

NEW YORK MCC
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIF Y	COUNT	
		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	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 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: 12 40/AM

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19

Count: 87 Time: 1201AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

21 @ 12 33/AM

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	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	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: *Montoya*
 OFFICIAL TAKING COUNT:
 COUNT CLEARED TIME: *12 40/AM*

Good verbal @ 12 33/AM

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/4/19
Count: 87 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: H.A Date: 8.4.19
Count: 1 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 08-04-19
Count: 89 Time: 12:01 AM
Print Name: J. RICKENBACKER
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08-04-2019
Count: 78 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: G-N Date: 8.4.19
Count: 78 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/4/19
Count: 10 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8.4.19
Count: 26 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-04-2019
Count: 86 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/4/2019
Count: 82 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/4/19
Count: 77 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: Hosp Date: 8.4.19
Count: 1 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-5 Date: 8.4.19
Count: 142 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: ZB Date: 8-4-19
Count: 5 Time: 12:01 AM
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/04/2019

COUNT TIME: 12:01am

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78107-054	English	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

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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
22:52:55

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	78107-054	ENGLISH	08-03-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/4/19
Count: 89 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-04-2019
Count: 86 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/04/2019
Count: 82 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08/04/19
Count: 78 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19
Count: 87 Time: 3AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-4-19
Count: 78 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-4-2019
Count: 1 Time: 3:00am

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/4/19
Count: 10 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-4-2019
Count: 26 Time: 3:00am

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
Count: 77 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-4-2019
Count: 1 Time: 3:00am

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8.4.19
Count: 5 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8.4.19
Count: 142 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 3:00 PM

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 Gama-Pineda Jose		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

* 08-04-2019
03:18:49

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	85918-054	GAMA-PINEDA	08-04-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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	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		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	86	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	82	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	142	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	1	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [Signature]
 COUNT CLEARED TIME: 5:36/AM
 Good verbal @ 5:32/AM

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/04/19

Count: 78 Time: 5:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/04/19
Count: 78 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/4/19
Count: 89 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-04-2019
Count: 86 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/4/2019
Count: 82 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZN Date: 8/4/19
Count: 87 Time: 5AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/4/19
Count: 78 Time: 5:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/4/2019
Count: 1 Time: 5:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/4/19
Count: 10 Time: 5:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8-4-2019
Count: 26 Time: 5:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: K-5 Date: 8.4.19
Count: 142 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Z-B Date: 8.4.19
Count: 5 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/4/19
Count: 77 Time: 5:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8-4-2019
Count: 1 Time: 5:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 5:00A.M.

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>85918-054</u>	<u>Gamo-Pineda Jose</u>	<u>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.

MBB 530*05 *
001 OF 001

INMATE ROSTER

* 08-04-2019
04:11:45

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	85918-054	GAMA-PINEDA	08-04-2019	E05-533U	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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	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	87	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	1	X	77 E-S
G-N	78	1	.	.	.	.	.	.	.	.	.	1	X	77 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	1	.	.	.	.	.	1	X	88 K-N
K-S	142	.	.	.	.	18	.	.	.	.	.	18	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	2	.	.	.	.	.	.	.	.	.	2	X	75 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	3	.	.	.	19	1	.	.	.	.	23		739

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:31 A.M.

GOOD VERBAH: 10:28 A.M.

Metropolitan Correctional Center
Official Count Slip

Unit: Z B Date: 8-4-19
Count: 5 Time: 10:28 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8-4-19
Count: 5 Time: 10:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/4/2019
Count: 26 Time: 10:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/4/2019
Count: 82 Time: 10:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/4/2019
Count: 1 Time: 10:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/4/2019
Count: 1 Time: 10:00am
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8-4-2019
Count: 77 Time: 10:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 8-4-2019
Count: 87 Time: 10:00 A.M.
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-N Date: 8-4-2019
Count: 11 Time: 10:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Atty Conf Date: 08/04/19
Count: 3 Time: 10:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/4/19
Count: 75 Time: 10:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/4/19
Count: 88 Time: 10 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FS Date: 8/4/19
Count: 19 Time: 10 am
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/4/19
Count: 124 Time: 10 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/4/19
Count: 87 Time: 10:00
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/04/2019 COUNT TIME: 10:00 AM
 FROM: [Redacted] LOCATION: HOSP
 (Staff Member Preparing Out Count)
 APPROVED: J. [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>53634-424</u>	<u>GOMEZ-LA</u>	<u>K-N</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 _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N 1 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
09:37:08

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 53634-424 GOMEZ-LATOREE 08-04-2019 K03-122L SUICIDE OR UNASSG

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	53634-424	GOMEZ-LATOREE	08-04-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/04/2019

TIME: 10:00AM

FROM: [REDACTED]

LOCATION: F/S

Staff Supervising Out-Count

	Number	Name	Unit		Number	Name	Unit
1	29116-379	ACOSTA	KS	21			
2	85571-054	SALEH	KS	22			
3	86024-054	MONASTERIO	KS	23			
4	86023-054	SURCE	KS	24			
5	11714-052	TABOADA	KS	25			
6	79196-054	KOURANI	KS	26			
7	85771-054	MILLER	KS	27			
8	01558-112	MANSON	KS	28			
9	61876-054	JOHNSON	KS	29			
10	76235-054	JIMENEZ-GON	KS	30			
11	06303-082	RIVERA	KS	31			
12	01735-007	SATTAN	KS	32			
13	24772-057	VALENZUELA	KS	33			
14	79752-054	RIVERO	KS	34			
15	57084-054	PRICE	KS	35			
16	91349-053	NOBOA	KS	36			
17	86046-054	HUDSON	KS	37			
18	76325-054	CHAIRES	KS	38			
19	15657-179	GONZALEZ	ES	39			
20				40			

OUT-COUNTS

BY UNIT:

B-A _____
C-A _____
E-N _____
E-S 1

G-N _____
G-S _____
I-N _____
K-S 18

K-N _____
Z-A _____
Z-B _____
R-A _____
H-A _____

TOTAL ON OUT COUNT: 19

[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.

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	29116-379	ACOSTA-VENTURA	08-04-2019	K09-026L	FS PM
0002		76325-054	CHAIREZ	08-04-2019	K07-006U	UNASSG
0003		15657-179	GONZALEZ	08-04-2019	E10-579L	WAREHOUSE
0004		86046-054	HUDSON	08-04-2019	K07-011U	FS AM
0005		76235-054	JIMENEZ-GONZALEZ	08-04-2019	K09-031U	FS AM
0006		61876-054	JOHNSON	08-04-2019	K11-053U	FS AM
0007		79196-054	KOURANI	08-04-2019	K07-008L	FS AM
0008		01558-112	MANSON	08-04-2019	K08-016L	FS AM
0009		85771-054	MILLER	08-04-2019	K11-054L	FS AM
						SUICIDE OR
0010		86024-054	MONASTERIO	08-04-2019	K08-074L	FS AM
0011		91349-053	NOBOA	08-04-2019	K07-009L	FS AM
						SUICIDE OR
0012		76149-054	PRICE	08-04-2019	K08-014L	FS AM
0013		06303-082	RIVERA	08-04-2019	K11-055U	FS AM
0014		79752-054	RIVERO	08-04-2019	K08-019U	FS AM
0015		85571-054	SALEH	08-04-2019	K08-020U	FS AM
0016		01735-007	SATTAN	08-04-2019	K07-001L	FS AM
0017		86023-054	SUCRE	08-04-2019	K08-013U	FS AM
						UNASSG
0018		11714-052	TABOADA	08-04-2019	K11-052L	FS AM
0019		24772-057	VALENZUELA-LIZARRAG	08-04-2019	K08-024L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/04/19 COUNT TIME: 10:00 AM
 FROM: [REDACTED] LOCATION: ATTY CONF
 (Staff Member Preparing Out Count)
 APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86943-054	MACK GN	13.		
2.	78514-054	TARTAGLIONE ZA	14.		
3.	76318-054	EPSTEIN ZA	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 1 G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 2 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 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

* 08-04-2019
09:57:51

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	76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG
0002		86943-054	MACK	08-04-2019	G05-737U	UNASSG
0003		78514-054	TARTAGLIONE	08-04-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED