

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	M S	R & D	S A N W	T R I S	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	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	1	.	.	.	2	.	.	.	.	.	.	3	X	84	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	1	.	.	.	11	1	.	.	.	.	.	13	X	129	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	762	3	.	.	.	13	1	.	.	.	.	.	17		745	

COUNT  
VERIFY

~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]  
OFFICIAL TAKING COUNT: [REDACTED]  
COUNT CLEARED TIME: 4:57 pm

60 444 pm

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-4-19

COUNT TIME: 4 PM

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

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054 Webber	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 \_\_\_\_\_ 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.

NYMDL 530\*05 \*  
PAGE '001 OF 001

INMATE ROSTER

\* 08-04-2019  
15:34:49

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	08-04-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



NYMBQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-04-2019  
13:55:01

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	08-04-2019	K12-062U	FS PM SUICIDE OR
0002		86764-054	DUNCAN	08-04-2019	K12-065U	FS PM SUICIDE OR
0003		51702-069	ESTRADA-RODRIGUEZ	08-04-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-04-2019	K07-007L	FS PM
0005		86535-054	KAMARA	08-04-2019	K11-053U	FS PM
0006		85976-054	MARTINEZ	08-04-2019	K09-027U	FS PM
0007		79339-054	MEDINA	08-04-2019	I03-924L	UNIT 9NFS
0008		86026-054	MERCHANT	08-04-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-04-2019	K12-078U	FS PM
0010		78841-054	ROMERO	08-04-2019	I03-923U	UNIT 9NFS
0011		85927-054	ROMERO-GRANADOS	08-04-2019	K10-045U	FS PM
0012		79652-054	THOMAS	08-04-2019	K08-074U	FS PM
0013		79965-054	THOMAS	08-04-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/4/19

COUNT TIME: 4:00pm

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

LOCATION: Atty CONF

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN	2A	13.	
2.	76156-054	DIAS-MORL	KS	14.	
3.	91126-053	ARAUJO	IN	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 1 R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: 3

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.

NYMDL 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-04-2019  
15:57:34

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	08-04-2019	I04-930U	UNASSG
0002		76156-054	DIAZ-MORALEZ	08-04-2019	K09-030U	UNASSG
0003		76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: F/S Date: 8/4/19  
Count: 13 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 2A Date: 8/4/19  
Count: 76 Time: 4:00

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8-4-19  
Count: 129 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8-4-2019  
Count: 78 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 8/4/19  
Count: 87 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 08/04/2019  
Count: 78 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 2B Date: 8-4-19  
Count: 5 Time: 4:00pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/4/19  
Count: 84 Time: 4 P.M.

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/4/2019  
Count: 82 Time: 4:00PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date 08/04/2019

Count: 89 Time: 4:00pm

Print Name: M. A. [Signature]

Signature: [Signature]

Print Name: A. Roberts

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date 08/04/2019

Count: 1 Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date 08/04/2019

Count: 26 Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date 8-11-19

Count: 10 Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date 08/04/2019

Count: 1 Time: 4:00pm

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

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

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

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