

BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC  
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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T I D I V	T R A N S F E R S			V I S I T O R S
B-A	25	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 E-N
E-S	77	.	.	.	.	4	.	.	.	.	.	4	<del>X</del>	73 E-S
G-N	72	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	72 G-N
G-S	82	.	.	.	2	.	.	.	.	.	.	2	<del>X</del>	80 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	87	1	.	.	.	.	.	.	.	.	.	1	<del>X</del>	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89 K-N
K-S	143	.	.	.	2	10	1	.	.	.	.	13	<del>X</del>	130 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	79	1	.	.	.	.	.	.	.	.	.	1	<del>X</del>	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	756	2	.	.	4	14	1	.	.	.	.	21		735
COUNT VERIFY		<del>X</del>			<del>X</del>	<del>X</del>	<del>X</del>							

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 5:45 pm

good verbal 5:43 pm  
 clear count 5:45 pm

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/2/19

COUNT TIME: 4 pm

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

LOCATION: FS

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

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	KS	13. 79965-054	Thomas	KS
2. 85410-054	Brown	ES	14. 76161-054	Granados	KS
3. 68683-066	CLARK	ES	15.		
4. 86764-054	Duncan	KS	16.		
5. 51702-069	Estrada	KS	17.		
6. 86535-054	KAMARA	KS	18.		
7. 50659-018	KIRK	ES	19.		
8. 85976-054	MARTINEZ	KS	20.		
9. 86026-054	merchant	KS	21.		
10. 86022-054	Reingoud	KS	22.		
11. 08200-070	Renee	ES	23.		
12. 85927-054	Romero	KS	24.		

**OUT-COUNT BY UNIT**

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S 4 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 10 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 14

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: FS

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-02-2019	K12-062U	FS PM SUICIDE OR
0002		85410-054	BROWN	08-02-2019	E11-581L	FS PM
0003		68683-066	CLARK	08-02-2019	E12-593U	FS PM
0004		86764-054	DUNCAN	08-02-2019	K12-065U	FS PM SUICIDE OR
0005		51702-069	ESTRADA-RODRIGUEZ	08-02-2019	K09-025U	FS PM
0006		76161-054	GRANADOS-CÓRONA	08-02-2019	K07-007L	FS PM
0007		86535-054	KAMARA	08-02-2019	K11-053U	FS PM
0008		50659-018	KIRK	08-02-2019	E07-556U	FS PM
0009		85976-054	MARTINEZ	08-02-2019	K09-027U	FS PM
0010		86026-054	MERCHANT	08-02-2019	K12-061L	FS PM
0011		86022-054	REINGOUD	08-02-2019	K12-078U	FS PM
0012		08200-070	RENE	08-02-2019	E09-571U	FS PM LAUNDRY 1
0013		85927-054	ROMERO-GRANADOS	08-02-2019	K10-045U	FS PM
0014		79965-054	THOMAS	08-02-2019	K10-044L	FS PM

G0000            TRANSACTION SUCCESSFULLY COMPLETED

NYMDW 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-02-2019  
16:32:37

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	67290-054	BINNS	08-02-2019	K12-070U	UNASSG
0002		87067-054	JIMENEZ	08-02-2019	G08-764U	UNASSG
0003		76172-054	NAJERA-MONTOYA	08-02-2019	G07-755L	UNASSG
0004		08322-018	SAMUELS-DURAN	08-02-2019	K08-019L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM  
Metropolitan Correctional Center



Date: 08-02-2019

Count Time: 4:00 pm

From:    
(Staff Member Supervising Inmates)

Location: FNYS

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

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

CRT FNYS 76172-054 NAJERA-MON FREDY G07-755L  
CRT FNYS 87067-054 JIMENEZ LEOCADIO G08-764U  
CRT FNYS 08322-018 SAMUELS-DU CARLOS K08-019L  
CRT FNYS 67290-054 BINNS RASHEED K12-070U

B-A \_\_\_ C-A \_\_\_ E-N \_\_\_ E-S \_\_\_ G-N 2 G-S \_\_\_  
H-A \_\_\_ I-N \_\_\_ K-N \_\_\_ K-S 2 R-A \_\_\_ Z-A \_\_\_ Z-B \_\_\_

Total Out-Counted: 04

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.

NYMDW 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-02-2019  
16:29:12

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	85377-054	WEBER	08-02-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/02/2009

COUNT TIME: 4:00 pm

FROM: [Redacted]  
(Staff member preparing Out Count)

LOCATION: HOSP

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

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85377-054	Weber	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 \_\_\_\_\_ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMDW 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-02-2019  
16:30:09

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	ARAUJO	08-02-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-02-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/2/19

COUNT TIME: 4:PM

FROM:   
(Staff Member Preparing Out Count)

LOCATION: ATTY

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

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN	2A	13.	
2.	91126-053	ARAUJO	IN	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 1 K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: \_\_\_\_\_

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: HA Date 8/2/19  
Count: 1 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date 8/2/19  
Count: 1 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date 8/2/19  
Count: 25 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: E-S Date 8/2/19  
Count: 73 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date 08-02-19  
Count: 86 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date 8/2/19  
Count: 10 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date 8.2.2019  
Count: 80 Time: 4:00pm  
Print Name: Noel  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: G-9 Date: 08-2-19  
Count: 80 Time: 4:00PM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CNT Date 8-2-19  
Count: 72 Time: 4:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8/2/19

Count: 5 Time: 4:00pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/2/19

Count: 78 Time: 4:00pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FNYS Date: 8-2-19

Count: 4 Time: 4:00

1. Print Name: \_\_\_\_\_

1. Signature: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 08/02/2019

Count: 130 Time: 4pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/2/2019

Count: 89 Time: 4:50pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: FS Date: 8/2/19

Count: 14 Time: 4pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ATTY Date: 8/2/19

Count: 2 Time: 4pm

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_