



Government of the Virgin Islands



BUREAU OF CORRECTIONS

"Security, Custody, Control"

INCIDENT REPORT		(1) Page _ of _		(2) Incident Report # <u>102816-58</u>	
(3) Last Name Fredericks		(4) First Name Myron		(5) Incident Date October 28, 2016	
(6) Post#		(7) Position Chief		(11) Location of Incident Kitchen	
(9) Years of Service 24 years		(10) Date of Report October 31, 2016		(12) Incident Time (6)	
Day Off (12) N/A		Shift Hours (13) 8 am to 4pm		Description of Incident (14) Kitchen staff Margaret Glasford mentioned that she "hinks" a knife is missing from the kitchen	
Your Role (16)		Witnesses (Staff, Visitor, Other)		Rule Violation section (15)	
<input type="checkbox"/> Primary Responder <input type="checkbox"/> Witness <input type="checkbox"/> Victim		<input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other		<input type="checkbox"/> Inmate/Detainee- Suspect, Victim (17)	
Force observed by You (18)		Force Used by You Type of Weapon-Shots Fired (19)			
<input type="checkbox"/> Physical <input type="checkbox"/> Chemical <input type="checkbox"/> Weapon <input checked="" type="checkbox"/> None		PHYSICAL <input type="checkbox"/> Expandable <input type="checkbox"/> Baton <input type="checkbox"/> Restraint <input type="checkbox"/> Techniques <input type="checkbox"/> Hands <input type="checkbox"/> Feet		WEAPON <input type="checkbox"/> 9mm <input type="checkbox"/> 40mm <input type="checkbox"/> Shotgun	
		WARNING <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> -		EFFECT <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> -	
Evidence Collected By You (24)		Evidence Description (20)		Evidence Disposition (21)	
<input type="checkbox"/> YES <input type="checkbox"/> NO				BIO Hazard (22) <input type="checkbox"/> YES <input type="checkbox"/> NO PPE (23) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Description of Injury (25)		Location Treated (26)		Fluid Exposure	
		<input type="checkbox"/> Hospital <input type="checkbox"/> N/A <input type="checkbox"/> Clinic		<input type="checkbox"/> Bodily <input type="checkbox"/> Unknown	
Reporting Staff Injured (28)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					



102816-88



(29) Narrative:

On Friday, October 28, 2016 in the afternoon Ms. Glasford said that she wanted to speak with me. In our conversation she said that "she thinks she is not sure that a knife is missing. I will have to talk to Sylvie to make sure she didn't use it. I told Ms. Glasford that she needed to make sure that one is missing and that she needed to do an inventory to make sure that all her inventory is accounted for. Being that the kitchen was in full operation I walked around and checked that all the knives that were being used were attached to cables. I then asked her where were the keys for the shadow board and she said " that it was in her pocket and that's where she keeps it all the time.

On Monday, October 31, 2016 in the morning I proceeded to the kitchen and asked Ms. Glasford if she found out what knife was missing and where it was missing from? That is when she showed the knife was missing from the shadow board number one (top), which housed culinary equipment that are not used daily. After looking at the diagram and it appears to be three to five inches in length. I then told both workers that I will send an officer to the kitchen and to report to the Warden's office.

In the Warden's office both cooks explained that the knife is not usually used and that it is missing from the top shadow board which is not used regularly. I proceeded to get the video footage from October 16, 2016 to October 28, 2016. As of November 1, 2016, I have reviewed the 4 to 12 shift and the 12 to 8 shift on the October 27-28, 2016. I did not see anything unusual in the footage.

I have contacted Ms. Graulich for footage of the 8 to 4 shift from October 16 to October 28, 2016.

Type of Information

Continuation of Report Clarification of Report Additional Information

(30) Signature of Reporting Staff Myron Fredericks	Title Chief	Badge 3	ID 7	Date October 31, 2016
Shift Supervisor Name: Title:	Date/Time Received	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Chief of Security / Assistant Warden Name: Title:	Date/Time Received	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Wardens Review Name: Gilbert David Title: Warden	Date/Time Received 10/2/16	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date



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"Security, Custody, Control"

INCIDENT REPORT		(1) Page <u> </u> of <u> </u>		(2) Incident Report # <u>102816-88</u>	
(3) Last Name David		(4) First Name Gibert	MI	(5) Incident Date October 31, 2016	
(6) Post#		(7) Position Chief	(9) Years of Service 24 years	10) Date of Report October 31, 2016	(11) Location of Incident Kitchen
Day Off (12) N/A		Shift Hours (13) 8 am to 4pm	Description of Incident (14) a knife is missing from the kitchen	Rule Violation section (15)	
Your Role (16)		Witnesses (Staff, Visitor, Other)		Inmate/Detainee- Suspect, Victim (17)	
<input type="checkbox"/> Primary Responder <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Victim					
Force observed by You (18)		Force Used by You Type of Weapon-Shots Fired (19)			
<input type="checkbox"/> Physical <input type="checkbox"/> Chemical <input type="checkbox"/> Weapon <input checked="" type="checkbox"/> None		<u>PHYSICAL</u> <input type="checkbox"/> Expandable <input type="checkbox"/> Baton <input type="checkbox"/> Restraint <input type="checkbox"/> Techniques <input type="checkbox"/> Hands <input type="checkbox"/> Feet	<u>WEAPON</u> <input type="checkbox"/> 9mm <input type="checkbox"/> 40mm <input type="checkbox"/> Shotgun	<u>WARNING</u> <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> -	<u>EFFECT</u> <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> -
Evidence Collected By You (24)		<u>Evidence Description (20)</u>		<u>Evidence Disposition (21)</u>	BIO Hazard (22) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>Description of Injury (25)</u>		<u>Location Treated (26)</u> <input type="checkbox"/> Hospital <input type="checkbox"/> N/A <input type="checkbox"/> Clinic	<u>Fluid Exposure</u> <input type="checkbox"/> Bodily <input type="checkbox"/> Unknown
Reporting Staff Injured (28)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



102816 SF

(29) Narrative:

On Monday, October 31, 2016, at approximately 10:15 am I Warden David badge #2 was informed by Chief Myron Fredericks that a kitchen knife that was stored in the top shadow board cage is missing. He stated he was informed by Cook Margaret Glasford about the knife on Friday, October 28, 2016. I stated to him if he and the cooks have not located the knife, we would need to lock down and begin searching. I also told him I will contact Assistant Director Hansen which I did at approximately 2:40 pm on October 31, 2016. The Criminal Justice Complex was placed on lockdown at 3:00 pm. Supervisor Edward Somersall was brought to speed, and the shakedown was organized and has begun at this time.

Type of information

Continuation of Report

Clarification of Report

Additional Information

(30) Signature of Reporting Staff Myron Fredericks	Title Chief	Badge 3	ID	Date October 31, 2016
Shift Supervisor Name: Title:	Date/Time Received	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Chief of Security / Assistant Warden Name: Title:	Date/Time Received	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Wardens Review Name: Gilbert David Title: Warden	Date/Time Received 10/31/16	Approve <input type="checkbox"/> Yes <input type="checkbox"/> No	Clarification Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

INCIDENT #
102816-88



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

BUREAU OF CORRECTIONS
CRIMINAL JUSTICE COMPLEX

Alexander A. Farrelly Justice Complex, 3rd Floor ST. THOMAS, VI 00802
Phone: (340) 774-3531 Fax: (340) 777-8951

October 31, 2016

TO: Gilbert David
Warden

FROM: *Margaret Glasford*
Margaret Glasford
Cook

On Friday, October 28, 2016 at about 9:30 am, Mr. Sydney McDowell came in the kitchen to borrow a knife for the office. I gave him the key to get it. He took out one, but he came back with it and say that it was the wrong one, they need the one with a point. I then told him that he must look in the top he will find a small knife. He then climbed up and search for it but it was not there. So I then reported it to Chief Fredericks.

Cc: Kelvin Williams, Assistant Warden
Myron Fredericks, Chief Correctional Officer