

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	T R W			V I S	OC UO TU
B-A	24	.	.	.	.	.	.	.	.	6	.	.	6	<del>X</del>	18 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	84 E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3	<del>X</del>	79 E-S
G-N	70	.	.	1	.	.	.	.	.	.	.	.	1	<del>X</del>	69 G-N
G-S	92	.	.	.	1	.	.	.	.	.	.	.	1	<del>X</del>	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	88	1	.	.	.	.	.	.	.	.	.	.	1	<del>X</del>	87 I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1	<del>X</del>	88 K-N
K-S	137	.	.	.	.	9	.	.	.	.	.	.	9	<del>X</del>	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	.	1	<del>X</del>	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	757	2	.	2	1	12	.	.	.	6	.	.	23		734

COUNT  
VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~

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

*Good Verbal: 4/25/22*

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

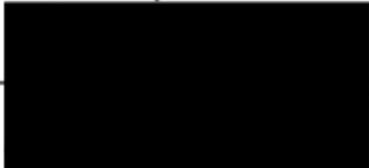
DATE:

7/31/19

COUNT TIME:

4:00 pm

FROM:



(Count)

LOCATION:

Sani

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 56431.479	[REDACTED]	BA	13.		
2. 76049.054	[REDACTED]	BA	14.		
3. 76187.054	[REDACTED]	BA	15.		
4. 85954.054	[REDACTED]	BA	16.		
5. 86411.054	[REDACTED]	BA	17.		
6. 76261.054	[REDACTED]	BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A 6 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: 6

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: SANI

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	07-31-2019	B01-202L	COMMISSARY UNASSG
0002		76187-054	[REDACTED]	07-31-2019	B01-218L	COMMISSARY
0003		56431-479	[REDACTED]	07-31-2019	B01-202U	COMMISSARY
0004		76261-054	[REDACTED]	07-31-2019	B01-218U	UNASSG
0005		85954-054	[REDACTED]	07-31-2019	B01-219U	COMMISSARY
0006		86411-054	[REDACTED]	07-31-2019	B01-201L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 7-31-19 COUNT TIME: 400pm  
 FROM: [Signature] LOCATION: F/S  
 (Staff Member Preparing Out Count)  
 APPROVED: [Signature]  
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	[REDACTED]	K-S	13.		
2. 68683-066	[REDACTED]	E-S	14.		
3. 60685-050	[REDACTED]	E-S	15.		
4. 51702-069	[REDACTED]	K-S	16.		
5. 76161-054	[REDACTED]	K-S	17.		
6. 86535-054	[REDACTED]	K-S	18.		
7. 50659-018	[REDACTED]	E-S	19.		
8. 85976-054	[REDACTED]	K-S	20.		
9. 86026-054	[REDACTED]	K-S	21.		
10. 85927-054	[REDACTED]	K-S	22.		
11. 79652-054	[REDACTED]	K-S	23.		
12. 79965-054	[REDACTED]	K-S	24.		

**OUT-COUNT BY UNIT**

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S 3 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 9 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 12

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.

NYMBU 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
14:30:17

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

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	07-31-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066		07-31-2019	E12-593U	FS PM
0003		60685-050		07-31-2019	E07-549U	FS PM
0004		51702-069		07-31-2019	K09-025U	FS PM
0005		76161-054		07-31-2019	K07-007L	FS PM
0006		86535-054		07-31-2019	K11-053U	FS PM
0007		50659-018		07-31-2019	E07-556U	FS PM
0008		85976-054		07-31-2019	K09-027U	FS PM
0009		86026-054		07-31-2019	K12-061L	FS PM
0010		85927-054		07-31-2019	K10-045U	FS PM
0011		79652-054		07-31-2019	K08-074U	FS PM
0012		79965-054		07-31-2019	K10-044L	FS PM

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: 07-31-2019

Count Time: 4:00 pm

From:

[Redacted]

Location: FNYE

(Staff Member Supervising Inmates)

Approved:

[Redacted]

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
83053-053	[Redacted]		G01-705U
91200-053	[Redacted]		K04-132U

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N 1 G-S \_\_\_  
H-A \_\_\_ I-N \_\_\_ K-N 1 K-S \_\_\_ 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 is to be used only as an Out Count.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
15:50:12

CATEGORY: OCT  
ASSIGNMENT: FNYE

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	83053-053	[REDACTED]	07-31-2019	G01-705U	UNASSG
0002		91200-053	[REDACTED]	07-31-2019	K04-132U	UNASSG

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: 07-31-2019

Count Time: 4:00 pm

From: [REDACTED]  
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Signature]  
(Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....

66471-054

[REDACTED]

G11-783U

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N \_\_\_ G-S 1  
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 is to be used only as an Out Count.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
15:50:46

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	66471-054	[REDACTED]	07-31-2019	G11-783U	UNASSG

G0000            TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 4<sup>00</sup> pm

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

LOCATION: Atty

APPROVED: [Redacted]  
(tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053	[Redacted] IN	13.		
2.	76318-054 Epstein	ZA	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 1 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: 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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
15:34:37

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	[REDACTED]	07-31-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	07-31-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: CA - Date: 7/31/19  
 Count: 10 - Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA - Date: 7/31/19  
 Count: 18 - Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 4A - Date: 7/31/19  
 Count: 1 - Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KS - Date: 7/31/19  
 Count: 128 - Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN - Date: 7/31/19  
 Count: 87 - Time: 4:00

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 2A - Date: 7/31/19  
 Count: 74 - Time: 4:00pm

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: Atty - Date: 07-31-19  
 Count: 2 - Time: 4:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: SANI - Date: 7/31/19  
 Count: 10 - Time: 4:00

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN - Date: 3/5/2019  
 Count: 88 - Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: F14E Date: 7/31/19 -  
 Count: 02 Time: 4pm  
 Print Name: S. Andrea  
 Signature: [Signature]  
 Print Name: J. Small  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: F14E Date: 7/31/19 -  
 Count: 01 Time: 4pm  
 Print Name: S. Andrea  
 Signature: [Signature]  
 Print Name: J. Small  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: F/S Date: 7-31-19 -  
 Count: 12 Time: 400pm  
 Print Name: T. Smith  
 Signature: [Signature]  
 Print Name: S. Chamber  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 07-31-19 -  
 Count: 84 Time: 400pm  
 Print Name: [Signature]  
 Signature: [Signature]  
 Print Name: R. Hallett  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 07-31-19 -  
 Count: 69 Time: 4pm  
 Print Name: [Signature]  
 Signature: [Signature]  
 Print Name: R. Hallett  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 7/31/2019 -  
 Count: 91 Time: 4:00pm  
 Print Name: S. Espinet  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 7/31/19 -  
 Count: 79 Time: 400  
 Print Name: R. Hallett  
 Signature: [Signature]  
 Print Name: Thomas  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 7/31/19 -  
 Count: 5 Time: 4:00pm  
 Print Name: E. Matos  
 Signature: [Signature]  
 Print Name: Mason  
 Signature: [Signature]