

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 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 V	T R V S I T	V O C U O T U					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	1	.	.	.	.	.	.	.	1	.	X	82	E-N
E-S	83	.	.	.	.	3	.	.	.	.	.	.	3	.	X	80	E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	.	X	77	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	3	.	.	.	1	.	.	.	.	.	.	.	1	.	X	2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1	.	X	88	K-N
K-S	136	1	.	.	3	11	1	.	.	.	.	.	16	.	X	120	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	1	.	.	7	14	1	.	.	.	.	.	23	.		739	
COUNT VERIFY		X			XXX												

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

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/12/2019

COUNT TIME: 4:00 PM

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

LOCATION: 216

APPROVED: [Redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76156-054 DIAZ-NOVALES	RS	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 1 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 *
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INMATE ROSTER

* 08-12-2019
16:05:29

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	76156-054	DIAZ-MORALEZ	08-12-2019	K09-030U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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: 08-12-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYS

(Sta [REDACTED])

Approved: [REDACTED]

PP ([REDACTED])

REG.....	LN.....	FN.....	QTR.....
28631-054	URENA	ILARIO	E05-533U
85769-054	MURPHY	ERNEST	G01-702L
85428-054	RAMOS	JASON	H01-001L
86277-054	SEMIDAY	LUIS	K05-136L
77737-112	IGNATOV	KONSTANTIN	K07-073U
86934-054	TAYLOR	NATHANIEL	K11-051U
53358-054	CLARK	ROBERT	K11-056U

B-A ___ C-A ___ E-N 1 E-S ___ G-N 1 G-S ___
H-A 1 I-N ___ K-N 1 K-S 3 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 7

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

* 08-12-2019
15:55:06

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	53358-054	CLARK	08-12-2019	K11-056U	UNASSG
0002		77737-112	IGNATOV	08-12-2019	K07-073U	UNASSG
0003		85769-054	MURPHY	08-12-2019	G01-702L	UNIT 7N
0004		85428-054	RAMOS	08-12-2019	H01-001L	UNASSG
0005		86277-054	SEMIDAY	08-12-2019	K05-136L	UNASSG
0006		86934-054	TAYLOR	08-12-2019	K11-051U	SUICIDE OR UNASSG
0007		28631-054	URENA	08-12-2019	E05-533U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Y

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/12/19 COUNT TIME: 4:00 pm
 FROM: [Redacted] LOCATION: Hosp
(Staff Member Preparing Out Count)
 APPROVED: [Redacted]
(Signature)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86768-054 McDuffie	K.S	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-12-2019
16:07:26

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	86768-054	MCDUFFIE	08-12-2019	K12-064L	SUICIDE OR UNASSG

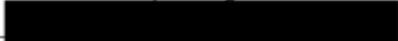
G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/12/2019

TIME: 4PM

FROM: 

LOCATION: E/S

Staff Supervising Out-Count

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	76161-054	GRANADOS	KS	22			
3	51702-069	ESTRADA	KS	23			
4	79965-054	THOMAS	KS	24			
5	85927-054	ROMERO	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86022-054	REINGOUD	KS	28			
9	89673-053	MERSEY	ES	29			
10	85417-054	DEL ORBE	KS	30			
11	86535-054	KAMARA	KS	31			
12	68683-066	CLARK	ES	32			
13	41682-054	CARABELLO	KS	33			
14	85369-054	WOOLASTEN	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: 14


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.

NYMH4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-12-2019
15:34:07

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FS

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	08-12-2019	K12-062U	FS PM SUICIDE OR
0002		41682-054	CARABELLO	08-12-2019	K07-002U	FS AM
0003		68683-066	CLARK	08-12-2019	E12-593U	FS PM
0004		85417-054	DEL ORBE LUNA	08-12-2019	K08-018L	FS WAREHOU
0005		51702-069	ESTRADA-RODRIGUEZ	08-12-2019	K09-025U	FS PM
0006		76161-054	GRANADOS-CORONA	08-12-2019	K07-007L	FS PM
0007		86535-054	KAMARA	08-12-2019	K11-053U	FS PM
0008		50659-018	KIRK	08-12-2019	E07-556U	FS PM
0009		85976-054	MARTINEZ	08-12-2019	K09-027U	FS PM
0010		89673-053	MERSEY	08-12-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-12-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-12-2019	K10-045U	FS PM
0013		79965-054	THOMAS	08-12-2019	K10-044L	FS PM
0014		85369-054	WOOLASTON	08-12-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date Aug 12 2019
 Count: 10 Time: 4:00 PM
 Print Name: I Peña
 Signature: [Signature]
 Print Name: [Signature]
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-12-19
 Count: 82 Time: 4:00pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: M. MATEO
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/12/19
 Count: 77 Time: 4:00 PM
 Print Name: M. MATEO
 Signature: [Signature]
 Print Name: A. Nunez
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/12/19
 Count: 86 Time: 4:00 pm
 Print Name: G Adams
 Signature: [Signature]
 Print Name: D. DUPREE
 Signature: [Signature]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8.12.19
 Count: 5 Time: 4:00 pm
 1. Print Name: [Signature]
 1. Signature: [Signature]
 2. Print Name: [Signature]
 2. Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/12/19
 Count: 88 Time: 4:00 pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: J. OJ
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/12/19
 Count: 2 Time: 4:00 pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: A. Norayo
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/12/19
 Count: 1 Time: 4:00 pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: A. Norayo
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/12/19
 Count: 26 Time: 4:00 pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: A. Nunez
 Signature: [Signature]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Atty - Date: 8/12/19
Count: 1 - Time: 4:00pm

1. Print Name: J. S. ASBANT
1. Signature: [Signature]
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS - Date: 8/12/19
Count: 14 - Time: 4pm

Print Name: B. Boney
Signature: [Signature]
Print Name: B. Boney
Signature: [Signature]
Print Name: A. W. J.
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 08-12-19
Count: 80 - Time: 4:00pm

Print Name: Thomas
Signature: [Signature]
Print Name: K. Alvarado
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 8-12-19
Count: 120 - Time: 4:00pm

Print Name: Fecher
Signature: [Signature]
Print Name: A. Nwagwu
Signature: [Signature]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS - Date: 8/12/19
Count: 7 - Time: 4:00pm

1. Print Name: J. Small
1. Signature: [Signature]
2. Print Name: A. Samoo
2. Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8/12/19
Count: 75 - Time: 4:00pm

Print Name: W. S. WA
Signature: [Signature]
Print Name: S. Chant
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date: 8/12/19
Count: 88 - Time: 4:00pm

Print Name: M. Arfuk
Signature: [Signature]
Print Name: J. Obi
Signature: [Signature]