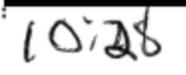


COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F N S	H O S	M S	R S	S A	T R A	V I S			U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>26</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>10</del>	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>87</del>	87 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	.	1	<del>85</del>	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>70</del>	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>91</del>	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>1</del>	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>92</del>	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>90</del>	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>138</del>	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>0</del>	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>74</del>	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>5</del>	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	.	.	1		769

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
 OFFICIAL TAKING COUNT:   
 COUNT CLEARED TIME: 10:28

*Good Verbal* 10:25

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 07-25-19

COUNT TIME: 1000 pm

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

LOCATION: Hosp

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053 Mersy	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 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.

NYMDK 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-25-2019  
19:59:19

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	89673-053	MERSEY	07-25-2019	E12-592U	FS PM SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: FN Date: 7/25/2019  
 Count: 92 Time: 1000pm  
 Print Name: C. Washington  
 Signature: [Signature]  
 Print Name: C. Tome  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 7/25/19  
 Count: 10 Time: 1000pm  
 Print Name: A Baptiste  
 Signature: [Signature]  
 Print Name: P. White  
 Signature: [Signature]

MCC NEW YORK  
Official Count Slip

Unit: ZA Date: 7/25/19  
 Count: 24 Time: 10:00am  
 Print Name: S. Chambers  
 Signature: [Signature]  
 Print Name: W. Silva  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 7/25/19  
 Count: 1 Time: 10:00pm  
 Print Name: HEX  
 Signature: [Signature]  
 Print Name: B. King  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 7/25/19  
 Count: 90 Time: 10:00 PM  
 Print Name: J. RICKENBACKER  
 Signature: [Signature]  
 Print Name: E. Marcus  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 7/25/19  
 Count: 26 Time: 10:00pm  
 Print Name: VIEA  
 Signature: [Signature]  
 Print Name: D. King  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 07-25-19  
 Count: 85 Time: 1000pm  
 Print Name: Thomas  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 7-25-19  
 Count: 5 Time: 10:00pm  
 Print Name: MASON  
 Signature: [Signature]  
 Print Name: C. Tome  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 07-25-19  
 Count: 87 Time: 10pm  
 Print Name: [Signature]  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 7/25/19

Count: 138 Time: 10:00 PM

Print Name: E. Marcus

Signature: [Signature]

Print Name: Z. Gardner

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 7/25/19

Count: 1 Time: 10:00 PM

Print Name: HEX

Signature: [Signature]

Print Name: B. Evans

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 7/25/2019

Count: 91 Time: 10:00 PM

Print Name: MARTINEZ, A.

Signature: [Signature]

Print Name: B. Evans

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 7/25/19

Count: 70 Time: 10:00 PM

Print Name: K. Vucay

Signature: [Signature]

Print Name: B. Evans

Signature: [Signature]