

10/27/19
②

NYMH3 530.03 *
PAGE 001 *

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 08-09-2019
* 15:41:05

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										V T	O C U O T U N	V E R I F Y C O U N T	C O U N T C O U N T	A R E A	
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D I	S A N W I D I V	T R A N S P O R T						V E H I C L E S
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3	.	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	.	1	.	X	84	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	.	1	.	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	.	13	.	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	.	1	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	.	19	.		736	

COUNT
VERIFY

X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:03 pm

Good Verbal 15:00 pm

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:39:36

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 FNYS 53358-054 CLARK

OCT DATE QTR WRK
08-09-2019 K11-056U UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-09-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
53358-054	CLARK	ROBERT	K11-056U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S ___
H-A ___ I-N ___ K-N ___ K-S 1 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 1

This Form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** To The affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE:

8/9/19

COUNT TIME:

4:00

FROM:



LOCATION:

FS

APPROVED:

REG #	NAME	UNIT	REG #	NAME	UNIT		
1.	50659-014	Kirk	ES	13.	79052-051	Thomas	KS
2.	68685-006	Clark	ES	14.			
3.	50659-018	Kirk	ES	15.			
4.	77863-112	Bry	KS	16.			
5.	86764-054	Dorson	KS	17.			
6.	51702-069	Estroff	KS	18.			
7.	70161-054	Granada	KS	19.			
8.	86595-054	Kisner	KS	20.			
9.	85970-054	Martinez	KS	21.			
10.	86022-054	Mesnyard	KS	22.			
11.	85927-054	Mancera	KS	23.			
12.	85927-054	Thomas	KS	24.			

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 10 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 13

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS			08-09-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-09-2019	E12-593U	FS PM
0003				08-09-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-09-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-09-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-09-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-09-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-09-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-09-2019	K12-061L	FS PM
0010				08-09-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-09-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-09-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-09-2019	K08-074U	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:36:31

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-09-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-09-2019	Z04-206LAD	UNASSG
0003		19735-104	MONES-CORO	08-09-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: [REDACTED] (Count)

LOCATION: Atty

APPROVED: [REDACTED]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-054	Edstein	ZA	13.		
2. 91126-053	Araujo	IN	14.		
3. 19735-104	Mones-corro	G-S	15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S 1 H-A _____
 I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 Z-B _____

Total Out-Counted: 3

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:37:38

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	[REDACTED]	[REDACTED]	08-09-2019	K08-014U	SUICIDE OR UNASSG
0002		[REDACTED]	[REDACTED]	08-09-2019	K09-033U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/2019 COUNT TIME: 4:00pm
 FROM:  LOCATION: HOSP
 APPROVED: _____

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78025-053	Nunez	KS	13.		
2. 86351-054	Marrero	KS	14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 2 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 2

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 Time: 4:00PM

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 75 Time: 4:00

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 1<5 Date: 8-9-19
Count: 124 Time: 4PM

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 89 Time: 4PM

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: TN Date: 8/9/2019
Count: 85 Time: 4:00pm

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS Date: 08/09/2019
Count: 1 Time: 4:00 PM

1. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: AHJ Date: 8-9-19
Count: 13 Time: 4:00PM

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-18
Count: 84 Time: 4:00

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/7/19
Count: 13 Time: 4:00 PM

Print: [Redacted]
Sign: [Redacted]
Print: [Redacted]
Sign: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HIA Date: 8/9/19
 Count: 2 Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN 83 Date: 08-29-19
 Count: _____ Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
 Count: 2 Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES 75 Date: 08-09-19
 Count: _____ Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA 26 Date: 8/9/19
 Count: _____ Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN 78 Date: 8-9-19
 Count: _____ Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA 10 Date: 8/9/19
 Count: _____ Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____