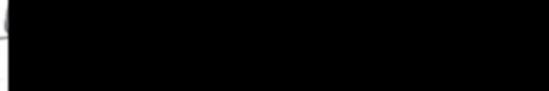
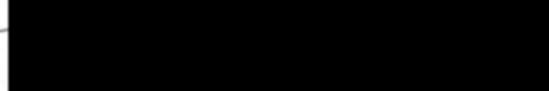


Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/07/2019
Time: 4:00 PM

Count: 82

Print Name: 

Signature: 

Print Name: 

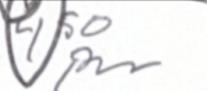
Signature: 

* 08-07-2019
* 16:08:29

OC
UO
TU
N VERIFY
T COUNT COUNT AREA

Area	Count	Verify	Count	Area
H-A	3	X	20	B-A
I-N	84	X	10	C-A
K-N	89	X	86	E-N
K-S	139	X	77	E-S
R-A	0	X	77	G-N
Z-A	78	X	80	G-S
Z-B	5	X	3	H-A
TOTAL	760		31	729

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 4:50 PM

Good Verbal: 4:27 PM

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 P	M S	R & D	S A N I	T R W D	V I S I T			O C U O T U N T	
B-A	26	.	.	.	.	.	.	.	.	6	.	.	6	X	20	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	1	.	.	.	.	.	.	.	1	X	86	E-N
E-S	80	.	.	.	.	3	.	.	.	.	.	.	3	X	77	E-S
G-N	79	.	.	1	1	.	.	.	.	.	.	.	2	X	77	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3	H-A
I-N	84	.	.	.	2	.	.	.	.	.	.	.	2	X	82	I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1	X	88	K-N
K-S	139	.	.	1	2	11	1	.	.	.	.	.	15	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	1	.	.	.	.	.	.	.	.	.	.	1	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	760	1	.	3	6	14	1	.	.	6	.	.	31		729	

COUNT VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [Redacted]
OFFICIAL TAKING COUNT: [Redacted]
COUNT CLEARED TIME: 4:50 pm

Good Verbal: 4:27 pm

Metropolitan Correctional Center
Official Count Slip
Unit: IN - Date: 8/07/2019
Count: 83 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA - Date: 8/7/19
Count: 20 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Sari - Date: Aug 7 2019
Count: 6 - Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN - Date: 08-07-19
Count: 86 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA - Date: 8/7/19
Count: 77 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-5 - Date: 8-7-19
Count: 80 - Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA - Date: 8/7/19
Count: 3 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN - Date: 8/7/19
Count: 77 - Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Z-B - Date: 8/7/19
Count: 5 - Time: 4:00PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ATH - Date: 8/7/19
Count: 1 - Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FMS - Date: 8/7/19
Count: 6 - Time: 4:00pm
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA - Date: 8/7/19
Count: 10 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS - Date: 08-07-19
Count: 77 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: Thomas
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: F/S - Date: 8-7-19
Count: 14 - Time: 4:00pm
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KW - Date: 08-07-2019
Count: 88 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Max P - Date: 8/7/19
Count: 1 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FME - Date: 8/7/19
Count: 3 - Time: 4:00pm
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS - Date: 8/7/2019
Count: 124 - Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 08-07-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [Signature]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
77684-053	KILGORE	JULIO	G01-701L
91752-053	RAI	GURSIMARDE	K06-142U
76135-054	WATKINS	THOMAS	K08-017U

B-A___ C-A___ E-N___ E-S___ G-N_1___ G-S___
H-A___ I-N___ K-N_1___ 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 account. 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

* 08-07-2019
16:07:42

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME
0001	FNYE	77684-053	KILGORE
0002		91752-053	RAI
0003		76135-054	WATKINS

OCT DATE	QTR	WRK
08-07-2019	G01-701L	UNASSG
08-07-2019	K06-142U	UNASSG
08-07-2019	K08-017U	UNASSG

FROM

LOCATION:

APPROVED:

[Signature]
(Staff Member Processing Out Count)

[Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	35369051	Woodstock KS	10		
2			11		
3			12		
4			13		
5			14		
6			15		
7			16		
8			17		
9			18		
10			19		
11			20		
12			21		
13			22		
14			23		
15			24		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-A _____ E-S _____ G-N _____ G-S _____ I-A _____
 I-B _____ E-B _____ K-S _____ R-A _____ Z-A _____ Z-B _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Count: _____

This form must be submitted to the Count and Assignments Unit **FORWARD 15 MINUTES BEFORE** the official count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only in 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: 08-07-19

COUNT TIME: 4:00 PM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: MOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	Woolaston	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 1 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

* 08-07-2019
15:58:46

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 85369-054 WOOLASTON 08-07-2019 K11-053L FS WAREHOU
SUICIDE OR

FROM

APPROVED

REG #	NAME	UNIT	REG #	NAME	UNIT
1	7/10/19	Cutello BA	13		
2	7/10/19	DeKana BA	14		
3	7/10/19	LAB BA	15		
4	7/10/19	LAB BA	16		
5	7/10/19	LAB BA	17		
6	7/10/19	LAB BA	18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

OUT-COUNT BY UNIT

GA _____ CA _____ ES _____ GN _____ GB _____ BA _____
LB _____ LN _____ LA _____ RA _____ ZA _____ ZB _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Count: 62

This form must be submitted to the Control and Assignment Office FOURTY FIVE MINUTES PRIOR to the start of the shift.
Prepare this form in triplicate. Group the inmates according to their respective housing units. This form will be used only by the
Custodial Units. No other forms will be accepted in lieu of this Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: Aug 7 2019

COUNT TIME: 4 PM

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

LOCATION: Commissary
SAN

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76049-054	Carrillo	BA	13.		
2. 76187054	Dreiksena	BA	14.		
3. 56431479	LAURE	BA	15.		
4. 85954054	NAZINA	BA	16.		
5. 86411054	Roberts	BA	17.		
6. 76261054	MAKSIMOVIC	BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A 6 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: 6

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
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-7-19

COUNT TIME: 400pm

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

LOCATION: F/S

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 76161-054	Granados	K-S
2. 68683-066	Clark	E-S	14. 86535-054	Kamara	K-S
3. 86764-054	Duncan	K-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 85976-054	Martinez	K-S	17.		
6. 86026-054	Merchant	K-S	18.		
7. 89673-053	Mersey	E-S	19.		
8. 86022-054	Reingoud	K-S	20.		
9. 85927-054	Romero	K-S	21.		
10. 79652-054	Thomas	K-S	22.		
11. 79965-054	Thomas	K-S	23.		
12. 50659-018	Kirk	E-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 11 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
14:37:46

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FS

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	08-07-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-07-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-07-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-07-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-07-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-07-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-07-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-07-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-07-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-07-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-07-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-07-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-07-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-07-2019	K10-044L	FS PM

REG..... LN..... FN..... QTR.....

86796-054 STAFFORD
87071-054 MENDEZ-FEL
77863-054 BANG
51702-069 ESTRADA-RODRIGUEZ
76161-054 GRANADOS-CORONA
86535-054 KAMARA
50659-018 KIRK
85976-054 MARTINEZ
86026-054 MERCHANT
89673-053 MERSEY

GN GS
RA ZA Z-B

Assignments Officer FORTY-FIVE MINUTES PRIOR
to the inmates according to their respective housing

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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: 08-07-2019

Count Time: 4:00 pm

From:



(Staff Member Supervising Inmates)

Location: FNYS

Approved:

pp

(Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....

86796-054	STAFFORD	SIRON	E06-545L
87071-054	MENDEZ-FEL	MARCO	G06-747U
77980-054	ROPER	COREY	I01-904L
86516-054	SOSA-DIAZ	HENYEL	I03-923L
14661-479	CORONADO-L	MARCO	K10-047U
76326-054	GONZALEZ	JOSE	K09-029U

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

Total Out-Counted: 6

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.

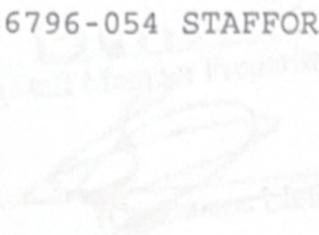
CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	14661-479	CORONADO-LOZANO	08-07-2019	K10-047U	UNASSG
0002		76326-054	GONZALEZ	08-07-2019	K09-029U	UNASSG
0003		87071-054	MENDEZ-FELIZ	08-07-2019	G06-747U	UNASSG
0004		77980-054	ROPER	08-07-2019	I01-904L	UNASSG
0005		86516-054	SOSA-DIAZ	08-07-2019	I03-923L	UNASSG
0006		86796-054	STAFFORD	08-07-2019	E06-545L	UNASSG

APPROVED:



REG #	NAME	UNIT	REG #	NAME	UNIT
76326-054	Epsilon	ZA	13		
			14		
			15		
			16		
			17		
			18		
			19		
			20		
			21		
			22		
			23		
			24		

OUT-COUNT BY UNIT
E-A _____ E-B _____ E-C _____ E-D _____ E-E _____ E-F _____ E-G _____ E-H _____ E-I _____ E-J _____ E-K _____ E-L _____ E-M _____ E-N _____ E-O _____ E-P _____ E-Q _____ E-R _____ E-S _____ E-T _____ E-U _____ E-V _____ E-W _____ E-X _____ E-Y _____ E-Z _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This form must be submitted to the Counts and Assignments Officer **FOURTY-FIVE MINUTES BEFORE** to the relevant count.
Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only at
the Count. No other forms will be accepted in lieu of the Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY
OFFICIAL OUT COUNT**

DATE: 8-7-19

COUNT TIME: 4:00pm

LOCATION: Attorney Conf.

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

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-054	Epstein	ZA	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
15:29:04

CATEGORY: OCT

ASSIGNMENT: ATTY

GROUP CODE:

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 ATTY 76318-054 EPSTEIN

OCT DATE QTR WRK
08-07-2019 Z04-206LAD UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED