

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU 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 & D	S A N I	T R N W	V I S I						
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	.	2	<del>X</del>	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	79	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	.	2	<del>X</del>	135	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	.	.	4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 3:24 AM

9/11 3:19 AM

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08/10/2019

COUNT TIME: 0300 AM

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

LOCATION: H05P

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054 Woolaston	KS	13.		
2.	48816-066 SANTANA	KS	14.		
3.	86900-054 WALKER	5N	15.		
4.	86409-054 BULLOCK	5A	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 2 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 2 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ 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.

NYMFC 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-10-2019  
01:21:34

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	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG	
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR	
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG	
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHO SUICIDE OR	

G0000      TRANSACTION SUCCESSFULLY COMPLETED

**Metropolitan Correctional Center  
Official Count Slip**

Unit: BA Date: 8-10-19  
Count: 26 Time: 3:00 AM

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

**Metropolitan Correctional Center  
Official Count Slip**

Unit: CA Date: 8/10/19  
Count: 10 Time: 3<sup>40</sup> AM

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

**Metropolitan Correctional Center  
Official Count Slip**

Unit: EN Date: 08-10-2019  
Count: 81 Time: 3:00 A.M.  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: ES Date: 8/10/19  
Count: 79 Time: 3<sup>00</sup>/AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: GN Date: 8/10/19  
Count: 78 Time: 3:00 AM

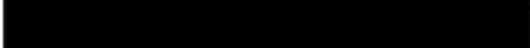
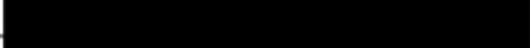
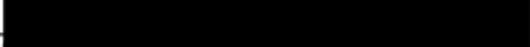
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

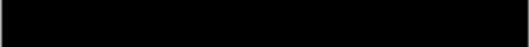
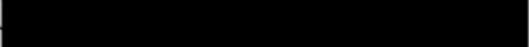
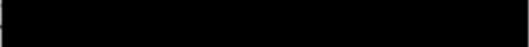
Unit: G.S Date: 08/14/19  
Count: 88 Time: 0300

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date 8/10/19  
Count: 89 Time: 300AM  
Print Name:   
Signature:   
Print Name:   
Signature 

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date 8/19/2019  
Count: 135 Time: 0300AM  
Print Name:   
Signature:   
Print Name:   
Signature 

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8-10-19

Count: 4 Time: 3:00 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8-10-19

Count: 4 Time: 3:00 AM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: RA Date: 8/10/19  
Count: 1 Time: 3:00

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/10/19  
Count: 86 Time: 3<sup>00</sup>AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/10/19  
Count: 72 Time: 3:45 AM  
Print Name: M. Williams  
Signature: [Signature]  
Print Name: Noel  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: 2-B Date: 8-10-2019  
Count: 5 Time: 2:00  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: Noel  
Signature: [Signature]