

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 T T Y	F N J	F N Y	F N S	F H S	H M S	R S D	S A N	T R N	V I S	OC UO TU N					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10	C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	87	E-N
E-S	86	.	.	.	.	.	.	.	.	1	.	1	.	.	<del>X</del>	85	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92	I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	93	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0	R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	68	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2	.		772	

COUNT VERIFY

OFFICIAL PREPARING COUNT:  
OFFICIAL TAKING COUNT:  
COUNT CLEARED TIME:



544pm

Metropolitan Correctional Center

Metropolitan Correctional Center  
Official Count Slip

Unit: B A Date: 7-24-19  
Count: 26 Time: 5:00 PM

Print Name:   
Signature:   
Print Name:   
Signature:

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 S	F H S	H O S	M S	R S	S A N	T R W	V I S			O C U O T U N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	88	.	.	.	.	1	.	.	.	.	.	.	1	.	<del>X</del>	87 E-N
E-S	86	.	.	.	.	.	.	.	.	1	.	.	1	.	<del>X</del>	85 E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	76 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	93 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	68 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	774	.	.	.	.	1	.	.	.	1	.	.	2	.		772

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 5:41 AM

*Lead Verbala @ 5:44 AM*

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 5:00 Am

FROM:  (Preparing Out Count)

LOCATION: town Dr

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056 Harrison	E-5	13.		
2.			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 1 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMES 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-24-2019  
04:56:25

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME  
0001 TNWDVR 57084-056 HARRISON

OCT DATE QTR WRK  
07-24-2019 E08-557L TWN DRIVER

FROM:

*J. [Signature]*  
(Shift Member Preparing Ops Count)

LOCATION:

*408P*

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	57084-056	BULLOCK	13.		
2			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

EA \_\_\_\_\_ CA \_\_\_\_\_ E-N 1 E-S \_\_\_\_\_ CH \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ G-N \_\_\_\_\_ E-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A \_\_\_\_\_ S-B \_\_\_\_\_

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Unit-Counted: \_\_\_\_\_

This form must be submitted to the Control and Assignments Office (C&A) NYM (115) 115-1151 to be affected count. Prepare this form in triplicate. Group the inmates according to their respective housing units. This form is to be used only as an out-count. The other forms will be grouped in one of the Out-Count forms.

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 5:00

FROM: [REDACTED]  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86409-054	Bullock	5N	13.		
2.			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 1 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: one

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.

NYMES 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-24-2019  
04:53:01

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	86409-054	BULLOCK	07-24-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

BA  
Date 7-24-19  
Count: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: HOSP Date 7-24-19  
Count: 1 Time: 5:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: HA Date 7-24-19  
Count: 1 Time: 5:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: M. Thomas  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: EN Date 7/24/19  
Count: 87 Time: 5:00PM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
GS  
Date: 7/24/2019  
Count: 91 Time: 5:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: FS Date 7/24/19  
Count: 85 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date 7/24/19  
Count: 92 Time: 5:00 AM  
Print Name: SCISIBOR  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: P-A Date 7/24/19  
Count: 10 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: M. Thomas  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
SN  
Date: 7/24/19  
Count: 76 Time: 5:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: TawDriner Date 7/24/19  
Count: 1 Time: 5:00AM  
Print Name: M. Thomas  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: KS Date 7-24-19  
Count: 138 Time: 5:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: M. Thomas  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: KN Date 7/24/19  
Count: 93 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: M. Thomas  
Signature: [Redacted]

MCC NEW YORK  
Official Count Slip  
Unit: 2A Date 7/24/18  
Count: 68 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: 23 Date 7/24/18  
Count: 50 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]