Metropolitan Correctional Center
Official Count Slip

Unit: ~~IN~~ Date 8/8/19
Count: 87 Time: 12:01 am

Print Name: [redacted]
Signature:
Print Name:
Signature

```
                                               SHEET           *     08-07-2019
                                                               *     22:54:57

                                                  O N
                                                  TR  V   OC
                                                  N   I   UO
                                                  W   S   TU
                                                  D   I    N  VERIFY      COUNT
                                                  V   T    T  COUNT COUNT AREA
                                                 ------------------------------
                                                   .   .   .           26 B-A
                                                   .   .   .           10 C-A
                                                   .   .   .           87 E-N
                                               .   .   .   1           80 E-S
                                               .   .   .   .           79 G-N
G-S       80   .   .   .   .   .   .   .   .   .   .   .   .           80 G-S
H-A        4   .   .   .   .   .   .   .   .   .   .   .   .            4 H-A
I-N       87   .   .   .   .   .   .   .   .   .   .   .   .           87 I-N
K-N       88   .   .   .   .   .   .   .   .   .   .   .   .           88 K-N
K-S      138   .   .   .   .   .   .   .   .   .   .   .   .          138 K-S
R-A        0   .   .   .   .   .   .   .   .   .   .   .   .            0 R-A
Z-A       78   .   .   .   .   .   .   .   .   .   .   .   .           78 Z-A
Z-B        5   .   .   .   .   .   .   .   .   .   .   .   .            5 Z-B
TOTAL    763   .   .   .   .   .   1   .   .   .   .   .   1          762
         ---------------------------------------------------------------------
COUNT
VERIFY   ---------------------------------------------------------------------
                             OFFICIAL PREPARING COUNT: Thomas
                                OFFICIAL TAKING COUNT:
                                   COUNT CLEARED TIME: 12:45 am
```

Good Verbal @ 12:41 am

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date 8/8/19
Count: 87 Time: 12:01 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: G5 Date: 8/8/19
Count: 80 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name: D
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/8/19
Count: 4 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: 4N Date: 8/8/19
Count: 79 Time: 0000
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date 08-08-19
Count: 87 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: E5 Date: 8/8/19
Count: 80 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: 3A Date: 8/8/19
Count: 26 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: 1/05/P Date: 8/8/19
Count: 7 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature:

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

Metropolitan Correctional Center
Official Count Slip
Unit: 2B Date: 8/8/19
Count: 5 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date 8/8/2019
Count: 138 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature

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

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date 8/8/19
Count: 88 Time: 12:01AM
Print Name [redacted]
Signature:
Print Nam
Signature

NYMF3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 22:54:57

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

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FFNYE	FFNYS	FSP	HOSP	MSR	R&D	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	81	.	.	.	.	.	1	.	.	.	.	.	1		80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.		79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.		80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.		4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.		138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.		78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 12:45 am

Good Verbal 12:45 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 12:01 Am

FROM: [redacted] **LOCATION:** HOSP
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85621-054	Torres	5S	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) One

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.

NYMF3 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 22:53:28

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	85621-054	TORRES	08-07-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMB5 530.03 * BUREAU PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC 01:51:02

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

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
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	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762	

COUNT VERIFY X

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 3:41 Am

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP
Date: 8-8-19
Time: 3:00 Am
Count: 1
Print Name: [redacted]
Signature:
Print Name:
Signature:

GOOD VERBAL:

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8-8-19
Count: 1 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8-8-19
Count: 4 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8-8-19
Count: 26 Time: 3:00AM
Print Name [redacted]
Signature:
Print Nam
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/8
Count: 81 Time: 3:00
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/8/19
Count: 80 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date 8/8/19
Count: 87 Time: 3:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date 08-08-2019
Count: 86 Time: 3:00A.M
Print Name [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date 8/8/19
Count: 10 Time: 3am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 08/08/19
Count: 79 Time: 0300
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8/8/19
Count: 5 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date 8/8/2019
Count: 138 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date:
Count: 78 Time
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date 8/8/19
Count: 88 Time: 300AM
Print Name: [redacted]
Signature:
Print Name:
Signature

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** Hosp.
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	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.

NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:50:01

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	08-08-2019	E03-519L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMB5 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 01:56:08
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FFNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1		86	E-N
E-S	81	.	.	.	.	.	.	.	.	.	1	.	1		80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.		79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.		80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.		4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.		138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.		78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2		761	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 535am

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP
Date: 8-8-19
Time: 5:00AM
Count: 1
Print Name: [redacted]
Signature:
Print Name:
Signature:

GOOD VERBAL: 531am

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-8-19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/8/19
Count: 80 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/8/19
Count: 87 Time: 5:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8
Count: 80 Time: 5
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 08/08/19
Count: 79 Time: 0500
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 08-08-2019
Count: 86 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-8-19
Count: 4 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Cente
Official Count Slip

Unit: BA Date: 8
Count: 26 Time: 5
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/8/19
Count: 10 Time: 5:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/8/19
Count: 5 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: TNDW Date 8/8/19
Count: Time: 5:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correction
Official Count Sl

Unit: ZA Da
Count: 78 Ti
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/8/2019
Count: 138 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/8/19
Count: 88 Time: 500AM
Print Name: [redacted]
Signature:
Print Name:
Signature

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** Hosp.

(Staff Member Preparing Out Count)

APPROVED: _____

(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	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.

NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:50:01

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	08-08-2019	E03-519L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 5:00AM

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

LOCATION: TOWN DRIVER

APPROVED: _____
(Operations Lieutenant)

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

NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:54:16

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	08-08-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED