

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 O S	M S	R & D	S A N	T R W			V I S	O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	1	.	1	.	.	.	.	.	2	.	X	84 E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3	.	X	79 E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	.	X	77 G-N
G-S	81	.	.	.	2	.	.	.	.	.	.	.	2	.	X	79 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	1	.	.	.	.	.	.	.	.	.	.	1	.	X	83 I-N
K-N	89	1	.	.	1	.	.	.	.	.	.	.	2	.	X	87 K-N
K-S	136	.	.	.	.	9	.	.	.	.	.	.	9	.	X	127 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	4	.	.	5	12	1	.	.	.	.	.	22	.		736

COUNT VERIFY

~~X~~ ~~XXX~~

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 4:58 pm
 Good Verbal: 4:57 pm

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: 6N - Date: 8-6-19

Count: 77 - Time: 4 pm

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: GN - Date: 8-6-19
Count: 77 - Time: 4pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N - Date: 08-06-2019
Count: 87 - Time: 4:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8-6-2019
Count: 76 - Time: 7:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EW - Date: 08-06-19
Count: 84 - Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNY S - Date: 08/06/2019
Count: 5 - Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB - Date: 8-6-19
Count: 5 - Time: 4:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-S - Date: 8-6-19
Count: 79 - Time: 4:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 8/6/19
Count: 83 - Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 8/6/2019
Count: 127 - Time: 11:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 8/6/19
Count: 26 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP - Date: 8/6/19
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-
Count: 79 - Time: 4:00

Print Name: Thomas S
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date: 8/6/19
Count: 3 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 8/6/19
Count: 10 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: Att conf - Date: 8/6/19
Count: 4 - Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS - Date: 8/6
Count: 12 - Time: [Redacted]

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

UNITED STATES DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF PRISONS

OFFICIAL COUNT FORM
 Metropolitan Correctional Center

15 Park Row
 New York, New York 10007

Date: 08-06-2019

Count Time: 4:00 pm

From: [Redacted]
 (Staff Member Supervising Inmates)

Location: FNYS

Approved: [Signature]
 pp (Operations Lieutenant)

REG.....	LN.....	.....	QTR.....
86796-054	STAFFORD	.....	E06-545L
85769-054	MURPHY	.....	G01-702L
66471-054	BANKS	.....	G11-783U
86947-054	JONES	.....	G11-786U
68417-054	LEWIS	.....	K04-129U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 2
 H-A ___ I-N ___ K-N 1 K-S ___ Z-A ___ Z-B ___

Total Out-Counted: 5

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in ink for up to the inmates according to their respective housing units. This is to be used only as an Out Count.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY
OFFICIAL OUT COUNT

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	66471-054	BANKS	08-06-2019	G11-783U	UNASSG
0002		86947-054	JONES	08-06-2019	G11-786U	UNASSG
0003		68417-054	LEWIS	08-06-2019	K04-129U	UNASSG
0004		85769-054	MURPHY	08-06-2019	G01-702L	UNASSG
0005		86796-054	STAFFORD	08-06-2019	E06-545L	UNASSG

(Six Months Preparing Out Count)

APPROVED:

85
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	85794-054	EN	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	RA
IN	EN	K-S	RA	ZA	Z-B	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Counted

This form must be submitted to the Control and Assignments Officer FORTY-FIVE MINUTES BEFORE the out-count.
Prepare this form in triplicate. Group the inmates according to their respective housing units. This form is to be used only by the
Out-Count. No other form will be accepted in lieu of this Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 4:00 pm

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

LOCATION: *Hosp*

APPROVED: *JS*
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	<i>85794-054 Arias</i>	<i>EN</i>	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 _____ Z-B _____

Total Out-Counted: /

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.

NYMH4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

08-06-2019
14:29:22

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	08-06-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-06-2019	E12-593U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	08-06-2019	K09-025U	FS PM
0004		86535-054	KAMARA	08-06-2019	K11-053U	FS PM
0005		50659-018	KIRK	08-06-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-06-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-06-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-06-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-06-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-06-2019	K10-045U	FS PM
0011		79652-054	THOMAS	08-06-2019	K08-074U	FS PM
0012		79965-054	THOMAS	08-06-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

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

LOCATION: A4 Conf

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126053	ARAUJO	IN	13.	
2.	76318054	ERSTEIN	ZA	14.	
3.	14532104	MOORE	KN	15.	
4.	78514054	TARTAGLIONE	ZA	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 1 K-N 1 K-S _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: _____

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.

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
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	08-06-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003		14532-104	MOORE	08-06-2019	K06-145U	UNASSG
0004		78514-054	TARTAGLIONE	08-06-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION											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		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-N
E-S	82	.	.	.	.	.	1	.	.	.	.	1	.	X	81 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	X	140 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	1	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 1039 PM

good verbal 1030 pm

Metropolitan Correctional Ce.
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/6/19
 Count: 84 Time: 12:00 PM
 Print Name: [REDACTED]
 Signature: [REDACTED]
 Print Name: [REDACTED]
 Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: FN Date: 8/6/19
Count: 84 Time: 12:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/6/2019
Count: 89 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-06-19
Count: 86 Time: 10PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8.6.19
Count: 81 Time: 10:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 08-06-19
Count: 81 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/6/19
Count: 3 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/6/19
Count: 26 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: C:A Date: 8.6.19
Count: 10 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GA Date: 8/6/19
Count: 78 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: ZB Date: 8/6/19
Count: 5 Time: 10:00pm
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/6/19
Count: 1 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZK Date: 8/6/19
Count: 78 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/6/2019
Count: 140 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 1:00 PM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89677-053	Mersey	ES	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
21:11:59

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	08-06-2019	E12-592U	FS PM SUICIDE OR

G0000

TRANSACTION SUCCESSFULLY COMPLETED