

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFI COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R V I S I T I V I T			V I S I T I V I T	OC UO TU N T
B-A	24	.	.	.	.	.	.	.	.	.	.	.	.	X	24 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	82	.	.	.	1	.	1	.	.	.	.	2	.	X	80 E-N
E-S	83	1	.	.	.	4	1	.	3	.	.	9	.	X	74 E-S
G-N	80	1	.	.	3	.	.	.	.	.	.	4	.	X	76 G-N
G-S	83	.	.	.	1	.	.	.	.	.	.	1	.	X	82 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4 H-A
I-N	87	.	.	.	1	.	.	.	.	.	.	1	.	X	86 I-N
K-N	91	.	.	.	2	.	1	.	.	.	.	3	.	X	88 K-N
K-S	140	.	.	.	4	7	1	.	.	.	.	12	.	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	66	.	.	.	1	.	.	.	.	.	.	1	.	X	65 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	755	2	.	.	13	11	4	.	3	.	.	33	.		722
COUNT VERIFY		X			X	X	X		X						

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:07pm
 Good Verbal: 4:54pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-13-2019

COUNT TIME: 4:00pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: R&D

APPROVED: 
((Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 27933-055	Alls	IIS	13.		
2. 59632-053	Flores	IIS	14.		
3. 76518-067	Turner	IIS	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 3 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 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

* 08-13-2019
16:29:32

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: R&D

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	R&D	27933-055	ALLS	08-13-2019	E08-564U	ORD R/D
0002		59632-053	FLORES	08-13-2019	E08-561L	ORD R/D
0003		76518-067	TURNER	08-13-2019	E09-572U	ORD R/D

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: 08-13-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [REDACTED]
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86602-054	MACK	MICHAEL	E02-512L
85769-054	MURPHY	ERNEST	G01-702L
68395-054	CUNNINGHAM	ANDRE	G01-708U
86626-054	ESTEVEZ-GO	CARLOS	G06-748L
68456-298	BURGOS-CAB	JOSE	G08-758U
86343-054	LEE	NICK	I06-948U
71628-054	GONZALEZ	TEODORO	K01-105L
70381-054	LOPEZ-HERN	JACKSON	K04-132L
90591-054	PAULINO	JUAN	K09-027U
77575-054	SANTANA	JOSE	K09-029U
87034-054	RUSSELL	TSANI	K11-049U
86026-054	MERCHANT	SEAN	K12-061L
86020-054	TORRES	OMAR	Z03-110LAD

B-A ___ C-A ___ E-N 1 E-S ___ G-N 3 G-S 1
H-A ___ I-N 1 K-N 2 K-S 4 R-A ___ Z-A 1 Z-B ___

Total Out-Counted: 13

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 *
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INMATE ROSTER

* 08-13-2019
16:31:26

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	68456-298	BURGOS-CABADA	08-13-2019	G08-758U	UNASSG
0002		68395-054	CUNNINGHAM	08-13-2019	G01-708U	UNASSG
0003		86626-054	ESTEVEZ-GONZALEZ	08-13-2019	G06-748L	UNIT 7N
0004		71628-054	GONZALEZ	08-13-2019	K01-105L	UNASSG
0005		86343-054	LEE	08-13-2019	I06-948U	UNASSG
0006		70381-054	LOPEZ-HERNANDEZ	08-13-2019	K04-132L	UNASSG
0007		86602-054	MACK	08-13-2019	E02-512L	SUICIDE OR UNASSG
0008		86026-054	MERCHANT	08-13-2019	K12-061L	FS PM
0009		85769-054	MURPHY	08-13-2019	G01-702L	UNIT 7N
0010		90591-054	PAULINO	08-13-2019	K09-027U	UNASSG
0011		87034-054	RUSSELL	08-13-2019	K11-049U	UNASSG
0012		77575-054	SANTANA	08-13-2019	K09-029U	UNASSG
0013		86020-054	TORRES	08-13-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/13/2019

COUNT TIME: 4:00pm

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

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	90370-053 Chan	SS	13.		
2.	86768-054 McDuffie	115	14.		
3.	75954-054 Goswami	11N	15.		
4.	18028-104 Leon	SN	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 1 K-S 1 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.

NYMAQ 530*05 *
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INMATE ROSTER

* 08-13-2019
16:30:13

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	90370-053	CHAN	08-13-2019	E10-573L	EDUCATION SUICIDE OR UNASSG
0002		75954-054	GOSWAMI	08-13-2019	K03-120L	SUICIDE OR UNASSG
0003		18028-104	LEON-MAAL	08-13-2019	E03-520L	SUICIDE OR UNASSG
0004		86768-054	MCDUFFIE	08-13-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/13/2019

TIME: 4PM

FROM: 
Staff Supervising Out-Count

LOCATION: E/S

	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	68683-066	CLARK	ES	27			
8	86022-054	REINGOUD	KS	28			
9	89673-053	MERSEY	ES	29			
10	86535-054	KAMARA	KS	30			
11	79251-054	DELACRUZ	ES	31			
12				32			
13				33			
14				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 4

G-N _____
G-S _____
I-N _____
K-S 7

K-N _____
Z-A _____
Z-B _____

H-A _____

R-A _____

TOTAL ON OUT-COUNT: 11


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.

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INMATE ROSTER

* 08-13-2019
14:35:53

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	08-13-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-13-2019	E12-593U	FS PM
0003		79251-054	DELACRUZ	08-13-2019	E11-582U	FS AM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-13-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-13-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-13-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-13-2019	E07-556U	FS PM
0008		89673-053	MERSEY	08-13-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-13-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-13-2019	K10-045U	FS PM
0011		79965-054	THOMAS	08-13-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

COUNT TIME: 4:00PM

DATE: 8/13/19

LOCATION: ATTNY CONF

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

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76194054	Ocampo	13.		
2.	53927019	Williams	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 1 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-13-2019
16:32:19

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76194-054	OCAMPO-ALVAREZ	08-13-2019	G02-715L	UNASSG
0002		53927-019	WILLIAMS	08-13-2019	E09-570U	A & O

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ATTNY Conf Date: 8/13/19
Count: 2 Time: 4:00PM

1. Print Name: 
1. Signature: 
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 13 Aug 2019
Count: 128 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/13/2019
Count: 76 Time: 4:00PM

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

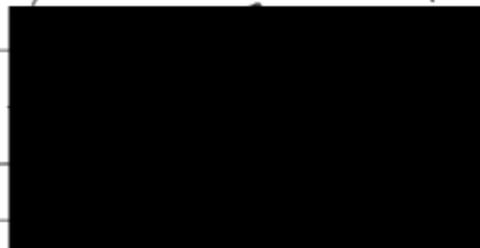
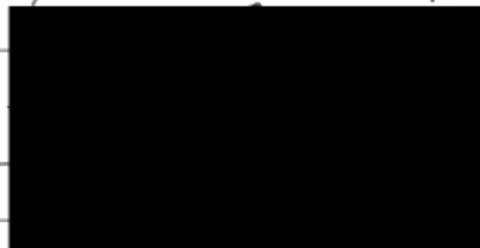
Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/13/19
Count: 88 Time: 4:00PM

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

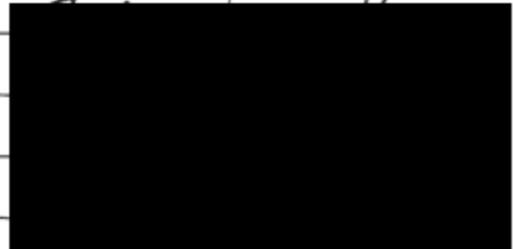
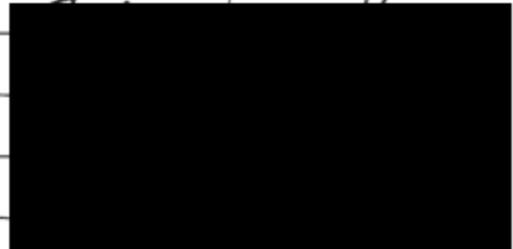
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/13/19
Count: 4 Time: 4:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/13/2019
Count: 82 Time: 4:00PM

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

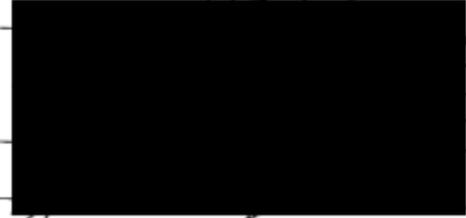
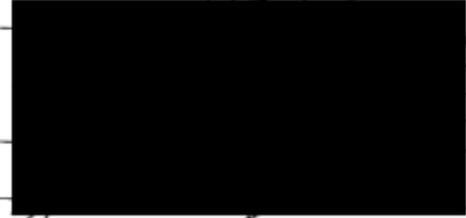
Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8-13-19
Count: 86 Time: 4PM

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

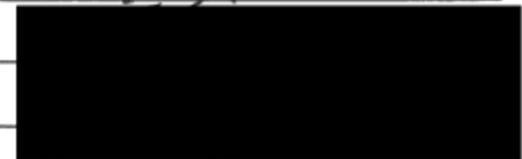
Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/13/19
Count: 4 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-13-19
Count: 74 Time: 4:00PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS - Date: 8/13/19 -
Count: 11 - Time: 4pm

- 1. Print Name: [Redacted]
- 1. Signature: [Redacted]
- 2. Print Name: [Redacted]
- 2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8-13-19 -
Count: 65 - Time: 4²⁰ PM

- Print Name: [Redacted]
- Signature: [Redacted]
- Print Name: [Redacted]
- Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 8/13/19 -
Count: 24 - Time: 4:00 pm

- Print Name: [Redacted]
- Signature: [Redacted]
- Print Name: [Redacted]
- Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: RSD - Date: 8/13/2019 -
Count: 3 - Time: 4:00pm

- 1. Print Name: [Redacted]
- 1. Signature: [Redacted]
- 2. Print Name: [Redacted]
- 2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: Aug 13, 2019 -
Count: 10 - Time: 4:00pm

- Print Name: [Redacted]
- Signature: [Redacted]
- Print Name: [Redacted]
- Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB - Date: 8-13-19 -
Count: 5 - Time: 4:00 pm

- 1. Print Name: [Redacted]
- 1. Signature: [Redacted]
- 2. Print Name: [Redacted]
- 2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date: 08-13-19 -
Count: 80 - Time: 4:00pm

- Print Name: [Redacted]
- Signature: [Redacted]
- Print Name: [Redacted]
- Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS - Date: 8/13/2019 -
Count: 13 - Time: 4:00pm

- 1. Print Name: [Redacted]
- 1. Signature: [Redacted]
- 2. Print Name: [Redacted]
- 2. Signature: [Redacted]