

EXHIBIT 13

BP-A0292
APR 18

SPECIAL HOUSING UNIT RECORD

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

DUBLIN FCI
(Institution)

Inmate Name: E [REDACTED] E [REDACTED] Reg. No. [REDACTED]

Team/caseworker: L. VILLANUEVA - EXT [REDACTED] Regular Unit: 6 GPUNIT 6 - GP(F) Cell: 6 GP

Violation or Reason: PENDING SIS INVESTIGATION Date: 01-27-2024 Time: 14:21
 Rec'd: _____ Rec'd: _____

Admittance Authorized: T. CALDERON Date: _____ Time: _____
 Rel.: _____ Rel.: _____

Pertinent Information: Pending SIS Investigation

Separation Information: [REDACTED] (T [REDACTED] L [REDACTED] G [REDACTED])

Special Housing Unit Cell Number: Z01-104LAD Inmate Is In: _____ DS: AD AD Status _____

Is Inmate on Medication: Y Medical Department Notified: Y

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC	Signature
		B	D	S							
	Mom										
	Day										
	Eve										
	Mom										
	Day										
	Eve										
	Mom										
	Day										
	Eve										
	Mom										
	Day										
	Eve										
	Mom										
	Day										
	Eve										
	Mom										
	Day										
	Eve										
01-27-2024	Eve			Y	C						STETLER, JACK S

EXPLANATORY NOTES: Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc. Meals/SH: Shower - Yes (Y); No (N); Refused (R) Out-of-Cell Time: (L) Law Library, (LV) Legal Visit, (U) Unit Team, (P) Psychology, (E) Education, (H) Haircut, (C) Chapel, (R) Recreation, (X) Property Issue, (V) Visit, (M) Medical, (C) Court, (O) Other - Yes (Y) if applicable / Enter Actual Time Period Start and End (i.e., 0930 - 1030 hrs) in Out of Cell Time Block.

Medical: Medical providers will sign the segregation log each shift and the record sheet each time the inmate is seen by a medical provider. At a minimum, the record sheet must be signed at least once each day by the medical provider. Comments: i.e., Conduct, Attitude, etc. Additional comments on reverse side must include date, signature, and title. OIC Signature: OIC must sign all record sheets each shift. (OIC - Unit Officer)

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APR 16

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Admittance Date: T. CALDERON Date: Time:
 Authorized: Rel.: Rel.:

Pertinent Information: Pending SIS Investigation

Separation Information: [REDACTED] (T [REDACTED] L [REDACTED] G [REDACTED])

Special Housing Unit Cell Number: Z01-108LAD Inmate Is In: DS: AD AD Status

Is Inmate on Medication: Y Medical Department Notified: Y

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
01-28-2024	Morn				C				MCCOY, [REDACTED] S [REDACTED]	
01-28-2024	Day	Y	Y		C	No		WERNE, J [REDACTED] E [REDACTED]	KUCHER, M [REDACTED] R [REDACTED]	
01-28-2024	Eve			Y	C			WERNE, J [REDACTED] E [REDACTED]	TORRES, E [REDACTED] S [REDACTED]	
01-29-2024	Morn								SELLERS JR, R [REDACTED] F [REDACTED]	
01-29-2024	Day	Y	Y		C	Ref		WERNE, J [REDACTED] E [REDACTED]	KUCHER, M [REDACTED] R [REDACTED]	
01-29-2024	Eve			Y	C			WERNE, J [REDACTED] E [REDACTED]	SELLERS JR, R [REDACTED] F [REDACTED]	
01-30-2024	Morn									
01-30-2024	Day	Y	Y		C	Ref		WERNE, J [REDACTED] E [REDACTED]	LEE, M [REDACTED] C [REDACTED]	
01-30-2024	Eve			Y	C			WERNE, J [REDACTED] E [REDACTED]	SELLERS JR, R [REDACTED] F [REDACTED]	
01-31-2024	Morn								BARAHONA, A [REDACTED] M [REDACTED]	
01-31-2024	Day	Y	Y					GAD, Z [REDACTED]		
01-31-2024	Eve			Y	C			GAD, Z [REDACTED]	SELLERS JR, R [REDACTED] F [REDACTED]	
02-01-2024	Morn								BURKS, F [REDACTED] M [REDACTED]	
02-01-2024	Day	Y	Y		C	Ref		GAD, Z [REDACTED]	JANSSSEN, C [REDACTED] M [REDACTED]	
02-01-2024	Eve							GAD, Z [REDACTED]		
02-02-2024	Morn								BURKS, F [REDACTED] M [REDACTED]	
02-02-2024	Day	Y	Y		C	Ref		WERNE, J [REDACTED] E [REDACTED]	BOYD, C [REDACTED] L [REDACTED]	
02-02-2024	Eve			R				WERNE, J [REDACTED] E [REDACTED]	QUINONEZ, J [REDACTED] P [REDACTED]	
02-03-2024	Morn								BARAHONA, A [REDACTED] M [REDACTED]	
02-03-2024	Day	R	R		Y	No	01:00		BREED, F [REDACTED] J [REDACTED]	
02-03-2024	Eve			R	C	No		WERNE, J [REDACTED] E [REDACTED]	KENNEDY, R [REDACTED] R [REDACTED]	

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Separation Information: [REDACTED] (T [REDACTED] L [REDACTED] G [REDACTED])

Special Housing Unit Cell Number: Z01-108LAD Inmate Is In: DS: AD AD Status

Is Inmate on Medication: Y Medical Department Notified: Y

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
02-04-2024	Morn								ONTIVEROZ, J [REDACTED]	
02-04-2024	Day	R	R		C	No		WERNE, J [REDACTED] LEWIS, D [REDACTED]		
02-04-2024	Eve			Y	C		See 2nd page	WERNE, J [REDACTED] VIRGEN M [REDACTED] C [REDACTED] R		
02-05-2024	Morn								ONTIVEROZ, J [REDACTED]	
02-05-2024	Day	R	R		C	Ref		WERNE, J [REDACTED] CANALES, R [REDACTED] B [REDACTED]		
02-05-2024	Eve			Y	C			WERNE, J [REDACTED] AGOSTINI, C [REDACTED] M [REDACTED]		
02-06-2024	Morn								ONTIVEROZ, J [REDACTED]	
02-06-2024	Day	Y	Y		C	Ref		GAD, Z [REDACTED] KUCHER, M [REDACTED] R [REDACTED]		
02-06-2024	Eve			Y	C			GAD, Z [REDACTED] STETLER, J [REDACTED] S		
02-07-2024	Morn								ONTIVEROZ, J [REDACTED]	
02-07-2024	Day	Y	Y		C	Ref		LEE, M [REDACTED] G [REDACTED]		
02-07-2024	Eve			Y	C			GAD, Z [REDACTED] STETLER, J [REDACTED] S		
02-08-2024	Morn								BARAHONA, A [REDACTED] M [REDACTED]	
02-08-2024	Day	Y	Y		C	Ref		WILSON, M [REDACTED] L [REDACTED] KNITTLE II, J [REDACTED]		
02-08-2024	Eve			Y	C	00:15	See 2nd page	GAD, Z [REDACTED] STETLER, J [REDACTED] S		
02-09-2024	Morn								STETLER, J [REDACTED] S	
02-09-2024	Day	Y	Y		C	Ref		WILSON, M [REDACTED] L [REDACTED] KNITTLE II, J [REDACTED]		
02-09-2024	Eve			Y	C			GAD, Z [REDACTED] MCCOY, I [REDACTED] S [REDACTED]		
02-10-2024	Morn								ONTIVEROZ, J [REDACTED]	
02-10-2024	Day	Y	Y		C	No		WERNE, J [REDACTED] ONTIVEROZ, J [REDACTED]		
02-10-2024	Eve			Y	C			WERNE, J [REDACTED] STETLER, J [REDACTED] S		

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02-04-2024 Evening shift comments:
Dinner: Inmate drank Ensure provided by medical staff.

02-08-2024 Evening shift comments:
Other: SIS Tech Everidge here to speak with inmate E [REDACTED].