printed Name: _____ Reason: RECEIVED	Date and Time 8/15/19 2:00pm
Relinquished Custody Signature: _____ Printed Name: _____ Reason: TRANSPORT TO OTD		Date and Time 8/15/19 3:00pm	Accepted Custody Signature: _____ Printed Name: _____ Reason: Received from ERF	Date and Time 9/25/20 11am
Relinquished Custody Signature: _____ Printed Name: _____ Reason: Split to E6713798		Date and Time 9/25/20 1101	Accepted Custody Signature: _____ Printed Name: _____ Reason: Storage	Date and Time 9/25/20 1102
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Checked out		Date and Time 5/2/22 11:50am	Accepted Custody Signature: _____ Printed Name: _____ Reason: Charge out	Date and Time 5/2/22 11:50am
Relinquished Custody Signature: _____ Printed Name/Agency: /FBI Reason: Permanent transfer to DOJ/OTG		Date and Time 5/3/22 11:50am	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: NCIC:

Case ID: 90A-NY-3151227

IB: 19

Barcode: E6516827

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

EFTA02728333

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody Signature:  Printed Name/Agency: Reason:	Date and Time Signature:  Printed Name/Agency: Reason: Received from ERF d	Date and Time 4/26/21 10:14am
Relinquished Custody Signature:  Printed Name/Agency: Reason:	Date and Time Accepted Custody Signature:  Printed Name/Agency: Reason: Split from 1621 E 6518213	Date and Time 10/26/21 2:22pm
Relinquished Custody Signature:  Printed Name/Agency: Reason: <i>Change out</i>	Date and Time 5/2/22 11:50am Accepted Custody Signature:  Printed Name/Agency: Reason: <i>change out</i>	Date and Time 5/2/22 11:50am
Relinquished Custody Signature:  Printed Name/Agency: <i>AFBI</i> Reason: <i>Request transfer to OIG</i>	Date and Time 5/3/22 11:16am 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
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

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 checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other			Item # <u>2</u>
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 In _____ Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: <u>Margaret Grard</u> Agency: <u>FBI</u>	
		Date and Time: <u>8/15/19</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name: <u>0/FBI</u> Reason: <u>To transport item</u>		<u>8/15/19</u> <u>6:00pm</u>	Signature: _____ Printed Name: _____ Reason: <u>Transport</u>
		Date and Time: <u>8/15/19</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name: _____ Reason: <u>Transfer to OTD</u>		<u>8/16/19</u> <u>12:00A</u>	Signature: _____ Printed Name: _____ Reason: <u>receive transferred</u>
		Date and Time: <u>8/16/19</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name: _____ Reason: <u>Split to E694344S</u>		<u>10/14/21</u> <u>11:30 AM</u>	Signature: _____ Printed Name: _____ Reason: <u>From Split</u>
		Date and Time: <u>10/14/21</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: <u>Split to 1B59 E694431</u>		<u>10/26/21</u> <u>2:20pm</u>	Signature: _____ Printed Name/Agency: _____ Reason: _____
		Date and Time: <u>10/26/21</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: <u>Charge out</u>		<u>5/2/22</u> <u>11:50am</u>	Signature: _____ Printed Name: _____ Reason: <u>charge out</u>
		Date and Time: <u>5/2/22</u>	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name: _____ Reason: <u>Permanent release to DOT/BIG</u>		<u>5/3/22</u> <u>11:56am</u>	Signature: _____ Printed Name/Agency: _____ Reason: _____
		Date and Time: <u>5/3/22</u>	

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: 1B21 Barcode: E6516213

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 checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other Item # <u>1</u>			
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 In <u>██████████</u> Printed Name/Agency: <u>FBI</u> Reason: Initial Collection Collected By: <u>MARY HAMMOND</u> Agency: <u>FBI</u>	
		Date and Time 8/10/19 4:30pm	
Relinquished Custody		Date and Time <u>8/12/19</u> <u>10:00AM</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>FBI</u> Reason: <u>CART</u>
		Date and Time <u>8/12/19</u> <u>10:00AM</u>	
Relinquished Custody		Date and Time <u>8/15/19</u> <u>10:20AM</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>FBI</u> Reason: <u>RECEIVED</u>
		Date and Time <u>8/15/19</u> <u>2:00PM</u>	
Relinquished Custody		Date and Time <u>8/15/19</u> <u>3:00PM</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>FBI</u> Reason: <u>Accepted</u>
		Date and Time <u>9/25/20</u> <u>11am</u>	
Relinquished Custody		Date and Time <u>8/15/19</u> <u>3:00PM</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>FBI</u> Reason: <u>Received from ERF</u>
		Date and Time <u>9/25/20</u> <u>11am</u>	
Relinquished Custody		Date and Time <u>CM</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>██████████</u> Reason: <u>██████████</u>
		Date and Time <u>██████████</u>	
Relinquished Custody		Date and Time <u>██████████</u>	Accepted Custody Signature: <u>██████████</u> Printed Name/Agency: <u>██████████</u> Reason: <u>██████████</u>
		Date and Time <u>██████████</u>	

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.

EVIDENCE CHAIN OF CUSTODY

Case ID: 904 - M-3151227 1B: 1 Barcode: E6516194

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 # <u>2</u>
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	
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CART		8/12/19 10:00AM	Signature: _____ Printed Name/Agency: _____ FBI Reason: CART
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ FBI Reason: TO C/A		8/15/19 10:20AM	Signature: _____ Printed Name/Agency: _____ Reason: Received
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER		8/15/19 2:00PM	Signature: _____ Printed Name/Agency: _____ Reason: Accepted
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTD		8/15/19 3:00PM	Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF
Relinquished Custody		Date and Time	Accepted Custody
Signature: _____ Printed Name/Agency: _____ Reason: _____		(Cm)	Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody		Date and Time	Accepted Custody
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: 2 Barcode: E6576195

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 11:50a	Signature: [REDACTED]	5/2/22 11:50a/10
Printed Name/Age:		Printed Name:	
Reason: <i>charge out</i>		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/2/22 11:50a.m	Signature:	
Printed Name/Agency: <i>ABCI</i>		Printed Name/Agency:	
Reason: <i>permanent transfer to VTS/610</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:	
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-M4-3751227 1B: 2 Barcode: E6516195

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: [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: [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>3</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 In <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> FBI Reason: Initial Collection Collected By: <u>[REDACTED]</u> Agency: FBI		8/10/19 4:30 pm
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> FBI Reason: TO CART		8/12/19 10:00 AM	Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> FBI Reason: CART	8/12/19 10:00 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> FBI Reason: TO CJA		8/15/19 10:20 AM	Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: RECOMM	8/15/19 10:20 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: TRANS FOR		8/15/19 2:08 PM	Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: Accepted	8/15/19 2:08 PM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: Transfer to OTD		8/16/19 3:08 PM	Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: Received from ERF	9/28/20 11 AM
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: <u>CJA</u>			Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: <u>[REDACTED]</u>	
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: <u>[REDACTED]</u>			Signature: <u>[REDACTED]</u> Printed Name/Agency: <u>[REDACTED]</u> Reason: <u>[REDACTED]</u>	

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: 3 Barcode: E6516196

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/2/02 11:50am	Signature: [REDACTED]	5/2/02 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]	5/3/02 4:11pm	Signature:	
Printed Name/Agency: [REDACTED] FBI		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:	
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-WM-31S1227 1B: 3 Barcode: E6516196

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

EFTA02728342

[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.gov.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.gov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.gov.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>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 Indiv _____ Printed Name/Agency: _____ FBI		8/10/19 4:30pm
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CART		Date and Time 8/12/19 10:00AM	Accepted Custody Signature: _____ Printed Name/Agency: _____	Date and Time 8/12/19 10:00AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ FBI Reason: TO CJA		Date and Time 8/15/19 10:20AM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: RECEIVED	Date and Time 8/15/19 10:20AM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: TRANSFER		Date and Time 8/15/19 12:00PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Accepted	Date and Time 8/15/19 2:00PM
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: Transfer to OTD		Date and Time 8/15/19 3:00PM	Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: Received from ERF	Date and Time 8/15/19 11am
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: 4 Barcode: E6516197

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

EVIDENCE CHAIN OF CUSTODY

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.gov.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.gov.gov>; [REDACTED] (NY) (FBI)
<[REDACTED]@fbi.gov.gov>
Subject: --- UNCLASSIFIED

Classification: UNCLASSIFIED

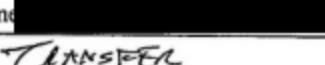
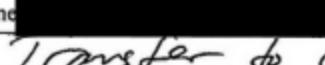
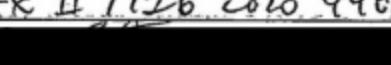
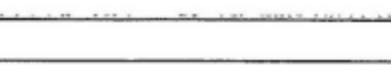
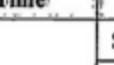
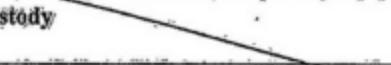
This e-mail pertains to the following case 90A-NY-3151227 1B2 through 1B18, the seizing agent
Made photocopies of the chain of custody from 1B1 (same case number) before he relinquished
Custody to CART, therefore a continuation chain of custody will be started for the following 1B
Numbers listed.

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:		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 In  Printed Name/Agency:  FBI Reason: Initial Collection Collected By:  Agency: FBI	
Relinquished Custody		Date and Time	Accepted Custody
Signature:  Printed Name/Agency: FBI Reason: TO CART		8/12/19 10:00AM	Signature:  Printed Name/Agency: FBI Reason: CART
Relinquished Custody		Date and Time	Accepted Custody
Signature:  Printed Name/Agency: FBI Reason: TO CJA		8/15/19 10:20AM	Signature:  Printed Name/Agency:  Reason: RECEIVED
Relinquished Custody		Date and Time	Accepted Custody
Signature:  Printed Name/Agency:  Reason: TRANSFER		8/15/19 2:00PM	Signature:  Printed Name/Agency:  Reason: Accepted
Relinquished Custody		Date and Time	Accepted Custody
Signature:  Printed Name/Agency:  Reason: Transfer to OTD		8/16/19 3:00PM	Signature:  Printed Name/Agency:  Reason: Received from GRF
Relinquished Custody		Date and Time	Accepted Custody
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:
Relinquished Custody		Date and Time	Accepted Custody
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 1B: 5 Barcode: E6516198

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]	
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	9/25/20
Reason: <i>Sp. 4 to E6713794</i>	11:01	Reason: <i>Storage</i>	11:02
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/2/20	Signature: [REDACTED]	5/2/20
Printed Name/Agency: [REDACTED]	11:50a	Printed Name/Agency: [REDACTED]	11:50am
Reason: <i>Always on</i>		Reason: <i>charge out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/3/20	Signature: [REDACTED]	
Printed Name/Agency: [REDACTED]	10:16am	Printed Name/Agency: [REDACTED]	
Reason: <i>permanent transfer to DCS/BCG</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-NM-3151227 1B: 5 Barcode: E6516198

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.gov.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.gov.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.

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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

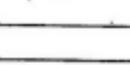
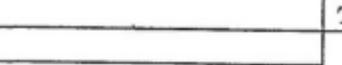
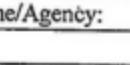
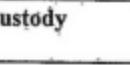
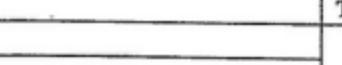
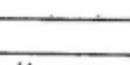
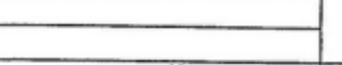
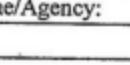
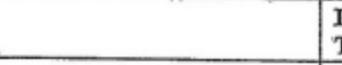
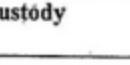
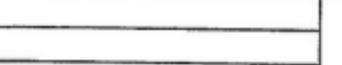
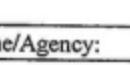
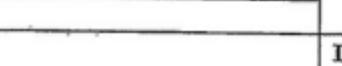
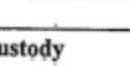
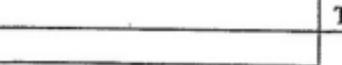
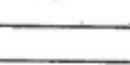
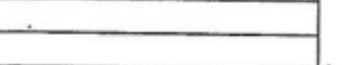
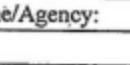
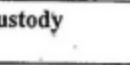
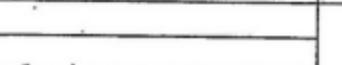
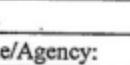
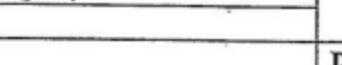
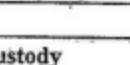
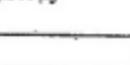
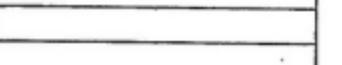
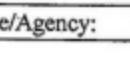
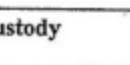
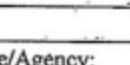
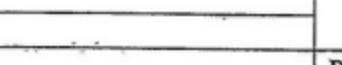
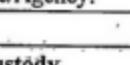
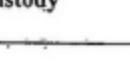
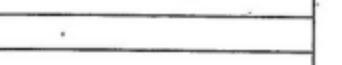
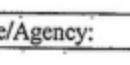
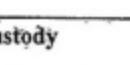
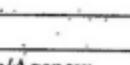
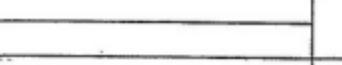
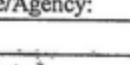
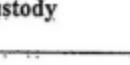
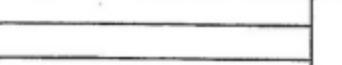
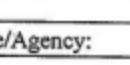
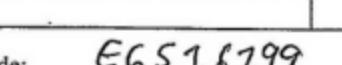
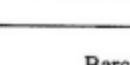
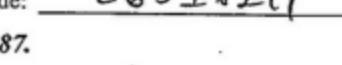
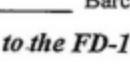
Evidence Type: <input type="checkbox"/> General <input type="checkbox"/> Drugs <input type="checkbox"/> Firearms/Weapon <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # <u>6</u>
Special Handling Instructions:		Initial Receipt		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 Indi [REDACTED] Printed Name/Agency: <u>FBI</u> Reason: Initial [REDACTED] Collected By: [REDACTED] Agency: <u>FBI</u>		3/10/19 4:30pm
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>TO CART</u>		<u>3/12/19</u> <u>10:00 AM</u>	Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>OTI</u>	<u>3/12/19</u> <u>10:00 AM</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>TO C/A</u>		<u>3/15/19</u> <u>10:20 AM</u>	Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>RECEIVED</u>	<u>3/15/19</u> <u>10:20 AM</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>TRANSFER</u>		<u>3/15/19</u> <u>2:00pm</u>	Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>Accepted</u>	<u>3/15/19</u> <u>2:00pm</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name/Agency: <u>FBI</u> Reason: <u>Transfer to OTD</u>		<u>3/15/19</u> <u>3:00pm</u>	Signature: [REDACTED] Printed Name: <u>FBI</u> Reason: <u>Received from CTF</u>	<u>3/25/20</u> <u>11am</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name/Agency: <u>OTI</u> Reason: <u>OTI</u>		<u>3/15/19</u> <u>3:00pm</u>	Signature: [REDACTED] Printed Name/Agency: <u>OTI</u> Reason: <u>OTI</u>	<u>3/15/19</u> <u>3:00pm</u>
Relinquished Custody		Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED] Printed Name/Agency: <u>OTI</u> Reason: <u>OTI</u>		<u>3/15/19</u> <u>3:00pm</u>	Signature: [REDACTED] Printed Name/Agency: <u>OTI</u> Reason: <u>OTI</u>	<u>3/15/19</u> <u>3:00pm</u>

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.

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/2/22 11:50am	Signature:  Printed Name/Agency: 	5/2/22 11:50am
Reason: <i>Carry & out</i>		Reason: <i>change out</i>	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: 	5/3/22 11:48am	Signature: 	
Printed Name/Agency: 		Printed Name/Agency: 	
Reason: <i>Paroleant transfer to DOT/OTG</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-M-3151227 1B: 6 Barcode: E6516199

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

[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.gov.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.gov.gov> [REDACTED] (NY) (FBI)
[REDACTED]@fbi.gov.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 # _____
Special Handling Instructions			Initial Receipt Signature of Seizing Printed Name/Agency Reason: Initial Collection Collected By: _____ Agency: <i>FBI</i>
			Date and Time: <i>8/21/19 3:00 pm</i>
Reason: <i>TO EVIDENCE</i>			Date and Time: <i>8/22/19 12:10 pm</i> Accepted Custody Signature: _____ Printed Name: _____ Reason: <i>Charged In /'storage</i>
Relinquished Custody Signature: _____ Printed Name: _____ Reason: <i>Charge out</i>			Date and Time: <i>8/22/19 11:50 am</i> Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: <i>charge out</i>
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: <i>Permanent transfer to ATF/BCP</i>			Date and Time: <i>5/3/20 11:16 am</i> Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____			Date and Time: <i>5/3/20 11:16 am</i> Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____			Date and Time: <i>5/3/20 11:16 am</i> Accepted Custody Signature: _____ Printed Name/Agency: _____ Reason: _____
Relinquished Custody Signature: _____ Printed Name/Agency: _____ Reason: _____			Date and Time: <i>5/3/20 11:16 am</i> 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"/>
--	--

Case ID: *90A-NY-3151227* 1B: *43* Barcode: *E 6515258*

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

EFTA02728353

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>NYCG25654</u>
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: Victoria Tenpenny Agency: FBI	
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>100</u> Printed Name/Agency: _____/FBI Reason: Submit to ECU		<u>9/3/19</u> <u>2:40pm</u>	Signature: _____ Printed Name/Agency: _____/FBI Reason: <u>CHARGE - NO DANGER</u>
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>C</u> Printed Name/Agency: _____/FBI Reason: <u>C/I to SA</u>		<u>9/6/19</u> <u>1025</u>	Signature: _____ Printed Name/Agency: _____/FBI Reason: <u>CART</u>
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>12</u> Printed Name/Agency: _____/FBI Reason: <u>handed to CART</u>		<u>9/6/19</u> <u>1024</u>	Signature: _____ Printed Name/Agency: _____/FBI Reason: <u>CART</u>
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>12</u> Printed Name/Agency: _____/FBI Reason: <u>TO EVIDENCE</u>		<u>9/11/19</u> <u>10:00AM</u>	Signature: _____ Printed Name/Agency: _____/FBI Reason: <u>CHARGE - NO DANGER</u>
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>10</u> Printed Name/Agency: _____/FBI Reason: <u>Charge Out</u>		<u>5/2/20</u> <u>11:50am</u>	Signature: _____ Printed Name/Agency: _____/FBI Reason: <u>charge out</u>
Relinquished Custody		Date and Time	Accepted Custody
Signature: <u>10</u> Printed Name/Agency: _____/FBI Reason: <u>permanent transfer to DOT/DTG</u>		<u>5/3/20</u> <u>11:00am</u>	Signature: _____ Printed Name/Agency: _____/FBI 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-3151221 1B: 45 Barcode: E6516399

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

EFTA02728354

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature: [REDACTED]	9/25/20 11:01
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Split from E6516198			
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature: [REDACTED]	9/25/20 11:02
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Storage			
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/2/22 11:50a	Signature: [REDACTED]	5/2/20 11:50a
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 11:58am	Signature: [REDACTED]	
Printed Name/Agency: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Permanent transfer to WSI/ITG		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: 10A-WM-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:		Signature:	
Printed Name/Agency:		Printed Name:	
Reason:		Reason: Split from G651621	1201
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name/Agency:		Printed Name:	
Reason:		Reason: Storage	1202
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22 11:50am	Signature:	5/6/22 11:30am
Printed Name:		Printed Name:	
Reason: Charge Out		Reason: charged out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22 11:16am	Signature:	
Printed Name:	AFL	Printed Name/Agency:	
Reason: Preparat transfer to DSI/DSI		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: 90A-44-315 1227 IB: 78 Barcode: E6713793

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]	
Printed Name: [REDACTED]		Printed Name: [REDACTED]	
Reason: Split from E6516211 1101			
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]		Signature: [REDACTED]	
Printed Name: [REDACTED]		Printed Name: [REDACTED]	
Reason: Storage			
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/2/22 11:50am	Signature: [REDACTED]	5/26/22 11:00am
Printed Name: [REDACTED]		Printed Name: [REDACTED]	
Reason: Charge Out		Reason: Charge Out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: [REDACTED]	5/3/22 11:30am	Signature: [REDACTED]	
Printed Name: [REDACTED]		Printed Name/Agency: [REDACTED]	
Reason: Migrant Transfer to DCS/DTG		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-3257227 1B: 49 Barcode: E6713795

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

EFTA02728357

EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	9/25/20
Printed Name/Agency:		Printed Name:	
Reason:		Reason: Split from E 65162-06 1101	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	9/25/20
Printed Name/Agency:		Printed Name:	
Reason:		Reason: Sterease	1102
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22	Signature:	5/2/22
Printed Name:	11:50a	Printed Name:	
Reason: Charge Out		Reason: Charge out	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22	Signature:	
Printed Name:	11:19am	Printed Name/Agency:	
Reason: Permanent transfer to DOJ/DOJ		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 IB: 50 Barcode: E6713796

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

EVIDENCE CHAIN OF CUSTODY

Relinquished C	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	9/25/20 11:02
Printed Name/Agency:		Printed Name [REDACTED]	
Reason:		Reason: Split from C6526207	11:02
Relinquished C	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	9/25/20 11:02
Printed Name/Agency:		Printed Name [REDACTED]	
Reason:		Reason: Storage	11:02
Relinquished C	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22 11:50am	Signature: [REDACTED]	5/2/22 11:50AM
Printed Name:		Printed Name [REDACTED]	
Reason: Charge Out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	9/3/22 11:56am	Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason: Relinquant from fir to DCS/OSIG		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature: [REDACTED]	
Printed Name/Agency:		Printed Name/Agency: [REDACTED]	
Reason:		Reason: [REDACTED]	

Case ID: 90G-MY-3151227 1B: 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:	
Printed Name/Agency:	Printed Name:	
Reason:	Reason: split from E6516227	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name:	
Reason:	Reason: Storage	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name:	Printed Name:	
Reason: Charge Out	Reason: Charge out	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name:	Printed Name/Agency:	
Reason: MIA/DOF transfer to DDC/DOF	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	
Relinquished Custody	Accepted Custody	Date and Time
Signature:	Signature:	
Printed Name/Agency:	Printed Name/Agency:	
Reason:	Reason:	

Case ID: 90A-M-3151227 1B: 52 Barcode: E6713798

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			
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 Indiv: [REDACTED] <i>FBI</i> Printed Name/Agency: [REDACTED] <i>FBI</i> Reason: Initial Collection Collected By: [REDACTED] <i>FBI</i> Agency: <i>FBI</i>	
		Date and Time	7/23/21 6:30PM
Relinquished	Date and Time	Accepted Custody	
Signature: [REDACTED] <i>FBI</i>	7/29/21 3:33pm	Signature: [REDACTED]	Printed Name: [REDACTED]
Printed Name: [REDACTED] <i>FBI</i>		Reason: Storage	3:33PM
Reason: <i>CHARGE IN</i>			
Relinquished Custody	Date and Time	Accepted Custody	
Signature: [REDACTED]	5/2/21 11:50am	Signature: [REDACTED]	Printed Name: [REDACTED]
Printed Name: [REDACTED]		Reason: <i>charge out</i>	5/2/21 11:50am
Reason: <i>Charge Out</i>			
Relinquished Custody	Date and Time	Accepted Custody	
Signature: [REDACTED]	5/3/21 11:15am	Signature: [REDACTED]	Printed Name/Agency: [REDACTED]
Printed Name: [REDACTED] <i>H. V. G.</i>		Reason:	
Reason: <i>Permanent transfer to BJS/DOJ</i>			
Relinquished Custody	Date and Time	Accepted Custody	
Signature: [REDACTED]		Signature: [REDACTED]	Printed Name/Agency: [REDACTED]
Printed Name/Agency: [REDACTED]			Reason:
Reason: [REDACTED]			
Relinquished Custody	Date and Time	Accepted Custody	
Signature: [REDACTED]		Signature: [REDACTED]	Printed Name/Agency: [REDACTED]
Printed Name/Agency: [REDACTED]			Reason:
Reason: [REDACTED]			
Relinquished Custody	Date and Time	Accepted Custody	
Signature: [REDACTED]		Signature: [REDACTED]	Printed Name/Agency: [REDACTED]
Printed Name/Agency: [REDACTED]			Reason:
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 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:	
Reason:		Reason: Split from (B19) E	4:24P
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name:		Printed Name:	
Reason: Charge OUT	5/2/22 11:50AM	Reason: Charge out	5/2/22 11:50AM
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name:		Printed Name/Agency:	
Reason: Permanent transfer to DSS/DCP	5/3/22 11:19AM	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: 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: Split from (1B21) JE	8/2/21 4:38p
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22 11:50am	Signature:	5/2/22 11:50am
Printed Name:		Printed Name:	
Reason: Charge Out		Reason: Charge out	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	9/3/22 11:19am	Signature:	
Printed Name:	ABZ	Printed Name/Agency:	
Reason: permanent transfer to 1B1/06		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:	
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:	
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason: Split from (IB20) JF	8/2/21 446P
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	
Printed Name:	5/2/22	Printed Name:	3/2/22
Reason: Charge out	11:50am	Reason: charge out	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22	Signature:	
Printed Name:	11:15am	Printed Name/Agency:	
Reason: Permanent transfer to IOT/DSG		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: QOA-ny-3151027 1B: 50 Barcode: E6871404

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

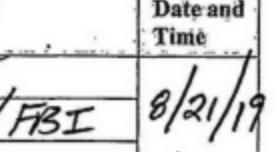
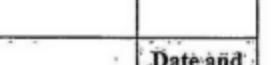
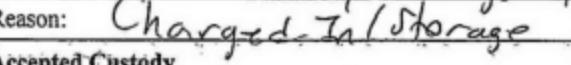
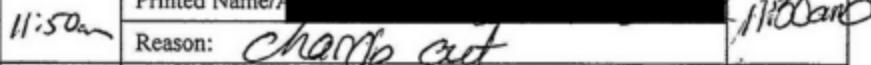
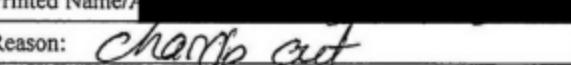
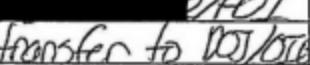
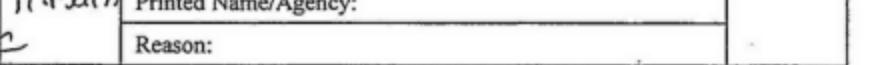
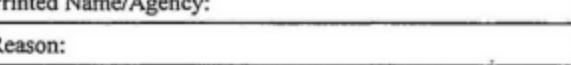
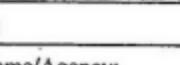
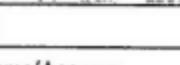
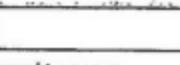
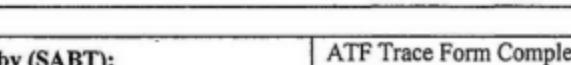
EVIDENCE CHAIN OF CUSTODY

Relinquished Custody	Date and Time	Accepted Custody FBI File # 77353226 0645	Date and Time
Signature:		Signature:	4/26/21
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason: Received from FBI	10:14am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:		Signature:	10/26/21
Printed Name/Agency:		Printed Name/Agency:	
Reason:		Reason: Split from 1B20 E65621	12:22pm
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/2/22	Signature:	5/2/22
Printed Name:	11:50am	Printed Name:	
Reason: Change of		Reason: Change - out	11:50am
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature:	5/3/22	Signature:	
Printed Name/Agency:	11:10am	Printed Name/Agency:	
Reason: Permanent transfer to 1B1/1B1		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: 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 <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # _____	
Special Handling Instructions				Initial Receipt  Signature of Seizing Individual:  Printed Name/Agency:  Reason: Initial Collection Collected By:  Agency: 	Date and Time 8/21/19 4:00pm
Relinquished Custody  Signature:  Printed Name/Agency:  Reason: TO EVIDENCE		Date and Time 8/22/19 12:10pm	Accepted Custody  Signature: Printed Name/Agency:  Reason: Charged In/Storage		Date and Time 8/22/19 12:20
Relinquished Custody  Signature:  Printed Name/Agency:  Reason: Charge out		Date and Time 5/2/22 11:50am	Accepted Custody  Signature: Printed Name/Agency:  Reason: charge out		Date and Time 5/2/22 11:00am
Relinquished Custody  Signature:  Printed Name/Agency:  Reason: Permanent transfer to DOJ/DOJ		Date and Time 5/3/22 11:16am	Accepted Custody  Signature: Printed Name/Agency:  Reason:		
Relinquished Custody  Signature:  Printed Name/Agency:  Reason:			Accepted Custody  Signature: Printed Name/Agency:  Reason:		
Relinquished Custody  Signature:  Printed Name/Agency:  Reason:			Accepted Custody  Signature: Printed Name/Agency:  Reason:		
Relinquished Custody  Signature:  Printed Name/Agency:  Reason:			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: 42 Barcode: E6515259

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

EFTA02728366

File Number 904-NY-3151227Field Office Acquiring Evidence NYOSerial # of Originating Document 203

Date Received _____

From _____
(Name of Contributor/Interviewee)_____
(Address)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 No

Title:

Reference: 202
(Communication Enclosing Material)Description: Original notes re interview ofpackage copies for 1B37 + 1B38 and
BP-409711A98

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 #	1
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 8/10/19 3:40pm	
Relinquished Custody		Date and Time	Accepted Custody		
Signature: _____ Printed Name/Agency: _____ /FBI Reason: TO NYPP		8/12/19 10:30AM	Signature: _____ Printed Name/Agency: _____ Reason: TO OCME		
			Date and Time 8/12/19 10:30AM		
Relinquished Custody		Date and Time	Accepted Custody		
Signature: _____ Printed Name/Agency: _____ Reason: TO OCME		8/12/19 11:50AM	Signature: Printed Name/Agency: Reason:		
Relinquished Custody		Date and Time	Accepted Custody		
Signature: Printed Name/Agency: Reason:			Signature: Printed Name/Agency: Reason:		
Relinquished Custody		Date and Time	Accepted Custody		
Signature: Printed Name/Agency: Reason:			Signature: Printed Name/Agency: Reason:		
Relinquished Custody		Date and Time	Accepted Custody		
Signature: Printed Name/Agency: Reason:			Signature: Printed Name/Agency: Reason:		
Relinquished Custody		Date and Time	Accepted Custody		
Signature: Printed Name/Agency: Reason:			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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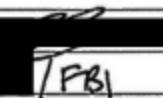
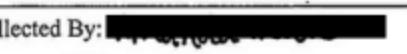
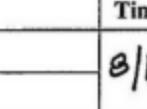
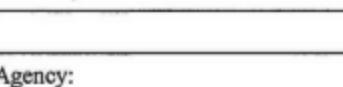
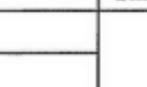
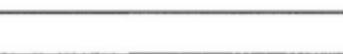
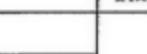
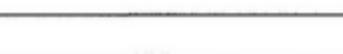
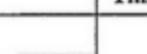
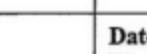
Case ID: 90A-NY-3151227 1B: 37 Barcode: E6516236

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 <input type="checkbox"/> Digital <input type="checkbox"/> Valuables <input type="checkbox"/> Firearms/Other				Item # <u>2</u>
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 Inc:  Printed Name/Agency:  Reason: Initial Collection Collected By:  Agency: FBI	
			Date and Time <u>8/10/19 4:21pm</u>	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name:  Reason: TO NYPD			Signature:  Printed Name/Agency:  Reason: TO OCME	
			Date and Time <u>8/12/19 10:30AM</u>	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason: TO OCME			Signature:  Printed Name/Agency:  Reason:	
			Date and Time	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:	
			Date and Time	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:	
			Date and Time	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:	
			Date and Time	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:	
			Date and Time	
Relinquished Custody			Accepted Custody	
Signature:  Printed Name/Agency:  Reason:			Signature:  Printed Name/Agency:  Reason:	
			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-31512271B: 38Barcode: 66516237

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 # NYM-19-0174

(Enclose with/attach to evidence)

ITEM # NYM-19-00185 (5)

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 PMLOCATION: Special Housing Unit L-Tier Cell #220

X SIGNATURE OF B

X PRINTED NAME: [REDACTED]

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 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:
SIS HTT	8/10/19 3:40AM	FBI	[REDACTED]

BP-A0971

CHAIN OF CUSTODY LOG CDfrm

AUG 11

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # NYM-19-00182

(Enclose with/attach to evidence)

CASE ID NUMBER: NYM-19-00182SUSPECT (If known) Jeffrey, Epstein#76318-154DESCRIPTION OF ITEM: Clothing Epstein was transported to outside hospital with.DATE/TIME ITEM FOUND: August 10, 2019 2 10:15 AMLOCATION: New York Presbyterian HospitalSIGNATURE OF PERSON RECOVERING EVIDENCE: [Redacted]PRINTED NAME: [Redacted]

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) [Redacted]Date & Time: [Redacted]Witness: (printed name) [Redacted]

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) [Redacted]Date & Time: [Redacted]Witness: (printed name) [Redacted]

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) [Redacted]Date & Time: [Redacted]Witness: (printed name) [Redacted]

DISPOSITION:

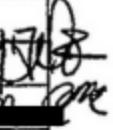
Hold as evidence
 Return to finder
 Other

Return to owner
 Destroy immediately

Lab Analysis
 FBI

REMARKS (condition of evidence):

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
Derrick Mebane 	8/10/19 10:32AM	SIS Office	SIS Lt. T. Doctor 
SIS Lt. 	8/10/19 4:26PM	FBI Office	Special Agent 

C-19

FD-340c(4-11-03)

File Number 90A-NY-3151227

Field Office Acquiring Evidence NYO

Serial # of Originating Document 206

Date Received 6-25-24

From CIA
(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:
(Communication Enclosing Material)

Description: Original notes re interview of

Chain of custody of 1B 60

Destruktion Date - 6-28-24

1A121 1A100

EFTA02728372

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 [Signature]**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 ONLY

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	FBI Seizure #:	None
	EDT	Abandonment #:	None
CATS ID #:	None		
CATS Abandonment #:	None		

Storage Location

Discovery Location

Holding Office:	NY - NEW YORK	Area:	None
Finalized By:	████████████████	Specific:	None
Last Inventory:	None	Seizing Individual:	████████████████
		Collected By:	████████████████

Retention

Retention: No

Legal Caveats

None

Chain of Custody ^

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"/> Ammunition			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 Indiv Printed Name/Agency: Reason: Initial Collection Collected By: _____ Agency: FBI	5/29/24 3:15PM
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	5/31/24 1:55PM	Signature: _____	5/31/24 1:55PM
Printed Name/Agency: FBI		Printed Name/Agency: FBI	
Reason: MURKIN		Reason: Charged in	
Relinquished Custody	Date and Time	Accepted Custody	Date and Time
Signature: _____	6/25/24 150P	Signature: _____	
Printed Name/Agency: _____		Printed Name/Agency: _____	
Reason: Returned to CART for Reuse		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: _____	

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** 1B: **60** Barcode: **E8382027**