

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	88	.	.	.	3	.	.	.	.	.	.	3	X	85 E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	5	X	80 E-S
G-N	73	1	.	.	2	.	.	.	.	.	.	3	X	70 G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	X	0 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	1	1	.	.	.	.	.	.	2	X	88 K-N
K-S	138	.	.	.	2	8	.	.	.	.	.	10	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	1	.	.	1	.	.	.	.	.	.	2	X	70 Z-A
Z-B	5	.	.	.	1	.	.	.	.	.	.	1	X	4 Z-B
TOTAL	771	3	.	1	11	13	.	.	.	.	.	28		743

COUNT VERIFY

~~X~~ ~~XXX~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:51

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: K8 Date: 7/28/2019
Count: 128 Time: 4:00 pm

Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

verbal 4:44

Metropolitan Correctional Center
Official Count Slip
Unit: KG Date: 7/28/2019
Count: 120 Time: 4:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7/25/19
Count: 88 Time: 4/PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: JAN Date: 7/28/19
Count: 92 Time: 4:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7/25/2019
Count: 80 Time: 4:00PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/25/19
Count: 70 Time: 4:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/25/2019
Count: 90 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EAT Date: 07-25-19
Count: 85 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/25/19
Count: 10 Time: 4:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/25/19
Count: 26 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Z/B Date: 7-25-19
Count: 4 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: FNYE Date: 7/25/19
Count: [Redacted] Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: F/S Date: 7/28/19
Count: 13 Time: 4:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: FNYE Date: 7/25/19
Count: 11 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

MCC NEW YORK
Official Count Slip
Unit: 2A Date: 7/25/19
Count: 70 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: Noel
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ATK Date: 7-25-19
Count: 3 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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 P	M S	R & D	S A N I T I O N	T R V I S I T O R S			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	3	.	.	.	.	.	.	3	.	X	85 E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	5	.	X	80 E-S
G-N	73	1	.	.	2	.	.	.	.	.	.	3	.	X	70 G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	.	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	1	1	.	.	.	.	.	.	2	.	X	88 K-N
K-S	138	.	.	.	2	8	.	.	.	.	.	10	.	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	1	.	.	1	.	.	.	.	.	.	2	.	X	70 Z-A
Z-B	5	.	.	.	1	.	.	.	.	.	.	1	.	X	4 Z-B
TOTAL	771	3	.	1	11	13	.	.	.	.	.	28	.		743
COUNT VERIFY		X		X	X	X									

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:51

good verbal 4:44

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/25/19 COUNT TIME: 400pm
 FROM: [Redacted] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 68683-066	Clark	E-S	13. 79965-054	Thomas	K-S
2. 60685-050	Dockery	E-S	14.		
3. 51702-069	Estrada	K-S	15.		
4. 86535-054	Kemara	K-S	16.		
5. 50659-018	Kirk	E-S	17.		
6. 85976-054	Martinez	K-S	18.		
7. 86026-054	Merchant	K-S	19.		
8. 89673-053	Mersey	E-S	20.		
9. 86022-054	Reingoud	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	Thomas	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 5 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 8 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 13

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	68683-066	CLARK	07-25-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-25-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-25-2019	K09-025U	FS PM
0004		86535-054	KAMARA	07-25-2019	K11-053U	FS PM
0005		50659-018	KIRK	07-25-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	07-25-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	07-25-2019	K12-061L	FS PM
0008		89673-053	MERSEY	07-25-2019	E12-592U	FS PM
						SUICIDE OR
0009		86022-054	REINGOUD	07-25-2019	K12-078U	FS PM
0010		08200-070	RENE	07-25-2019	E09-571U	FS PM
						LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	07-25-2019	K10-045U	FS PM
0012		79652-054	THOMAS	07-25-2019	K08-074U	FS PM
0013		79965-054	THOMAS	07-25-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 07-25-2019

Count Time: 4:00 pm

From: Small

Location: FNYE

(Staff Member Supervising Inmates)

Approved: 

(Operations Lieutenant)

REG..... LN..... FN..... QTR....

90325-053 LOPEZ LOUIS K03-118L

B-A___ C-A___ E-N___ E-S___ G-N___ G-S _1_

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 account. Prepare this form in ink. Group the inmates according to their respective
housing units. This is to be used only as an Out Count.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:40:48

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 FNYE 90325-053 LOPEZ

OCT DATE QTR
07-25-2019 K03-118L

WRK
UNIT 11N
UNIT 11NFS

G0000

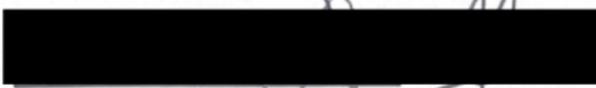
TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

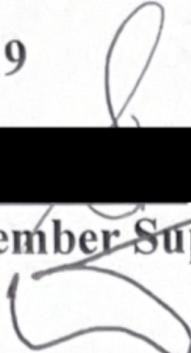
OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-25-2019

Count Time: 4:00 pm

From: 
(Staff Member Supervising Inmates)

Location: FNYS

Approved: 
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76276-054	CASTRO	RICHARD	E02-514U
06600-052	WILLIAMS	CURTIS	E06-542L
79984-054	GONZALEZ	RICO	E06-548L
64662-053	ZUBIATE	MIGUEL	G02-714L
79412-054	MILLER	RAHIEM	G06-742U
86164-054	CAVE	ETHAN	G07-753L
75954-054	GOSWAMI	VIJAY	K03-120L
85928-054	DAVIS	GARY	K08-022U
86260-054	MORA	KEVIN	K11-055U
79407-054	BLADES	CHRISTAN	Z02-203LAD
79471-054	SCHULTE	JOSHUA	Z07-301LAD

B-A ___ C-A ___ E-N 3 E-S ___ G-N 2 G-S 1
H-A ___ I-N ___ K-N 1 K-S 2 R-A ___ Z-A 2 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 is to be used only as an Out Count.

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

.OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	79407-054	BLADES	07-25-2019	Z02-203LAD	UNASSG
0002		76276-054	CASTRO	07-25-2019	E02-514U	UNASSG
0003		86164-054	CAVE	07-25-2019	G07-753L	UNASSG
0004		85928-054	DAVIS	07-25-2019	K08-022U	EDUCATION UNASSG
0005		79984-054	GONZALEZ	07-25-2019	E06-548L	UNASSG
0006		75954-054	GOSWAMI	07-25-2019	K03-120L	SUICIDE OR UNASSG
0007		79412-054	MILLER	07-25-2019	G06-742U	UNIT 7NFS
0008		86260-054	MORA	07-25-2019	K11-055U	UNASSG
0009		79471-054	SCHULTE	07-25-2019	Z07-301LAD	UNASSG
0010		06600-052	WILLIAMS	07-25-2019	E06-542L	UNASSG
0011		64662-053	ZUBIATE	07-25-2019	G02-714L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-19

COUNT TIME: 400 PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein H-A	13.		
2.	90791-054	ELANSKY G-N	14.		
3.	78514-054	TARTAGIONE Z-A	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 1
I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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.

'NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:36:23

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	90791-054	ELANSKY	07-25-2019	G01-703L	UNASSG
0002		76318-054	EPSTEIN	07-25-2019	H01-001L	UNASSG
0003		78514-054	TARTAGLIONE	07-25-2019	Z06-215UAD	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 T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N D	T R V I D V			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	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	86	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	1	.	.	.	.	.	1	.		769

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:28

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/25/2019
Count: 92 Time: 1000pm
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/25/2019
Count: 92 Time: 1000pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7/25/19
Count: 1 Time: 10:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 07-25-19
Count: 85 Time: 1000pm
Print Name: Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7/25/19
Count: 90 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/25/19
Count: 10 Time: 1000pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-25-19
Count: 5 Time: 10:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip
Unit: ZA Date: 7/25/19
Count: 24 Time: 10:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/25/19
Count: 26 Time: 10:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EW Date: 07-25-19
Count: 87 Time: 10pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/25/2019
Count: 91 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 7/25/19
Count: 138 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 7/25/19
Count: 1 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/25/19
Count: 70 Time: 10pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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 N S	H O S	M S	R & D	S A N	T R W	V I S			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	87	87 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	86	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	70	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	91	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	92	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	90	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	138	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	74	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	.	1	.		769

COUNT VERIFY

OFFICIAL PREPARING COUNT: [Redacted]
 OFFICIAL TAKING COUNT: [Redacted]
 COUNT CLEARED TIME: 10:28

Good Verbal 10:25

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-25-19

COUNT TIME: 1:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-DS3	Mersey	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.

