

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

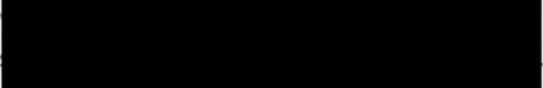
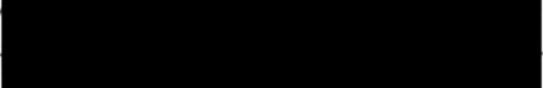
COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIF COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y		S		D	N	W	S	TU		
		Y	E	S		P			I	D	I	N			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	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	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	---	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	1	.		760

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT:
 COUNT CLEARED TIME: 12:41 am

Good Verbals: 12:37 am

Metropolitan Correctional Center
Official Count Slip

Unit: K-2 Date: 8/3/2019
 Count: 142 Time: 12:07AM
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: ~~KS~~ Date: ~~8/3/2019~~
Count: ~~142~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~ZB~~ Date: ~~8-3-19~~
Count: ~~5~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~KN~~ Date: ~~8/3/19~~
Count: ~~88~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~2A~~ Date: ~~8/3/19~~
Count: ~~77~~ Time: ~~12:01 AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~ES~~ Date: ~~8/3/19~~
Count: ~~78~~ Time: ~~12:01/AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

Metropolitan Correctional Center
Official Count Slip
Unit: ~~IN~~ Date: ~~8/3/19~~
Count: ~~87~~ Time: ~~12:01 AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~EN~~ Date: ~~8/3/19~~
Count: ~~86~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~G-S~~ Date: ~~8-3-19~~
Count: ~~80~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~BA~~ Date: ~~8/3/19~~
Count: ~~26~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~HOS~~ Date: ~~8/3/19~~
Count: ~~7~~ Time: ~~12:01AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~CA~~ Date: ~~8/3/19~~
Count: ~~10~~ Time: ~~12:01 AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ~~GN~~ Date: ~~8/3/19~~
Count: ~~77~~ Time: ~~12 AM~~
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KS~~ Date: ~~8/3/2019~~
Count: ~~142~~ Time: ~~12:01AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~2A~~ Date: ~~8/3/19~~
Count: ~~77~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/3/19~~
Count: ~~88~~ Time: ~~12:01AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ZB~~ Date: ~~8-3-19~~
Count: _____ Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ES~~ Date: ~~8/3/19~~
Count: ~~78~~ Time: ~~12:01/AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HA~~ Date: ~~8/3/19~~
Count: _____ Time: ~~12:01AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~IN~~ Date: ~~8/3/19~~
Count: ~~87~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EN~~ Date: ~~8/3/19~~
Count: ~~86~~ Time: ~~12:01AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~G-S~~ Date: ~~8-3-19~~
Count: ~~80~~ Time: ~~12:01AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~BA~~ Date: ~~8/3/19~~
Count: ~~26~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HOSP~~ Date: ~~8/3/19~~
Count: _____ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CA~~ Date: ~~8/3/19~~
Count: ~~10~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8/3/19~~
Count: ~~77~~ Time: ~~12 AM~~

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

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-03-19

COUNT TIME: 12:10 AM

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

LOCATION: Harp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78107-254	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 _____ 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

* 08-02-2019
23:08:09

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 HOSP 78107-054 ENGLISH

OCT DATE QTR WRK
08-02-2019 E05-539L SUICIDE OR
UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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

COUNT AREA	CENSUS	OUTCOUNT SECTION											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	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	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 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	761	.	.	.	.	.	1	.	.	.	.	1	.		760

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME:

3:25A

Metropolitan Correctional Center

Metropolitan Correctional Center
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/3/19
Count: 78 Time: 3:00 AM
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

GOOD VERBAL
3:21A

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/3/19
Count: 78 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/3/19
Count: 86 Time: 3:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: S/O
Signature: S/O

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/3/19
Count: 1 Time: 3:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

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

Metropolitan Correctional Center
Official Count Slip

Unit: B-S Date: 8-3-19
Count: 80 Time: 3:00AM
Print Name: T. J. Jaint
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8.3.19
Count: 5 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/3/19
Count: 78 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/3/19
Count: 26 Time: 3:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: S/O

Metropolitan Correctional Center
Official Count Slip

Unit: Z-A Date: 8-3-2019
Count: 77 Time: 3:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/3/19
Count: 88 Time: 3:00AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 8/3/19
Count: 142 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date: 8/3/19
Count: 87 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/3/19

COUNT TIME:

3:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

Host

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEOA 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 7 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted:

7

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.

NYMGK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
01:41:09

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	08-03-2019	E05-533U	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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 W I D V	T R N W S I D T	V I S I T			OC UO TU N 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	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	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	761	.	.	.	.	.	1	.	.	.	.	.	1	.		760	

COUNT
VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:

Hankins
Hankins
5:48 AM

Good meal
5:36 AM

Metropolitan Correctional Center
Official Count Slip

Unit: Q-9

Count: 80

Date: 8-3-19

Time: 5:00 AM

Print Name: T. Joint

Signature: [Signature]

Print Name: D. DUNN

Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip
Unit: G-9 Date: 8-3-19
Count: 80 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/3/19
Count: 78 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/3/19
Count: 87 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-8 Date: 08/03/2019
Count: 142 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/3/19
Count: 88 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/3/19
Count: 1 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/3/19
Count: 10 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: Z-B Date: 8-3-19
Count: 5 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: Z-A Date: 8-3-2019
Count: 77 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/3/19
Count: 78 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/3/19
Count: 26 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/3/19
Count: 1 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 8/3/19
Count: 86 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/3/19

COUNT TIME:

5:00 AM

FROM:

[Redacted]

LOCATION:

Hosp

(Staff Member Preparing Out Count)

APPROVED:

[Signature]

(Operations Lieutenant)

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

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.

NYMGK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
01:41:09

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	85918-054	GAMA-PINEDA	08-03-2019	E05-533U	SUICIDE OR UNASSG

OFFICIAL USE ONLY
OFFICIAL USE ONLY
OFFICIAL USE ONLY

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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

O U T C O U N T S E C T I O N

	A	F	F	F	F	H	M	R	S	T R	V	O C	
	T	N	N	N	S	O	S	&	A	N	I	U O	
	T	J	Y	Y	S	P		D	N	W	S	T U	
COUNT	Y		E	S		P		I	D	I	N	T	VERIFY
AREA	CENSUS							V	T	T			COUNT
													COUNT
													AREA

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	.	.	.	.	.	2	3	X	75 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	88	.	.	.	.	1	.	.	.	.	.	1	X	87 K-N
K-S	142	1	.	.	13	.	.	.	.	.	.	14	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	1	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	2	.	.	14	1	.	.	.	.	2	19		742

COUNT VERIFY ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:49 A.M.

Good Verbal; 10:43 A.M

Metropolitan Correctional Center
 New York, New York
 Official Count Slip

Unit: FS Date: 8/3/19 10 AM
 Count: 14 Time: 10 AM

1. Print Name: [REDACTED]
 1. Signature: [REDACTED]
 2. Print Name: [REDACTED]
 2. Signature: [REDACTED]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/3/19
Count: 14 Time: 10 AM
1. Print Name: Ba
1. Signature: 
2. Print Name: D
2. Signature: U

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 8-3-19
Count: 87 Time: 10:00 AM
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Conf. Date: 8-3-19
Count: 2 Time: 10⁰⁰ AM
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08/03/19
Count: 78
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

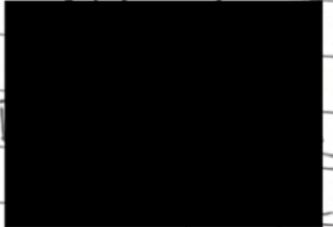
Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/3/19
Count: 87 Time: 10 A.M
Print Name: Sloker
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-3-2019
Count: 82 Time: 10:00am
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/3/19
Count: 76 Time: 10⁰⁰ AM
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

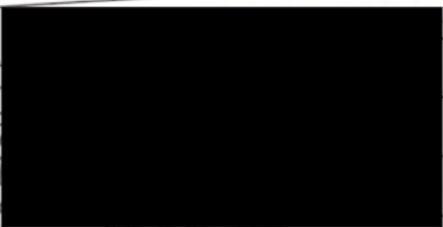
Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: _____
Count: 128
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

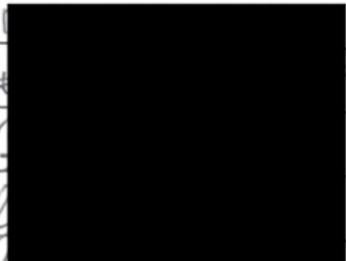
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: VIST Date: 08/03/2019
Count: 2 Time: 10:00 AM
1. Print Name: 
1. Signature: 
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-3-2019
Count: 75 Time: 10:00AM
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-03-19
Count: 26 Time: 10⁰⁰ am
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

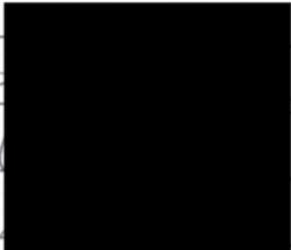
Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: _____
Count: 5
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

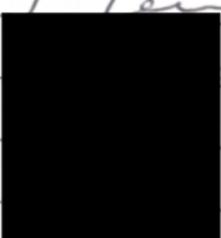
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-03-19
Count: 1 Time: 10⁰⁰ am
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-03-19
Count: 1 Time: 10⁰⁰ am
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-3-19
Count: 10 Time: 10⁰⁰ AM
Print Name: T Lewis
Signature: 
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/3/2019

FROM: [Redacted] / B. By
Staff Supervising Out-Count

TIME: 10:00AM

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	61876-054	JOHNSON	KS	21			
2	86024-054	MONASTERIO	KS	22			
3	15657-179	GONZALEZ	ES	23			
4	01558-112	MANSON	KS	24			
5	23789-057	BARRERA	KS	25			
6	85771-054	MILLER	KS	26			
7	86074-054	OCHOA	KS	27			
8	76149-054	PRICE	KS	28			
9	06303-082	RIVERA	KS	29			
10	85571-054	SALEH	KS	30			
11	11714-052	TABOADA	KS	31			
12	79752-054	RIVERO	KS	32			
13	01735-007	SATTAN	KS	33			
14	79196-054	KOURANI	KS	34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS

BY UNIT:

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

G-N _____
G-S _____
I-N _____
K-S 13

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

H-A _____

TOTAL ON OUT COUNT: 14


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.

INMATE ROSTER

* 08-03-2019
09:26:32

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	23789-057	BARRERA	08-03-2019	K07-008U	UNASSG
0002		15657-179	GONZALEZ	08-03-2019	E10-579L	WAREHOUSE
0003		61876-054	JOHNSON	08-03-2019	K11-053U	FS AM
0004		79196-054	KOURANI	08-03-2019	K07-008L	FS AM
0005		01558-112	MANSON	08-03-2019	K08-016L	FS AM
0006		85771-054	MILLER	08-03-2019	K11-054L	FS AM
0007		86024-054	MONASTERIO	08-03-2019	K08-074L	SUICIDE OR FS AM
0008		86074-054	OCHOA	08-03-2019	K08-020L	FS AM
0009		76149-054	PRICE	08-03-2019	K08-014L	FS AM
0010		06303-082	RIVERA	08-03-2019	K11-055U	FS AM
0011		79752-054	RIVERO	08-03-2019	K08-019U	FS AM
0012		85571-054	SALEH	08-03-2019	K08-020U	FS AM
0013		01735-007	SATTAN	08-03-2019	K07-001L	FS AM
0014		11714-052	TABOADA	08-03-2019	K11-052L	FS AM

OUT COUNT BY UNIT

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

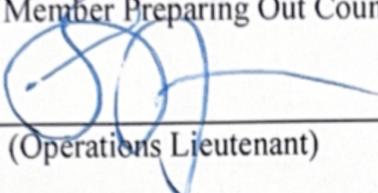
OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10:00AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp.

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	53634-424	GOMEZ	KN	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.

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10⁰⁰ Am

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

LOCATION: Atty. Conf.

APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86407-054	Worris	KS	13.		
2. 76318-054	Epstein	ZA	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 1 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.

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:30:02

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
0002		86407-054	NORRIS

OCT DATE	QTR	WRK
08-03-2019	Z04-206LAD	UNASSG
08-03-2019	K12-069L	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED