

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                             | 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  | N |              |              |         |
|            |        |                               |   |   |   |   |   |   | V | T | T  |   |              |              |         |
| B-A        | 26     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 26 B-A  |
| C-A        | 10     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 10 C-A  |
| E-N        | 83     | .                             | . | . | . | . | 2 | . | . | . | .  | . | 2            | <del>X</del> | 81 E-N  |
| E-S        | 79     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 79 E-S  |
| G-N        | 78     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 78 G-N  |
| G-S        | 88     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 88 G-S  |
| H-A        | 4      | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 4 H-A   |
| I-N        | 86     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 86 I-N  |
| K-N        | 89     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 89 K-N  |
| K-S        | 137    | .                             | . | . | . | . | 2 | . | . | . | .  | . | 2            | <del>X</del> | 135 K-S |
| R-A        | 1      | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 1 R-A   |
| Z-A        | 72     | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 72 Z-A  |
| Z-B        | 5      | .                             | . | . | . | . | . | . | . | . | .  | . | .            | <del>X</del> | 5 Z-B   |
| TOTAL      | 758    | .                             | . | . | . | . | 4 | . | . | . | .  | . | 4            |              | 754     |

COUNT VERIFY

OFFICIAL PREPARING COUNT: ~~X~~ [Redacted]  
 OFFICIAL TAKING COUNT: ~~X~~ [Redacted]  
 COUNT CLEARED TIME: 5:30 AM

glr 5:29 AM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0500 Am

FROM: C. W. G. Higgins  
(Staff Member Preparing Out Count)

LOCATION: HOOP

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

| REG # | NAME      | UNIT      | REG # | NAME | UNIT |
|-------|-----------|-----------|-------|------|------|
| 1.    | 85369-054 | Noolaston | KS    | 13.  |      |
| 2.    | 48816-066 | SANTANA   | KS    | 14.  |      |
| 3.    | 86900-054 | WALKER    | SN    | 15.  |      |
| 4.    | 86409-054 | Bullock   | SN    | 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 2 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 2 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 4

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.

NYMFC 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-10-2019  
01:21:34

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   | 08-10-2019 | E05-535L | SUICIDE OR<br>UNASSG     |
| 0002 |            | 48816-066 | SANTANA   | 08-10-2019 | K09-028U | SUICIDE OR               |
| 0003 |            | 86900-054 | WALKER    | 08-10-2019 | E06-546L | SUICIDE OR<br>UNASSG     |
| 0004 |            | 85369-054 | WOOLASTON | 08-10-2019 | K11-053L | FS WAREHOU<br>SUICIDE OR |

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: 2-B Date: 8-10-2019  
Count: 5 Time: 5:00am  
Print Name: R. Adams  
Signature: [Signature]  
Print Name: Noel  
Signature: [Signature]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: RA Date: 8/10/19  
Count: 1 Time: 5:00am  
1. Print Name: P. Jones  
1. Signature: [Signature]  
2. Print Name:   
Signature:

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8.10.2019  
Count: 72 Time: 5:00am  
Print Name: Noel  
Signature: [Signature]  
Print Name: M. I. Camr  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8-10-19  
Count: 26 Time: 5:00am  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: D. Dupree  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/10/19  
Count: 10 Time: 5:00am  
Print Name: D. Jones  
Signature: [Signature]  
Print Name: K. Smith  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/10/19  
Count: 4 Time: 5:00am  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: D. Dupree  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 08-10-2019  
Count: 81 Time: 5:00AM  
Print Name: T. Joint  
Signature: [Signature]  
Print Name: N. Lewis  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/10/19  
Count: 79 Time: 5:00AM  
Print Name: N. Lewis  
Signature: [Signature]  
Print Name: T. Joint  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: G-5 Date: 08/10/19  
Count: 88 Time: 0500  
Print Name: MEDINA  
Signature: [Signature]  
Print Name: D. Dupree  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/10/19  
Count: 78 Time: 5:00AM  
Print Name: E. Matos  
Signature: [Signature]  
Print Name: D. Dupree  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8-10-19  
Count: 4 Time: 5:00AM  
Print Name: S. Bullock  
Signature: [Signature]  
Print Name: D. Dupree  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/10/19  
Count: 26 Time: 5<sup>00</sup>am  
Print Name: S. I. [Signature]  
Signature: [Signature]  
Print Name: K. [Signature]  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8/10/2019  
Count: 135 Time: 0500Am  
Print Name: C. Washington  
Signature: [Signature]  
Print Name: J. RICKENBACKER  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: RN Date: 8/10/19  
Count: 89 Time: 500AM  
Print Name: J. RICKENBACKER  
Signature: [Signature]  
Print Name: C. Washington  
Signature: [Signature]