

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	T R N	V I S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	4	.	.	.	.	.	.	4	.	X	74 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	142	.	.	.	.	7	1	.	.	.	.	.	8	.	X	134 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	1	.	.	.	11	1	.	.	.	.	.	13	.		748

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:51 pm

Good Verbal: 4:37 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/03/2019

COUNT TIME: 4:00 pm

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86768-054 Meduffy	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
15:53:48

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	86768-054	MCDUFFIE	08-03-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/3/2019

TIME: 4PM

FROM: [Redacted]
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	68683-066	CLARK	ES	22			
3	86764-054	DUNCAN	KS	23			
4	51702-069	ESTRADA	KS	24			
5	50659-018	KIRK	ES	25			
6	85976-054	MARTINEZ	KS	26			
7	86026-054	MERCHANT	KS	27			
8	79965-054	THOMAS	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	08200-070	RENE	ES	31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____
C-A _____
E-N _____
E-S 4

G-N _____
G-S _____
I-N _____
K-S 7

K-N _____ H-A _____
Z-A _____
Z-B _____
R-A _____

TOTAL ON OUT COUNT: 11

[Redacted Signature]
Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

INMATE ROSTER

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	08-03-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-03-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-03-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-03-2019	K09-025U	FS PM
0005		50659-018	KIRK	08-03-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-03-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-03-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-03-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-03-2019	K12-078U	FS PM
0010		08200-070	RENE	08-03-2019	E09-571U	FS PM LAUNDRY 1
0011		79965-054	THOMAS	08-03-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 8.3.19

COUNT TIME: 4⁰⁰ pm

LOCATION: Atty. Conf.

FROM: [Redacted] (Staff Member Preparing Count)

APPROVED: [Redacted] (Operations Director)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054 Epstein	ZA	13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

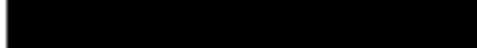
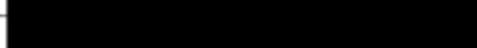
OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 Z-B _____

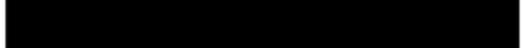
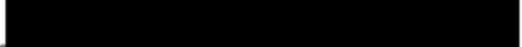
Total Out-Counted: 1

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.

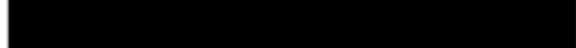
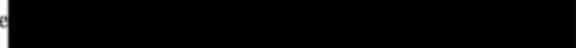
Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 8/3/2019 -
 Count: 87 - Time: 4:00pm -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

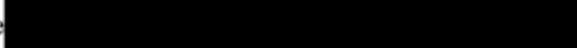
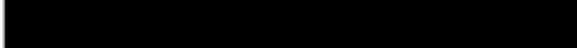
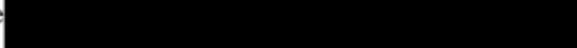
Metropolitan Correctional Center
Official Count Slip

Unit: KW - Date: 08-03-19
 Count: 88 - Time: 4:00pm -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

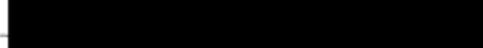
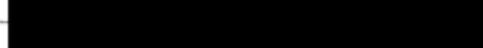
Metropolitan Correctional Center
Official Count Slip

Unit: K-S - Date: 8-3-2019 -
 Count: 134 - Time: 4:00PM -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

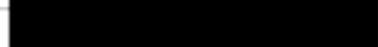
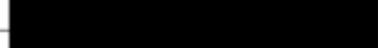
Metropolitan Correctional Center
Official Count Slip

Unit: GS - Date: 8/3/19 -
 Count: 82 - Time: 4 PM -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

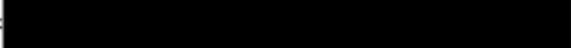
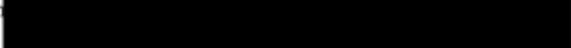
Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8.3.19 -
 Count: 76 - Time: 4:00 -
 Print Name: Noel -
 Signature: 
 Print Name: 
 Signature: 

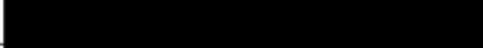
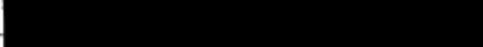
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB - Date: 8-3-19 -
 Count: 5 - Time: 4:00pm -
 1. Print Name: 
 1. Signature: 
 2. Print Name: 
 2. Signature: 

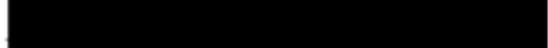
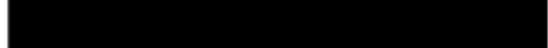
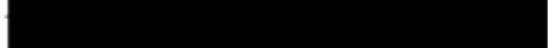
Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 08-03-2019 -
 Count: 74 - Time: 4:00PM -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date: 8/3/19 -
 Count: 87 - Time: 4:00 -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: GN - Date: 08/03/19 -
 Count: 78 - Time: 4:00 pm -
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: B.A. Date: 8.3.19

Count: 70 Time: 4:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-3-19

Count: 10 Time: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/3/19

Count: 11 Time: _____

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8.3.19

Count: 1 Time: 4:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8.3.19

Count: 1 Time: 4:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Conf. Date: 8.3.19

Count: 1 Time: 4:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____