

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 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 V S I T	V O C U O T U				
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	87 E-N
E-S	86	.	.	.	.	.	.	.	.	1	.	.	1	.	<del>X</del>	85 E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	76 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	93 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	68 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2	.		772

COUNT  
VERIFY

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

5470m  
Jed Verbata 5440m

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 7/24/19

COUNT TIME: 5:00 Am

FROM:   
(Staff Member Preparing Out Count)

LOCATION: Town Dr

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		E-5	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.

NYMES 530\*05 \*  
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INMATE ROSTER

\* 07-24-2019  
04:56:25

CATEGORY: OCT  
ASSIGNMENT: TNWDVR

GROUP CODE:  
FACILITY: NYM  
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR			07-24-2019	E08-557L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 5:00

FROM: J. [Signature]  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	SN	13.		
2.	[REDACTED]		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 1 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: one

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.

NYMES 530\*05 \*  
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INMATE ROSTER

\* 07-24-2019  
04:53:01

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			07-24-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date 7-24-19  
Count: 1 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date 7-24-19  
Count: 1 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Official Count Slip

Unit: BA Date 7-24-19  
Count: 26 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: FS Date 7/24/19  
Count: 85 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date 7/24/19  
Count: 87 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: C-A Date 7/24/19  
Count: 10 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date 7/24/19  
Count: 92 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date 7/24/2019  
Count: 91 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date 7/24/19  
Count: 76 Time: 5:00 AM  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: Tow Driver Date: 7/24/19  
Count: 1 Time: 5:00 AM  
Print Name: M. Thomas  
Signature: [Signature]  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

MCC NEW YORK  
Official Count Slip

Unit: 2A Date: 7/24/18  
Count: 68 Time: 5:00 AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 7-24-19  
Count: 138 Time: 5:00 AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 7/24/19  
Count: 93 Time: 5 AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 2B Date: 7/24/18  
Count: 50 Time: 5:00  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_