

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/7/19
 Count: 26 Time: 12:30/12:44

Print Name: [Redacted]

Signature: [Redacted]

Print Name: [Redacted]

Signature: [Redacted]

* 08-06-2019
* 23:07:31

V OC
I UO
S TU
I N VERIFY COUNT
T T COUNT COUNT AREA

UNIT	COUNT	VERIFY	COUNT	COUNT	AREA
B-A	26	/			B-A
C-A	10	/			C-A
E-N	86	/			E-N
E-S	81	/	1		E-S
G-N	78	/			G-N
G-S	81	/			G-S
H-A	3	/			H-A
I-N	84	/			I-N
K-N	89	/			K-N
K-S	140	/			K-S
R-A	0	/			R-A
Z-A	78	/			Z-A
Z-B	5	/			Z-B
TOTAL	762	/	1	1	761

COUNT VERIFY
 OFFICIAL PREPARING COUNT: [Redacted]
 OFFICIAL TAKING COUNT: [Redacted]
 COUNT CLEARED TIME: 10:20 am

Good Verbo 12:44 am

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	M S	R & D	S A N	TR N W			V I S	OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	86	86 E-N
E-S	82	.	.	.	.	.	1	.	.	.	.	.	1	.	82	81 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	.	81	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	3	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	84	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	.	140	140 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:00am

Good Verbo 12:41am

Official Count Slip
Unit: BA Date: 8/7/19
Count: 26 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08/07/19
Count: 81 Time: 0009
Print Name: MS
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: JA Date: 8-7-19
Count: 10 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/7/19
Count: 84 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HSP Date: 8/7/19
Count: 1 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/7/19
Count: 78 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/7/19
Count: 3 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-07-2019
Count: 86 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: MS
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/7/19
Count: 81 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/7/19
Count: 140 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: ZB Date: 8-7-19
Count: 5 Time: 12:01 AM
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/7/19
Count: 89 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/7/19
Count: 78 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 12⁰¹ AM

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

LOCATION: HOSP

APPROVED: *[Signature]*
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	<i>85621-054</i>	<i>James ES</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 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.

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/19
Count: 84 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/7/19
Count: 140 Time: 3:00
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-7-19
Count: 78 Time: 3:00AM
Print Name: M. Gouff
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: _____
Count: 3 Time: _____
Print Name: [Redacted]
Signature: [Redacted]
Print Name: M. Gouff
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19
Count: 77 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-A Date: 8/7/19
Count: 1 Time: 3:00 AM
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/7/19
Count: 81 Time: 3 AM
Print Name: M. Gouff
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: _____
Count: 89 Time: _____
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date: 08/07/19
Count: 82 Time: 0300
Print Name: M. Gouff
Signature: [Redacted]
Print Name: M. Gouff
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/7/19
Count: 10 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-7-19
Count: 1 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: M. Gouff
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: _____
Count: 26 Time: _____
Print Name: S
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-07-2019
Count: 85 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: M. Gouff
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: _____
Count: 5 Time: _____
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19

COUNT TIME: 3⁰⁰ AM

FROM: M. Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409.054	Bullcock	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.

NYMFO 530*05 *
PAGE 001 OF 001,

INMATE ROSTER

* 08-07-2019
03:05:56

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	86409-054	BULLOCK	08-07-2019	E05-535L	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											VERIF COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	T	R			V	O
		T	N	N	N	S	O	S	&	A	N	I	U		
		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	86	.	.	.	.	.	1	.	.	.	.	.	1	X	85 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	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2		761
COUNT VERIFY							X				X				

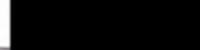
OFFICIAL PREPARING COUNT: M. I. HAWES
 OFFICIAL TAKING COUNT: M. I. HAWES
 COUNT CLEARED TIME: 5:39 AM.

TRANSACTION SUCCESSFULLY COMPLETED

gawverbal 536am

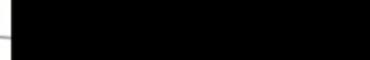
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: TWNOVR Date: 8/7/19
Count: 1 Time: 5:00am

1. Print Name: 
1. Signature: 
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/7/19
Count: 81 Time: 5am

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

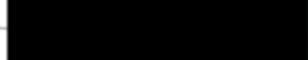
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-A Date: 8/7/19
Count: 1 Time: 5:00AM

1. Print Name: 
1. Signature: 
2. Print Name: _____
2. Signature: _____

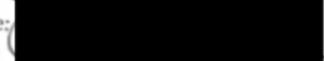
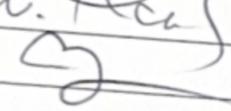
Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-17-19
Count: 78 Time: 5:00AM

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

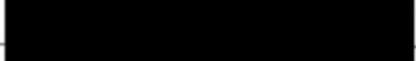
Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-07-2019
Count: 85 Time: 5:00AM

Print Name: 
Signature: 
Print Name: M. Kelly
Signature: 

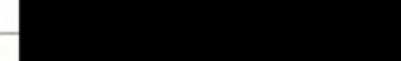
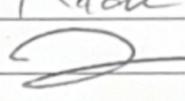
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-7-19
Count: 1 Time: 5:00AM

Print Name: 
Signature: 
Print Name: M. Kelly
Signature: 

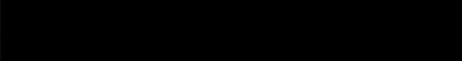
Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/7/19
Count: 10 Time: 5:00AM

Print Name: 
Signature: 
Print Name: M. Kelly
Signature: 

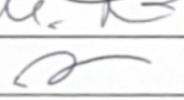
Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-7-19
Count: 26 Time: 5:00AM

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

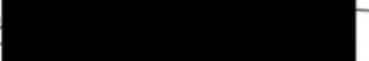
Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-7-19
Count: 3 Time: 5:00AM

Print Name: 
Signature: 
Print Name: M. Kelly
Signature: 

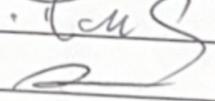
Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19
Count: 78 Time: 5:00AM

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

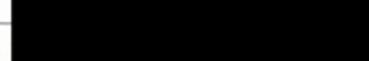
Metropolitan Correctional Center
Official Count Slip

Unit: E-5 Date: 08/07/19
Count: 81 Time: 0500

Print Name: 
Signature: 
Print Name: M. Kelly
Signature: 

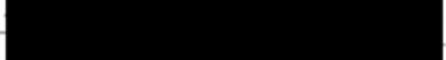
Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/7/19
Count: 140 Time: 5:00

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

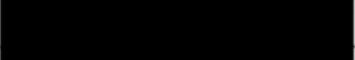
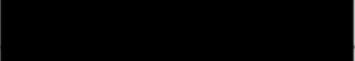
Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 89 Time: 5:00AM

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

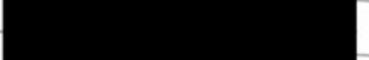
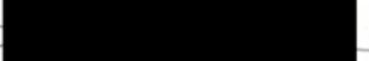
Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/7/19
Count: 5 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/19
Count: 84 Time: 5:00AM

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

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME OCT DATE QTR WRK
0001 TNWDVR 57084-056 HARRISON 08-07-2019 E08-561L TWN DRIVER

FROM: [Signature] (Shift Member Preparing Out Count)
APPROVED: [Signature] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	57084-056	HARRISON	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 _____ ES 1 GN _____ GS _____ HA _____
IN _____ LN _____ LS _____ RA _____ LA _____ LB _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Total Out-Counted: 1

This form must be submitted to the Control and Assignments Officer FORTY-FIVE MINUTES PRIOR to the official 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: 08/07/19

COUNT TIME: 0500

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

LOCATION: TOWN DRIVER

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 57084-056	NARRISON	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.

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	86409-054	BULLOCK	08-07-2019	E05-535L	SUICIDE OR UNASSG

REG #	NAME	UNIT	REG #	NAME	UNIT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

UNIT COUNTRY BY UNIT

1A	1B	1C	1D	1E	1F	1G	1H
2A	2B	2C	2D	2E	2F	2G	2H

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This form shall be submitted to the County Jail Assignment Officer REGINA TYE-MINUTS ENRIK in the affected county. Proper care shall be taken to keep the location of records in their respective holding units. This form is to be used only as an "audit" and no other forms will be accepted in lieu of the Out-Care Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/7/19

COUNT TIME: 5⁰⁰ AM

FROM: M. Adams
(Staff Member Preparing Out Count)

LOCATION: HCSF

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	P6409-054	Bullock	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 _____ 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.