

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 Y	F S	H O S	M S	R & D	S A N I	T R W	V I S I T			OC UO TU N T		
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	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 E-S
G-N	77	.	.	.	.	.	.	.	1	.	.	.	1	.	.	<del>X</del>	76 G-N
G-S	92	.	.	.	.	.	.	.	1	.	.	.	1	.	.	<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	776	.	.	.	.	.	1	.	2	.	.	.	3	.	.		773

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
OFFICIAL TAKING COUNT: [REDACTED]  
CLEARED TIME: [REDACTED]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 7-24-19  
Count: 1 Time: 3:00 AM

Print Name: [REDACTED]  
Signature: [REDACTED]  
Print Name: [REDACTED]  
Signature: [REDACTED]

*Good VERBAL 3390m*

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	VERIFY COUNT	COUNT AREA	
		A T T Y	F N J	F N Y E	F N Y S	F S P	H O S	M S	R & D	S A N I D I V	T R W S V	V I S I T				
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	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86	E-S
G-N	77	.	.	.	.	.	.	1	.	.	.	1	.	<del>X</del>	76	G-N
G-S	92	.	.	.	.	.	.	1	.	.	.	1	.	<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	776	.	.	.	.	1	.	2	.	.	.	3	.		773	

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: *AREGG*  
OFFICIAL TAKING COUNT: *Gulhaner*  
COUNT CLEARED TIME: *3:40pm*

*Good VERBAL 3:39pm*

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 7/24/19

COUNT TIME: 3:00

FROM: J. Ovi  
(Staff Member Preparing Out Count)

LOCATION: HOSP

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

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409-054	Bullock	SN	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  
02:59:02

CATEGORY: OCT  
ASSIGNMENT: HOSP  
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:  
FACILITY: NYM  
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

*07/24/2019 02:59:02  
86409-054*

G0000 TRANSACTION SUCCESSFULLY COMPLETED

CATEGORY: OCT  
ASSIGNMENT: R&D

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OFFICIAL OUT COUNT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	R&D	86268-054	AYLLON	07-24-2019	G06-741L	UNASSG
0002		43667-007	REESE	07-24-2019	G09-768L	UNASSG

DATE: \_\_\_\_\_

ROOM: \_\_\_\_\_ LOCATION: \_\_\_\_\_

APPROVED: \_\_\_\_\_

REG #	NAME	UNIT	REG #	NAME	UNIT
1	AYLLON	GEN	13		
2	REESE	GEN	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

CA	CA	EN	ES	GN	GS	HA
14	14	14	14	14	14	14

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Count: 28

This report is submitted to the Court and is subject to audit. It is the responsibility of the reporting agency to ensure that the information is accurate and complete. This report is to be used only as a guide and is not to be relied upon for legal purposes.

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 7/24/19

COUNT TIME: 300AM

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

LOCATION: P-D

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86268-054	AYLON	G-N	13.	
2.	43667-007	Reese	G-S	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 1 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 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: HA / Date: 7-24-19  
Count: 1 / Time: 3:00 AM  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: ES / Date: 7/24/19  
Count: 86 / Time: 3:00 AM  
Print Name: [Signature]  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GS / Date: 7/24/2019  
Count: 91 / Time: 3:00 AM  
Print Name: [Signature]  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: EN / Date: 7/24/19  
Count: 87 / Time: 3:00  
Print Name: J. Di  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GN / Date: 7/24/19  
Count: 76 / Time: 3:00 AM  
Print Name: E. Matos  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: HOSP / Date: 7-24-19  
Count: 1 / Time: 3:00 AM  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN / Date: 7/24/19  
Count: 92 / Time: 3:00 AM  
Print Name: S. ISTRIBOR  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: BA / Date: 7-24-19  
Count: 26 / Time: 3:00 AM  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA / Date: 7/24/19  
Count: 10 / Time: 3:00 AM  
Print Name: [Signature]  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZB / Date: 7/24/19  
Count: 5 / Time: 3:00 AM  
Print Name: [Signature]  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: KS / Date: 7-24-19  
Count: 138 / Time: 3:00 AM  
Print Name: [Signature]  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: P-D / Date: 7/24/19  
Count: 2 / Time: 3:00 AM  
1. Print Name: J. Hodge  
1. Signature: [Signature]  
2. Print Name: [Signature]  
2. Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip  
Unit: KN / Date: 7/24/19  
Count: 93 / Time: 3 A.M.  
Print Name: Straker  
Signature: [Signature]  
Print Name: [Signature]  
Signature: [Signature]

MCC NEW YORK  
Official Count Slip  
Unit: ZA / Date: 7/24/19  
Count: 68 / Time: 3:00 AM  
Print Name: W. Silva  
Signature: [Signature]  
Print Name: C. Washington  
Signature: [Signature]