

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

| COUNT AREA | CENSUS | OUTCOUNT SECTION | | | | | | | | | | | VERIFIY COUNT | COUNT AREA | | |
|------------|--------|------------------|---|---|---|----|---|---|---|---|----|----|---------------|------------|-----|-----|
| | | A | F | F | F | F | H | M | R | S | TR | V | | | OC | |
| B-A | 25 | . | . | . | . | . | . | . | . | . | . | . | . | X | 25 | B-A |
| C-A | 10 | . | . | . | . | . | . | . | . | . | . | . | . | X | 10 | C-A |
| E-N | 86 | . | . | . | . | . | . | . | . | . | . | . | . | X | 86 | E-N |
| E-S | 77 | . | . | . | . | 4 | . | . | . | . | . | 4 | . | X | 73 | E-S |
| G-N | 72 | . | . | . | . | . | . | . | . | . | . | . | . | X | 72 | G-N |
| G-S | 82 | . | . | . | 2 | . | . | . | . | . | . | 2 | . | X | 80 | G-S |
| H-A | 1 | . | . | . | . | . | . | . | . | . | . | . | . | X | 1 | H-A |
| I-N | 87 | 1 | . | . | . | . | . | . | . | . | . | 1 | . | X | 86 | I-N |
| K-N | 89 | . | . | . | . | . | . | . | . | . | . | . | . | X | 89 | K-N |
| K-S | 143 | . | . | . | 2 | 10 | 1 | . | . | . | . | 13 | . | X | 130 | K-S |
| R-A | 0 | . | . | . | . | . | . | . | . | . | . | . | . | X | 0 | R-A |
| Z-A | 79 | 1 | . | . | . | . | . | . | . | . | . | 1 | . | X | 78 | Z-A |
| Z-B | 5 | . | . | . | . | . | . | . | . | . | . | . | . | X | 5 | Z-B |
| TOTAL | 756 | 2 | . | . | 4 | 14 | 1 | . | . | . | . | 21 | . | | 735 | |

COUNT VERIFY X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
ED TIME: 5:45 pm

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8.2.2019
 Count: 86 Time: 4:00pm
 Print Name: Abel
 Signature: [Signature]
 Print Name: [REDACTED]
 Signature: [REDACTED]

5:43 pm
5:45 pm

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 D I | TR N W I D V | | | V I S I T | OC UO TU N T | |
| B-A | 25 | . | . | . | . | . | . | . | . | . | . | . | . | X | 25 | B-A |
| C-A | 10 | . | . | . | . | . | . | . | . | . | . | . | . | X | 10 | C-A |
| E-N | 86 | . | . | . | . | . | . | . | . | . | . | . | . | X | 86 | E-N |
| E-S | 77 | . | . | . | . | 4 | . | . | . | . | . | 4 | . | X | 73 | E-S |
| G-N | 72 | . | . | . | . | . | . | . | . | . | . | . | . | X | 72 | G-N |
| G-S | 82 | . | . | . | 2 | . | . | . | . | . | . | 2 | . | X | 80 | G-S |
| H-A | 1 | . | . | . | . | . | . | . | . | . | . | . | . | X | 1 | H-A |
| I-N | 87 | 1 | . | . | . | . | . | . | . | . | . | 1 | . | X | 86 | I-N |
| K-N | 89 | . | . | . | . | . | . | . | . | . | . | . | . | X | 89 | K-N |
| K-S | 143 | . | . | . | 2 | 10 | 1 | . | . | . | . | 13 | . | X | 130 | K-S |
| R-A | 0 | . | . | . | . | . | . | . | . | . | . | . | . | X | 0 | R-A |
| Z-A | 79 | 1 | . | . | . | . | . | . | . | . | . | 1 | . | X | 78 | Z-A |
| Z-B | 5 | . | . | . | . | . | . | . | . | . | . | . | . | X | 5 | Z-B |
| TOTAL | 756 | 2 | . | . | 4 | 14 | 1 | . | . | . | . | 21 | . | | 735 | |

COUNT
VERIFY

X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:45 pm

good verbal 5:43 pm
clear count 5:45 pm

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8-2-2019
Count: 86 Time: 4:00pm
Print Name: Noel
Signature: [Signature]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: E-S Date: 8/2/19
Count: 73 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-02-19
Count: 86 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-9 Date: 08-2-19
Count: 80 Time: 4:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8-2-19
Count: 72 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/2/19
Count: 10 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/2/19
Count: 1 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/2/19
Count: 25 Time: 4:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/2/19
Count: 1 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8/2/19
Count: 5 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/2/19
Count: 78 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/2/2019
Count: 89 Time: 4:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: T. Thomas
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip
Unit: ATTY Date: 8/2/19
Count: 2 Time: 4 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 08/02/2019
Count: 130 Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FNYS Date: 8-2-19
Count: 4 Time: 4:00
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: FS Date: 8/2/19
Count: 14 Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/2/19

COUNT TIME: 4 pm

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

LOCATION: FS

APPROVED: _____
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|---------------|-----------|------|---------------|----------|------|
| 1. 77863-112 | Bang | KS | 13. 79965-054 | Thomas | KS |
| 2. 85410-054 | Brown | ES | 14. 76161-054 | Granadas | KS |
| 3. 68683-066 | CLARK | ES | 15. | | |
| 4. 86764-054 | Duncan | KS | 16. | | |
| 5. 51702-069 | Estrada | KS | 17. | | |
| 6. 86535-054 | KAMARA | KS | 18. | | |
| 7. 50659-018 | KIRK | ES | 19. | | |
| 8. 85976-054 | MARTINEZ | KS | 20. | | |
| 9. 86026-054 | meERCHANT | KS | 21. | | |
| 10. 86022-054 | Reingoud | KS | 22. | | |
| 11. 08200-070 | Renee | ES | 23. | | |
| 12. 85927-054 | Romero | KS | 24. | | |

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 4 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 10 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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 | 77863-112 | BANG | 08-02-2019 | K12-062U | FS PM SUICIDE OR |
| 0002 | | 85410-054 | BROWN | 08-02-2019 | E11-581L | FS PM |
| 0003 | | 68683-066 | CLARK | 08-02-2019 | E12-593U | FS PM |
| 0004 | | 86764-054 | DUNCAN | 08-02-2019 | K12-065U | FS PM SUICIDE OR |
| 0005 | | 51702-069 | ESTRADA-RODRIGUEZ | 08-02-2019 | K09-025U | FS PM |
| 0006 | | 76161-054 | GRANADOS-CORONA | 08-02-2019 | K07-007L | FS PM |
| 0007 | | 86535-054 | KAMARA | 08-02-2019 | K11-053U | FS PM |
| 0008 | | 50659-018 | KIRK | 08-02-2019 | E07-556U | FS PM |
| 0009 | | 85976-054 | MARTINEZ | 08-02-2019 | K09-027U | FS PM |
| 0010 | | 86026-054 | MERCHANT | 08-02-2019 | K12-061L | FS PM |
| 0011 | | 86022-054 | REINGOUD | 08-02-2019 | K12-078U | FS PM |
| 0012 | | 08200-070 | RENE | 08-02-2019 | E09-571U | FS PM LAUNDRY 1 |
| 0013 | | 85927-054 | ROMERO-GRANADOS | 08-02-2019 | K10-045U | FS PM |
| 0014 | | 79965-054 | THOMAS | 08-02-2019 | K10-044L | FS PM |

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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 | 67290-054 | BINNS | 08-02-2019 | K12-070U | UNASSG |
| 0002 | | 87067-054 | JIMENEZ | 08-02-2019 | G08-764U | UNASSG |
| 0003 | | 76172-054 | NAJERA-MONTOYA | 08-02-2019 | G07-755L | UNASSG |
| 0004 | | 08322-018 | SAMUELS-DURAN | 08-02-2019 | K08-019L | UNASSG |

Date: 08-02-2019

From: J. SMALJ
(Staff Member Supervising Inmates)

Approved: _____
pp (Operations Lieutenant)

REG..... LN..... IN..... QTR.....

| | | | | |
|-----|------|-----------|-------------------|----------|
| CRT | FNYS | 76172-054 | NAJERA-MON FREDY | G07-755L |
| CRT | FNYS | 87067-054 | JIMENSEE LEOCADIO | G08-764U |
| CRT | FNYS | 08322-018 | SAMUELS-DU CARLOS | K08-019L |
| CRT | FNYS | 67290-054 | BINNS RASHEED | K12-070U |

SA... R... S... R... G-S...
K8... R-A... Z-A... Z-B...

... FORTY-FIVE MINUTES PRIOR ...

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: 08-02-2019

Count Time: 4:00 pm

From



Location: FNYS

(Staff Member Supervising Inmates)

Approved: _____

pp (Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....

| | | | | | |
|-----|------|-----------|------------|----------|----------|
| CRT | FNYS | 76172-054 | NAJERA-MON | FREDY | G07-755L |
| CRT | FNYS | 87067-054 | JIMENEZ | LEOCADIO | G08-764U |
| CRT | FNYS | 08322-018 | SAMUELS-DU | CARLOS | K08-019L |
| CRT | FNYS | 67290-054 | BINNS | RASHEED | K12-070U |

B-A ___ C-A ___ E-N ___ E-S ___ G-N 2 G-S ___
H-A ___ I-N ___ K-N ___ K-S 2 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 04

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

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OFFICIAL OUT COUNT

NUM ASSIGNMENT REG NO NAME OCT DATE QTR WRK
0001 HOSP 85377-054 WEBER 08-02-2019 K12-078L SUICIDE OR
UNASSG

FROM: M Arafat LOCATION: HOSP
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|-------|-------|------|------|
| 1 | 85377-054 | Weber | KS | 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

E-A _____ E-S _____ G-N _____ G-S _____ N-A _____
F-R _____ K-T _____ S-U _____ V-W _____ Z-A _____ Z-B _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Trans Out Count

This form is to be submitted to the Census and Assignments Office (NYC 112-122-1100) on the following date. Prepare this form by 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: 08/02/2009

COUNT TIME: 4:00 pm

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

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|--------------|-------|------|-------|------|------|
| 1. 85377-054 | Weber | KS | 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 1 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

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 | 91126-053 | ARAUJO | 08-02-2019 | I04-930U | UNASSG |
| 0002 | | 76318-054 | EPSTEIN | 08-02-2019 | Z04-206LAD | UNASSG |

LOCATION: ATTY

DEPT: (Operator Preparing Oct Count)

(Operator Preparing Oct Count)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|---------|-------|------|------|
| 1 | 76318-054 | EPSTEIN | 2 | | |
| 2 | 91126-053 | ARAUJO | 3 | | |
| 3 | | | 4 | | |
| 4 | | | 5 | | |
| 5 | | | 6 | | |
| 6 | | | 7 | | |
| 7 | | | 8 | | |
| 8 | | | 9 | | |
| 9 | | | 10 | | |
| 10 | | | 11 | | |
| 11 | | | 12 | | |
| 12 | | | 13 | | |
| 13 | | | 14 | | |
| 14 | | | 15 | | |
| 15 | | | 16 | | |
| 16 | | | 17 | | |
| 17 | | | 18 | | |
| 18 | | | 19 | | |
| 19 | | | 20 | | |
| 20 | | | 21 | | |
| 21 | | | 22 | | |
| 22 | | | 23 | | |
| 23 | | | 24 | | |

GET COUNT BY UNIT

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|---------|-------|------|------|
| 1 | 76318-054 | EPSTEIN | 2 | | |
| 2 | 91126-053 | ARAUJO | 3 | | |

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/2/19

COUNT TIME: 4:PM

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

LOCATION: ATTY

APPROVED: _____
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|---------|-------|------|------|
| 1. | 76318-054 | EPSTEIN | 2A | 13. | |
| 2. | 91126-053 | ARAUJO | IN | 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 1 K-N _____ K-S _____ R-A _____ Z-A 1 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.

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

| COUNT AREA | CENSUS | O U T C O U N T S E C T I O N | | | | | | | | | | | 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 | . | . | . | . | . | . | . | . | . | . | . | 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: 10:48 PM

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/02/2019
Count: 77 Time: 10pm
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

10:39 PM

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

| COUNT AREA | CENSUS | O U T C O U N T S E C T I O N | | | | | | | | | | | 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 | | 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 | . | . | . | . | . | . | . | . | . | . | . | . | 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:

J. J. J.
K. C. C.
10:48 PM

J. J. J. *10:39 PM*

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08/02/2019
Count: 77 Time: 10pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-9 Date: 08-2-19
Count: 88 Time: 10:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EW Date: 08-22-19
Count: 88 Time: 10pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/2/19
Count: 10 Time: 1000pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/2/19
Count: 88 Time: 10pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/2/19
Count: 26 Time: 10:00
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/2/19
Count: 1 Time: 10:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/2/19
Count: 1 Time: 12:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/2/19
Count: 88 Time: 10:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8-2-19
Count: 5 Time: 10:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8.2.19
Count: 88 Time: 10:00pm
Print Name: Nowell
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/2/2019
Count: 42 Time: 10:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/2/19
Count: 77 Time: 10:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-02-19

COUNT TIME: 10 PM

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

LOCATION: H25P

APPROVED: [REDACTED]
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|------------------|------|-------|------|------|
| 1. | 78259283 Tisdale | E5 | 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.

NYMBE 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
20:29:19

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 | 78359-053 | TISDALE | 08-02-2019 | E11-581U | EDUCATION SUICIDE OR |

G0000 TRANSACTION SUCCESSFULLY COMPLETED