

QTRG EQ \*\*\*\*\* OCTG EQ \*\*\*\*\*

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 P	H O S	M S	R & A	S A N	TR N W I D V T	V I S I T I O N S			OC UO TU N T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	88	E-N
E-S	85	.	.	1	.	6	.	.	.	.	.	.	7	.	.	.	78	E-S
G-N	76	.	.	.	1	.	.	.	.	.	.	.	1	.	.	.	75	G-N
G-S	91	.	.	1	.	.	.	.	.	.	.	.	1	.	.	.	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1	.	.	.	0	H-A
I-N	92	.	.	.	2	.	.	.	.	.	.	.	2	.	.	.	90	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	92	K-N
K-S	138	.	.	.	.	10	.	.	.	.	.	.	10	.	.	.	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	68	1	.	.	.	.	.	.	.	.	.	.	1	.	.	.	67	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	772	2	.	2	3	16	.	.	.	.	.	.	23	.	.	.	749	

COUNT  
VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT  
OFFICIAL TAKING COUNT  
COUNT CLEARED TIME: 4:55 pm

Good Verbal: 4:41 pm

Metropolitan Correctional Center  
Official Count Slip

Unit: 148 Date: 7-24-19  
 Count: 128 Time: 4:00 pm  
 Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y	S	S	D	N	W	S	TU			
		Y	E	S	P	I	D	I	V	T	T				
B-A	26	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A	
C-A	10	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A	
E-N	88	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 E-N	
E-S	85	.	.	1	.	6	.	.	.	.	.	7	<del>X</del>	78 E-S	
G-N	76	.	.	.	1	.	.	.	.	.	.	1	<del>X</del>	75 G-N	
G-S	91	.	.	1	.	.	.	.	.	.	.	1	<del>X</del>	90 G-S	
H-A	1	1	.	.	.	.	.	.	.	.	.	1	<del>X</del>	0 H-A	
I-N	92	.	.	.	2	.	.	.	.	.	.	2	<del>X</del>	90 I-N	
K-N	92	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 K-N	
K-S	138	.	.	.	.	10	.	.	.	.	.	10	<del>X</del>	128 K-S	
R-A	0	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A	
Z-A	68	1	.	.	.	.	.	.	.	.	.	1	<del>X</del>	67 Z-A	
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B	
TOTAL	772	2	.	2	3	16	.	.	.	.	.	23		749	

COUNT VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]  
OFFICIAL TAKING COUNT: [REDACTED]  
COUNT CLEARED TIME: 4:53 pm

Good Verbal: 4:41 pm

QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y	S	D	N	W	S	TU				
		Y	E	S	P	I	D	I	N	V	T	T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 E-N
E-S	85	.	.	1	.	6	.	.	.	.	.	7	.	<del>X</del>	78 E-S
G-N	76	.	.	.	1	.	.	.	.	.	.	1	.	<del>X</del>	75 G-N
G-S	91	.	.	1	.	.	.	.	.	.	.	1	.	<del>X</del>	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	<del>X</del>	0 H-A
I-N	92	.	.	.	2	.	.	.	.	.	.	2	.	<del>X</del>	90 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 K-N
K-S	138	.	.	.	.	10	.	.	.	.	.	10	.	<del>X</del>	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	68	1	.	.	.	.	.	.	.	.	.	1	.	<del>X</del>	67 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	772	2	.	2	3	16	.	.	.	.	.	23	.		749

COUNT VERIFY

~~X~~ ~~XXX~~

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 4:53 pm  
 Good Verbal: 4:41 pm



CATEGORY: OCT GROUP CODE:  
 ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	68683-066	CLARK	07-24-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-24-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-24-2019	K09-025U	FS PM
0004		15657-179	GONZALEZ	07-24-2019	E10-579L	WAREHOUSE
0005		84831-054	GUPTA	07-24-2019	E07-549U	SAFETY
0006		86535-054	KAMARA	07-24-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-24-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-24-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-24-2019	K12-061L	FS PM
0010		89673-053	MERSEY	07-24-2019	E12-592U	FS PM
0011		86022-054	REINGOUD	07-24-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	07-24-2019	K10-045U	FS PM
0013		01735-007	SATTAN	07-24-2019	K07-001L	FS AM
0014		79652-054	THOMAS	07-24-2019	K08-074U	FS PM
0015		79965-054	THOMAS	07-24-2019	K10-044L	FS PM
0016		85369-054	WOOLASTON	07-24-2019	K11-053L	FS WAREHOU SUICIDE OR

REG.....	LN.....	FN.....	QTR.....
79417-054	WILLIAMS	JIHAD	G06-146L
85759-054	SANCHEZ	RAY	I05-937U
90914-054	GARCIA	BRIAN	I05-935U

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N \_\_\_ G-S 1  
 H-A \_\_\_ I-N 2 K-N \_\_\_ K-S \_\_\_ R-A \_\_\_ Z-A \_\_\_ Z-B \_\_\_

Total Out-Counted: 3

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

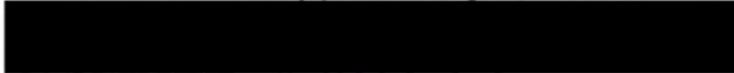
G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

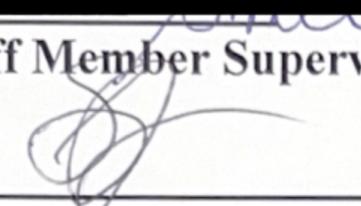
OFFICIAL OUT-COUNT FORM  
Metropolitan Correctional Center  
150 Park Row  
New York, New York 10007

Date: 07-24-2019

Count Time: 4:00 pm

From:   
(Staff Member Supervising Inmates)

Location: FNYS

Approved:   
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
79417-054	WILLIAMS	JIHAD	G06-746L
85759-054	SANCHEZ	RAY	I05-937U
90914-054	GARCIA	BRIAN	I05-935U

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N \_\_\_ G-S 1  
H-A \_\_\_ I-N 2 K-N \_\_\_ K-S \_\_\_ R-A \_\_\_ Z-A \_\_\_ 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 is to be used only as an Out Count.

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYS

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

New York, New York 10007

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	90914-054	GARCIA	07-24-2019	I05-935U	UNASSG
0002		85759-054	SANCHEZ	07-24-2019	I05-937U	UNASSG
0003		79417-054	WILLIAMS	07-24-2019	G06-746L	UNASSG

From: [Signature] Location: NYM

(Staff Member Supervising Inmate)

Approved: [Signature]

(Operations Lieutenant)

REG. .... IN. .... FN. .... QTR. ...

89520-053	CONTRERAS	JOHNNY	G10-7790
89579-053	LAMARCO	DANIEL	E10-575L

B-A \_\_\_ C-A \_\_\_ EN \_\_\_ E-S \_\_\_ I \_\_\_ G-N \_\_\_ G-S \_\_\_  
 H-A \_\_\_ IN \_\_\_ K-N \_\_\_ K-S \_\_\_ 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 account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: 07-24-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: 

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
89520-053	CONTRERAS	JHONNY	G10-779U
89579-053	LAMARCO	DANIEL	E10-576L

B-A\_\_\_ C-A\_\_\_ E-N\_\_\_ E-S\_\_\_1\_\_\_ G-N\_\_\_ G-S\_\_\_1\_\_\_  
 H-A\_\_\_ I-N\_\_\_ K-N\_\_\_ K-S\_\_\_ 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 account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

CATEGORY: OCT  
ASSIGNMENT: FNYE

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89520-053	CONTRERAS	07-24-2019	G10-779U	UNASSG
0002		89579-053	LAMARCO	07-24-2019	E10-576L	FS WAREHOU

LOCATION: ATTY-COMF

APPROVED:

*[Signature]*  
(NYM Inmate Reporting Unit Chief)

*[Signature]*  
(Operations Supervisor)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	76318-054	EKSTEIN HA	11		
2	78514-054	TORTAGLIAZZA	12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		
11			21		
12			22		
13			23		
14			24		

OUT-COURT BY UNIT

W-A	GA	B-N	B-S	GM	GS	HA
LA	LN	K-S	R-A	Z-A	Z-B	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Court: 2

This form must be submitted to the Control and Assignment Office (CART) THE NEW YORK STATE DEPARTMENT OF CORRECTIONS in an enclosed envelope. Prepare this form in ink. Group by inmate according to their respective housing units. This form will be used only as an Out-Court. No other forms will be accepted to run at the Out-Court Point.

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 COUNT TIME: 4:00 PM

FROM: [Redacted] LOCATION: Atty-CONF.  
(Staff Member Preparing Out Count)

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054 EPSTEIN	HA	13.		
2.	78514-054 TARTAGLIONEZA		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 1  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\*

07-24-2019  
15:37:50

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-24-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-24-2019	Z06-215UAD	UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip  
Unit: LS Date: 7-24-19  
Count: 128 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GS Date: 7/24/2019  
Count: 90 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: FS Date: 07-24-19  
Count: 78 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GN Date: 7/24/19  
Count: 75 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date: 7/24/2019  
Count: 90 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: NOEL  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: KN Date: 7/24/19  
Count: 92 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

MCC NEW YORK  
Official Count Slip  
Unit: 2A Date: 7/24/19  
Count: 67 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: 2B Date: 7-24-19  
Count: 5 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: EV Date: 07-24-19  
Count: 88 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: BA Date: 7/24/19  
Count: 26 Time: 4:00 PM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: F/S Date: 7/24/19  
Count: 16 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: FNVE Date: 07/24  
Count: 2 Time: 4:00  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: ATTY-CONF Date: 7/24/19  
Count: 2 Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: FNYS Date: 07/24/2019  
Count: 3 Time: 4:00 PM  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA Date: July 24, 2019  
Count: 10 Time: 4:00 pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]