

# PREA ADMINISTRATIVE CASE MOCK REPORT - UNFOUNDED

|                                                                                                                                                                                                                                                 |                                                                |                                                                                                  |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1. INTIAL RESPONSE:</b>                                                                                                                                                                                                                      |                                                                |                                                                                                  |                                                                                                  |
| PREA CASE NUMBER:<br>9.2020 - 2                                                                                                                                                                                                                 | FACILITY:<br>Azkaban Detention Center                          | REPORTED BY:<br>Jailer Juan Smith                                                                |                                                                                                  |
| DATE OF INCIDENT:<br>19 September 2020                                                                                                                                                                                                          | TIME OF INCIDENT:<br>Unknown                                   | SHIFT SUPERVISOR:<br>Sergeant Miguel Bonvoy                                                      |                                                                                                  |
| HOW WAS THE INCIDENT REPORTED?                                                                                                                                                                                                                  | Via third party                                                | If other, please explain: Not applicable                                                         |                                                                                                  |
| <b>2. INITIAL INFORMATION:</b>                                                                                                                                                                                                                  |                                                                |                                                                                                  |                                                                                                  |
| FIRST RESPONDER:<br>Jailer Juan Smith                                                                                                                                                                                                           | ALLEGATION TYPE:<br>Sexual Harassment                          | WHERE DID THE INCIDENT OCCUR?<br>Transport                                                       |                                                                                                  |
| ALLEGED VICTIM'S NAME (SO NUMBER):<br><br>Harry Wales #123456                                                                                                                                                                                   | WAS THE VICTIM IMMEDIATELY PROTECTED?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                  |
|                                                                                                                                                                                                                                                 | IS THE VICTIM SUBJECT TO SUBSTANTIAL RISK OF SEXUAL ABUSE?     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                  |
|                                                                                                                                                                                                                                                 | WERE INTERPRETERS, READERS, OR TYPE OF INMATE ASSISTANTS USED? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                  |
| VICTIM'S COMPLAINTS: Wales #123456 states that he was emotionally disturbed due to the inmates in the neighboring cells all masturbating and calling him over to the window to show him. He also states that they were verbally abusive to him. |                                                                |                                                                                                  |                                                                                                  |
| WITNESS NAME (SO NUMBER):<br>N/A                                                                                                                                                                                                                | WITNESS NAME (SO NUMBER):<br>N/A                               | WITNESS NAME (SO NUMBER):<br>N/A                                                                 | WITNESS NAME (SO NUMBER):<br>N/A                                                                 |
| ALLEGED PERPETRATOR'S NAME (SO NUMBER):<br>Unknown inmates                                                                                                                                                                                      | PERPETRATOR TYPE:<br>Inmate                                    | ORGANIZATION OF CONTRACTOR OR VOLUNTEER:<br>N/A                                                  |                                                                                                  |
| WAS THE CRIME SCENE SECURED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                | TIME SECURED:<br>N/A                                           | CRIME SCENE SECURED BY:<br>N/A                                                                   |                                                                                                  |
| LIST OF EVIDENCE COLLECTED: 1. Video Downloaded for Transport Holding Cells 03, 05, 06, 07 – 9/18/2020 from 0400hrs to 2200hrs                                                                                                                  |                                                                |                                                                                                  |                                                                                                  |
| Did either inmate shower, brush their teeth, drink, eat, defecate, urinate, or change clothes since the incident occurred?                                                                                                                      |                                                                |                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the alleged victim have any visible injuries?                                                                                                                                                                                              |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the alleged perpetrator have any visible injuries?                                                                                                                                                                                         |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Was the alleged victim evaluated by medical staff:                                                                                                                                                                                              |                                                                |                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Was the alleged perpetrator evaluated by medical staff:                                                                                                                                                                                         |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Were pictures taken of the injuries?                                                                                                                                                                                                            |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Was the incident referred to Disciplinary?                                                                                                                                                                                                      |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Was the Classification Department notified of the incident?                                                                                                                                                                                     |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Were separations filed between the alleged victim and the alleged perpetrator?                                                                                                                                                                  |                                                                |                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

**3. PREA INVESTIGATION- VICTIM INTERVIEW**

|                                                    |                                               |                                                                                                                                 |                                           |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DATE AND TIME OF INTERVIEW:<br>9/23/2020 – 8:00 am | LOCATION OF INTERVIEW:<br>Supervisor's Office | WAS THE INTERVIEW RECORDED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | WHAT TYPE OF RECORDING WAS USED?<br>Video |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

VICTIM'S STATEMENTS: During the interview with Harry Wales #123456 the following was said: I began by asking him to identify himself. Due to him not understanding the question I switched languages and asked him again in Spanish. He identified himself as Harry Wales #123456. I asked him his date of birth. He stated it was 25 Feb 1978. I asked him for his ID number. He stated that he had lost it when he was awoken at 4:00 am in the single cell that he was housed at. I asked him if he did not remember it. He stated he did and recited it as 123456. I advised introduced myself, and he interrupted me and asked what PREA was. I advised him that it was something that protected inmates from sexual violence while incarcerated. I asked him if he knew why I would be calling him. He shook his head. I asked him if he didn't understand why I was calling him. He nodded his head. I explained to him that I received a notification from MHC Provider Pillar about conversation that happened in Fox. I asked him if he could tell me what happened. He stated that when he was escorted from M122 at 4:00am and everything was left behind and he was taken to infirmary. He stated that they told him he was going to have a COVID test. He stated that he had advised them since he arrived that he could not take it because he was Jewish. He stated that there were a lot of items that he could not have because they were not kosher. He claimed that he was forced to take the test without his consent, and jailer took hold of his limbs and forced him to take the test. He stated after that he was taken too transport and held until the evening. He stated that while he was held in the transport cells the other inmates were masturbating and verbally abusive towards him. I asked him if the other people that were being abusive were in the same cell. He stated yes that was where he was housed that day. I then asked him if he remembered the date and time of the alleged incident. He stated that it happened on his fifteenth day he had been in the single cell. I asked him if it happened fifteenth day after he was moved into the single cell. He stated his cell was M122. I went on to ask if he had gone to infirmary on the fifteenth day. He stated that was taken to infirmary for approximately 10-15 minutes and then to transport. He stated that he asked the jailing staff several times and a person he assumed was a supervisor if he could be moved to another holding cell. He stated that he advised them that it was against his religion to see another's naked body, much less a person masturbating and verbally abusive. I then asked him if he was housed in a cell with someone else. He stated that he was not, but that there were inmates housed in the cells in front of him. I asked him if they were all doing what he was alleging. He nodded his head and stated they all didn't have an orange uniform. I asked him what the color of uniform was. He responded blue, but they were completely naked and were telling him bad words. He stated that even though he would look the other way he could not stop hearing their verbal assaults. I asked him if all the inmates were saying bad words. He responded with a yes. I asked him if all the inmates were touching themselves in front of him. He stated that he requested to be moved but was not allowed to. I then asked if he knew or could identify the inmates that were doing this. He stated that he could not and that he never saw them again. He asked me if he could ask me a favor. I advised him that I do not grant favors, but he was welcome to ask me a question. He asked if he could call his wife. I asked him how long he had been here. He stated that he had been here for about two months and, but he was asking because the phones were not working in the cell. I agreed to grant him the phone call but only for a few minutes. I explained to him that I would be looking into the matter and I would be making contact with him again if I had any additional questions.

**4. PREA INVESTIGATION- ALLEGED PERPETRATOR INTERVIEW**

|                                    |                               |                                                                                                                                 |                                         |
|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| DATE AND TIME OF INTERVIEW:<br>N/A | LOCATION OF INTERVIEW:<br>N/A | WAS THE INTERVIEW RECORDED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | WHAT TYPE OF RECORDING WAS USED?<br>N/A |
|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

|                                          |     |                                                           |    |
|------------------------------------------|-----|-----------------------------------------------------------|----|
| Was the alleged perpetrator informed of? | N/A | Did the alleged perpetrator request legal representation? | No |
|------------------------------------------|-----|-----------------------------------------------------------|----|

PERPETRATOR'S STATEMENTS: Due to Wales #123456 not being able to identify anyone no other people were interviewed.

**5. PREA INVESTIGATION- WITNESS INTERVIEW**

|                                    |                               |                                                                                                                                 |                                         |
|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| DATE AND TIME OF INTERVIEW:<br>N/A | LOCATION OF INTERVIEW:<br>N/A | WAS THE INTERVIEW RECORDED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | WHAT TYPE OF RECORDING WAS USED?<br>N/A |
|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

VICTIM'S STATEMENTS: N/A

| 6. PREA INVESTIGATION- NOTIFICATION AND TREATMENT                                                                                                  |                          |                                                                 |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|---------------------------------|
| Was a victim advocate notified?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                | Date notified:<br>N/A    | Time notified:<br>N/A                                           | Name of person notified:<br>N/A |
| Was Criminal Investigations Division Notified?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Dated notified:<br>N/A   | Time notified:<br>N/A                                           | Name of person notified:<br>N/A |
| Was the alleged victim sent to the hospital?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   | Name of hospital:<br>N/A | Did alleged victim receive a forensic exam by SAFE/SANE:<br>N/A |                                 |

| 7. PREA INVESTIGATION- FINDINGS AND FOLLOW UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |
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| <p>Summary of the investigation and credibility assessment: After interviewing Harry Wales #123456, I looked up his housing assignments in the jail database. The only time that he was housed in transport was on 19 September 2020. According to the jail database it is logged in that he was taken out of M122 at approximately 0453 and he was rehoused to Bravo 4 at 2139. After running the inmate list report for that day at 1000 it was seen that the 3 inmates that were being housed in that area in the cells that Wales #123456 stated were Jason Salas #987654, Flip Tanner #654321, and John Deer #159263. The inmates that were housed in transport under suicide precautions and the mental health precautions. They were all being held in the transport cells pending to be seen by MHC. I contacted Master Control and received the video for transport holding cells. 30, 05, 06, and 07. Wales #123456 arrives to HT03 at 0425. It is seen clearly on camera that Wales #123456 uses hand gestures to speak to Deer #159263 that it is 0500 and Deer #159263 responds using hand gestures. All inmates have their blue suits on. Salas #987654 is seen on camera getting naked several times throughout the day. It is seen that he even masturbates or fondles himself thorough out the day. He does not appear to be trying to gain the attention of Wales #123456. The only instance he does expose himself completely to other inmates was at approximately 0735. At that time Wales #123456 is standing looking out the window, however Salas #987654 does not appear to be trying to gain the attention of Wales #123456. In addition, Wales #123456 is being housed in a cell alone and nothing prevents him from moving away from the window in order not to witness Salas #987654's actions. Deer #159263 does get naked due to his blue suit being torn and needing a new one. Deer #159263 remains naked until he is given another one for approximately 5 minutes. Other than this one occasion Deer #159263 remains clothed for the entire time that Wales #123456 is being housed in an adjacent cell. Deer #159263 is never seen on camera masturbating nor fondling himself. Tanner #654321 is never seen on camera without his blue suit, in addition, he is never seen on camera masturbating nor fondling himself. Wales #123456 has every opportunity to follow his religious view by simply staying away from the windows and not looking over to Salas #987654's cell. In addition, it does not appear that Salas #987654's self-sexual gratification is reliant on Wales #123456, nor does it appear that Salas #987654 is attempting sexually arouse Wales #123456</p> <p>Wales #123456 did not have physical contact with any of the other inmates in Transport. The other inmates that were housed in this area were not attempting to entice him or engage in any sexual acts with him. Therefore this allegation would be classified as Unfounded.</p> |                                                                                                  |
| Was the victim referred to the Mental Health Counselor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Was the perpetrator referred to the Mental Health Counselor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| If the perpetrator was an employee volunteer or contractor, were their services/employment terminated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Did the staff's actions or failures to act contribute to the alleged abuse?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Was the incident referred for criminal prosecution?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

| 8. FINAL DISPOSITION                        |                                    |                    |
|---------------------------------------------|------------------------------------|--------------------|
| Disposition imposed on the perpetrator?     | No actions were taken              |                    |
| Other:                                      | N/A                                |                    |
| Final Disposition:                          | Unfounded                          |                    |
| PREA INVESTIGATOR: (PRINT) Alicia Castaneda | SIGNATURE: <i>Alicia Castaneda</i> | Date: 20 Sept 2020 |