

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 E	F N Y S	F S	H O S P	M S	R & D	S A N I T I V	T R A N S I T	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	79	.	.	.	.	.	1	.	.	.	.	.	1	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	.	X	136	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	.	.	.	.	.	2	.	.	.	.	.	2	.		754	
COUNT VERIFY		X															

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 12:59 AM

Good verbal: 12:46 AM

Metropolitan Correctional Center  
 Official Count Slip

Unit: K-N Date: 08-11-2019  
 Count: 89 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-N Date: 08-11-2019  
Count: 89 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ES Date: 8/11/19  
Count: 78 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-S Date: 8/11/19  
Count: 130 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZA Date: 8/11/2019  
Count: 74 Time: 1201  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: ZB Date: 8-11-19  
Count: 5 Time: 12:01AM  
1. Print Name: \_\_\_\_\_  
1. Signature: \_\_\_\_\_  
2. Print Name: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA Date: 8/11/19  
Count: 10 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: GN Date: 8/11/19  
Count: 78 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: GS Date: 8-11-19  
Count: 87 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date: 8/11/19  
Count: 86 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: HA Date: 8/11/19  
Count: 2 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: Hosp Date: 8/11/19  
Count: 2 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: EN Date: 8/11/19  
Count: 83 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: BA Date: 8/11/19  
Count: 26 Time: 12:01AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8-11-19

COUNT TIME: 1201 AM

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

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86786-054 MCDUFFIE	115	13.		
2.	16520-055 DECAPUA	55	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 1 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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-10-2019  
22:49:37

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	16520-055	DECAPUA	08-10-2019	E07-555L	ORD CCS SUICIDE OR
0002		86768-054	MCDUFFIE	08-10-2019	K12-064L	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

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 W	T R I S	V I S			OC UO TU		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	83	.	.	.	.	1	.	.	.	.	.	1	.	.	82	E-N	
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	79	E-S	
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	G-N	
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	.	87	G-S	
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	2	H-A	
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	86	I-N	
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	89	K-N	
K-S	136	.	.	.	.	1	.	.	.	.	.	1	.	.	135	K-S	
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A	
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	.	75	Z-A	
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B	
TOTAL	756	.	.	.	.	2	.	.	.	.	.	2	.	.	754		

COUNT VERIFIY ~~X~~

OFFICIAL PREPARING COUNT: [Redacted]  
OFFICIAL TAKING COUNT: [Redacted]  
COUNT CLEARED TIME: 3:45 Am

Good verbal: 3:43Am

Metropolitan Correctional Center  
Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/11/19

Count: 87 Time: 3:00 am

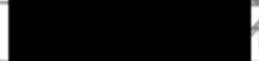
Print Name: \_\_\_\_\_

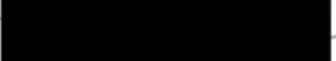
Signature: \_\_\_\_\_

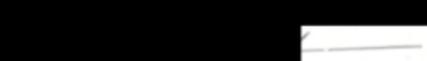
Print Name: \_\_\_\_\_

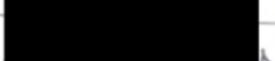
Signature: \_\_\_\_\_

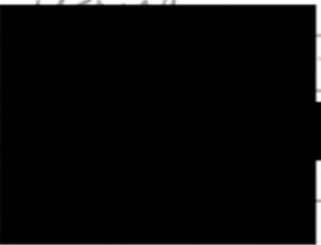
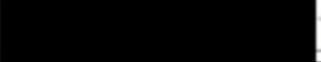
Metropolitan Correctional Center  
Official Count Slip  
Unit: GS Date: 8/11/19  
Count: 8 3:00am  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

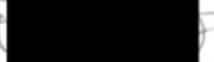
Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: ZB Date: 8/11/19  
Count: 5 Time: 3:00AM  
1. Print Name:   
1. Signature:   
2. Print Name: \_\_\_\_\_  
2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZA Date: 8/11/2019  
Count: 75 Time: 0300AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

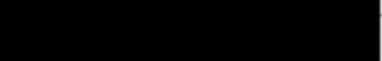
Metropolitan Correctional Center  
Official Count Slip  
Unit: ES Date: 8/11/19  
Count: 79 Time: 300AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

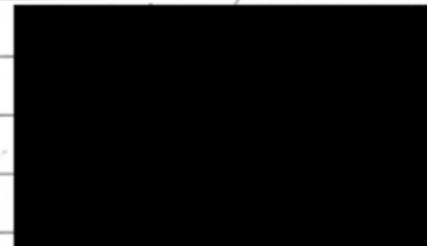
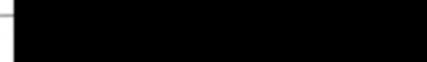
Metropolitan Correctional Center  
Official Count Slip  
Unit: GN Date: 8/11/19  
Count: 78 Time: 3A.M.  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

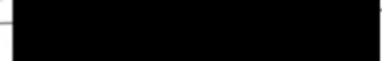
Metropolitan Correctional Center  
Official Count Slip  
Unit: EN Date: 08/11/19  
Count: 82 Time: 0309  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

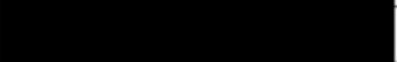
Metropolitan Correctional Center  
Official Count Slip  
Unit: K-N Date: 08-11-2019  
Count: 89 Time: 3:00AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

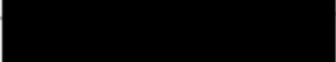
Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date: 8/11/19  
Count: 86 Time: 3:00 AM  
Print Name: S. Anderson  
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-3 Date: 8/11/19  
Count: 135 Time: 3:00AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: BA Date: 8/11/19  
Count: 26 Time: 3:00 AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: HA Date: 8/11/19  
Count: 2 Time: 3:00 AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA Date: 8/11/19  
Count: 10 Time: 3:00 AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: Hosp Date: 8/11/19  
Count: 2 Time: 3:00 AM  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/11/19

COUNT TIME: 3Am

FROM: [Redacted]  
(Staff member preparing Out Count)

LOCATION: HOSP

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	Walston	KS	13.	
2.	88900-054	Walker	EN	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 1 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.

NYMBM 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-11-2019  
01:35:20

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86900-054	WALKER	08-11-2019	E06-546L	SUICIDE OR UNASSG
0002		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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	83	.	.	.	.	.	1	.	.	.	.	.	1	<del>X</del>	82 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	2 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89 K-N
K-S	136	.	.	.	.	.	1	.	.	.	.	.	1	<del>X</del>	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	75 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	756	.	.	.	.	.	2	.	.	.	.	.	2		754

COUNT VERIFY

OFFICIAL PREPARING COUNT: [Redacted]  
OFFICIAL TAKING COUNT: [Redacted]  
COUNT CLEARED TIME: 11:55AM

*Good verbal! 5:50AM*

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8/11/19  
Count: 5 Time: 5:00AM

- 1. Print Name: [Redacted] Count: [Redacted]
- 1. Signature: [Redacted] Unit: [Redacted]
- 2. Print Name: [Redacted]
- 2. Signature: [Redacted]

Metropolitan Correctional Center

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8/11/19  
Count: 5 Time: 5:00AM

1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/11/19  
Count: 87 Time: 5:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/11/19  
Count: 79 Time: 5:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8-11-19  
Count: 135 Time: 5:00AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/11/19  
Count: 10 Time: 5:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/11/19  
Count: 78 Time: 5:00 A.M.

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/11/19  
Count: 2 Time: 5:00 AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: Hosp Date: 8/11/19  
Count: 2 Time: 5:00 AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/11/19  
Count: 26 Time: 5:00 AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ERU Date: 08/11/19  
Count: 82 Time: 0509

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 08-11-2019  
Count: 89 Time: 5:00AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/11/19  
Count: 86 Time: 5:00 AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/11/2019  
Count: 75 Time: 0500Am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: \_\_\_\_\_  
Count: \_\_\_\_\_ Time: \_\_\_\_\_

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

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	86900-054	WALKER	08-11-2019	E06-546L	SUICIDE OR UNASSG
0002		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/11/19

COUNT TIME: 5 AM

FROM: Dupree  
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	Woolaston	KS	13.	
2.	86900-054	walker	EN	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 1 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.

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	T	COUNT	COUNT
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	83	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	82 E-N
E-S	79	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	2 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89 K-N
K-S	136	.	.	.	.	15	1	.	.	.	.	16	.	<del>X</del>	120 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	1	.	<del>X</del>	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	756	1	.	.	.	16	2	.	.	.	.	19	.		737

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
OFFICIAL TAKING COUNT: [REDACTED]  
COUNT CLEARED TIME: 11:10am

GOOD VERBAL: 11:04AM

Metropolitan Correctional Center  
Official Count Slip

Unit: Hosp 2 Date: 8/11/19  
Count: \_\_\_\_\_ Time: 10:00A  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: Hosp Date: 8/11/19  
Count: 2 Time: 10:00A  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-1A1 Date: 8/11/19  
Count: 2 Time: 10:00A  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Official Count Slip  
Unit: FS Date: 8/11/19  
Count: 16 Time: 10:00am  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date: 8/11/19  
Count: 86 Time: 10 A.M.  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZA Date: 9/11/19  
Count: 74 Time: 1000AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: AAA Date: 8-11-19  
Count: 1 Time: 10:00  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-9 Date: 8-11-19  
Count: 120 Time: 1000 AM  
Print Name: P. Joyner  
Signature: [Redacted]  
Print Name: T Lewis  
Signature: J. James

Metropolitan Correctional Center  
New York, New York  
Official Count Slip  
Unit: 2B Date: 8-11-19  
Count: 5 Time: 1000AM  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: K-N Date: 8-11-2019  
Count: 89 Time: 10:00AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA Date: 8-11-19  
Count: 10 Time: 10:00am  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: B-A1 Date: 8/11/19  
Count: 26 Time: 10:00A  
Print Name: Edward  
Signature: [Redacted]  
Print Name: JOAN  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: E-N Date: 8/11/19  
Count: 82 Time: 1000  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: ES Date: 8/11/19  
Count: 78 Time: 10AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GS Date: 8/11/19  
Count: 87 Time: 10:00  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip  
Unit: GN Date: 8-11-19  
Count: 78 Time: 10:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-19

COUNT TIME: 10:00

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

LOCATION: ATT

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78514-054 Tortagline	2A	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 \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 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.

NYMBH 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-11-2019  
09:38:26

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME
0001	ATTY	78514-054	TARTAGLIONE

OCT DATE	QTR	WRK
08-11-2019	Z05-124LAD	UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK NY

**OFFICIAL OUT-COUNT FORM**

DATE: 8/11/2019

TIME: 10:00AM

FROM: [REDACTED]  
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	61876-054	JOHNSON	KS	21			
2	79196-054	KOURANI	KS	22			
3	01735-007	SATTAN	KS	23			
4	79752-054	RIVERO	KS	24			
5	11714-052	TABOADA	KS	25			
6	85771-054	MILLER	KS	26			
7	86023-054	SUCRE	KS	27			
8	76149-054	PRICE	KS	28			
9	06303-082	RIVERA	KS	29			
10	85571-054	SALEH	KS	30			
11	86046-054	HUDSON	KS	31			
12	76235-054	JIMENEZ	KS	32			
13	01558-112	MANSON	KS	33			
14	79847-054	TOWNZEN	KS	34			
15	15657-179	GONZALEZ	ES	35			
16	85369-054	WOOLASTON	KS	36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS

BY UNIT:

B-A \_\_\_\_\_  
C-A \_\_\_\_\_  
E-N \_\_\_\_\_  
E-S 1

G-N \_\_\_\_\_  
G-S \_\_\_\_\_  
I-N \_\_\_\_\_  
K-S 15

K-N \_\_\_\_\_  
Z-A \_\_\_\_\_  
Z-B \_\_\_\_\_  
R-A \_\_\_\_\_  
H-A \_\_\_\_\_

TOTAL ON OUT COUNT: 16

[Signature]  
Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

INMATE ROSTER

CATEGORY: OCT  
ASSIGNMENT: FS

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT      OPER CATG ASSIGNMENT      OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	15657-179	GONZALEZ	08-11-2019	E10-579L	WAREHOUSE
0002		86046-054	HUDSON	08-11-2019	K07-011U	FS AM
0003		76235-054	JIMENEZ-GONZALEZ	08-11-2019	K09-031U	FS AM
0004		61876-054	JOHNSON	08-11-2019	K11-053U	FS AM
0005		79196-054	KOURANI	08-11-2019	K07-008L	FS AM
0006		01558-112	MANSON	08-11-2019	K08-016L	FS AM
0007		85771-054	MILLER	08-11-2019	K11-054L	FS AM
						SUICIDE OR
0008		76149-054	PRICE	08-11-2019	K08-014L	FS AM
0009		06303-082	RIVERA	08-11-2019	K11-055U	FS AM
0010		79752-054	RIVERO	08-11-2019	K08-019U	FS AM
0011		85571-054	SALEH	08-11-2019	K08-020U	FS AM
0012		01735-007	SATTAN	08-11-2019	K07-001L	FS AM
0013		86023-054	SUCRE	08-11-2019	K08-013U	FS AM
						UNASSG
0014		11714-052	TABOADA	08-11-2019	K11-052L	FS AM
0015		79847-054	TOWNZEN	08-11-2019	K11-060L	PLUMBING
0016		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU
						SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

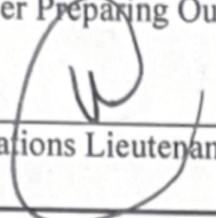
OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 10 AM

FROM:   
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86700-054 CONLEY	EN	13.		
2.	77863-112 BANG	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 1 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 1 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.

NYMBH 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-11-2019  
09:06:52

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	77863-112	BANG	08-11-2019	K12-062U	FS PM SUICIDE OR
0002		86700-054	CONLEY	08-11-2019	E03-524U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED