

DISCIPLINE AND ADJUSTMENT BOARD NOTIFICATION

DATE: 9-Sep-16

NAME: Manning, Chelsea

MPDR: [REDACTED]

REG#: 89289

BOS: US

LOC: SHU

D&A BOARD: 3 Mem

SCHEDULED BOARD DATE/TIME/LOCATION: 20 Sept 16/ 0930

1. You have the right to: (1) be present during all open sessions of the Board; (2) make a statement and present documentary evidence in your defense; (3) call witnesses to present relevant testimony in your defense; and (4) question adverse witnesses through the Board President. Your exercise of these rights may be denied by the Board President upon a finding that the safety or security of the USDB would be jeopardized.

2. If your case is being referred to a one-member D&A Board, you do not have the right to consult with an attorney. If your case is being referred to a three-member D&A Board, you have the right to consult with an attorney at your own expense. You do not have the right to consult with a Trial Defense Service Attorney. Consultation with an attorney must occur within six (6) working days of this notification. Extensions may be granted in extraordinary cases by the Board President. You do not have the right to legal counsel during the D&A Board hearing.

3. I, Inmate CHELSEA E. MANNING, have read and understand the information above and WILL / WILL NOT appear before the subject D&A Board.

Inmate signature: Chelsea Manning Date: 9 SEP 2016 Time: 0925

4. The following is a request for merit witnesses. A merit witness is someone who can present relevant evidence as to your guilt or innocence or who can offer relevant testimony in defense or mitigation of the charges. You must provide both the name of the potential witness and the expected testimony. This is your final listing of witnesses. Once this form is complete, any further requests for witnesses will be considered untimely. Exceptions will be decided on a case by case basis by the Board President.

Witness: SEE FURTHER INTO Expected Testimony: _____

Witness: _____ Expected Testimony: _____

Witness: _____ Expected Testimony: _____

MPUR#: 00512-2016-MPC000		INMATE DISCIPLINARY REPORT		REPORT DATE (YYYY/MM/DD) 2016/07/06		
1. INMATE						
a. NAME (Last, First, Middle) MANNING, CHELSEA ELIZABETH			b. SSN [REDACTED]	c. ID NUMBER 89289-10-01		
2. CUSTODY LEVEL MDI		3. CELLBLOCK/DORMITORY [REDACTED]		4. DETAIL WOOD SHOP		
5. INCIDENT						
a. CHARGES SEE SECTION 5.e		b. DATE (YYYY/MM/DD) 2016/07/05	c. TIME 0100	d. LOCATION OSCAR HOUSING UNIT		
e. DETAILS OF CHARGE(S) RESISTING THE FORCE CELL MOVE TEAM (Cat IV or V) V PROHIBITED PROPERTY III CONDUCT WHICH THREATENS IV Details of Charges [REDACTED] ATTEMPTED TO COMMIT SUICIDE INSIDE HER CELL. [REDACTED]						
6. INCIDENT REPORTED BY						
a. NAME (Last, First, Middle) [REDACTED]		b. GRADE [REDACTED]	c. TITLE INVESTIGATOR	d. SIGNATURE [REDACTED]	e. DATE (YYYY/MM/DD) 2016/07/06	
7. INCIDENT REPORTED TO						
a. SUPERVISOR NAME (Last, First, Middle) [REDACTED]			b. DATE (YYYY/MM/DD) 2016/07/07	c. TIME 0658		
d. DISPOSITION TAKEN: THE REPORT WAS REVIEWED AND FORWARDED TO MPI FOR FURTHER INVESTIGATION. THE INMATE WAS INFORMED SHE WOULD RECEIVE A DISCIPLINARY REPORT AS THE RESULT OF THE ACTIONS. NOTIFICATIONS WERE MADE IAW THE USDB NOTIFICATIONS MATRIX.						
8.a. WAS MEDICAL ATTENTION NEEDED?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	b. DATE (YYYY/MM/DD)	
d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:						
9. INVESTIGATION REQUIRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
10.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgement form) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
b. INMATE WAIVED RIGHTS? (If yes, attach) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
c. INMATE STATEMENT (If yes, attach statement) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
11.a. INVESTIGATIVE SUMMARY? <input checked="" type="checkbox"/> YES (Please attach copy of report) <input type="checkbox"/> NO						
b. BRIEF SYNOPSIS: [REDACTED]						
CASE REVIEWED BY: [REDACTED]						
c. NAME AND TITLE OF INVESTIGATOR [REDACTED]			d. SIGNATURE [REDACTED]	e. DATE (YYYY/MM/DD) 2016/08/10		
12. ATTACHMENTS (Use DD Form 2719)						

INMATE DISCIPLINARY REPORT

13. INITIAL REVIEWING AUTHORITY DISPOSITION

INV RECOMMENDS 3 MEMBER BOARD/RM
MPI NCOIC RECOMMENDS 3 MEMBER BOARD/DR
DOPS SGM RECOMMENDS 3 MEMBER BOARD/TA
DEPUTY DOPS DIRECTS 3 MEMBER BOARD/AM

b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE**c. SIGNATURE****d. DATE (YYYY/MM/DD)**

2016/08/25

14. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD**a. FINDINGS:**

INMATE DID COMMIT THE OFFENSE REPORTED

INMATE DID NOT COMMIT THE OFFENSE REPORTED

FINDINGS ARE BASED ON THE FOLLOWING:

15. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT BOARD

BOARD TYPE: NONE

c. NAME AND TITLE OF BOARD PRESIDENT**d. SIGNATURE****e. DATE (YYYY/MM/DD)****15. RECOMMENDATION OF THE REVIEWING OFFICER****b. NAME AND TITLE OF REVIEWING OFFICER****c. SIGNATURE****d. DATE (YYYY/MM/DD)****16. ACTION TAKEN BY THE APPROVING AUTHORITY****b. NAME AND TITLE OF APPROVING AUTHORITY****c. SIGNATURE****d. DATE (YYYY/MM/DD)**

CONTINUATION SHEET

REPORT DATE (YYYY/MM/DD)
2016/07/06

1. TITLE OF FORM
INMATE DISCIPLINARY REPORT

2. DD FORM
DD FORM 2714, NOV 1999

3. INMATE'S NAME (Last, First, Middle)
MANNING, CHELSEA E

4. SSN
[REDACTED]

5. ID NUMBER
89289-10-01

5 e. CONTINUED

[REDACTED]

[REDACTED]

[REDACTED] INTERVIEWED AND TOOK STATEMENTS FROM ALL STAFF MEMBERS INVOLVED, TOOK PICTURES OF THE CELL AND THE INMATE, AND COLLECTED EVIDENCE FROM THE CELL. ALSO, REFER [REDACTED]

ON 5 JULY 2016, [REDACTED] CONDUCTED A CELL INSPECTION OF INMATE MANNING'S CELL. DURING THE INSPECTION A BOOK, TITLED "HACKER, HOAXER, WHISTLEBLOWER, SPY THE MANY FACES OF ANONYMOUS", WAS FOUND. THE BOOK FOUND IN INMATE MANNING'S CELL WAS NOT MARKED WITH A NAME NOR REGISTRATION NUMBER FOR IDENTITY. THEREFORE THE BOOK WAS CONFISCATED AS PROHIBITED PROPERTY.

CONTINUATION SHEET

REPORT DATE (YYYYMMDD)
2016/07/06

1. TITLE OF FORM INMATE DISCIPLINARY REPORT	2. DD FORM DD FORM 2714, NOV 1999
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3. INMATE'S NAME (Last, First, Middle) MANNING, CHELSEA E, ELIZABETH	4. SSN [REDACTED]	5. ID NUMBER 89289-10-01
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11 b. CONTINUED
PLAN OF ACTION
REVIEW THE DISCIPLINARY REPORT.
INTERVIEW THE INMATE.

[REDACTED]

AFTER REVIEW OF THE CASE FILE, INMATE MANNING IS BEING TITLED WITH RESISTING FORCED CELL MOVES (CAUSING THE FORCE CELL MOVE TEAM TO BE ACTIVATED)(IV), CONDUCT WHICH THREATENS (IV), AND PROHIBITED PROPERTY (III).

[REDACTED]

INMATE MANNING DID NOT RESIST THE FORCE CELL MOVE TEAM.

RECOMMEND THREE MEMBER BOARD.
FORWARD TO MPI NCOIC FOR REVIEW.

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