

Jan 17

U.S. DEPARTMENT OF JUSTICE



FEDERAL BUREAU OF PRISONS

## Part I - Incident Report

1. Institution: FCI SHERIDAN		Incident Report Number:	
2. Inmate's Name: Sullivan, Cyrus	3. Register Number 74918-065	4. Date Of Incident: July 18th, 2018	5. Time: 07:05 PM
6. Place Of Incident: SPECIAL HOUSING UNIT CELL 206	7. Assignment: SHU UNASSIGNED	8. Unit: SHU	
9. Incident: Failure to follow safety and sanitation guidelines, Damaging government property less than \$100.		10. Code(s): 317 329	

11. Description Of Incident (Date: 07/18/2018 Time: 7:05 PM Staff become aware of incident)

On July 18th, 2018 I, C/O Davis was conducting rounds on the 200 range when I noticed graffiti all over the walls and door of cell 206 belonging to inmate Sullivan, Cyrus, Reg. No. 74918-065. Inmate Sullivan is the only inmate assigned to that cell. Specifically, the graffiti references "Copblaster.com" which is a website directly linked to Inmate Sullivan. I informed Inmate Sullivan that it is against policy to write on the walls. Inmate Sullivan stated, "I know." Inmate Sullivan signed for a copy of the Special Housing Unit Safety and Sanitation Standards that states "4. There will be no drawing on the walls, doors, ceiling, beds, etc."

12. Typed Name/Signature Of Reporting Employee: G. Davis 	13. Date And Time Report is Written: 07/18/2018 7:20 PM	
14. Incident Report Delivered To Above Inmate By (Type Name/Signature) <u>LT. C. SANDERS</u> 	15. Date Incident Report Delivered <u>7/18/2018</u>	16. Time Incident Report Delivered <u>8:30 PM</u>

## Part II - Committee Action

17. Comments Of Inmate To Committee Regarding Above Incident

18. A. It Is The Finding Of The Committee That You: ____ Committed The Following Prohibited Act. ____ Did Not Commit A Prohibited Act. ____ Committed Prohibited Act Code(s) _____	B. _____ The Committee Is Referring The Charge(s) To The DHO For Further Hearing. C. _____ The Committee Advised The Inmate Of Its Finding And Of The Right To File An Appeal Within 20 Calendar Days.
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19. Committee Decision Is Based On Specific Evidence as Follows:

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act):

21. Date And Time Of Action: \_\_\_\_\_ (The UDC Chairman=s signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings.)

Chairman (Typed Name/signature) \_\_\_\_\_

Member (Typed Name) \_\_\_\_\_

Member (Typed Name) \_\_\_\_\_