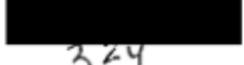


COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N	VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N I	T R N W	V I S I					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	2	X	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	X	79	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	2	X	135	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	.	4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 3:24 AM

9/11 3:19 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0300AM

FROM:  (Count)

LOCATION: H05P

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054 Woolaston	KS	13.		
2.	48816-066 SANTANA	KS	14.		
3.	86900-054 WALKER	5N	15.		
4.	86409-054 BULLOCK	5A	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 2 E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 2 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 4

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.

NYMFC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-10-2019
01:21:34

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	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG	
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR	
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG	
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHOU SUICIDE OR	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Metropolitan Correctional Center
Official Count Slip**

Unit: BA Date: 8-10-19
Count: 26 Time: 3:00 AM

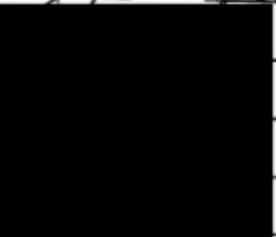
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8/10/19
Count: 10 Time: 3⁴⁰ AM

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



**Metropolitan Correctional Center
Official Count Slip**

Unit: EN Date: 08-10-2019
Count: 81 Time: 3:00 A.M.
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: ES Date: 8/10/19
Count: 79 Time: 3⁰⁰/AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: GN Date: 8/10/19
Count: 78 Time: 3:00 AM

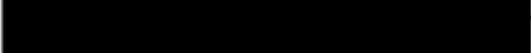
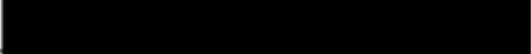
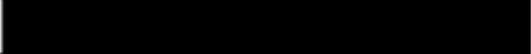
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

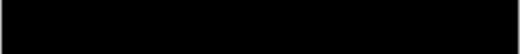
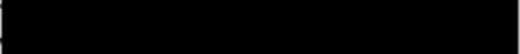
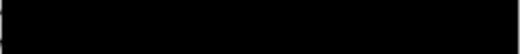
Unit: G.S Date: 08/14/19
Count: 88 Time: 0300

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/10/19
Count: 89 Time: 300AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/19/2019
Count: 135 Time: 0300AM
Print Name: 
Signature: 
Print Name: 
Signature: 

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8-10-19
Count: 4 Time: 3:00 AM

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA Date: 8-10-19
Count: 4 Time: 3:00 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: RA Date: 8/10/19
Count: 1 Time: 3:00

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/10/19
Count: 86 Time: 3⁰⁰AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 72 Time: 3:45 AM
Print Name: M. Williams
Signature: [Signature]
Print Name: Noel
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: 2-B Date: 8-10-2019
Count: 5 Time: 2:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: Noel
Signature: [Signature]