

1. Institution		USP VICTORVILLE		Incident Report Number		
<b>Part I - Incident Report</b>						
2. Inmate's Name		3. Register Number		4. Date of Incident		5. Time
Sullivan, Cyrus		74918-065		3/23/16		6:15 pm
6. Place of Incident		7. Assignment		8. Unit		
4 Alpha Cell 126		Unknown		4A		
9. Incident Introduction or making of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia				10. Prohibited Act Code(s)		113
11. Description of Incident		(Date:	3/23/16	Time:	6:15 pm	Staff became aware of incident)
<p>At approximately 6:15 pm, 3/23/2016, while conducting a cell search of 126 intoxicants where found. The intoxicants where found in the wall locker behind the inmate legal paper work. The intoxicants where in a plastic bag containing a two quart clear jug with a red lid on the top. I tested the contents using the Alcohol Sensor IV, the unknown liquid substance gave a positive reading of: .400 Compound Staff reported the Unit and escorted inmate Sullivan to the Lieutenants Office.</p>						
12. Typed Name/ Signature of Reporting Employee						13. Date and Time
K. Masteller <i>[Signature]</i>						3/23/15 11:55pm
14. Incident Report Delivered To Above Inmate By (Type Name/Signature)			15. Date Incident Report Delivered		16. Time Incident Report Delivered	
T. CONFER <i>[Signature]</i>			03-24-16		0346 1312	
<b>Part II - Committee Action</b>						
17. Comments Of The Inmate To The Unit Discipline Committee Regarding Above Incident						
18. A. It is the finding of the committee that you:				B.	The Committee is referring the Charge(s) to the DHO for further Hearing.	
Committed the Prohibited Act as charged.						
Did not Commit a Prohibited Act.				C.	The Committee Advised the inmate of its finding and of the right to file an appeal within 20 calendar days.	
Committed Prohibited Act Code(s) _____						
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 the prohibited act)						
21. Date And Time Of Action		Date:		Time:		
(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)		