

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	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 I D I V	T R V I S I T				V I S I T	OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10	C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1	.	86	85	E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	.	1	.	83	82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	.	80	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	.	80	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	2	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	83	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	88	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	138	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5	Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2	.	759	757	

COUNT
VERIFY

OFFICIAL PREPARING COUNT [REDACTED]
OFFICIAL TAKING COUNT [REDACTED]
COUNT CLEARED TIME: 10:am

Good Verbals 12:55am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621-054	TORRES ES	13.		
2.	85918-054	GRAMA EN	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 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMPC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
22:55:08

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	85918-054	GAMA-PINEDA	08-05-2019	E03-519L	SUICIDE OR UNASSG
0002		85621-054	TORRES	08-05-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0300

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

LOCATION: NOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85418-054	GAMA	5N	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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0507

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

LOCATION: MOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PMED	5N	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 _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19
Count: 10 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/6/19
Count: 26 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 40SP Date: 8/6/19
Count: 7 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/6/19
Count: 80 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
Count: 80 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8-06-19
Count: 85 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/6/19
Count: 83 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/6/19
Count: 2 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/6/19
Count: 80 Time: 12:01 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~65~~ Date: ~~8-6-19~~

Count: ~~138~~ Time: ~~12⁰¹ AM~~

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~141~~ Date: ~~8-6-19~~

Count: ~~88~~ Time: ~~12⁰¹~~

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~20~~ Date: ~~8-6-19~~

Count: ~~5~~ Time: ~~12⁰¹ AM~~

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~7A~~ Date: ~~8-6-19~~

Count: ~~78~~ Time: ~~12⁰¹ AM~~

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____