

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N I D	T R V S			V I S I T	OC UO TU N T	
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

8/09/21

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:   
(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: 4:00p -

FROM: [REDACTED]

LOCATION: FS

(Staff Member Preparing Out Count)

APPROVED: [REDACTED]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 50657-014	Kirk	FS	13. 79052-051	Thomas	KS
2. 67685-006	Clark	ES	14.		
3. 50659-018	Kirk	FS	15.		
4. 77863-112	Bry	KS	16.		
5. 86764-054	Duncan	KS	17.		
6. 51702-069	Strad	MS	18.		
7. 70101-051	Grando	MS	19.		
8. 86595-054	Kramer	KS	20.		
9. 85970-054	Martinez	MS	21.		
10. 86022-054	Morgan	MS	22.		
11. 85927-054	Harold	MS	23.		
12. 85927-054	Thomas	KS	24.		

**OUT-COUNT BY UNIT**

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S 2 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.





METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: 

LOCATION: Atty

APPROVED: 

(Staff Member Preparing)  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-054	Epstein	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	86351-054		08-09-2019	K08-014U	SUICIDE OR UNASSG
0002		78025-053		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: [REDACTED] LOCATION: HOSP  
(Staff Member Preparing Out Count)  
APPROVED: [REDACTED]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78025-053	[REDACTED]	KS	13.		
2. 86351-054	[REDACTED]	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: 4:00 PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: K-S Date: 8-9-19  
 Count: 124 Time: 4 PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FNYS Date: 08/09/2019  
 Count: 1 Time: 11:00 AM

1. Print Name: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Print Name: \_\_\_\_\_  
 2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: AH4 Date: 8-9-19  
 Count: 3 Time: 4:00 PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: FS Date: 8/9/19  
 Count: 13 Time: 4:00 PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 08-09-19  
Count: 83 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 Date: 08-09-19  
Count: 75 Time: 4:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

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

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_