

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 N S	H O S	M S	R S	S A N D	T R A N W	V I S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	84	84 E-N
E-S	79	.	.	.	.	.	.	.	.	1	.	1	.	.	78	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	85	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	3	3 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	87	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	1	.	.	88	88 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	1	.	.	136	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	1	.	3	.		757

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



6:00am

Good verbal: 5⁴³ / 44

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/9/19

COUNT TIME: 5:00 AM

FROM:

[Redacted]

LOCATION: Hosp

APPROVED:

[Redacted]

(Staff Member Preparing Out Count)

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	DAVILA	13.		
2.	48816-066	SANTANA	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 _____ G-S _____ H-A _____
 I-N _____ K-N (1) _____ K-S (1) _____ 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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
04:58:00

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	76256-054	DAVILA	08-09-2019	K05-133U	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-09-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-9-2019

COUNT TIME: 5:00AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: 5:00AM

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056 Vernisa	ES	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 1 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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
05:02:26

CATEGORY: OCT
ASSIGNMENT: TNWDVR

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-09-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 88 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR Date: 8/9/19
Count: 1 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 2 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/9/19
Count: 5 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 77 Time: 5:00AM

Print Name: M THOMAS
Signature: M J

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/9/19
Count: 136 Time: 8:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-09-2019
Count: 84 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-9-19
Count: 78 Time: 5:00AM

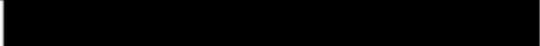
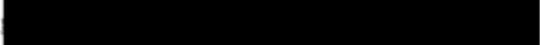
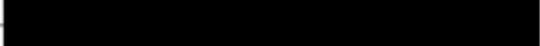
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Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

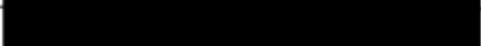
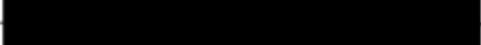
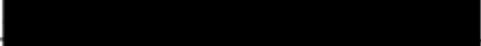
Unit: G-5 Date: 8.9.19
Count: 85 Time: 5:00AM

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

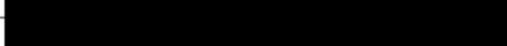
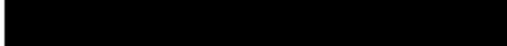
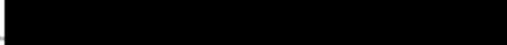
Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

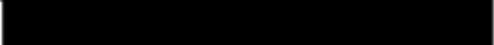
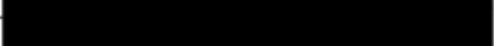
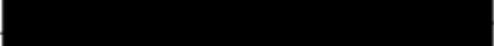
Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19
Count: 78 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

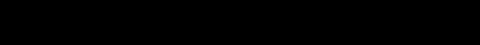
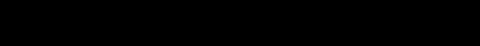
Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19
Count: 87 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 3 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 