

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 AREA	
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T I V	T R A N S I T	V I S I T			OC UO TU N T
B-A	24	.	.	.	.	.	.	.	.	.	.	.	.	X	24 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	80	.	.	.	1	.	.	.	.	.	.	1	.	X	79 E-N
E-S	81	.	.	.	.	3	1	.	.	.	.	4	.	X	77 E-S
G-N	79	.	.	.	2	.	.	.	.	.	.	2	.	X	77 G-N
G-S	87	.	.	.	5	.	.	.	.	.	.	5	.	X	82 G-S
H-A	2	.	.	.	1	.	.	.	.	.	.	1	.	X	1 H-A
I-N	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85 I-N
K-N	91	.	.	.	1	.	.	.	.	.	.	1	.	X	90 K-N
K-S	140	.	.	.	1	9	.	.	.	.	.	10	.	X	130 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	67	.	.	.	1	.	.	.	.	.	.	1	.	X	66 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	751	.	.	.	12	12	1	.	.	.	.	25	.		726

COUNT
VERIFY

~~XXX~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:28 pm

Good Verbal: 5:07 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-14-19

COUNT TIME: 400pm

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

LOCATION: F/S

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13.		
2. 68683-066	Clark	E-S	14.		
3. 86764-054	Duncan	K-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 76161-054	Granados	K-S	17.		
6. 86535-054	Kamara	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 85976-054	Martinez	K-S	20.		
9. 86026-054	Merchant	K-S	21.		
10. 89673-053	Mersey	E-S	22.		
11. 79652-054	Thomas	K-S	23.		
12. 79965-054	Thomas	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 11 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 12

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.

NYMGW 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-14-2019
15:03:46

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	08-14-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-14-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-14-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-14-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-14-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-14-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-14-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-14-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-14-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-14-2019	E12-592U	FS PM SUICIDE OR
0011		79652-054	THOMAS	08-14-2019	K08-074U	FS PM
0012		79965-054	THOMAS	08-14-2019	K10-044L	FS PM

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TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center



Date: 08-14-2019

Count Time: 4:00 pm

From:
(Staff Member Supervising Inmates)

Location: FNYS

Approved:
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86409-054	BULLOCK	CHRISTOPHE	E05-535L
85769-054	MURPHY	ERNEST	G01-702L
76167-054	DE LA CRUZ	DIONICIO	G01-706L
78548-054	CHERRY	DAVID	G08-757L
53586-054	TURBIDES	CESAR	G10-777L
65285-019	VAZQUEZ	EDWIN	G10-779L
48319-380	MARTINEZ-M	ROSENBEL	G11-782L
87086-054	ESPINOZA	CESAR	G11-787L
78236-054	TURNER	JOHNELL	H01-003L
86919-054	BUTLER	RAHSAAN	K01-101U
77575-054	SANTANA	JOSE	K09-029U
68152-054	HOYT	KENNETH	Z02-202LAD

B-A ___ C-A ___ E-N 1 E-S ___ G-N 2 G-S 5
H-A 1 I-N ___ K-N 1 K-S 1 R-A ___ Z-A 1 Z-B ___

Total Out-Counted: 12

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

* 08-14-2019
15:34:43

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86409-054	BULLOCK	08-14-2019	E05-535L	SUICIDE OR UNASSG
0002		86919-054	BUTLER	08-14-2019	K01-101U	UNASSG
0003		78548-054	CHERRY	08-14-2019	G08-757L	UNIT 7SFS
0004		76167-054	DE LA CRUZ	08-14-2019	G01-706L	UNIT 7N
0005		87086-054	ESPINOZA	08-14-2019	G11-787L	UNASSG
0006		68152-054	HOYT	08-14-2019	Z02-202LAD	UNASSG
0007		48319-380	MARTINEZ-MELENDZ	08-14-2019	G11-782L	UNASSG
0008		85769-054	MURPHY	08-14-2019	G01-702L	UNIT 7N
0009		77575-054	SANTANA	08-14-2019	K09-029U	UNASSG
0010		53586-054	TURBIDES	08-14-2019	G10-777L	UNASSG
0011		78236-054	TURNER	08-14-2019	H01-003L	UNASSG
0012		65285-019	VAZQUEZ	08-14-2019	G10-779L	UNASSG

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TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-14-19

COUNT TIME: 400 PM

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

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	90370-053 Chan	E5	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: /

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

* 08-14-2019
15:43:45

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	08-14-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS - Date: 8/14/19 -
Count: 12 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date: 08/14/2019 -
Count: 90 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 8-14-19 -
Count: 12 - Time: 4000m -

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP - Date: 8/14/19 -
Count: 1 - Time: 400PM -

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB - Date: 8-14-19 -
Count: 5 - Time: 400pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 8/14/19 -
Count: 85 - Time: 400PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN - Date: 8/14/19 -
Count: 77 - Time: 4⁰⁰pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: Aug 14, 2019 -
Count: 10 - Time: 4:00 -

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

Official Count Slip

Unit: BA - Date: 8/14/19 -
Count: 24 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS - Date 8/14/19 -
Count: 87 - Time: 4:00 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW - Date 08/14/19 -
Count: 79 - Time: 4:00 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date 8/14/19 -
Count: 1 - Time: 4:00 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date 8/14/19 -
Count: 130 - Time: 4:00 PM -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8-14-2019
Count: 66 - Time: 4:00 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 08-14-19
Count: 77 - Time: 4:00 pm -
Print Name: Thomas -
Signature: _____
Print Name: _____
Signature: _____