

TN  
6.22.21

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W	T R I D I V			V I S I T	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	.	X	75 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	1	.	X	84 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2 H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	1	.	X	85 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	13	.	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	1	.	X	75 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	19	.		736

COUNT VERIFY X X X X

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 5:03 pm

Good Verbal 5:00 pm



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: 09-09-2010  
From: [REDACTED]  
(Staff Member Supervising Inmates)

Count Time: 4:00 pm

Location: FNYS

Approved: \_\_\_\_\_  
pp (Operations Lieutenant)

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

53358-054 [REDACTED] [REDACTED] K11-056U

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 is to be used only as an Out Count.

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/9/19 COUNT TIME: 4:00 -

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

APPROVED: [Redacted] (Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 50657-014	Kirk	FS	13. 79057-051	Thomas	KS
2. 67685-006	Clark	ES	14.		
3. 50659-018	Kirk	FS	15.		
4. 77863-112	Bry	KS	16.		
5. 86764-054	Dorson	KS	17.		
6. 51702-069	Estroff	KS	18.		
7. 70101-051	Grando	KS	19.		
8. 86595-054	Korman	KS	20.		
9. 85970-054	Martinez	KS	21.		
10. 86022-054	McInnes	KS	22.		
11. 85927-054	Alvarez	KS	23.		
12. 85927-054	Thomas	KS	24.		

**OUT-COUNT BY UNIT**

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S 2 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 10 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.

NYMGW 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-09-2019  
14:50:28

CATEGORY: OCT  
ASSIGNMENT: FS  
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT  
GROUP CODE:  
FACILITY: NYM  
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-09-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-09-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-09-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-09-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-09-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-09-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-09-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-09-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-09-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-09-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-09-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-09-2019	K08-074U	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED



METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19  
 FROM: [Redacted] (Start from \_\_\_\_\_ Count)  
 APPROVED: [Signature] (Operations Lieutenant)

COUNT TIME: 4:00pm  
 LOCATION: Atty

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054 Epstein	ZA	13.		
2.	91126-053 Araujo	IN	14.		
3.	19735-104 Monez - corre	G-S	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 \_\_\_\_\_ G-S 1 H-A \_\_\_\_\_  
 I-N 1 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.

NYMH3 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-09-2019  
15:37:38

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	86351-054	MARRERO	08-09-2019	K08-014U	SUICIDE OR UNASSG
0002		78025-053	NUNEZ	08-09-2019	K09-033U	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/2019 COUNT TIME: 4:00pm  
 FROM: \_\_\_\_\_ LOCATION: HOSP  
 APPROVED: \_\_\_\_\_

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78025-053	Nunez	KS	13.	
2.	86351-054	Marrero	KS	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 2 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ 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.

Metropolitan Correctional Center  
Official Count Slip

Unit: ZG Date: 8-9-19  
 Count: 5 Time: 4:00PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/9/19  
 Count: 75 Time: 4:00

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 1C-5 Date: 8-9-19  
 Count: 124 Time: 4PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: YN Date: 8/9/19  
 Count: 89 Time: 4PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/9/2019  
 Count: 85 Time: 4:00pm

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FNYS Date: 08/09/2019  
 Count: 1 Time: 4:00 PM

1. Print Name: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Print Name: \_\_\_\_\_  
 2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: AH4 Date: 8-9-19  
 Count: 3 Time: 4:00PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8-9-18  
 Count: 84 Time: 4:00

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: FS Date: 8/9/19  
 Count: 13 Time: 4:00PM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/9/19  
 Count: 10 Time: 4:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: E3 Date: 08-09-19  
 Count: 75 Time: 4:00 pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/9/19  
 Count: 26 Time: 4:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GM Date: 8-9-19  
 Count: 78 Time: 4:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/9/19  
 Count: 2 Time: 4:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EM Date: 08-09-19  
 Count: 83 Time: 4:05pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/9/19  
 Count: 2 Time: 4:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_