

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 T T Y | F N J | F N Y | F N Y | F S | H O S | M S | R & D | S A N I | T R N W | V I S I | | | O C U O T U | | | |
| 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

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:38 pm

Good Verbal: 10:21 pm

Metropolitan Correctional Center

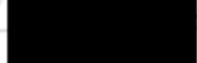
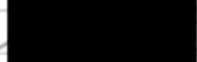
Metropolitan Correctional Center
New York, New York
Official Count Slip

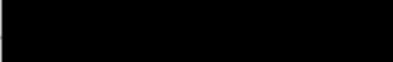
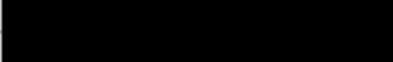
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Count: 5 Time: 10:00 pm

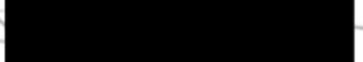
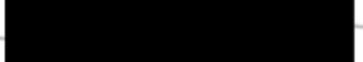
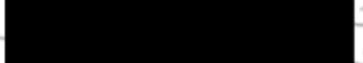
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2. Print Name: [REDACTED]
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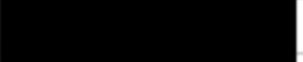
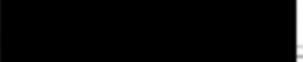
8/19
10:00 pm
[Handwritten notes and signatures]

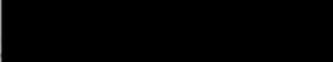
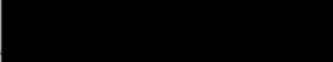
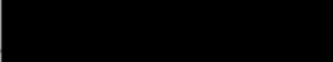
Metropolitan Correctional Center
New York, New York
Official Count Slip

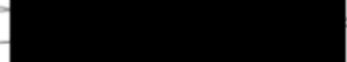
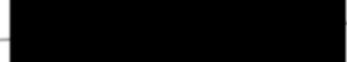
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Count: 5 - Time: 10:00pm
1. Print Name: 
1. Signature: 
2. Print Name: 
2. Signature: 

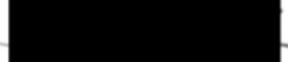
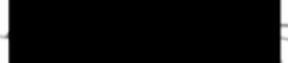
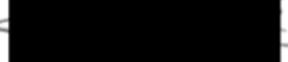
Metropolitan Correctional Center
Official Count Slip
Unit: CA - Date: 8/10/19
Count: 10 - Time: 10:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

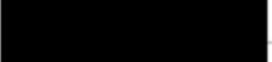
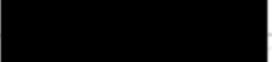
Metropolitan Correctional Center
Official Count Slip
Unit: HA - Date: 8/10/19
Count: 2 - Time: 10:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

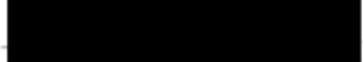
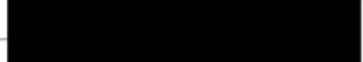
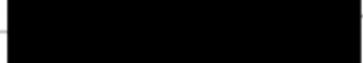
Metropolitan Correctional Center
Official Count Slip
Unit: ZA - Date: 8-10-19
Count: 74 - Time: 10pm
Print Name: 
Signature: 
Print Name: 
Signature: 

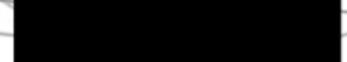
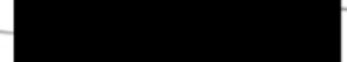
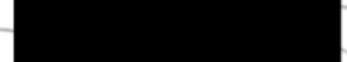
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Official Count Slip
Unit: EN - Date: 08-10-19
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Signature: 
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Signature: 

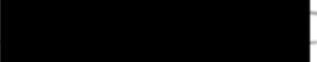
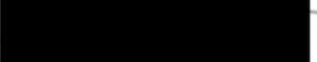
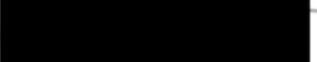
Metropolitan Correctional Center
Official Count Slip
Unit: Hosp. - Date: 8/10/19
Count: 2 - Time: 10:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

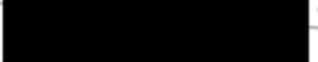
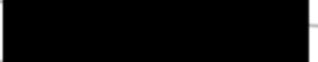
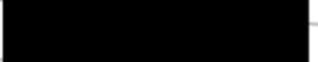
Metropolitan Correctional Center
Official Count Slip
Unit: IN - Date: 8/10/19
Count: 86 - Time: 10:00PM
Print Name: 
Signature: 
Print Name: 
Signature: 

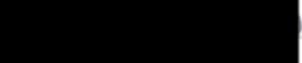
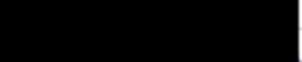
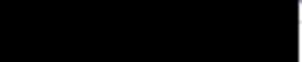
Metropolitan Correctional Center
Official Count Slip
Unit: HN - Date: 08/10/19
Count: 89 - Time: 10pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: RS - Date: 08/10/2019
Count: 136 - Time: 10:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

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

Metropolitan Correctional Center
Official Count Slip
Unit: EN - Date: 8/10/19
Count: 83 - Time: 10:00PM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: GS - Date: 8-10-19
Count: 87 - Time: 10:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: E-S - Date: 8-10-19
Count: 78 - Time: 10pm
Print Name: 
Signature: 
Print Name: 
Signature: 

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-10-2019
21:38:27

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 | 08-10-2019 | E12-592U | FS PM |
| 0002 | | 85377-054 | WEBER | 08-10-2019 | K12-078L | SUICIDE OR SUICIDE OR UNASSG |

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-10-19

COUNT TIME: 10 PM

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|------------------|------|-------|------|------|
| 1. | 89673-053 MURPHY | E-5 | 13. | | |
| 2. | 85377-054 WEBER | 115 | 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.

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 | T | V | | | OC |
| | | T | N | N | N | S | O | S | & | A | N | I | UO | | |
| | | Y | J | Y | Y | S | P | | D | N | W | S | TU | | |
| | | | E | S | | | | | I | D | I | 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 | . | . | . | . | 3 | . | . | . | . | . | 3 | . | X | 76 E-S |
| G-N | 78 | . | . | . | . | . | . | . | . | . | . | . | . | X | 78 G-N |
| G-S | 87 | . | . | . | . | . | . | . | . | . | . | . | . | X | 87 G-S |
| H-A | 4 | . | . | . | . | . | . | . | . | . | . | . | . | X | 4 H-A |
| I-N | 86 | . | . | . | . | . | . | . | . | . | . | . | . | X | 86 I-N |
| K-N | 89 | . | . | . | . | . | . | . | . | . | . | . | . | X | 89 K-N |
| K-S | 137 | . | . | . | . | 8 | 2 | . | . | . | . | 10 | . | X | 127 K-S |
| R-A | 0 | . | . | . | . | . | . | . | . | . | . | . | . | X | 0 R-A |
| Z-A | 72 | . | . | . | . | . | . | . | . | . | . | . | . | X | 72 Z-A |
| Z-B | 5 | . | . | . | . | . | . | . | . | . | . | . | . | X | 5 Z-B |
| TOTAL | 756 | . | . | . | . | 11 | 2 | . | . | . | . | 13 | . | | 743 |

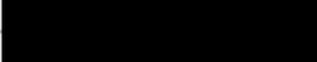
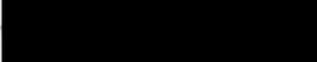
COUNT VERIFY

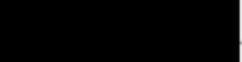
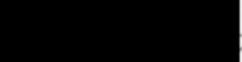
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OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:13 pm

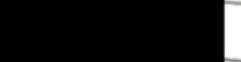
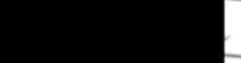
Good Verbal: 5:02 pm

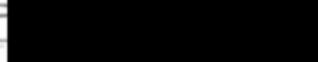
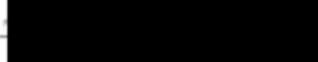
Metropolitan Correctional Center
Official Count Slip

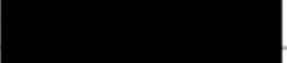
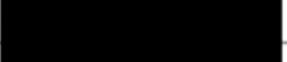
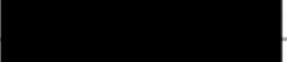
Unit: ZB Date: 8-10-19
Count: 5 Time: 4:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: 2D Date: 8-10-19
Count: 5 Time: 4:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08/10/2019
Count: 83 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: F/S Date: 8-10-19
Count: 11 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

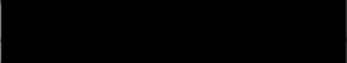
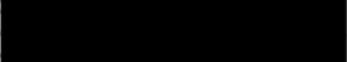
Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8-10-19
Count: 4 Time: 4:00 pm
Print Name: 
Signature: 
Print Name: 
Signature: 

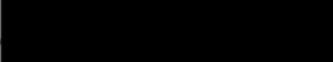
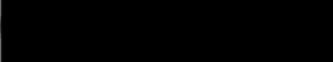
Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8-10-19
Count: 87 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

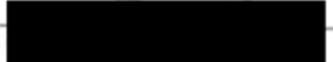
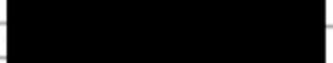
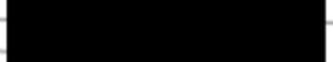
Metropolitan Correctional Center
Official Count Slip
Unit: HOSP. Date: 8-10-19
Count: 2 Time: 4:00 pm
Print Name: F. Olivares
Signature: TJ
Print Name: J. MASUHO
Signature: 

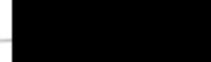
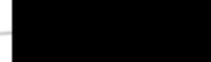
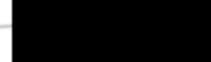
Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8-10-19
Count: 26 Time: 4:00 pm
Print Name: F. Olivares
Signature: TJ
Print Name: J. MASUHO
Signature: 

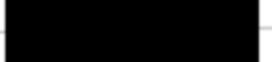
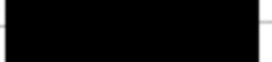
Metropolitan Correctional Center
Official Count Slip
Unit: HN Date: 08/10/19
Count: 89 Time: 4pm
Print Name: A. Roberts
Signature: 
Print Name: EM
Signature: 

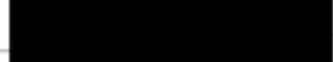
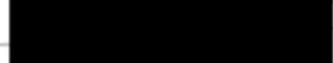
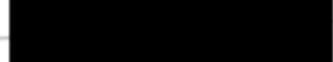
Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8-10-19
Count: 10 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/10/19
Count: 72 Time: 4:00PM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 08-10-19
Count: 78 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: E-S Date: 8-10-19
Count: 76 Time: 4pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8-10-19
Count: 127 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/10/19
Count: 86 Time: 4:00PM
Print Name: 
Signature: 
Print Name: 
Signature: 

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-10-19

COUNT TIME: 400pm

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

LOCATION: Food service

APPROVED: [Signature]
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|---------------|----------|------|-------|------|------|
| 1. 79965-054 | Thomas | K-S | 13. | | |
| 2. 86022-054 | Reingoud | K-S | 14. | | |
| 3. 77863-112 | Bang | K-S | 15. | | |
| 4. 08683-066 | Clark | E-S | 16. | | |
| 5. 51702-069 | Estrada | K-S | 17. | | |
| 6. 76161-054 | Granados | K-S | 18. | | |
| 7. 50659-018 | Kirk | E-S | 19. | | |
| 8. 85976-054 | Martinez | K-S | 20. | | |
| 9. 86026-054 | Merchant | K-S | 21. | | |
| 10. 89673-053 | Mersey | E-S | 22. | | |
| 11. 86022-054 | Reingoud | K-S | 23. | | |
| 12. 85927-054 | Romero | K-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 8 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 11

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: 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 | 08-10-2019 | K12-062U | FS PM SUICIDE OR |
| 0002 | | 68683-066 | CLARK | 08-10-2019 | E12-593U | FS PM |
| 0003 | | 51702-069 | ESTRADA-RODRIGUEZ | 08-10-2019 | K09-025U | FS PM |
| 0004 | | 76161-054 | GRANADOS-CORONA | 08-10-2019 | K07-007L | FS PM |
| 0005 | | 50659-018 | KIRK | 08-10-2019 | E07-556U | FS PM |
| 0006 | | 85976-054 | MARTINEZ | 08-10-2019 | K09-027U | FS PM |
| 0007 | | 86026-054 | MERCHANT | 08-10-2019 | K12-061L | FS PM |
| 0008 | | 89673-053 | MERSEY | 08-10-2019 | E12-592U | FS PM SUICIDE OR |
| 0009 | | 86022-054 | REINGOUD | 08-10-2019 | K12-078U | FS PM |
| 0010 | | 85927-054 | ROMERO-GRANADOS | 08-10-2019 | K10-045U | FS PM |
| 0011 | | 79965-054 | THOMAS | 08-10-2019 | K10-044L | FS PM |

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-10-2019
16:08:07

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 | 85771-054 | MILLER | 08-10-2019 | K11-054L | FS AM SUICIDE OR |
| 0002 | | 78025-053 | NUNEZ | 08-10-2019 | K09-033U | SUICIDE OR UNASSG |

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/10/19

COUNT TIME: 4:00 pm

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

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|--------|-------|------|------|
| 1. | 78025-053 | NUNEZ | 13. | | |
| 2. | 85721-054 | MULLER | 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 2 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.