

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 V I S I T O R S			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	<del>26</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	<del>10</del>	10 C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	1	<del>85</del>	85 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	<del>75</del>	75 E-S
G-N	77	.	.	.	2	.	.	.	.	.	.	2	<del>75</del>	75 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	<del>82</del>	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	<del>1</del>	1 H-A
I-N	82	2	.	.	.	.	.	.	.	.	.	2	<del>80</del>	80 I-N
K-N	87	.	.	.	.	.	.	.	.	.	.	.	<del>87</del>	87 K-N
K-S	137	.	.	.	1	11	.	.	.	.	.	12	<del>125</del>	125 K-S
R-A	7	.	.	.	.	.	.	.	.	.	.	.	<del>7</del>	7 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	2	<del>76</del>	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	<del>5</del>	5 Z-B
TOTAL	756	4	.	.	3	14	1	.	.	.	.	22		734

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 4:55 pm  
 Good Verbal: 4:52 pm

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: 08-05-2019

Count Time: 4:00 pm

From



(Staff Member Supervising Inmates)

Location: FNYS

Approved:



pp

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
17781-104	SAYOC	CESAR	G02-711U
85737-054	RODRIGUEZ	RICARDO	G03-720U
17742-104	JONES	MICHAEL	K12-065L

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

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-05-2019  
16:10:18

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	17742-104	JONES	08-05-2019	K12-065L	UNASSG
0002		85737-054	RODRIGUEZ	08-05-2019	G03-720U	UNASSG
0003		17781-104	SAYOC	08-05-2019	G02-711U	UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-05-19

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

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85794-054	ARIOS EN	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 1 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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-05-2019  
15:18:36

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	85794-054	ARIAS	08-05-2019	E01-501U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK NY

**OFFICIAL OUT-COUNT FORM**

DATE: 8/5/2019

TIME: 4PM

FROM: B. Boney *J.B.B.*  
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	51702-069	ESTRADA	KS	23			
4	76161-054	GRANADOS	KS	24			
5	86535-054	KAMARA	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86026-054	MERCHANT	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	85927-054	ROMERO	KS	31			
12	79652-054	THOMAS	KS	32			
13	85417-054	DELORBE	KS	33			
14	85369-054	WOOLSTEN	KS	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 3

G-N \_\_\_\_\_  
G-S \_\_\_\_\_  
I-N \_\_\_\_\_  
K-S 11

K-N \_\_\_\_\_  
Z-A \_\_\_\_\_  
Z-B \_\_\_\_\_  
R-A \_\_\_\_\_

H-A \_\_\_\_\_

TOTAL ON OUT COUNT: 11

*[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.

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	08-05-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-05-2019	E12-593U	FS PM
0003		85417-054	DEL ORBE LUNA	08-05-2019	K08-018L	FS WAREHOU
0004		51702-069	ESTRADA-RODRIGUEZ	08-05-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-05-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-05-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-05-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-05-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-05-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-05-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-05-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-05-2019	K08-074U	FS PM
0014		85369-054	WOOLASTON	08-05-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8/5/19

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

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

LOCATION: Atty Conf

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA	13.	
2.	91126-053	Araujo	IN	14.	
3.	86020-054	Torres	ZA	15.	
4.	77980-054	Poppe	IN	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 2 K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 2 Z-B \_\_\_\_\_

Total Out-Counted: 4

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: 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	08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		77980-054	ROPER	08-05-2019	I01-904L	UNASSG
0004		86020-054	TORRES	08-05-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

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

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FS - Date: 8/5/19 -  
Count: 14 - Time: 4 pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA - Date: Aug 5, 2019 -  
Count: 10 - Time: 4:00pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN - Date: 8/5/19 -  
Count: 80 - Time: 4:00 pm -

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: FNYS - Date: 8/5/19 -  
Count: 3 - Time: 4:00pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: Atty - Date: 8/5/19 -  
Count: 4 - Time: 4:00 -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: K-S - Date: 8-5-19 -  
Count: 128 - Time: 4:00 pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: K-N - Date: 8-5-19 -  
Count: 87 - Time: 4:00 pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA - Date: 8/5/19 -  
Count: 76 - Time: 4:00 pm -

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GS - Date: 8/5/2019

Count: 82 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: FN - Date: 08-05-19

Count: 85 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES - Date: 08/05/2019

Count: 75 - Time: 4pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP - Date: 8/5/19

Count: 1 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HA - Date: 8/5/19

Count: 1 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA - Date: 8/5/19

Count: 26 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: R-A - Date: 8-5-19

Count: 7 - Time: 4:00pm

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

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

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

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GN - Date: 8/5/19

Count: 75 - Time: 4:00pm

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

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

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

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