

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	P		D	N	W	S	TU		
		Y		E	S					I	D	I	N		
									V				T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1	<del>X</del>	85 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3	<del>X</del>	75 E-S
G-N	77	.	.	.	2	.	.	.	.	.	.	.	2	<del>X</del>	75 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	82	2	.	.	.	.	.	.	.	.	.	.	2	<del>X</del>	80 I-N
K-N	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 K-N
K-S	137	.	.	.	1	11	.	.	.	.	.	.	12	<del>X</del>	125 K-S
R-A	7	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	7 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	<del>X</del>	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	756	4	.	.	3	14	1	.	.	.	.	.	22		734

COUNT VERIFY

OFFICIAL PREPARING COUNT: [Redacted]  
OFFICIAL TAKING COUNT: [Redacted]  
COUNT CLEARED TIME: 4:55 pm

Good Verbal: 4:52 pm

Metropolitan Correctional Center

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FS Date: 8/5/19  
Count: 14 Time: 4 pm

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FS - Date: 8/5/19 -  
Count: 14 - Time: 4 pm  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: 2B - Date: 8-5-19 -  
Count: 5 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: K-N - Date: 8-5-19 -  
Count: 87 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA - Date: 8/5/19 -  
Count: 76 - Time: 4:00 pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: Att - Date: 8/5/19 -  
Count: 4 - Time: 4:00  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: K-S - Date: 8-5-19 -  
Count: 128 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES - Date: 08-05-19 -  
Count: 82 - Time: 1:00pm  
Print Name: Thomas  
Signature: [Redacted]  
Print Name: J  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN - Date: 8/5/19 -  
Count: 80 - Time: 4:00 pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FNYS - Date: 8/5/19 -  
Count: 3 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA - Date: Aug 5, 2019 -  
Count: 10 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP - Date: 8/5/19 -  
Count: 1 - Time: 4:00 pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: R-A - Date: 8-5-19 -  
Count: 7 - Time: 4:00pm  
1. Print Name: [Redacted]  
1. Signature: [Redacted]  
2. Print Name: [Redacted]  
2. Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS - Date: 8/5/2019 -  
Count: 82 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: T. THOMAS  
Signature: T. Thom

Metropolitan Correctional Center  
Official Count Slip

Unit: FN - Date: 08-05-19 -  
Count: 85 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: Z  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA - Date: 8/5/19 -  
Count: 1 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES - Date: 08/05/2019 -  
Count: 75 - Time: 4pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA - Date: 8/5/19 -  
Count: 26 - Time: 4:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN - Date: 8/5/19 -  
Count: 75 - Time: 4pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

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: 08-05-2019

Count Time: 4:00 pm

From: [REDACTED]  
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Signature]  
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
17781-104	SAYOC	CESAR	G02-711U
85737-054	RODRIGUEZ	RICARDO	G03-720U
17742-104	JONES	MICHAEL	K12-065L

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N 1 G-S \_\_\_  
H-A \_\_\_ I-N \_\_\_ K-N \_\_\_ K-S 1 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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-05-2019  
16:10:18

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYS

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	17742-104	JONES	08-05-2019	K12-065L	UNASSG
0002		85737-054	RODRIGUEZ	08-05-2019	G03-720U	UNASSG
0003		17781-104	SAYOC	08-05-2019	G02-711U	UNASSG

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

LOCATION: [Signature]

APPROVED: [Signature]  
(Operations Sergeant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1			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

BA	CA	EN	EA	ON	OS	IA
IN	KN	KS	RA	ZA	ZB	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This form must be submitted to the County and Correctional Office ONLY FIVE BUSINESS DAYS to the affected court. For more information, contact the County Office or the appropriate hearing unit. This form is to be used only as an Out-Count. No other forms will be accepted in lieu of this Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-05-19

COUNT TIME: 4<sup>00</sup> pm

FROM: *Thomas*  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: *J. De*  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	<u>85794-054</u>	<u>ARIOS EN</u>	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: 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.





INMATE ROSTER

\* 08-05-2019  
14:32:26

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	77863-112	BANG	08-05-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-05-2019	E12-593U	FS PM
0003		85417-054	DEL ORBE LUNA	08-05-2019	K08-018L	FS WAREHOU
0004		51702-069	ESTRADA-RODRIGUEZ	08-05-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-05-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-05-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-05-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-05-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-05-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-05-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-05-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-05-2019	K08-074U	FS PM
0014		85369-054	WOOLASTON	08-05-2019	K11-053L	FS WAREHOU SUICIDE OR

OUT-COUNT BY UNIT

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

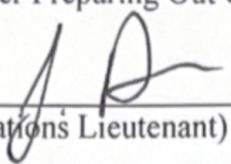
**OFFICIAL OUT COUNT**

DATE: 8/5/19

COUNT TIME: 4<sup>00</sup> pm

FROM:   
(Staff Member Preparing Out Count)

LOCATION: Atty Conf

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA	13.	
2.	91126-053	Aravajo	IN	14.	
3.	86020-054	Torres	ZA	15.	
4.	77980-054	Poppe	IN	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 2 K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 2 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.

NYMAQ 530\*05 \*  
PAGE '001 OF 001

INMATE ROSTER

\* 08-05-2019  
15:20:04

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		77980-054	ROPER	08-05-2019	I01-904L	UNASSG
0004		86020-054	TORRES	08-05-2019	Z03-110LAD	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8-5-19  
Count: 5 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/05/2019  
Count: 80 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/5/19  
Count: 80 Time: 10 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/5/19  
Count: 26 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/5/19  
Count: 10 Time: 10 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: EA Date: 08-05-19  
Count: 80 Time: 10 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/5/19  
Count: 2 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/5/19  
Count: 2 Time: 12:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/5/19  
Count: 8 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HS Date: 8-5-19  
Count: 137 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/5/19  
Count: 76 Time: 10:00

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: AUG 5, 2019  
Count: 88 Time: 10:00 pm

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

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-05-19

COUNT TIME: 1000 pm

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Murphy	ES	13.	
2.	85377-054	Weber	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 \_\_\_\_\_ 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

\* 08-05-2019  
21:30:10

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	89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0002		85377-054	WEBER	08-05-2019	K12-078L	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED