

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W	V I S			OC UO TU N		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	K-N
K-S	139	.	.	.	.	.	.	.	.	.	.	.	.	.	X	139	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	776	.	.	.	.	.	.	.	.	.	.	.	.	.		776	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 346
 Good verbal: 343

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.		86 E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.		76 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.		91 G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.		92 K-N
K-S	139	.	.	.	.	.	.	.	.	.	.	.	.		139 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.		74 Z-A <i>B</i>
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5 Z-B
TOTAL	776	.	.	.	.	.	.	.	.	.	.	.	.		776

COUNT
VERIFY

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

Metropolitan Correctional Center
Official Count Slip

Unit: EX1 Date: 7-23-19
 Count: 88 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/23/19
 Count: 10 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-23-19
 Count: 26 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6S Date: 7/23/2019
 Count: 91 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-A Date: 7/23/19
 Count: 76 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7-23-19
 Count: 86 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7/23/19
 Count: 5 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 7-23-19
 Count: 73 Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 7/23/19
 Count: 81 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/25/19
 Count: 139 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/25/19
 Count: 92 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7-28-19
 Count: 1 Time: 3:00AM

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

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 D I V	T R V I S I T S			V I S I T S	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	6	.	.	.	.	.	6	.	X	80 E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76 G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	.	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 I-N
K-N	92	.	.	.	1	.	.	.	.	.	.	1	.	X	91 K-N
K-S	137	.	.	.	.	6	.	.	.	.	.	6	.	X	131 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	776	1	.	.	2	12	.	.	.	.	.	15	.		761

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: [REDACTED]

Lead Verbal: 4:53 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/23/19

COUNT TIME: 400pm

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

LOCATION: F/S

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 79965-054	Thomas	K-S	13.		
2. 70786-050	Brown	ES	14.		
3. 85410-054	Brown	ES	15.		
4. 60685-050	Dockery	ES	16.		
5. 51702-069	Estrada	K-S	17.		
6. 86535-054	Hamara	K-S	18.		
7. 50659-018	Kiak	ES	19.		
8. 85976-054	Martinez	K-S	20.		
9. 89673-053	Mersey	ES	21.		
10. 86022-054	Reingold	K-S	22.		
11. 08260-070	Rene	ES	23.		
12. 85927-054	Romero	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 6 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 6 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.

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	70786-050	BROWN	07-23-2019	E08-564U	FS PM
0002		85410-054	BROWN	07-23-2019	E11-581L	FS PM
0003		60685-050	DOCKERY	07-23-2019	E07-549U	FS PM
0004		51702-069	ESTRADA-RODRIGUEZ	07-23-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-23-2019	K11-053U	FS PM
0006		50659-010	KIRK	07-23-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-23-2019	K09-027U	FS PM
0008		89673-053	MERSEY	07-23-2019	E12-592U	FS PM
						SUICIDE OR
0009		86022-054	REINGOUD	07-23-2019	K12-078U	FS PM
0010		08200-070	RENE	07-23-2019	E09-571U	FS PM
						LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	07-23-2019	K10-045U	FS PM
0012		79965-054	THOMAS	07-23-2019	K10-044L	FS PM

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: 07-23-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [REDACTED]
(Operations/Lieutenant)

REG..... LN..... FN..... QTR.....

86824-054	FERNANDEZ	LEONARDO	G10-777L
86765-054	CHERRY	ROBERT	K02-116L

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
H-A ___ I-N ___ K-N 1 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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:28:55

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	76318-054	EPSTEIN	07-23-2019	H01-001L	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:34:01

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	86765-054	CHERRY	07-23-2019	K02-116L	UNASSG
0002		86824-054	FERNANDEZ	07-23-2019	G10-777L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-23-19

COUNT TIME: 4:00pm

FROM: [Redacted] (Preparing Out Count)

LOCATION: [Redacted]

APPROVED: [Redacted] (Corrections Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76312-054</u>	<u>STEIN</u>	<u>H-A</u>	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 1
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.

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/23/2019 Time: 4:00pm

Count: 91

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7.23.19 Time: 4:00pm

Count: 131

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

Metropolitan Correctional Center
Official Count Slip

Unit: AK Date: 7.23.19 Time: 4:00pm

Count: 91

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

Metropolitan Correctional Center
Official Count Slip

Unit: CAC Date: 7/23/19 Time: 4:00pm

Count: 10

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

MCC NEW YORK
Official Count Slip

Unit: ZA Date: 7/23/19 Time: 4:00pm

Count: 73

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/23/19 Time: 4:00pm

Count: 26

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNS Date: 7/23/19 Time: 4:00pm

Count: 2

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

Metropolitan Correctional Center
Official Count Slip

Unit: 20 Date: 7-23-19 Time: 4:00pm

Count: 5

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

Metropolitan Correctional Center
Official Count Slip

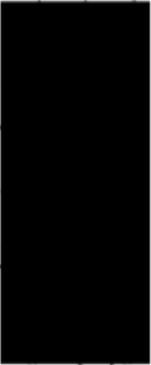
Unit: F/S Date: 7/23/19 Time: 4:00pm

Count: 12

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

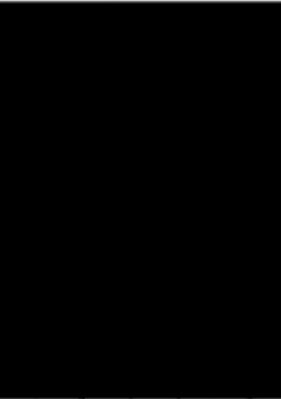
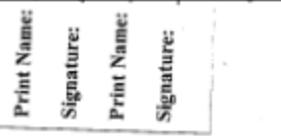
Metropolitan Correctional Center
Official Count Slip

Unit: AS Date: 7-23-19
 Count: 1 Time: 4:00pm

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

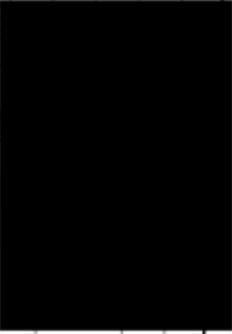
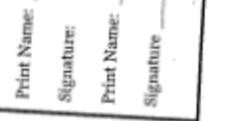
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-23-19
 Count: 80 Time: 1:00 PM

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

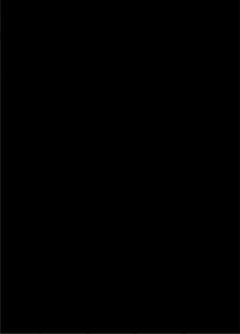
Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/23/19
 Count: 88 Time: 4:00 PM

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

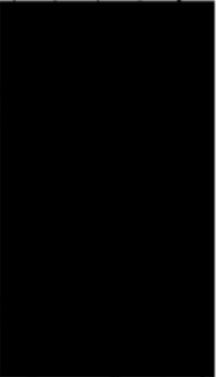
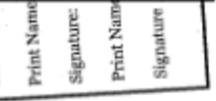
Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/23/2019
 Count: 90 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/23/19
 Count: 76 Time: 4pm

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

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	M S	R & D	S A N W I D I V	T R V I S I T S	V I S I T S			OC UO TU N

B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	.	.	.	.	1	.	1	.	.	X	85	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	K-N
K-S	139	.	.	.	.	.	.	.	.	.	.	.	.	.	X	139	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	776	.	.	.	.	.	.	.	.	1	.	1	.	.		775	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:45 AM

Good verbal: 5:40 AM

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
04:12:09

CATEGORY: OCT
ASSIGNMENT: TNWDVR

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT
NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK		
0001	TNWDVR	57084-056	HARRISON	07-23-2019	E08-557L	TWN DRIVER		

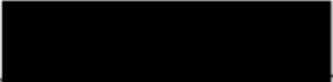
G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-23-19

COUNT TIME: 5:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Town Drive

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056	Harrison	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.

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 7-23-19
Count: 88 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/23/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-23-19
Count: 26 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/23/2019
Count: 91 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/23/19
Count: 46 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7-23-19
Count: 85 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AS Date: 7/23/19
Count: 80 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7/23/19
Count: 74 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AX Date: 7/23/19
Count: 89 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/23/19
 Count: 92 Time: 5:00 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7-23-19
 Count: 1 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/23/19
 Count: 139 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-23-19
 Count: 1 Time: 5:00

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

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIF 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 W	V I S			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	.	X	68 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	776	.	.	.	.	.	1	.	.	.	.	.	1	.		775

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:50pm

Good verbal. 10:50pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-23-19

COUNT TIME: 1000 pm

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

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053 Tisdale	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 / 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

* 07-23-2019
20:09:48

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	78359-053	TISDALE	07-23-2019	E11-581U	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/23/19
Count: 1 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/23/19
Count: 1 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/23/19
Count: 26 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-23-19
Count: 85 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/23/19
Count: 88 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-23-19
Count: 10 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/23/2019
Count: 92 Time: 1000a

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/23/2019
Count: 92 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/23/19
Count: 77 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-23-19
Count: 5 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/23/19
Count: 68 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date: 7-23-19
Count: 138 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7.23.19
Count: 93 Time: 10:00am

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

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	M S	R & D	S A N I D I V	T R A N S F E R	V I S I T I O N			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	K-N
K-S	139	.	.	.	.	.	.	.	.	.	.	.	.	X	139	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	776	.	.	.	.	.	.	.	.	.	.	.	.		776	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12:54 PM

COUNT VERBAL: 12:54 PM

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7-28-19
 Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/23/19
 Count: 12 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-23-19
 Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/23/2019
 Count: 91 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 7/23/19
 Count: 110 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7-23-19
 Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 7/23/19
 Count: 139 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/23/19
 Count: 92 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/23/19
 Count: 89 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-23-19
Count: 55 Time: 12:01 AM

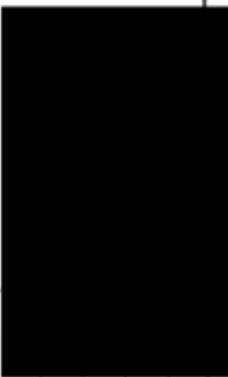
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/23/19
Count: 74 Time: 12:01 AM

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



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 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 T			V I S I T	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	1	.	X	87 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	77	.	.	.	.	.	.	.	1	.	.	1	.	X	76 G-N
G-S	92	.	.	.	.	.	.	.	1	.	.	1	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	X	68 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	776	.	.	.	.	.	1	.	2	.	.	3	.		773

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: ~~X~~
COUNT CLEARED TIME: 3:41m

GOOD VERBAL 3:39m

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 3:00

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

LOCATION: HOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409-054	Bullock	SN	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: one

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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
02:59:02

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	07-24-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
03:14:06

CATEGORY: OCT
ASSIGNMENT: R&D

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	R&D	86268-054	AYLLON	07-24-2019	G06-741L	UNASSG
0002		43667-007	REESE	07-24-2019	G09-768L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 300AM

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

LOCATION: P.D

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86268 054	ALLON G-N	13.		
2.	43667-007	Reese G-S	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 1 G-S 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 7-24-19
Count: 1 / Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CS / Date: 9/24/19
Count: 86 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 7/24/19
Count: 92 / Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: HD / Date: 7-24-19
Count: 1 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 7/24/19
Count: 1 / Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 7/24/2019
Count: 91 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 7-24-19
Count: 26 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date: 7/24/19
Count: 10 / Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 7/24/19
Count: 76 / Time: 3:00 AM

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

MCC NEW YORK
Official Count Slip

Unit: 2A / Date: 7/24/19
 Count: 68 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 7/24/19
 Count: 93 / Time: 3 A.M.

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date: 7/24/19
 Count: 5 / Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 7-24-19
 Count: 138 / Time: 3:00 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: P-D / Date: 7/24/19
 Count: 2 / Time: 3:00 AM

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

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 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 D	T R V S I D			V I S I T	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	85	.	.	1	.	6	.	.	.	.	.	7	.	X	78 E-S
G-N	76	.	.	.	1	.	.	.	.	.	.	1	.	X	75 G-N
G-S	91	.	.	1	.	.	.	.	.	.	.	1	.	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	92	.	.	.	2	.	.	.	.	.	.	2	.	X	90 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	10	.	.	.	.	.	10	.	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	68	1	.	.	.	.	.	.	.	.	.	1	.	X	67 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	772	2	.	2	3	16	.	.	.	.	.	23	.		749

COUNT
VERIFY

~~X~~ ~~XXX~~

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



4:20 pm
Good Verbal: 4:41 pm

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	68683-066	CLARK	07-24-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-24-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-24-2019	K09-025U	FS PM
0004		15657-179	GONZALEZ	07-24-2019	E10-579L	WAREHOUSE
0005		84831-054	GUPTA	07-24-2019	E07-549U	SAFETY
0006		86535-054	KAMARA	07-24-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-24-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-24-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-24-2019	K12-061L	FS PM
0010		89673-053	MERSEY	07-24-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	07-24-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	07-24-2019	K10-045U	FS PM
0013		01735-007	SATTAN	07-24-2019	K07-001L	FS AM
0014		79652-054	THOMAS	07-24-2019	K08-074U	FS PM
0015		79965-054	THOMAS	07-24-2019	K10-044L	FS PM
0016		85369-054	WOOLASTON	07-24-2019	K11-053L	FS WAREHOU SUICIDE OR

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: 07-24-2019

Count Time: 4:00 pm

From [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [REDACTED]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
79417-054	WILLIAMS	JIHAD	G06-746L
85759-054	SANCHEZ	RAY	I05-937U
90914-054	GARCIA	BRIAN	I05-935U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
H-A ___ I-N 2 K-N ___ K-S ___ 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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
16:14:06

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	90914-054	GARCIA	07-24-2019	I05-935U	UNASSG
0002		85759-054	SANCHEZ	07-24-2019	I05-937U	UNASSG
0003		79417-054	WILLIAMS	07-24-2019	G06-746L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 07-24-20 [REDACTED]

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [REDACTED]

(Operations Lieutenant)

REG..... LN..... FN..... QTR...

89520-053	CONTRERAS	JHONNY	G10-779U
89579-053	LAMARCO	DANIEL	E10-576L

B-A___ C-A___ E-N___ E-S___1___ G-N___ G-S___1___
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 account. 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

* 07-24-2019
16:14:33

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89520-053	CONTRERAS	07-24-2019	G10-779U	UNASSG
0002		89579-053	LAMARCO	07-24-2019	E10-576L	FS WAREHOU

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 COUNT TIME: 4:00 PM
FROM: [Redacted] LOCATION: Atty-CONF.
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN HA	13.		
2.	78514-054	TARTAGLIONE ZA	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 1
I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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

* 07-24-2019
15:37:50

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	76318-054	EPSTEIN	07-24-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-24-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/24/2019
Count: 90 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7-24-19
Count: 5 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07-24-19
Count: 88 Time: 4:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AN Date: 7/24/19
Count: 92 Time: 4:00pm

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/24/19
Count: 67 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-24-19
Count: 78 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7-24-19
Count: 128 Time: 4:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 90 Time: 4:00pm

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

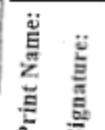
Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/24/19
Count: 75 Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYE Date: 07/24/2019
 Count: 2 Time: 4:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/24/19
 Count: 26 Time: 4:29 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: July 24, 2019
 Count: 105 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/24/19
 Count: 16 Time: 4:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AttY-CONF Date: 7/24/19
 Count: 2 Time: 4:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYE Date: 07/24/2019
 Count: 3 Time: 4:00 PM

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

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 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 I S I T			V O C U O T U N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	1	X	87	E-N
E-S	86	.	.	.	.	.	.	.	.	1	.	1	X	85	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	X	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	X	93	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	X	68	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2	772	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: ~~X~~
COUNT CLEARED TIME:

5410m
Jed Verbata 5440m

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 5:00 Am

FROM: 
(Staff Member Preparing Out Count)

LOCATION: town Dr

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056 Harrison	E-5	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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
04:56:25

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

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	07-24-2019	E08-557L	TWN DRIVER

G0000

TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 5:00

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

LOCATION: Hosp

APPROVED: [Redacted]
✓ (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86409-054	Bullock	SN	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: one

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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
04:53:01

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	07-24-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 7-24-19
 Count: 26 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: C-A / Date: 7/24/19
 Count: 10 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 7/24/19
 Count: 76 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 7-24-19
 Count: 1 / Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 7/24/19
 Count: 87 / Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 7/24/2019
 Count: 91 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA / Date: 7-24-19
 Count: 1 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS / Date: 7/24/19
 Count: 85 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 7/24/19
 Count: 93 / Time: 5:00 AM

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/24/19
 Count: 68 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7/24/19
 Count: 52 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Towson Date: 7/24/19
 Count: 1 Time: 5:00 AM

Print Name: M. Stewart
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-24-19
 Count: 138 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/24/19
 Count: 93 Time: 5:00 AM

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

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 I	S A N W I D I V	T R V I S I T O R S			V I S I T O R S	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	1	X	87 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	X	74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	|	0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	1	773	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:56
 Good Verbal: ~~E-Tan~~ 10:55

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-24-19

COUNT TIME: 1000 pm

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

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78107-054 English	EN	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 1 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

* 07-24-2019
21:11:53

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	78107-054	ENGLISH	07-24-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/24/19
Count: 26 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-24-19
Count: 86 Time: 1000PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/24/19
Count: 1 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/24/19
Count: 10 Time: 1000AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/24/19
Count: 74 Time: 10:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/2019
Count: 92 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-24-19
Count: 87 Time: 10AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7-24-19
Count: 91 Time: 1000AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AN Date: 7-24-19
Count: 92 Time: 10:00AM

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/24/19
 Count: 71 Time: 10:00 PM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date: 7-24-19
 Count: 138 Time: 10:00 PM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/24/19
 Count: 1 Time: 1000 PM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-24-19
 Count: 5 Time: 10:00 PM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

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 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 I S I T S			V I S I T S	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	1	.	X	85 E-S
G-N	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	X	68 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	776	.	.	.	.	.	1	.	.	.	.	1	.		775

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 12:49 am

Good Verbal @ 12:46 am

NYMBM 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
22:52:27

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	16520-055	DECAPUA	07-23-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-24-19

COUNT TIME: 12⁰¹ AM

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

LOCATION: Hosp

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055	Decagua 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 / 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.

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7.24.19
Count: 10 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BB Date: 7/24/19
Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HSP Date: 7/24/19
Count: _____ Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/24/19
Count: 77 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/24/19
Count: 85 Time: 12:41 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/24/19
Count: 88 Time: 12:02

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

Metropolitan Correctional Center
Official Count Slip

Unit: HR Date: 7/24/19
Count: _____ Time: 12:01

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/24/2019
Count: 93 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: _____ Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AA Date: 7/24/19
 Count: 93 Time: 12:01 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/24/19
 Count: 68 Time: 12:08 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-24-19
 Count: 38 Time: 10:14 AM

Print Name: _____
 Signature: _____

Print Name: M. Brown
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-24-19
 Count: 5 Time: 12:10 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
02:57:35

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	16520-055	DECAPUA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7-25-2019

COUNT TIME: 3:00 AM

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

LOCATION: H08p

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520055	Decapua 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.

Metropolitan Correctional Center
Official Count Slip

Unit: 783 Date: 7-25-19
Count: 88 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 85 Date: 7/25/2019
Count: 1 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EP Date: 7-25-19
Count: 85 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7/25/19
Count: 102 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: LIX Date: 7/25/19
Count: 42 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/25/19
Count: 74 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7/25/19
Count: 102 Time: 3:00 AM

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

MCC NEW-YORK
Official Count Slip

Unit: KA Date: 7/25/19
Count: 171 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7-25-19
Count: 88 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: SA Date: 7/25/19
 Count: 10 Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-25-19
 Count: 1 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-25-19
 Count: 26 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7-25-19
 Count: 1 Time: 3:00 AM

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

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU	VERIFY 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	TR N W	V I S					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	3	.	.	.	.	.	.	.	3	.	X	85	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	.	5	.	X	80	E-S
G-N	73	1	.	.	2	.	.	.	.	.	.	.	3	.	X	70	G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	.	1	.	X	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1	.	X	0	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	90	.	.	1	1	.	.	.	.	.	.	.	2	.	X	88	K-N
K-S	138	.	.	.	2	8	.	.	.	.	.	.	10	.	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	1	.	.	1	.	.	.	.	.	.	.	2	.	X	70	Z-A
Z-B	5	.	.	.	1	.	.	.	.	.	.	.	1	.	X	4	Z-B
TOTAL	771	3	.	1	11	13	.	.	.	.	.	.	28	.		743	

COUNT
VERIFY X XXXX

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:51

good verbal 4:44

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/25/19 COUNT TIME: 400pm
 FROM: [Redacted] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 68683-066	Clark	E-S	13. 79965-054	Thomas	K-S
2. 60685-050	Dockery	E-S	14.		
3. 51702-069	Estrada	K-S	15.		
4. 86535-054	Kamara	K-S	16.		
5. 50659-018	Kirk	E-S	17.		
6. 85976-054	Martinez	K-S	18.		
7. 86026-054	Merchant	K-S	19.		
8. 89673-053	Mersey	E-S	20.		
9. 86022-054	Reingoud	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	Thomas	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 5 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 8 R-A _____ Z-A _____ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
14:41:42

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	68683-066	CLARK	07-25-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-25-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-25-2019	K09-025U	FS PM
0004		86535-054	KAMARA	07-25-2019	K11-053U	FS PM
0005		50659-018	KIRK	07-25-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	07-25-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	07-25-2019	K12-061L	FS PM
0008		89673-053	MERSEY	07-25-2019	E12-592U	FS PM
						SUICIDE OR
0009		86022-054	REINGOUD	07-25-2019	K12-078U	FS PM
0010		08200-070	RENE	07-25-2019	E09-571U	FS PM
						LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	07-25-2019	K10-045U	FS PM
0012		79652-054	THOMAS	07-25-2019	K08-074U	FS PM
0013		79965-054	THOMAS	07-25-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 07-25-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [REDACTED]

(Operations Lieutenant)

REG..... LN..... FN..... QTR...

90325-053 LOPEZ LOUIS K03-118L

B-A___ C-A___ E-N___ E-S___ G-N___ G-S _1__

H-A___ I-N___ K-N_1_ 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 account. Prepare this form in ink. Group the inmates according to their respective
housing units. This is to be used only as an Out Count.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:40:48

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	90325-053	LOPEZ	07-25-2019	K03-118L	UNIT 11N UNIT 11NFS

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: 07-25-2019

Count Time: 4:00 pm

From: [Redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Redacted]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76276-054	CASTRO	RICHARD	E02-514U
06600-052	WILLIAMS	CURTIS	E06-542L
79984-054	GONZALEZ	RICO	E06-548L
64662-053	ZUBIATE	MIGUEL	G02-714L
79412-054	MILLER	RAHIEM	G06-742U
86164-054	CAVE	ETHAN	G07-753L
75954-054	GOSWAMI	VIJAY	K03-120L
85928-054	DAVIS	GARY	K08-022U
86260-054	MORA	KEVIN	K11-055U
79407-054	BLADES	CHRISTAN	Z02-203LAD
79471-054	SCHULTE	JOSHUA	Z07-301LAD

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

Total Out-Counted: 11

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:39:37

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	79407-054	BLADES	07-25-2019	Z02-203LAD	UNASSG
0002		76276-054	CASTRO	07-25-2019	E02-514U	UNASSG
0003		86164-054	CAVE	07-25-2019	G07-753L	UNASSG
0004		85928-054	DAVIS	07-25-2019	K08-022U	EDUCATION UNASSG
0005		79984-054	GONZALEZ	07-25-2019	E06-548L	UNASSG
0006		75954-054	GOSWAMI	07-25-2019	K03-120L	SUICIDE OR UNASSG
0007		79412-054	MILLER	07-25-2019	G06-742U	UNIT 7NFS
0008		86260-054	MORA	07-25-2019	K11-055U	UNASSG
0009		79471-054	SCHULTE	07-25-2019	Z07-301LAD	UNASSG
0010		06600-052	WILLIAMS	07-25-2019	E06-542L	UNASSG
0011		64662-053	ZUBIATE	07-25-2019	G02-714L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7-25-19

COUNT TIME: 400 PM

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

LOCATION: Atty

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76312-054	Epstein H-A	13.		
2.	90791-054	ELANSKY G-N	14.		
3.	78514-054	TARTAGIONE Z-A	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 1 G-S _____ H-A 1
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:36:23

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	90791-054	ELANSKY	07-25-2019	G01-703L	UNASSG
0002		76318-054	EPSTEIN	07-25-2019	H01-001L	UNASSG
0003		78514-054	TARTAGLIONE	07-25-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/27/19
 Count: 28 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/28/2019
 Count: 80 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IA Date: 7/28/19
 Count: 82 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/25/19
 Count: 10 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/25/19
 Count: 70 Time: 4 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW Date: 7/25/19
 Count: 88 Time: 4 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FA Date: 07-25-19
 Count: 85 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
 Count: 90 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

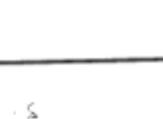
Unit: KZ Date: 7/25/2019
 Count: 120 Time: 4:00 PM

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/25/19
Count: 70 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: Z/B Date: 7-25-19
Count: 4 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

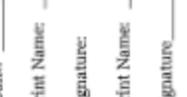
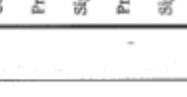
Metropolitan Correctional Center
Official Count Slip

Unit: FNY Date: 7/25/19
Count: 1 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

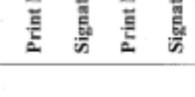
Metropolitan Correctional Center
Official Count Slip

Unit: Atty Date: 7-25-19
Count: 2 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: FNY Date: 7/25/19
Count: 1 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/29/19
Count: 13 Time: 4:00pm
Print Name: 
Signature: 
Print Name: 
Signature: 

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 &	S A	T R N	V I W				O C U O T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	88	E-N
E-S	86	.	.	.	.	.	1	.	.	.	1	.	2	.	84	E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	.	74	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	92	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	92	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	.	71	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2	.	772	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:43 AM

Good verbal 5:36 AM

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
05:04:46

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	16520-055	DECAPUA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-2019

COUNT TIME: 5⁰⁰ AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520055	Decapua BS	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.

530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
05:04:05

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

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	07-25-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

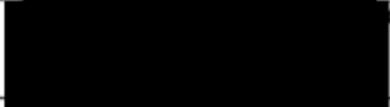
OFFICIAL OUT COUNT

DATE: 7-25-79

COUNT TIME: 5 AM

FROM:  _____
(Count)

LOCATION: G-3

APPROVED:  _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084056	Harrison	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.

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 7-25-19
 Count: 88 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6A Date: 7/25/19
 Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7-25-19
 Count: 74 Time: 5:00

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/25/19
 Count: 71 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-25-19
 Count: 26 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 7-25-19
 Count: 85 Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
 Count: 91 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 7B Date: 7-25-19
 Count: 5 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/25/19 Time: 5 PM

Count: 74

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-25-19 Time: 5:00AM

Count: 92

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/25/19

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-25-19 Time: 5:00AM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: WDP Date: 7/25/19 Time: 5:00 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/25/19 Time: 5:00 AM

Count: 138

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7-25-19 Time: 5:00AM

Count: 1

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

NEW YORK MCC
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	M S	R & D	S A N	T R N	V I S			OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	86	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	1	.	.	.	.	.	1	.		769

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:

~~X~~
[Redacted]
10:28

God Verbal 10:25

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-25-19

COUNT TIME: 1:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mersey 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
19:59:19

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	89673-053	MERSEY	07-25-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MCC NEW YORK
Official Count Slip

Unit: ZA Date: 7/25/19
Count: 74 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/25/19
Count: 26 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 07-25-19
Count: 87 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/25/19
Count: 10 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/25/19
Count: 90 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-25-19
Count: 5 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 7/25/2019
Count: 92 Time: 10:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/25/19
Count: _____ Time: 10:00 PM

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

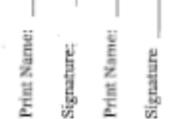
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-25-19
Count: 85 Time: 1000 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/25/19
 Count: 1 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/25/19
 Count: 70 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/25/19
 Count: 138 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
 Count: 91 Time: 10:00 PM

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

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	M S	R & D	S A N	T R W	V I S			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85	E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1	.		773	

COUNT VERIFY

OFFICIAL PREPARING COUNT: 

OFFICIAL TAKING COUNT: 

COUNT CLEARED TIME: 12:33 am

Gwd Verbal 12:33 am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-25-19

COUNT TIME: 12⁰¹ AM

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	<i>16520-055 Decapua</i>	<i>ES</i>	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.

I MCF 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
23:16:24

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT
GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	16520-055	DECAPUA	07-24-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/25/19
Count: 10 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/25/19
Count: 74 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: SN Date: 7/25/19
Count: 92 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/25/19
Count: 26 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CS Date: 7-25-19
Count: 85 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/25/19
Count: 1 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/25/19
Count: _____ Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 07-25-19
Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
Count: 91 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7-25-19
 Count: 92 Time: 18:01AM

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

MCC NEW YORK
Official Count-Slip

Unit: 2A Date: 7/25/19
 Count: 71 Time: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 7-25-19
 Count: 137 Time: 11:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7-25-19
 Count: 5 Time: 12:01AM

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

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	M S	R & D	S A N W	T R I S			V I S	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	1	.		769

COUNT VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 3:20 AM

Good Verbal 3:18 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19 COUNT TIME: 3:00 AM
FROM: [Redacted] LOCATION: HOSP.
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918054 GAMA-PINEDA	5N	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/19
Count: 92 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/26/19
Count: 90 Time: 3 A.M.

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 7/26/19
Count: 138 Time: 3:00 Am

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/26/19
Count: 86 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 91 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 70 Time: 3:00 AM

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

MCC NEW YORK
Official Count Slip

Unit: ZA Date: 7/26/19
Count: 74 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7/26/19
Count: 5 Time: 3:00A.M

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19
Count: 86 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19
 Count: 26 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/26/19
 Count: _____ Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/26/19
 Count: _____ Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19
 Count: 10 Time: 3:00

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU N T	VERIFY COUNT	COUNT AREA	
		A T T Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N W I D V	T R N W S I D T				
B-A	26	.	.	.	1	.	.	.	.	.	.	1	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	5	X	80	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	1	.	.	.	.	.	.	.	.	.	1	X	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	X	0	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	1	X	88	K-N
K-S	138	.	.	.	1	9	.	.	.	.	.	10	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	2	.	.	3	14	.	.	.	.	.	19		748	

COUNT VERIFY ~~X~~ ~~XX~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:01 pm

Good verbal: 4:50 pm

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
14:31:39

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	68683-066	CLARK	07-26-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-26-2019	E07-549U	FS PM
0003		86764-054	DUNCAN	07-26-2019	K12-065U	FS PM
						SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	07-26-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-26-2019	K11-053U	FS PM
0006		50659-018	KIRK	07-26-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-26-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-26-2019	K12-061L	FS PM
0009		89673-053	MERSEY	07-26-2019	E12-592U	FS PM
						SUICIDE OR
0010		86022-054	REINGOUD	07-26-2019	K12-078U	FS PM
0011		08200-070	RENE	07-26-2019	E09-571U	FS PM
						LAUNDRY 1
0012		85927-054	ROMERO-GRANADOS	07-26-2019	K10-045U	FS PM
0013		79652-054	THOMAS	07-26-2019	K08-074U	FS PM
0014		79965-054	THOMAS	07-26-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19 COUNT TIME: 400 pm
 FROM: [Redacted] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: _____
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 68683-066	Clark	E-S	13. 79965-054	Thomas	K-S
2. 86764-054	Duncan	K-S	14. 60685-050	Jockey	E-S
3. 51702-069	Estrada	K-S	15.		
4. 86535-054	Kamara	K-S	16.		
5. 50659-018	Kirk	E-S	17.		
6. 85976-054	Martinez	K-S	18.		
7. 86026-054	Merchant	K-S	19.		
8. 89673-053	Mersey	E-S	20.		
9. 86022-054	Reingold	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	Thomas	K-S	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: 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:45:12

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	86821-054	ARAMBUL	07-26-2019	B01-215U	UNASSG
0002		86975-054	EPPS	07-26-2019	K01-108U	UNASSG
0003		86819-054	SERRANO	07-26-2019	K10-046U	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: 07-26-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [REDACTED]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86821-054	ARAMBUL	DALIA	B01-215U
86975-054	EPPS	KEVIN	K01-108U
86819-054	SERRANO	JOE	K10-046U

B-A 1 C-A E-N E-S G-N G-S
H-A I-N K-N 1 K-S 1 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 is to be used only as an Out Count.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:14:09

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	76318-054	EPSTEIN	07-26-2019	H01-001L	UNASSG
0002		19735-104	MONES-CORO	07-26-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-26-19

COUNT TIME: 400pm

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

LOCATION: ATTY

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 19735-104	Mones-C	GIS	13.		
2. 76318-054	Epstein	HA	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 1 H-A 1
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.

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19
 Count: 10 Time: 4:30pm

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

53

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
 Count: 70 Time: 4pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7/26/19
 Count: 72 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-26-19
 Count: 25 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-26-19
 Count: 80 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IR Date: 26 July 2019
 Count: 93 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07-26-19
 Count: 87 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
 Count: 90 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7/26/19
 Count: 5 Time: 4pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6-N Date: 7/26/19
 Count: 88 Time: 4:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-26-19
 Count: 14 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K.S Date: 7/26/19
 Count: 128 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ATBY COMP Date: 7/26/19
 Count: 2 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FMS Date: 7/26/19
 Count: 3 Time: 4:00pm

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	VERIFY COUNT	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 D V	T R A N S I D V	V I S I T					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	86	.	.	.	.	.	.	.	.	.	1	.	1	.	X	85	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	1	.	2	.		768	

COUNT
VERIFY

OFFICIAL PREPARING COUNT:
 OFFICIAL TAKING COUNT:
 COUNT CLEARED TIME: 5:30pm
Lead verbal @ *5:30pm*

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 5:00 AM

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

LOCATION: FUNDRAISER

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084056 HARRISON	5S	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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 5:00 AM

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

LOCATION: HOSP.

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918054 GAMA-PINEDA	5A)	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19 Time: 5:00 AM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19 Time: 5:00 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: SN Date: 7/26/19 Time: 5:00 AM

Count: 70

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/26/19 Time: 5:00 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/26/19 Time: 5:00 AM

Count: 86

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019 Time: 5:00 AM

Count: 91

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

Metropolitan Correctional Center
Official Count Slip

Unit: H03P Date: 7/26/19 Time: 5:00 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19 Time: 5:00 AM

Count: 85

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/19 Time: 5:00 AM

Count: 92

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/26/19
 Count: 90 Time: 5 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 20 Date: 7/26/19
 Count: 5 Time: 5:00 A.M

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

MCC NEW YORK
Official Count Slip

Unit: 29 Date: 7/26/19
 Count: 74 Time: 5:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: TW DUT Date: 7/26/19
 Count: 1 Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6-5 Date: 7-26-19
 Count: 138 Time: 5:00 AM

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

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 D V	T R A N S I T I V T	V I S I T I O N S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1	.	X	84 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1	.		766

COUNT
VERIFY

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


10:51 PM

9/11 10:47 PM

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
20:12:36

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	78359-053	TISDALE	07-26-2019	E11-581U	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-26-19

COUNT TIME: 1:00 PM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053	Tisdale 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 _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: H4 Date: 7/26/19
Count: 1 Time: 12:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: H058 Date: 7/26/19
Count: 1 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19
Count: 26 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-26-19
Count: 84 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07-26-19
Count: 84 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19
Count: 10 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/2019
Count: 92 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 92 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 78 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 28 Date: 7-26-19
 Count: 5 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/26/19
 Count: 72 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-26-19
 Count: 138 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 07/26/19
 Count: 89 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 28 Date: 7-26-19
Count: 5 Time: 10:00

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/26/19
Count: 72 Time: 10:00

Print Name: _____
Signature: _____

Print Name: NOEL
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-26-19
Count: 18 Time: 10:00 AM

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 07/26/19
Count: 89 Time: 10:00 AM

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

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 I	S A N I T I V	T R A N S F E R	V I S I T I O N			O C C U P A T I O N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	.	1	.		769

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12⁴³ am

Good Verba/: 12⁴³ am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-26-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055	Decapua 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
20:01:42

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	16520-055	DECAPIA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19 Time: 12:01 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19 Time: 12:01

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: KOSP Date: 7/26/19 Time: 12:01

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/26/19 Time: 12 AM

Count: 90

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

Metropolitan Correctional Center
Official Count Slip

Unit: SA Date: 7/26/19 Time: 12:01 AM

Count: 88

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19 Time: 12:01 AM

Count: 85

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

Metropolitan Correctional Center
Official County Slip

Unit: IA Date: 7/26/19 Time: 12:01 AM

Count: 82

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

Metropolitan Correctional Center
Official-Count Slip

Unit: HA Date: 7/26/19 Time: 12:01

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019 Time: 12:01 AM

Count: 91

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7-26-19
 Count: 5 Time: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 7/26/19
 Count: 138 Time: 12:07 AM

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

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/26/19
 Count: 74 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/26/19
 Count: 90 Time: 12:11 AM

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

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 D I V	T R A N S F E R	V I S I T I O N			OC UO TU N		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	X	85	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1	.		766	

COUNT
VERIFY

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

~~X~~
[REDACTED]
3:33 AM

GOOD VERBAL:
3:27 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 3AM.

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

LOCATION: 11 North

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054 Davila, Armando	KN	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 1 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
04:08:21

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	07-27-2019	K05-133U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-27-19
Count: 26 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-27-19
Count: 1 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-27-19
Count: 1 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/27/15
Count: 70 Time: 3 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 7/27/14
Count: 85 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/27/19
Count: 87 Time: 7:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 7/27/19
Count: 72 Time: 3:00 AM
Print Name: M. Thomas
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date 7-27-19
Count: 93 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/27/2019
Count: 91 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-3 Date: 7-27-19
Count: 138 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: LB Date: 7-27-19
Count: 5 Time: 3:00AM

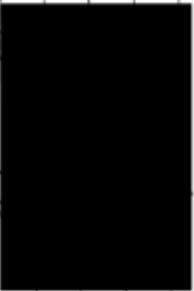
Print Name: NOEL
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/27/19
Count: 10 Time: 3:00

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



Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/27/19
Count: 88 Time: 3AM

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



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 D	T R V I T			V I S I T	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	5	1	.	.	.	.	6	.	X	79 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	1	.	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	138	.	.	.	.	9	.	.	.	.	.	9	.	X	129 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	1	.	.	.	14	1	.	.	.	.	16	.		751

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]

COUNT CLEARED TIME: 4:06pm
Good Verbal: 4:33pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/27/19 COUNT TIME: 400pm
 FROM: [Redacted] LOCATION: Foodservice
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 60685-050	Dockery	E-S	13. 79652-054	Thomas	K-S
2. 50659-018	Kirk	E-S	14. 79965-054	Thomas	K-S
3. 86026-054	Merchant	K-S	15.		
4. 86022-054	Reingoud	K-S	16.		
5. 08200-070	Rene	E-S	17.		
6. 77863-112	Bang	K-S	18.		
7. 01735-007	Sattan	K-S	19.		
8. 86764-054	Duncan	K-S	20.		
9. 68683-066	Clark	E-S	21.		
10. 51702-069	Estrada	K-S	22.		
11. 85976-054	Martinez	K-S	23.		
12. 89673-053	Mersey	E-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 5 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 9 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

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	██████████	07-27-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-27-2019	E12-593U	FS PM
0003		60685-050	DOCKERY	07-27-2019	E07-549U	FS PM
0004		86764-054	██████████	07-27-2019	K12-065U	FS PM SUICIDE OR
0005		51702-069	RSTRADA-RODRIGUEZ	07-27-2019	K09-025U	FS PM
0006		50659-018	KIRK	07-27-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-27-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-27-2019	K12-061L	FS PM
0009		89673-053	██████████	07-27-2019	E12-592U	FS PM SUICIDE OR
0010		86022-054	REINGOUD	07-27-2019	K12-078U	FS PM
0011		08200-070	RENE	07-27-2019	E09-571U	FS PM LAUNDRY 1
0012		01735-007	SATTAN	07-27-2019	K07-001L	FS AM
0013		79652-054	THOMAS	07-27-2019	K08-074U	FS PM
0014		79965-054	THOMAS	07-27-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 4:00

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.			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.

* NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
15:28:52

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	90370-053	██████████	07-27-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-27-19

COUNT TIME: 400pm

FROM: 

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76318-054</u>	<u>EPSTEIN</u>	<u>HA</u>	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

* 07-27-2019
15:21:57

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	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 79 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7-27-19
Count: 70 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 7.27.19
Count: 1 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/27/19
Count: 129 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7/27/19
Count: 72 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7.27.19
Count: 1 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/27/2019
Count: 88 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/27/2019
Count: 93 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/27/19
Count: 87 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 28 Date: 7-27-19
Count: 5 Time: 4:00 am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-27-19
Count: 14 Time: 4:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Date: 7-27-19
Count: 1 Time: 4:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-27-19
Count: 10 Time: 4⁰⁵ pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

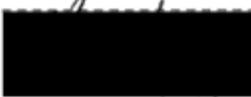
Unit: DA Date: 7-27-19
Count: 26 Time: 4:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 4:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F N Y	H O S	M S	R S	S & A	T R A	V I S			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1	.		766

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 5:27 A

Good rec'd!
5:25 A

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 5:00 AM

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

LOCATION: 11 NORTH

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	DANILA	KN	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 1 _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-27-19
Count: 26 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN 1 Date: 7/27/19
Count: 87 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 5:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7-27-19
Count: 1 Time: 5:00A

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 85 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TNS Date: 7-27-19
Count: 93 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-27-19
Count: 1 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/27/19
Count: 10 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/27/19
Count: 70 Time: 5 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EB Date: 7.24.2019
 Count: 5 Time: 5:00am
 Print Name: Noel
 Signature: [Signature]
 Print Name: [Redacted]
 Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7/27/19
 Count: 72 Time: 5:00AM
 Print Name: McGowan
 Signature: [Signature]
 Print Name: [Redacted]
 Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 7.27-19
 Count: 130 Time: 5:00AM
 Print Name: [Redacted]
 Signature: [Redacted]
 Print Name: [Redacted]
 Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/27/19
 Count: 88 Time: 5.A.M.
 Print Name: [Redacted]
 Signature: [Redacted]
 Print Name: [Redacted]
 Signature: [Redacted]

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

COUNT AREA	CENSUS	OUTCOUNT SECTION										OC TU	VERIFY 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	TR N W				V I S
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	4	.	.	.	.	.	1	5	X	80 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1	X	0 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	138	.	.	.	.	16	.	.	.	.	.	.	16	X	122 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	1	.	.	.	.	.	.	.	.	.	.	1	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	2	.	.	.	20	.	.	.	.	.	1	23		744

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:



10:30A
GV 10:21A

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 07/27/2019

Time 10:00 AM

Location: F/S

Staff supervising count [REDACTED]

Operations Lieutenant's Approval

REG. NO.	LAST NAME/ FIRST	UNIT	REG. NO.	NAME	UNIT
79196-054	KOURANI, ALI	KS			
01558-112	MANSON, ERIC	KS			
86074-054	OCHOA, OVIDEO	KS			
79752-054	RIVERO, RICARDO	KS			
76149-054	PRICE, GREGORY	KS			
85771-054	MILLER, DARREN	KS			
86024-054	MONASTERIO, LUIS	KS			
85571-054	SALEH, REDHWAN	KS			
11714-052	TABOADA, RICARDO	KS			
01735-007	SATTAN, HAROLD	KS			
61876-054	JOHNSON, JAMAL	KS			
06303-082	RIVERA, LUIS	KS			
41682-054	CARABELLO, FRED	KS			
29116-379	ACOSTA, LINCOLN	KS			
90649-054	PENA, EDWARD	KS			
24772-057	VALENZUELA, RAMON	KS			
15657-179	GONZALES, OSMAR	ES			
57297-083	BUCHANAN, JOHN	ES			
79793-054	FERRER, GREGORY	ES			
63274-037	WARE, CRAIG	ES			

Total Count For Department: 20

B-A _____ C-A _____ E-N _____ E-S 4 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 16 R-A _____ Z-A _____ Z-B _____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an out-count form.

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:31:52

CATEGORY: OCT
ASSIGNMENT: VISIT

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	21066-014	HAILEY	07-27-2019	E08-564U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-27-19 COUNT TIME: 10:00 AM
FROM: [Redacted] LOCATION: Atty
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78514-054	TARTAGLIONE ZA	13.		
2.	76312-054	EPSTEIN HA	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 1
I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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.

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:35:37

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	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: SV Date: 7-27-19
 Count: 1 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/27/19
 Count: 25 Time: 10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/27/2019
 Count: 20 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7/27/19
 Count: 10 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Ally Date: 7-27-19
 Count: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/27/2019
 Count: 89 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 20 Date: 7-27-19
 Count: 5 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-27-19
 Count: 10 Time: 10:00 AM

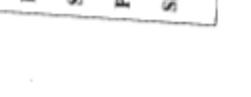
Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

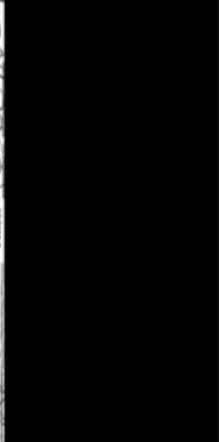
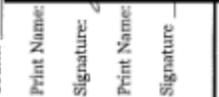
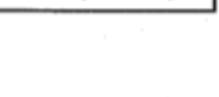
Unit: GN Date: 7/27/19
 Count: 70 Time: 10 AM

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

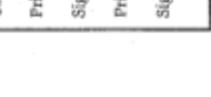
Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91
Print Name: 
Signature: 
Print Name: 
Signature: 

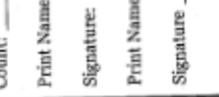
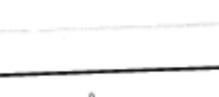
Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-27-19
Count: 122 Time: 10:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 7-27-19
Count: 93 Time: 10:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07/27/2019
Count: 80 Time: 10:00 am
Print Name: 
Signature: 
Print Name: 
Signature: 

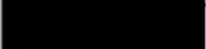
Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07/27/2019
Count: 87 Time: 10:00 am
Print Name: 
Signature: 
Print Name: 
Signature: 

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIF Y	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 I V	T R V I S I T S	V O O T I N G				
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1	X	84	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	88	.	.	.	.	.	1	.	.	.	.	.	1	X	87	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	.	.	.	.	.	2	.	.	.	.	.	2	765		

COUNT
VERIFY

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

Good verbal:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 10⁰⁰ pm

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	84673-053	MERSEY ES	13.		
2.	27758-050	Manhæe KN	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 1 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

* 07-27-2019
21:34:43

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	25768-050	MARTINEZ	07-27-2019	K01-101U	UNASSG
0002		89673-053	MERSEY	07-27-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7.27.19
Count: 2 Time: 11:20am

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



Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7.27.19
Count: 2 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7.27.19
Count: 26 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 84 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7-27-19
Count: 87 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 9/27/19
Count: 10 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/27/2019
Count: 93 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/1/2019
Count: 96 Time: 10:00AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7-27-19
Count: 70 Time: 10:00am

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



Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7-27-19
 Count: 72 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/2019
 Count: 87 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7-27-19
 Count: 5 Time: 10:00pm

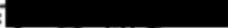
Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7-27-19
 Count: 138 Time: 10:00pm

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S S	H O S	M S	R &	S A	T R N			V I W	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	1	.	85	84 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	70	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	91	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	93	93 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	138	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	72	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	1	.		766
COUNT VERIFY							1								

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 12:00am

Count Verbal: 12:00am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-27-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053 Tisdale	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.

NYMFO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
23:21:59

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	78359-053	TISDALE	07-26-2019	E11-581U	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/27/19
Count: 70 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/27/19
Count: 70 Time: 12 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/27/2019
Count: 70 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-27-19
Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 84 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7-27-19
Count: 1 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7-27-19
Count: 1 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/27/19
Count: 87 Time: 12:01

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/27/19
 Count: 12 Time: 10:15 AM
 Print Name: M. Thomas
 Signature: [Signature]
 Print Name: [Redacted]
 Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7/27/19
 Count: 5 Time: 12:00 AM
 Print Name: [Redacted]
 Signature: [Redacted]
 Print Name: Abel
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: 89 Date: 7/27/19
 Count: 89 Time: 12:01 AM
 Print Name: [Redacted]
 Signature: [Redacted]
 Print Name: [Redacted]
 Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 138 Date: 7-27-19
 Count: 138 Time: 12:01 AM
 Print Name: [Redacted]
 Signature: [Redacted]
 Print Name: [Redacted]
 Signature: [Redacted]

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU N T	VERIFY 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 I V	T R N W S I T				V I S I T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	3	1	.	.	.	.	.	4	X	81 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	.	1	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	137	1	.	.	.	8	.	.	.	.	.	.	9	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	2	.	.	.	11	1	.	.	.	.	.	14		753

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbal: 4:36¹⁰ 12¹²
12m

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/2019

COUNT TIME: 4:00pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 90370-053	Chan	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
15:52:54

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	90370-053	CHAN	07-28-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/19 COUNT TIME: 4:00pm
 FROM: [REDACTED] LOCATION: Att'y Conf
(Staff Member Preparing Out Count)
 APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85942-054	Cararez KS	13.		
2.	76318-054	Epstein HA	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 1
 I-N _____ K-N _____ 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
15:51:21

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	85942-054	CAZAREZ	07-28-2019	K10-046L	UNASSG
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 26 Date: 7-28-19
Count: 5 Time: 4:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 7/28/19
Count: 11 Time: 9:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/28/2019
Count: 91 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 153 Date: 7-28-19
Count: 128 Time: 4:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ATY Date: 7/28/19
Count: 2 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07/28/2019
Count: 1 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 21 Date: 7/25/19
Count: 73 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 16N Date: 7-28-19
Count: 88 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 7-28-19
Count: 70 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/28/19
Count: 93 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: B-A Date: 7/28/19
Count: 26 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 7/28/19
Count: 87 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-28-19
Count: 10 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ADP Date: 7/28/19
Count: _____ Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: A-A Date: 7/28/19
Count: _____ Time: 4:00pm

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

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 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 D	T R V I S I T			V I S I T	OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85	E-S
G-N	70	1	.	.	.	.	.	.	.	.	.	.	1	X	69	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	.	1	X	1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	88	1	.	.	.	.	.	.	.	.	.	.	1	X	87	K-N
K-S	137	.	.	.	.	14	2	.	.	.	.	.	16	X	121	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	3	.	.	.	14	2	.	.	.	.	.	19		748	

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 10:42 A.M.



GOOD VERBAL: 10:20 AM

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	76235-054	JIMENEZ-GONZALEZ	07-28-2019	K09-031U	FS AM
0002		61876-054	JOHNSON	07-28-2019	K11-053U	FS AM
0003		79196-054	KOURANI	07-28-2019	K07-008L	FS AM
0004		01558-112	MANSON	07-28-2019	K08-016L	FS AM
0005		85771-054	MILLER	07-28-2019	K11-054L	FS AM
						SUICIDE OR
0006		86024-054	MONASTERIO	07-28-2019	K08-074L	FS AM
0007		90649-054	PENA	07-28-2019	K09-031L	FS PM
0008		06303-082	RIVERA	07-28-2019	K11-055U	FS AM
0009		79752-054	RIVERO	07-28-2019	K08-019U	FS AM
0010		85571-054	SALEH	07-28-2019	K08-020U	FS AM
0011		01735-007	SATTAN	07-28-2019	K07-001L	FS AM
0012		86023-054	SUCRE	07-28-2019	K08-013U	FS AM
						UNASSG
0013		11714-052	TABOADA	07-28-2019	K11-052L	FS AM
0014		24772-057	VALENZUELA-LIZARRAG	07-28-2019	K08-024L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/28/19 COUNT TIME: 10 A.M.
 FROM: [REDACTED] LOCATION: HOSP
 (Staff Member Preparing Out Count)
 APPROVED: [REDACTED] (Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86764-054 Duncan	KS	13.		
2.	86768-054 McDuffie	KS	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 2 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:28:35

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	86764-054	DUNCAN	07-28-2019	K12-065U	FS PM SUICIDE OR
0002		86768-054	MCDUFFIE	07-28-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

07/28/19

COUNT TIME:

10:00Am

FROM:



(Staff Member Preparing Out Count)

LOCATION:

Atty CONF

APPROVED:



(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86943 -054	MACK	13.		
2.	85984 -054	CABA BATISA	14.		
3.	76318 -054	Epstein	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 1 G-S _____ H-A 1
I-N _____ K-N 1 K-S _____ 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:38:57

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	85984-054	CABA BATISTA	07-28-2019	K03-123U	UNIT 11N
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG
0003		86943-054	MACK	07-28-2019	G05-737U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7-28-19 Time: 10AM

Count: 73

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

Metropolitan Correctional Center
Official Count Slip

Unit: B-A Date: 7/28/19 Time: 10:00AM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/28/19 Time: 10:00

Count: 87

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 7/28/19 Time: 10 am

Count: 14

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

Metropolitan Correctional Center
Official Count Slip

Unit: Hay Date: 7/28/19 Time: 10:00 AM

Count: 2

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/28/19 Time: 10:00am

Count: 85

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ATTY CONT Date: 7/28/19 Time: 10:00AM

Count: 3

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/28/19 Time: 10:00 AM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-28-19 Time: 10:00 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 7-28-19 Time: 10:00 A.M.

Count: 93

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/28/19 Time: 1000AM

Count: 69

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/28/2019 Time: 10:00 AM

Count: 91

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/28/19 Time: 10 A.M.

Count: 121

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 7-28-2019 Time: 10:00AM

Count: 87

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 7-28-19 Time: 10:00 AM

Count: 5

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

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

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 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	T R V I S I T V	V I S I T V					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1	.	X	84	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	137	.	.	.	.	.	.	.	.	.	.	.	.	.	X	137	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1	.		766	

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:



10:42pm

Good Verbal: 10:34pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07/28/2019

COUNT TIME: 10:00 PM

FROM: [REDACTED]

LOCATION: HOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	MERSEY	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
20:42:58

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	89673-053	MERSEY	07-28-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 7/28/19 / Time: 10:00 PM

Count: 87

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N / Date: 7.28.19 / Time: 10:00 PM

Count: 70

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW / Date: 07/28/2019 / Time: 10 PM

Count: 88

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date: 7-28-19 / Time: 10:00 PM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 7/28/2019 / Time: 10:00 PM

Count: 90

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 7-28-19 / Time: 10:00 PM

Count: 93

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 7/28/19 / Time: 10:00 PM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 07/28/2019 / Time: 10:00 PM

Count: 84

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

Metropolitan Correctional Center
Official Count Slip

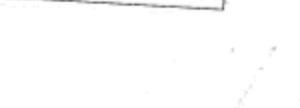
Unit: HA / Date: 7/28/19 / Time: 10:00 PM

Count: 2

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

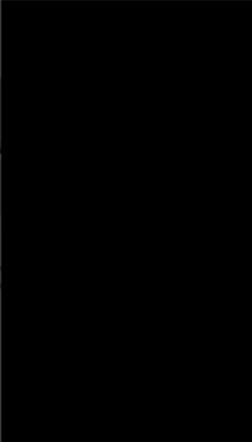
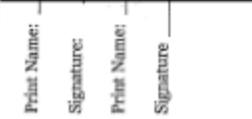
Metropolitan Correctional Center
Official Count Slip

Unit: 65 Date: 7-28-19
 Count: 137 Time: 10:00

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

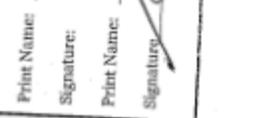
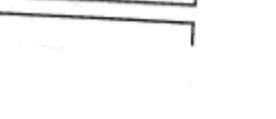
Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7/28/19
 Count: 5 Time: 10am

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: Z-P Date: 7-28-19
 Count: 74 Time: 10:00

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/28/19
 Count: 1 Time: 6:00 p.m.

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Corr
Off.

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 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 I V	T R V S T			V I S I T	OC UO TU N
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85 E-N
E-S	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.	|	0 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	|	0 R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	.	.	.	.	.	.	.		760

COUNT
VERIFY

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



4/11am

GOOD VERBAL: 351am

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 7/31/19
Count: 85 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date: 7/31/19
Count: 10 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7-31-19
Count: 25 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 07-31-19
Count: 90 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/31/19
Count: 69 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: E-5 Date: 07/31/19
Count: 84 Time: 03:00

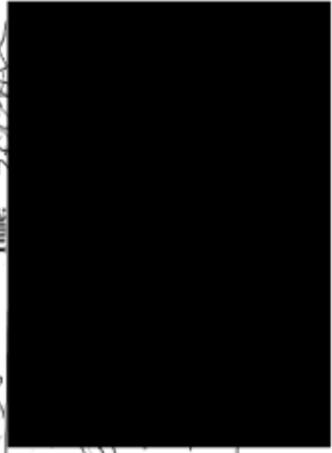
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7-31-19
Count: 138 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/31/19
Count: 92 Time: 3:00 AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 7/31/19

Count: 91

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date: 7/31/19

Count: 5

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 7/31/19

Count: 69 Time: 3:00am

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE:

7/31/19

COUNT TIME:

4:00 pm

FROM:

[Redacted] (Preparing Out Count)

LOCATION:

Sani

APPROVED:

[Redacted] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	56431-479	Laure BA	13.		
2.	76049-054	Carillo BA	14.		
3.	76187-054	Dreiksenq BA	15.		
4.	85954-054	Nazina BA	16.		
5.	86411-054	Roberts BA	17.		
6.	76261-054	MAKsimovic BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A 6 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: 6

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.

CATEGORY: OCT
ASSIGNMENT: SANI

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	07-31-2019	B01-202L	COMMISSARY UNASSG
0002		76187-054	DREIKSENA	07-31-2019	B01-218L	COMMISSARY
0003		56431-479	LAURE-TESTISTECO	07-31-2019	B01-202U	COMMISSARY
0004		76261-054	MAKSIMOVIC	07-31-2019	B01-218U	UNASSG
0005		85954-054	NAZINA	07-31-2019	B01-219U	COMMISSARY
0006		86411-054	ROBERTS	07-31-2019	B01-201L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-31-19
 FROM: [REDACTED]
 APPROVED: [REDACTED]
 (Operations Lieutenant)

COUNT TIME: 400pm
 LOCATION: F/S

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13.		
2. 68683-066	Clark	E-S	14.		
3. 60685-050	Dockery	E-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. 85927-054	Romero	K-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 9 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.

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
14:30:17

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	07-31-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-31-2019	E12-593U	FS PM
0003		60685-050	DOCKERY	07-31-2019	E07-549U	FS PM
0004		51702-069	ESTRADA-RODRIGUEZ	07-31-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	07-31-2019	K07-007L	FS PM
0006		86535-054	KAMAKA	07-31-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-31-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-31-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-31-2019	K12-061L	FS PM
0010		85927-054	ROMERO-GRANADOS	07-31-2019	K10-045U	FS PM
0011		79652-054	THOMAS	07-31-2019	K08-074U	FS PM
0012		79965-054	THOMAS	07-31-2019	K10-044L	FS PM

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: 07 31 2010

Count Time: 4:00 pm

From:

[Redacted]

Location: FNYE

(Staff Member Supervising Inmates)

Approved:

[Redacted]

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
83053-053	BROWN	MICHAEL	G01-705U
91200-053	PEREZ	SANC HUGO	K04-132U

B-A ___ C-A ___ E-N ___ E-S ___ G-N 1 G-S ___
H-A ___ I-N ___ K-N 1 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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
15:50:12

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	83053-053	BROWN	07-31-2019	G01-705U	UNASSG
0002		91200-053	PEREZ SANCHEZ	07-31-2019	K04-132U	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: 07 31 2010
From: [Redacted]
(Staff [Redacted] Counting Inmates)
Approved: [Redacted]
(Operations Lieutenant)

Count Time: 4:00 pm

Location: FNYS

REG..... LN..... FN..... QTR.....

66471-054 BANKS JAMIE G11-783U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
15:50:46

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	66471-054	BANKS	07-31-2019	G11-783U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

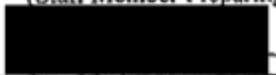
OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 4⁰⁰ pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053 Araujo	FN	13.		
2.	76318-054 Epstein	TA	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 1 C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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

* 07-31-2019
15:34:37

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	91126-053	ARAUJO	07-31-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	07-31-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7/31/19 -
Count: 10 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 7/31/19 -
Count: 18 - Time: 4:50 pm -

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Aty - Date: 07/31/19 -
Count: 2 - Time: #106 pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 7/31/19 -
Count: 18 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 7/31/19 -
Count: 87 - Time: 4:00 -

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

Metropolitan Correctional Center
Official Count Slip

Unit: SANI - Date: 7/31/19 -
Count: 10 - Time: 4:00 -

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date: 7/31/19 -
Count: 1 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 7/31/19 -
Count: 74 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW - Date: 3/30/2019 -
Count: 88 - Time: 4:00pm -

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

Metropolitan Correctional Center
Official Count Slip

Unit: FAYE Date: 7/31/19
Count: 82 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FAYS Date: 7/31/19
Count: 81 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-31-19
Count: 12 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07-31-19
Count: 84 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 07-31-19
Count: 69 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/31/19
Count: 79 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZP Date: 7/31/19
Count: 5 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/31/2019
Count: 91 Time: 4:00 PM

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

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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N D	T R N W			V I S I T	O C U O T U
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	84	.	.	.	.	.	.	.	.	1	.	1	.	X	83 E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	.	.	.	1	.	1	.		759

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 6:12 AM

clock started: 6:04 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 5:00 PM

FROM: [REDACTED]
(Out Count)

LOCATION: TNWDUR

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.			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.

NYMFM 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
06:22:40

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	07-31-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: C-A / Date: 7-31-19
Count: 10 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 7/31/19
Count: 69 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date: 7/31/19
Count: 5 / Time: 5:30

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA / Date: 7-31-19
Count: 1 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 07/31/19
Count: 83 / Time: 0500p

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 7/31/2019
Count: 90 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 7-31-19
Count: 25 / Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 7/31/19
Count: 84 / Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 7/31/19
Count: 92 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW / Date: 7/31/19
 Count: 91 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A / Date: 7/31/19
 Count: 69 / Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: INWARD / Date: 7/31/19
 Count: 1 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 7-31-19
 Count: 138 / Time: 5:00 AM

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

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S	O C U O T U
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	1	.	.	.	.	.	1	X	141 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 1044

good verbal 1041 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

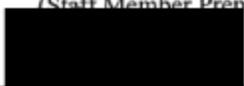
OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 1:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: ADSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054 Weber	KS	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 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
21:15:34

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	85377-054	WEBER	07-31-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 07/31/19
Count: 84 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/31/19
Count: 10 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 07/31/19
Count: 70 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/31/2019
Count: 92 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: LS Date: 7/31/19
Count: 14 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/31/19
Count: 25 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-31-19
Count: 82 Time: 1:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/31/2019
Count: 89 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/31/19
Count: 1 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/31/19
 Count: 73 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 4D Date: 2/12/2019
 Count: 90 Time: 5:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/31/19
 Count: 1 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 7B Date: 7-31-19
 Count: 5 Time: 12:00 PM

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFI 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	T R V I S I T S			V I S I T S	OC UO TU
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85 E-N
E-S	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.	—	0 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	—	0 R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	.	.	.	.	.	.	.		760

COUNT
VERIFY

OFFICIAL PREPARING COU
OFFICIAL TAKING COU
COUNT CLEARED TI



10/20/19

Good van bolts 12/20/19

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 7/31/19 Time: 12:01AM

Count: 85

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/31/19 Time: 12:01AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/31/19 Time: 12:01AM

Count: 28

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-3 Date: 7-31-19 Time: 12:01AM

Count: 012

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

Metropolitan Correctional Center
Official Count Slip

Unit: E-3 Date: 7/31/19 Time: 0001

Count: 84

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 7/31/19 Time: 12:01AM

Count: 69

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 7-31-19 Time: 12:01

Count: 138

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 07-31-19 Time: 12:01AM

Count: 01

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/31/19 Time: 12:01AM

Count: 98

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

Metropolitan Correctional Center

Official Count Slip

Unit: ZB Date: 7-31-19

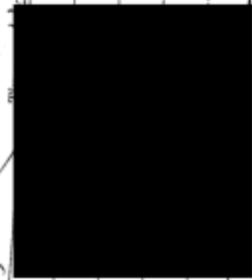
Count: 5

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: 65 Date: 7/31/19

Count: 120

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



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	M S	R &	S A	T R N W S	V I D I T			OC UO TU
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	X	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 3:36 AM

GOOD VERBAL: 3:35 AM

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
03:16:25

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	85918-054	GAMA-PINEDA	08-01-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 3:00 AM

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

LOCATION: H-8

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 Gamma-Pineda	E-N	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: E-N Date: 8-01-2019
Count: 83 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/19
Count: 92 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZH Date: 8-1-19
Count: 73 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

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

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8-1-19
Count: 70 Time: 3 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/1/19
Count: 5 Time: 2:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-1-19
Count: 25 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/1/19
Count: _____ Time: 3:00 AM

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

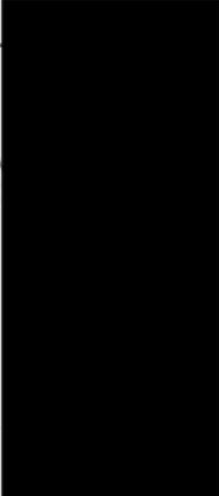
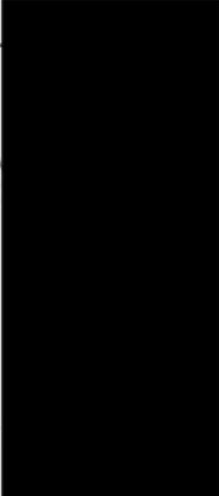
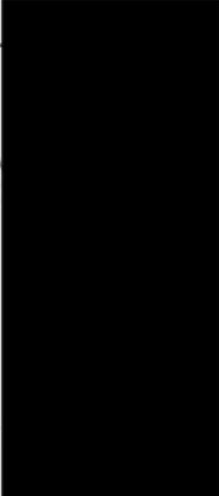
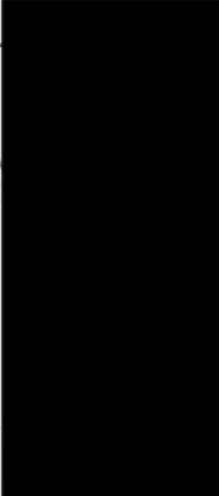
Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/1/19
Count: 89 Time: 3:00 AM

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

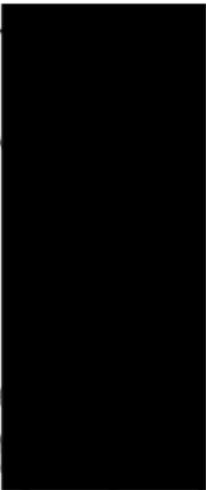
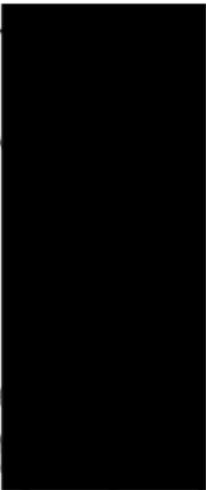
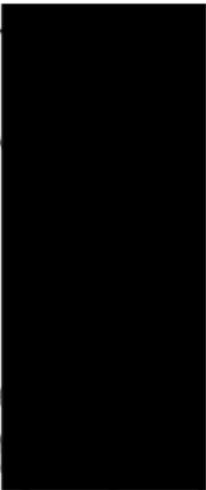
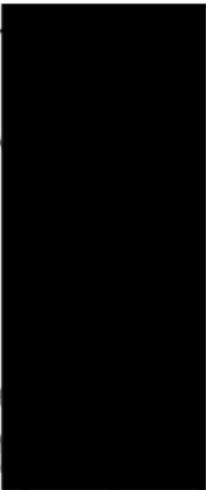
Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/1/19
 Count: 147 Time: 3:00 AM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

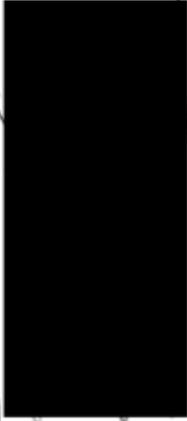
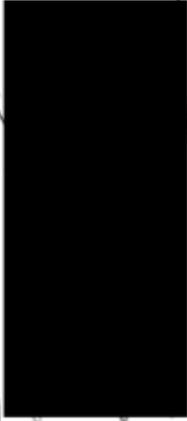
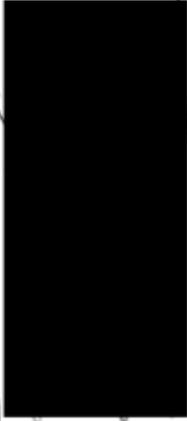
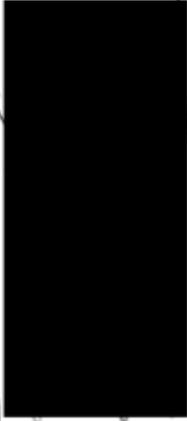
Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/1/19
 Count: 90 Time: 3:00 PM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HoSP Date 8-1-19
 Count: 1 Time: 3:00 PM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8-1-19
 Count: 1 Time: 3:00 PM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY 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 W			V I S	OC UO TU
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	1	.	.	.	.	.	.	1	.	X	83 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	.	X	75 E-S
G-N	71	.	.	1	.	.	.	.	.	.	.	1	.	X	70 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	2	.	1	.	.	.	.	.	.	.	3	.	X	85 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	1	11	1	.	.	.	.	13	.	X	129 K-S
R-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	2	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	4	.	2	2	14	1	.	.	.	.	23	.		738

COUNT VERIFY X X X X X

OFFICIAL PREPARING COUNT [REDACTED]
OFFICIAL TAKING COUNT [REDACTED]
COUNT CLEARED TIME: 456

good verbal 439

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-1-19

COUNT TIME: 4:00pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 89771-054	Miller	KS	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.

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: 07-31-2019

Count Time: 4:00 pm

From:



(Staff Member Supervising Inmates)

Location: FNYE

Approved: _____



(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76539-067	MARRERO	NORMAN	G01-704U
39715-013	WEBSTER	MARK	I01-904L

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

Total Out-Counted: 02

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
15:38:19

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	76539-067	MARRERO	08-01-2019	G01-704U	UNASSG
0002		39715-013	WEBSTER	08-01-2019	I01-904L	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: 07-31-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86553-054	TAVARES-BR	YIRAN	E03-517U
68283-054	WILLIAMS	KARLIEK	K12-071U

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

Total Out-Counted: 02

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
16:55:56

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYS

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86553-054	TAVARES-BRITO	08-01-2019	E03-517U	UNASSG
0002		68283-054	WILLIAMS	08-01-2019	K12-071U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/1/19 COUNT TIME: 400 PM
 FROM: [REDACTED] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: _____
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 79965-054	Thomas	K-S
2. 68683-066	Clark	E-S	14. 01735-007	Sattan	K-S
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. 86026-054	Merchant	K-S	20.		
9. 86022-054	Reingoud	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	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: 14

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.

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
14:28:39

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	08-01-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-01-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-01-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-01-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-01-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-01-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-01-2019	E07-556U	FS PM
0008		86026-054	MERCHANT	08-01-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-01-2019	K12-078U	FS PM
0010		08200-070	RENE	08-01-2019	E09-571U	FS PM LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	08-01-2019	K10-045U	FS PM
0012		01735-007	SATTAN	08-01-2019	K07-001L	FS AM
0013		79652-054	THOMAS	08-01-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-01-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 4:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Atty Conf

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053	ARAUJO	IN	13.	
2.	86019-054	Myrie	IN	14.	
3.	76318-054	Epstein	ZA	15.	
4.	78514-054	TAR TAGLIONE	ZA	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-N _____ H-A _____
 I-N 2 K-N _____ K-S _____ R-A _____ T-A 2 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
15:50:29

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	91126-053	ARAUJO	08-01-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-01-2019	Z04-206LAD	UNASSG
0003		86019-054	MYRIE	08-01-2019	I03-922U	UNASSG
0004		78514-054	TARTAGLIONE	08-01-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-27-19
Count: 83 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: Aug 7, 2019
Count: 10 Time: 4:58pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 08/01/19
Count: 18 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019
Count: 88 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/1/19
Count: 70 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/1/19
Count: 25 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KV Date: 8-2-2019
Count: 89 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: JA Date: 8-1-2019
Count: 85 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 08/01/19
Count: 4 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 24 Date: 8/1/19
 Count: 26 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FNYS Date: August 1, 2019
 Count: _____ Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6A Date: August 2, 2019
 Count: 02 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2D Date: 8/1/19
 Count: 5 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: AK4 Date: 8/1/19
 Count: 4 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K9 Date: 8/1/2019
 Count: 129 Time: Hi Noon

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

Metropolitan Correctional Center
Official Count Slip

Unit: FNYS Date: August 1, 2019
 Count: _____ Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: FJS Date: 8-1-19
 Count: 14 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HDS Date: 08/01/19
 Count: _____ Time: 4:00 PM

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

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 D I V	T R V I S I T O R S	V I S I T O R S			OC UO TU N	
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	.	X	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	1	.	1	.	X	81 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2	.		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:



5:48am

GOOD VERBAL: 5:47am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/1/19 COUNT TIME: 5:00 AM
 FROM: [Redacted] LOCATION: Town Dr
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	7084-056 Harrison	E-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 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/11/19

COUNT TIME:

5:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

Doc

APPROVED:



(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	Gama-Pinoda E-N	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.

NYMA7 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
05:09:07

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	85918-054	GAMA-PINEDA	08-01-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: GS-01-2019 Date: 8/1/19
Count: 89 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019
Count: 89 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/1/19
Count: 5 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/1/19
Count: 6 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-1-19
Count: 70 Time: 5 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/19
Count: 96 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-1-19
Count: 25 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date: 8/1/19
Count: 81 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/1/19
Count: 89 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/1/19
 Count: 142 Time: 5:00 AM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-1-19
 Count: 1 Time: 5:00 AM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

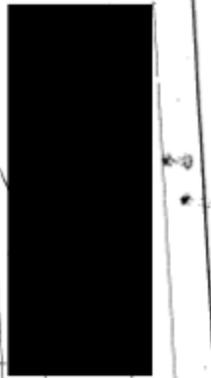
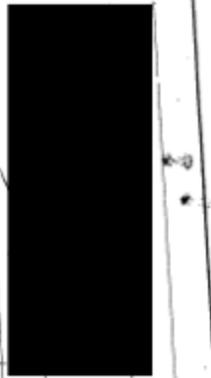
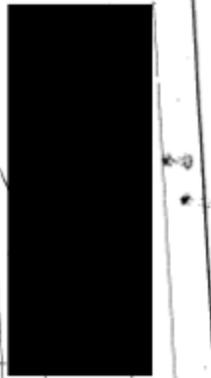
Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-1-19
 Count: 1 Time: 5:00 AM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

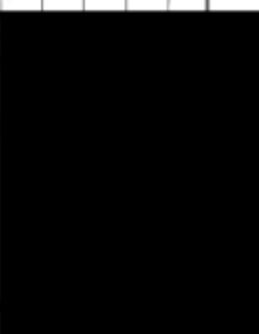
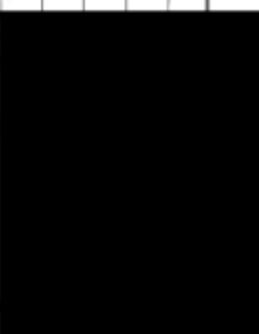
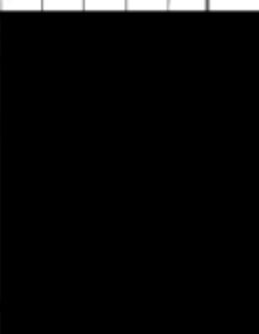
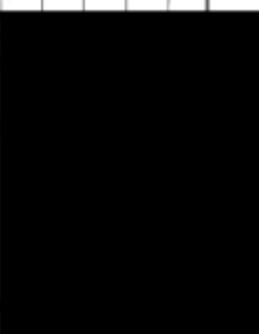
Metropolitan Correctional Center
Official Count Slip

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

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: ZAS Date: 8/01/2019
 Count: 76 Time: 5:00 AM

Print Name: 
 Signature: 
 Print Name: 
 Signature: 

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	M S	R & D	S A N W I D V	T R V S T			V O U T N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	1	.	X	77 E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	X	145 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	.	1	.		765

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 10:55 PM

Good Verbal: 10:51 P.M. Jy

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 10:00 pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053 TISPHE	SS	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.

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/1/19
Count: 5 Time: 10:20am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/1/19
Count: 76 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: J-N Date: 08-01-19
Count: 88 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/1/19
Count: 27 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-01-19
Count: 87 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/1/2019
Count: 145 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/1/19
Count: 1 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: Asp Date: 8/1/19
Count: 1 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/2019
Count: 90 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/1/19

Count: 10

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/1/19

Count: 26

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019

Count: 89 Time: 1000h

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-1-19

Count: 21

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D I	S A N I D I V	T R V S T			V I S I T T	OC UO TU N
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	1	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	1	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	1	.	1	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	1	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	1	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	1	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	1	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	1	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	1	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	1	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	1	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	1	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	1	.		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 1:08 am

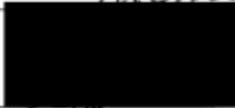
Good Verbal 1:10 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
 (Preparing Out Count)

LOCATION: Hosp

APPROVED:  (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86831-054	Rodriguez EN	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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
22:51:51

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	86831-054	RODRIGUEZ	07-31-2019	E04-525L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/11/19 Time: 12:01 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/11/19 Time: 12:01 AM

Count: 25

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

Metropolitan Correctional Center
Official Count Slip

Unit: HSP Date: 8/11/19 Time: 12:01 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-70 Date: 8/11/19 Time: 12:01 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: E-8 Date: 08/10/2019 Time: 12:01 AM

Count: 02

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08/11/2019 Time: 12:01 AM

Count: 83

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/11/19 Time: 12:01 AM

Count: 09

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/11/19 Time: 12:01 AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/11/19 Time: 12:01 AM

Count: 48

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/19 Time: 10:10 AM

Count: 90

Print Name: 

Signature: 

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/1/2019 Time: 7:31

Count: 73

Print Name: 

Signature: 

Print Name: _____

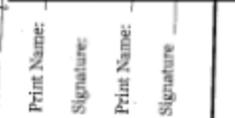
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: RS Date: 8/1/19 Time: 12:00 PM

Count: 142

Print Name: 

Signature: 

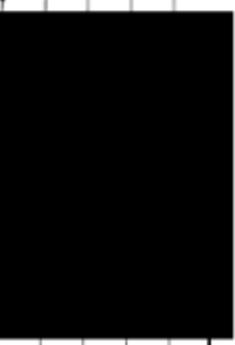
Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-2-19 Time: 12:01 AM

Count: 5

Print Name: 

Signature: 

Print Name: _____

Signature: _____

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 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 D I V	T R V S W S T	V I S I T I O N			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	.	X	145 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	.	.	1	.		765

COUNT
VERIFY

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

3:33pm

GOOD VERBAL: 3:36pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/2/19

COUNT TIME:

3:00 AM

FROM:

[Redacted]

LOCATION:

HOSP

(Staff Member Preparing Out Count)

APPROVED:

[Redacted]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85918-054	GAMA	EN	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 ① 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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
01:59:29

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	85918-054	GAMA-PINEDA	08-02-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/2/19 Time: 3:00 AM

Count: _____

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/2/19 Time: 3:06 AM

Count: 1

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/2/19 Time: 3:00 AM

Count: 26

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/2/2019 Time: 0300 AM

Count: 78

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/2/2019 Time: 13:22

Count: 86

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/2/19 Time: 4:00 PM

Count: 10

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/2/19 Time: 7:30 AM

Count: 88

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GO Date: 08-02-19 Time: 3:00 AM

Count: 89

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date: 8/2/19 Time: 3:00 AM

Count: 71

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 23 / Date: 8/2/19 / Time: 3:00 AM

Count: 5

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A / Date: 8/2/19 / Time: 3:00 AM

Count: 76

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K3 / Date: 8/2/2019 / Time: 3:00 AM

Count: 145

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-N / Date: 8.2.19 / Time: 3 AM

Count: 90

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
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 D I V	T R V I S I T V			V I S I T I O N S	OC UO TU
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-N
E-S	77	.	.	.	.	4	.	.	.	.	.	4	.	X	73 E-S
G-N	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72 G-N
G-S	82	.	.	.	2	.	.	.	.	.	.	2	.	X	80 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	1	.	.	.	.	.	.	.	.	.	1	.	X	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	143	.	.	.	2	10	1	.	.	.	.	13	.	X	130 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	79	1	.	.	.	.	.	.	.	.	.	1	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	756	2	.	.	4	14	1	.	.	.	.	21	.		735
COUNT VERIFY		X			X	X	X								

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:45 pm

good verbal 5:43 pm
 clear count 5:45 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/2/19

COUNT TIME: 4 pm

FROM: [REDACTED]
(Count Member Preparing Out Count)

LOCATION: FS

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	KS	13. 79965-054	Thomas	KS
2. 85410-054	Brown	ES	14. 76161-054	Granadas	KS
3. 68683-066	CLARK	ES	15.		
4. 86764-054	Duncan	KS	16.		
5. 51702-069	Estrada	KS	17.		
6. 86535-054	KAMARA	KS	18.		
7. 50659-018	Kirk	ES	19.		
8. 85976-054	MARTINEZ	KS	20.		
9. 86026-054	mecham	KS	21.		
10. 86022-054	Reingoud	KS	22.		
11. 08200-070	Renee	ES	23.		
12. 85927-054	Romero	KS	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 4 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 10 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

INMATE ROSTER

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	08-02-2019	K12-062U	FS PM SUICIDE OR
0002		85410-054	BROWN	08-02-2019	E11-581L	FS PM
0003		68683-066	CLARK	08-02-2019	E12-593U	FS PM
0004		86764-054	DUNCAN	08-02-2019	K12-065U	FS PM SUICIDE OR
0005		51702-069	ESTRADA-RODRIGUEZ	08-02-2019	K09-025U	FS PM
0006		76161-054	GRANADOS-CORONA	08-02-2019	K07-007L	FS PM
0007		86535-054	KAMARA	08-02-2019	K11-053U	FS PM
0008		50659-018	KIRK	08-02-2019	E07-556U	FS PM
0009		85976-054	MARTINEZ	08-02-2019	K09-027U	FS PM
0010		86026-054	MERCHANT	08-02-2019	K12-061L	FS PM
0011		86022-054	REINGOUD	08-02-2019	K12-078U	FS PM
0012		08200-070	RENE	08-02-2019	E09-571U	FS PM LAUNDRY 1
0013		85927-054	ROMERO-GRANADOS	08-02-2019	K10-045U	FS PM
0014		79965-054	THOMAS	08-02-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMDW 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
16:32:37

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	67290-054	BINNS	08-02-2019	K12-070U	UNASSG
0002		87067-054	JIMENEZ	08-02-2019	G08-764U	UNASSG
0003		76172-054	NAJERA-MONTOYA	08-02-2019	G07-755L	UNASSG
0004		08322-018	SAMUELS-DURAN	08-02-2019	K08-019L	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: 08-02-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG..... LN..... FN..... QTR.....

CRT FNYS 76172-054 NAJERA-MON FREDY G07-755L
CRT FNYS 87067-054 JIMENEZ LEOCADIO G08-764U
CRT FNYS 08322-018 SAMUELS-DU CARLOS K08-019L
CRT FNYS 67290-054 BINNS RASHEED K12-070U

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

Total Out-Counted: 04

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.

NYMDW 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
16:29:12

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	85377-054	WEBER	08-02-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/02/2009

COUNT TIME: 4:00 pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054	Weber	KS	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.

NYMDW 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
16:30:09

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	91126-053	ARAUJO	08-02-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-02-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/2/19

COUNT TIME: 4:PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: ATTY

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN	2A	13.	
2.	91126-053	ARAUJO	FN	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

R-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A _____
I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/2/19 Time: 4:00pm

Count: [Redacted]

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/2/19 Time: 4:00pm

Count: [Redacted]

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/2/19 Time: 4:00pm

Count: 25

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

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 8/2/19 Time: 4:00

Count: 73

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-02-19 Time: 4:00pm

Count: 86

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/2/19 Time: 4:00pm

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8.2.2019 Time: 4:00pm

Count: 86

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-9 Date 08-02-19 Time: 4:00 PM

Count: 80

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-2-19 Time: 4:00pm

Count: 72

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/21/19
 Count: 5 Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNS Date: 8-2-19
 Count: 1 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/2/19
 Count: 14 Time: 4pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/2/19
 Count: 78 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/2/2019
 Count: 89 Time: 4:50pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 08/02/2019
 Count: 130 Time: 4pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ATTY Date: 8/2/19
 Count: 2 Time: 4 PM

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

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	M S	R &	S A	T R D	V N W			O C I S T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	1	1	.	X	77 E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	X	145 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	1	2	.		764

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
 OFFICIAL TAKING COUNT: ~~X~~
 COUNT CLEARED TIME: 5:54am

Lead Verbal: 5:35am

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
05:02:00

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

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	08-02-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/2/2019

COUNT TIME: 500Am

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

LOCATION: Town driver

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	5708400p Harrison	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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
04:58:05

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	85918-054	GAMA-PINEDA	08-02-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 9/2/19

COUNT TIME: 5:00 AM

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85918-054	G. T. W. H.	EN	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/2/19 Time: 9:00 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/2/2019 Time: 5:00 AM

Count: 145

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

Metropolitan Correctional Center
Official Count Slip

Unit: LN Date 8-2-19 Time: 5 AM

Count: 90

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 8/2/19 Time: 5:00 AM

Count: 76

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

Metropolitan Correctional Center
Official Count Slip

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

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/2/19 Time: 5:00 AM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/2/2019 Time: 05:00 AM

Count: 86

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/02/2019 Time: 5:00 AM

Count: 77

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/2/19
 Count: _____ Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-09 Date: 08-08-19
 Count: 09 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/2/19
 Count: 08 Time: 7:50 AM

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

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 W	T R V S			V I S T	O C U O T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	1	.	X	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	.	.	.	.	1	.	.	.	.	.	1	.		760

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME:

10⁴⁸ PM

JLV 10³⁹ PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-02-19

COUNT TIME: 10PM

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

LOCATION: H25P

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78259083 Tisdale	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 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.

NYMBE 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
20:29:19

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	78359-053	TISDALE	08-02-2019	E11-581U	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/2/19 Time: 10:00 PM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/2/19

Count: 18

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/2/19 Time: 10:00 PM

Count: 28

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/2/19 Time: 10:00 PM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: FA Date: 8-2-19

Count: 8

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8-2-19 Time: 10:00 PM

Count: 88

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/2/19 Time: 10:00 PM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: ED Date: 8/2/19 Time: 10:00 PM

Count: 47

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

Metropolitan Correctional Center
Official Count Slip

Unit: JN Date: 8-2-19
 Count: 88 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8/2/19
 Count: 77 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZKB Date: 8-2-19
 Count: 5 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/2/2019
 Count: 42 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: JN Date: 8/2/19
 Count: 88 Time: 10:00pm

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

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 & D	S A N W	T R I S	V I S			OC UO TU		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71	G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90	K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	.	X	145	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	—	0	R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	.	.	1	.		765	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 1:00 am

Good Verbals 1:00 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/21/19 COUNT TIME: 12:01 AM
FROM: [REDACTED] LOCATION: HOSP
APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>86831-054</u>	<u>RODRIGUEZ SN</u>		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 1 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.

NYMP3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
23:42:52

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT
GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86831-054	RODRIGUEZ	08-01-2019	E04-525L	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/21/19
Count: 78 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/21/19
Count: 71 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/21/19
Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/21/19
Count: 26 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/21/19
Count: 98 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/21/19
Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/21/19
Count: _____ Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/21/19
Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GO Date: 8/21/19
Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/2/19 Time: 5:00 AM

Count: 71

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWDV Date: 8/2/19 Time: 5:10 AM

Count: _____

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 213 Date: 8/2/19 Time: 5:00 AM

Count: 5

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8/2/19 Time: 12:00 AM

Count: 76

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/2/19 Time: 12:01 AM

Count: 45

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 15-N Date: 8-2-19 Time: 12:01 AM

Count: 96

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 8/2/19 Time: 12:01 AM

Count: 5

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

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 A R Y	T R A N S F E R	V I S I T I N G			O C C U P I E D		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	.	1	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	.	.	1		760	

COUNT
VERIFY

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

3:25A

GOOD VERBAL
3:01A

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/3/19

COUNT TIME:

3:00 AM

FROM:

[Redacted]

LOCATION:

Host

(Staff Member Preparing Out Count)

APPROVED:

[Redacted]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA EN	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 ① 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.

NYMGK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
01:41:09

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	85918-054	GAMA-PINEDA	08-03-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EM Date: 8/3/19 Time: 8:00AM

Count: 86

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/3/19 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: LA Date: 8/3/19 Time: 3:00AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/3/19 Time: 3:00AM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/3/19 Time: 3:00AM

Count: 78

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-S Date: 8-3-19 Time: 3:00AM

Count: 80

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/3/19 Time: 3:00AM

Count: 26

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8.3.19 Time: 3:00AM

Count: 0

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/3/19 Time: 3:00AM

Count: 78

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-8 Date: 08/03/2019
 Count: 142 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date: 8/3/19
 Count: 87 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
 Count: 88 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2-A Date: 8-3-2019
 Count: 77 Time: 3:00 AM

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

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R S	S & D	T R A N W S	V I S I T			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	4	.	.	.	.	.	.	4	.	X	74 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	142	.	.	.	.	7	1	.	.	.	.	.	8	.	X	134 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	1	.	.	.	11	1	.	.	.	.	.	13	.		748

COUNT VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 4:37 pm

Good Verbal: 4:37 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/03/2019

COUNT TIME: 4:00 pm

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

LOCATION: HOSP

APPROVED: [Redacted]
(tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86768-054 Meduffy	KS	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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 02/02/10
FROM: [REDACTED]
Staff Supervising Out-Count

TIME: 4PM
LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	68683-066	CLARK	ES	22			
3	86764-054	DUNCAN	KS	23			
4	51702-069	ESTRADA	KS	24			
5	50659-018	KIRK	ES	25			
6	85976-054	MARTINEZ	KS	26			
7	86026-054	MERCHANT	KS	27			
8	79965-054	THOMAS	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	08200-070	RENE	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 _____ H-A _____
Z-A _____
Z-B _____

R-A _____

TOTAL ON OUT COUNT: 11

[REDACTED]
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.

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	08-03-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-03-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-03-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-03-2019	K09-025U	FS PM
0005		50659-018	KIRK	08-03-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-03-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-03-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-03-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-03-2019	K12-078U	FS PM
0010		08200-070	RENE	08-03-2019	E09-571U	FS PM LAUNDRY 1
0011		79965-054	THOMAS	08-03-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 8.3.19

COUNT TIME: 4⁰⁰ pm

FROM: [Redacted] (Out Count)

LOCATION: Atty. Conf.

APPROVED: [Redacted] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein	13.		
2.		ZA	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 1 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

* 08-03-2019
15:55:18

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	76318-054	EPSTEIN	08-03-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 08-03-19
Count: 88 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/3/2019
Count: 87 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TA Date: 8.3.19
Count: 76 Time: 4:00 PM

Print Name: NOEL
Signature: [Signature]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/3/19
Count: 82 Time: 4 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8-3-2019
Count: 134 Time: 4:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-3-19
Count: 5 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/3/19
Count: 87 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08.03.19
Count: 78 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-03-2019
Count: 74 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: B.A. Date: 8.3.19
Count: 10 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-3-19
Count: 10 Time: 4:00

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/3/19
Count: 11 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8.3.19
Count: 1 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8.3.19
Count: 1 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Conf. Date: 8.3.19
Count: 1 Time: 4:00

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

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	M S	R & D	S A N W I D I V	T R V S T U N	V I S I T I O N			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	.	1	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	.	.	1		760	

COUNT
VERIFY

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



5:48h

Good meal
5:36h

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/3/19

COUNT TIME:

5:00 AM

FROM:

[Redacted]

LOCATION:

Hosp

(Staff Member Preparing Out Count)

APPROVED:

[Redacted]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA EN	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 ① 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.

NYMGK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
01:41:09

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	85918-054	GAMA-PINEDA	08-03-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/3/19
Count: 21 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/3/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z-A Date: 8-3-2019
Count: 77 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IM Date: 8/3/19
Count: 87 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Q-9 Date: 8-3-19
Count: 80 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8-3-19
Count: 5 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/3/19
Count: 1 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 08/03/2019
Count: 142 Time: 5:10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 8/3/19
Count: 88 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/31/19
 Count: 26 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/31/19
 Count: 1 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/31/19
 Count: 78 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/31/19
 Count: 86 Time: 5:00AM

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

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 P	M S	R & D	S A N D	T R N W	V I S I T				OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	2	3	.	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	1	.	.	.	.	.	1	.	X	87	K-N
K-S	142	1	.	.	.	13	.	.	.	.	.	.	14	.	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	.	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	2	.	.	.	14	1	.	.	.	.	2	19	.		742	

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:49 A.M

Good Verbal: 10:43 A.M

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	23789-057	BARRERA	08-03-2019	K07-008U	UNASSG
0002		15657-179	GONZALEZ	08-03-2019	E10-579L	WAREHOUSE
0003		61876-054	JOHNSON	08-03-2019	K11-053U	FS AM
0004		79196-054	KOURANI	08-03-2019	K07-008L	FS AM
0005		01558-112	MANSON	08-03-2019	K08-016L	FS AM
0006		85771-054	MILLER	08-03-2019	K11-054L	FS AM
						SUICIDE OR
0007		86024-054	MONASTERIO	08-03-2019	K08-074L	FS AM
0008		86074-054	OCHOA	08-03-2019	K08-020L	FS AM
0009		76149-054	PRICE	08-03-2019	K08-014L	FS AM
0010		06303-082	RIVERA	08-03-2019	K11-055U	FS AM
0011		79752-054	RIVERO	08-03-2019	K08-019U	FS AM
0012		85571-054	SALEH	08-03-2019	K08-020U	FS AM
0013		01735-007	SATTAN	08-03-2019	K07-001L	FS AM
0014		11714-052	TABOADA	08-03-2019	K11-052L	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10:00AM

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

LOCATION: Hosp.

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	53634-424	GOMEZ	KN	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.

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:04:28

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	53634-424	GOMEZ-LATOREE	08-03-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:29:25

CATEGORY: OCT
ASSIGNMENT: VISIT

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	24263-052	SHOWERS	08-03-2019	E07-553L	CMS CLERK
0002		85382-054	TORO	08-03-2019	E07-552U	CMS CLERK

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10⁰⁰ AM

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

LOCATION: Atty. Conf.

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86407-054	Worris	KS	13.		
2. 76318-054	Epstein	ZA	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 1 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 on ly as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:30:02

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	76318-054	EPSTEIN	08-03-2019	Z04-206LAD	UNASSG
0002		86407-054	NORRIS	08-03-2019	K12-069L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/3/2019
Count: 128 Time: 10:00am

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/3/19
Count: 14 Time: 10 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: VIST Date: 08/03/2019
Count: 2 Time: 10:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/3/19
Count: 76 Time: 10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-3-2019
Count: 82 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08/03/19
Count: 78 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 8-3-19
Count: 87 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: A47 Conf. Date: 8-3-19
Count: 2 Time: 10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/3/19
Count: 87 Time: 10 A.M

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES-75 Date: 8-3-2019 Time: 10:00AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-3-19 Time: 10:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 101P Date: 8-03-19 Time: 10:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-03-19 Time: 10:00 AM

Count: 26

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 1A Date: 8-03-19 Time: 10:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-3-19 Time: 10:00 AM

Count: 5

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

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	M S	R &	S A	T R N	V I W			O C U O T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	1	.	X	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	1	.		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 1029 pm

Good Verbal: 1025 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/3/19

COUNT TIME: 10:00PM

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053 Mersey	5S	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
21:40:31

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 HOSP 89673-053 MERSEY

OCT DATE QTR
08-03-2019 E12-592U

WRK
FS PM
SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8-3-19
Count: 78 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6A Date: 8-3-19
Count: 77 Time: 10:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-3-19
Count: 5 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EO Date: 08-03-2019
Count: 77 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: JN Date: 8/3/2019
Count: 87 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: SS Date: 8/3/19
Count: 82 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 08-03-19
Count: 89 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8-3-19
Count: _____ Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

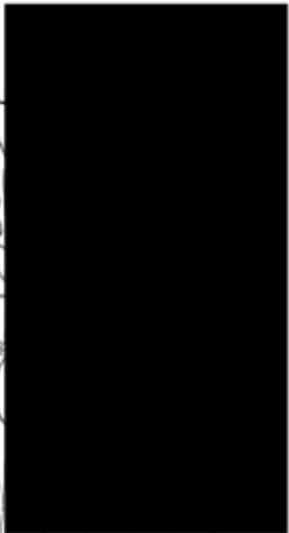
Unit: EN Date: 08/03/19
Count: 87 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8.3.19
 Count: 26 Time: 10:00

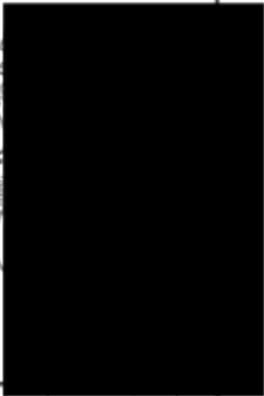
Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8.3.19
 Count: _____ Time: 10:00

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



Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/3/19
 Count: 10 Time: 10:00pm

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



Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/3/19
 Count: 142 Time: 10:00

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



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 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 I V	T R V S T	V I S I T			OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	1	.		760

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 10/20/11

Good Verbals: 12³⁷/_{am}

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-03-19

COUNT TIME: 120 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HQTP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	7867-054	English EN	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 _____ II-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.

NYMFC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
23:08:09

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	78107-054	ENGLISH	08-02-2019	E05-539L	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/3/19
Count: 10
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AA Date: 8/3/19
Count: 26 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: H08 Date: 8/3/19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/3/19
Count: _____ Time: 12 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: SA Date: 8/3/19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/3/19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/3/19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/3/19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-8 Date: 8-3-19
Count: _____ Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 142 Date: 8/3/19
 Count: 12:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 142 Date: 8/3/19
 Count: 12:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 745 Date: 8-3-19
 Count: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 745 Date: 8/3/19
 Count: 12:01AM

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

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 P	M S	R & D	S A N I D I V	T R A N S F E R S	V I S I T O R S			OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	1	.		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 3:26/AM

Good verbal 3:29 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 3⁰⁰ AM

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

LOCATION: HOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 Gama-Pineda Jose		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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-4-2019
Count: 26 Time: 3:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-4-19
Count: 78 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-4-2019
Count: 1 Time: 8:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/4/19
Count: 10 Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08/04/19
Count: 78 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19
Count: 87 Time: 3am

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-04-2019
Count: 86 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/07/2019
Count: 82 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/4/19
Count: 89 Time: 8:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
 Count: 977 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K.S Date: 8-4-19
 Count: 142 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-4-2019
 Count: 1 Time: 3:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z: B Date: 8-4-19
 Count: 5 Time: 3:00

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

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	M S	R & D	S A N I T I D V	T R V I S I T I V T	V O I C E T U N T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	1	.	.	.	2	.	.	.	.	.	.	3	84 I-N	
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	1	.	.	.	11	1	.	.	.	.	.	13	129 K-S	
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	76 Z-A	
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	3	.	.	.	13	1	.	.	.	.	.	17	745	

COUNT
VERIFY

~~X~~ ~~X~~

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

60 444 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-4-19

COUNT TIME: 4 PM

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

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054 Webber	KS	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.

NYMDL 530*05 *
PAGE '001 OF 001

INMATE ROSTER

* 08-04-2019
15:34:49

GROUP CODE:
FACILITY: NYM

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	85377-054	WEBER	08-04-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/04/2019

TIME: 4:00PM

FROM: [REDACTED]
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	79965-054	THOMAS	KS	21			
2	77863-112	BANG	KS	22			
3	76161-054	GRANADOS	KS	23			
4	86764-054	DUNCAN	KS	24			
5	51702-069	ESTRADA	KS	25			
6	86026-054	MERCHANT	KS	26			
7	86022-054	REINGOLD	KS	27			
8	85976-054	MARTINEZ	KS	28			
9	86535-054	KAMARA	KS	29			
10	85927-054	ROMERO	KS	30			
11	79652-054	THOMAS	KS	31			
12	79339-054	MEDINA	IN	32			
13	78841-054	ROMERO	IN	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 _____

G-N _____
G-S _____
I-N 2
K-S 11

K-N _____ H-A _____
Z-A _____
Z-B _____
R-A _____

TOTAL ON OUT COUNT: 13

[REDACTED] 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.

NYMBQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
13:55:01

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	08-04-2019	K12-062U	FS PM SUICIDE OR
0002		86764-054	DUNCAN	08-04-2019	K12-065U	FS PM SUICIDE OR
0003		51702-069	ESTRADA-RODRIGUEZ	08-04-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-04-2019	K07-007L	FS PM
0005		86535-054	KAMARA	08-04-2019	K11-053U	FS PM
0006		85976-054	MARTINEZ	08-04-2019	K09-027U	FS PM
0007		79339-054	MEDINA	08-04-2019	I03-924L	UNIT 9NFS
0008		86026-054	MERCHANT	08-04-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-04-2019	K12-078U	FS PM
0010		78841-054	ROMERO	08-04-2019	I03-923U	UNIT 9NFS
0011		85927-054	ROMERO-GRANADOS	08-04-2019	K10-045U	FS PM
0012		79652-054	THOMAS	08-04-2019	K08-074U	FS PM
0013		79965-054	THOMAS	08-04-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/4/19

COUNT TIME: 4:00pm

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

LOCATION: Atty CONF

APPROVED: [REDACTED]

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN 2A	13.		
2.	76156-054	DIAZ-MORL KS	14.		
3.	91126-053	ARAUJO IN	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 1 K-N _____ K-S 1 R-A _____ Z-A 1 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.

NYMDL 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
15:57:34

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	91126-053	ARAUJO	08-04-2019	I04-930U	UNASSG
0002		76156-054	DIAZ-MORALEZ	08-04-2019	K09-030U	UNASSG
0003		76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

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

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



Metropolitan Correctional Center
Official Count Slip

Unit: G/N Date: 8-4-2019
Count: 78 Time: 4:00PM

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



Metropolitan Correctional Center
Official Count Slip

Unit: 20 Date: 8-4-19
Count: 5 Time: 4:00pm

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



Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
Count: 76 Time: 4:00

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



Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/4/19
Count: 87 Time: 4:00PM

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



Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19
Count: 84 Time: 4 P.M.

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



Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8-4-19
Count: 129 Time: 1:00PM

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



Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/04/2019
Count: 78 Time: 4:00PM

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



Metropolitan Correctional Center
Official Count Slip

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

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



Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8-11-19
Count: 10 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 08/24/2019
Count: _____ Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 08/04/2019
Count: _____ Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 08/04/2019
Count: 26 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08/04/2019
Count: 89 Time: 4:00 PM

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

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 Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N	T R W	V I S			OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 5 30/AM

Good verbal @ 5 32/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 5:00 A.M.

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>85918-054</u>	<u>Gama-Pineda Jose</u>	<u>EN</u>	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: EN / 86 Date: 08-04-2019 Time: 5:00AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA / 10 Date: 8/4/19 Time: 5:00am

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA / 26 Date: 8-4-2019 Time: 5:00am

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS / 82 Date: 8/4/2019 Time: 5:08AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN / 78 Date: 8/04/19 Time: 5:00AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES / 78 Date: 8/4/19 Time: 5:00am

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN / 89 Date: 8/4/19 Time: 5:00AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZN / 87 Date: 8/4/19 Time: 5AM

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA / 1 Date: 8/4/2019 Time: 5:00am

Count: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-4-2019
 Count: [REDACTED] Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
 Count: 77 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z.B Date: 8.4.19
 Count: 5 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8.4.19
 Count: 142 Time: 5:00AM

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

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU N T	VERIFY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S	H O S	M S	R &	S A	T R D				V N W	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	XX	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	XX	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	XX	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	1	.	XX	77	E-S
G-N	78	1	.	.	.	.	.	.	.	.	.	1	.	XX	77	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	XX	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	XX	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	XX	87	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	1	.	XX	88	K-N
K-S	142	.	.	.	.	18	.	.	.	.	.	18	.	XX	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	XX	0	R-A
Z-A	77	2	.	.	.	.	.	.	.	.	.	2	.	XX	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	XX	5	Z-B
TOTAL	762	3	.	.	.	19	1	.	.	.	.	23	.		739	

COUNT
VERIFY

~~X~~ ~~XX~~

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



GOOD VERBAL: 10:28 A.A.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/04/2019 COUNT TIME: 10:00 AM
 FROM: [Redacted] LOCATION: HOSP
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	53634-424	GOMEZ-LOA K-N	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 1 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
09:37:08

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	53634-424	GOMEZ-LATOREE	08-04-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/04/2019

TIME: 10:00AM

FROM: [REDACTED]
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	29116-379	ACOSTA	KS	21			
2	85571-054	SALEH	KS	22			
3	86024-054	MONASTERIO	KS	23			
4	86023-054	SURCE	KS	24			
5	11714-052	TABOADA	KS	25			
6	79196-054	KOURANI	KS	26			
7	85771-054	MILLER	KS	27			
8	01558-112	MANSON	KS	28			
9	61876-054	JOHNSON	KS	29			
10	76235-054	JIMENEZ-GON	KS	30			
11	06303-082	RIVERA	KS	31			
12	01735-007	SATTAN	KS	32			
13	24772-057	VALENZUELA	KS	33			
14	79752-054	RIVERO	KS	34			
15	57084-054	PRICE	KS	35			
16	91349-053	NOBOA	KS	36			
17	86046-054	HUDSON	KS	37			
18	76325-054	CHAIRES	KS	38			
19	15657-179	GONZALEZ	ES	39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____
C-A _____
E-N _____
E-S 1

G-N _____
G-S _____
I-N _____
K-S 18

K-N _____ H-A _____
Z-A _____
Z-B _____
R-A _____

TOTAL ON OUT COUNT: 19

[REDACTED]
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.

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	29116-379	ACOSTA-VENTURA	08-04-2019	K09-026L	FS PM
0002		76325-054	CHAIRES	08-04-2019	K07-006U	UNASSG
0003		15657-179	GONZALEZ	08-04-2019	E10-579L	WAREHOUSE
0004		86046-054	HUDSON	08-04-2019	K07-011U	FS AM
0005		76235-054	JIMENEZ-GONZALEZ	08-04-2019	K09-031U	FS AM
0006		61876-054	JOHNSON	08-04-2019	K11-053U	FS AM
0007		79196-054	KOURANI	08-04-2019	K07-008L	FS AM
0008		01558-112	MANSON	08-04-2019	K08-016L	FS AM
0009		85771-054	MILLER	08-04-2019	K11-054L	FS AM
						SUICIDE OR
0010		86024-054	MONASTERIO	08-04-2019	K08-074L	FS AM
0011		91349-053	NOBOA	08-04-2019	K07-009L	FS AM
						SUICIDE OR
0012		76149-054	PRICE	08-04-2019	K08-014L	FS AM
0013		06303-082	RIVERA	08-04-2019	K11-055U	FS AM
0014		79752-054	RIVERO	08-04-2019	K08-019U	FS AM
0015		85571-054	SALEH	08-04-2019	K08-020U	FS AM
0016		01735-007	SATTAN	08-04-2019	K07-001L	FS AM
0017		86023-054	SUCRE	08-04-2019	K08-013U	FS AM
						UNASSG
0018		11714-052	TABOADA	08-04-2019	K11-052L	FS AM
0019		24772-057	VALENZUELA-LIZARRAG	08-04-2019	K08-024L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/04/19 COUNT TIME: 10:00 AM
 FROM: [Redacted] LOCATION: ATTY CONF
(Staff Member Preparing Out Count)
 APPROVED: [Redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86943-054	MACK GN	13.		
2.	78514-054	TARTAGLIONE ZA	14.		
3.	76318-054	EPSTEIN ZA	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 1 G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 2 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
09:57:51

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

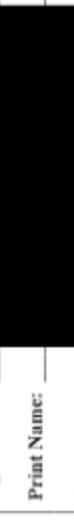
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG
0002		86943-054	MACK	08-04-2019	G05-737U	UNASSG
0003		78514-054	TARTAGLIONE	08-04-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-4-19
Count: 5 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

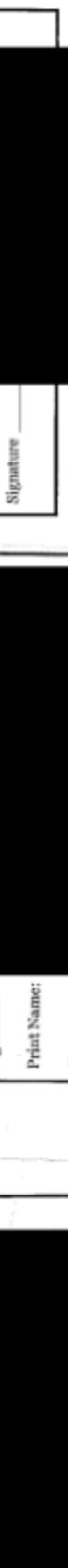
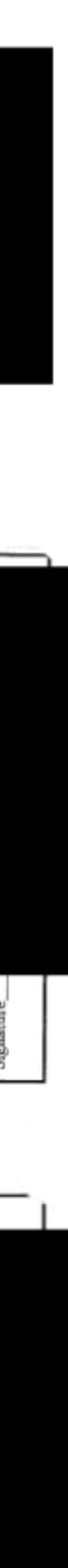
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/4/2019
Count: 1 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

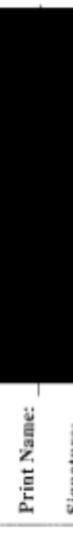
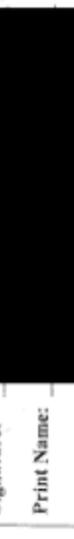
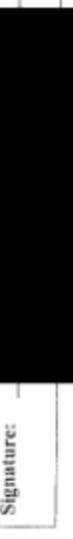
Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-4-2019
Count: 77 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

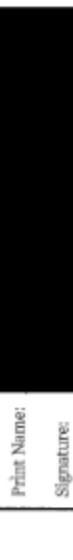
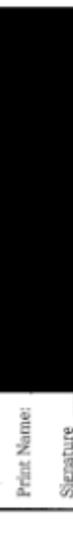
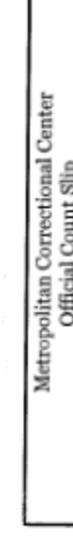
Metropolitan Correctional Center
Official Count Slip

Unit: ADY CONF Date: 08/04/19
Count: 3 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/4/2019
Count: 1 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

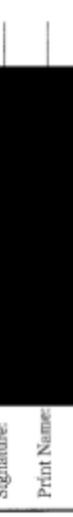
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-4-2019
Count: 77 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

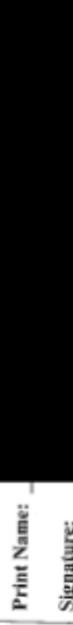
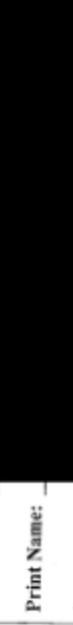
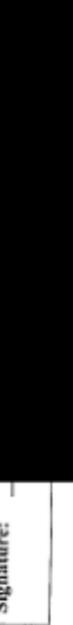
Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/4/2019
Count: 26 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

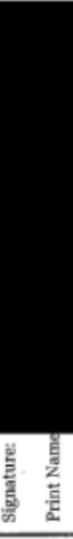
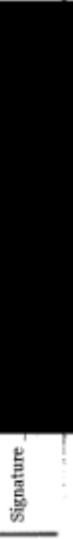
Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/4/2019
Count: 82 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8-4-2019
Count: 87 Time: 10:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8-4-19 Time: 10:00 AM

Count: 10

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/4/19 Time: 10:00 AM

Count: 124

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/4/19 Time: 10:00

Count: 87

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19 Time: 10:00

Count: 75

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/4/19 Time: 10:00 AM

Count: 88

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/4/19 Time: 10:00

Count: 19

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

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 D I D V	T R N W S I D T	V I S I T I T			OC UO TU N		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1	.	X	77	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761	

COUNT
VERIFY

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

10:37pm

10:33pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/04/2019 COUNT TIME: 10:00PM
 FROM: [REDACTED] LOCATION: HOSP
(Staff Member Preparing Out Count)
 APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	MERSEY 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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA ✓ Date: 8.4.19 ✓
Count: 26 ✓ Time: 10:00 ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA ✓ Date: 8/4/19 ✓
Count: 77 ✓ Time: 10:00 ✓

Print Name: _____
Signature: _____
Print Name: Noel ✓
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB ✓ Date: 8/4/19 ✓
Count: 5 ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN ✓ Date: 8/4/19 ✓
Count: 87 ✓ Time: 10:00 PM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES ✓ Date: 08/04/2019 ✓
Count: 77 ✓ Time: 10:00 PM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA ✓ Date: 8/4/19 ✓
Count: 10 ✓ Time: 10:00 PM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP ✓ Date: 8.4.19 ✓
Count: 1 ✓ Time: 10:00 PM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN ✓ Date: 8.4.19 ✓
Count: 78 ✓ Time: 10:00 PM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS ✓ Date: 8/4/2019 ✓
Count: 82 ✓ Time: 10:00 AM ✓

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA ✓ Date: 8.4.19

Count: _____ Time: 10:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN ✓ Date: 8/4/19

Count: 87 Time: 0 P.M.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS ✓ Date: 08/04/2019

Count: 142 Time: 10:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN ✓ Date: 08/04/2019

Count: 89 ✓ Time: 10:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

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 D I V	T R A N S P O R T	V I S I T I O N			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 12 40/AM

Good verbal @ 12 33/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/04/2019

COUNT TIME: 12:01am

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

LOCATION: HOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78107-054	English	EN	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 1 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

* 08-03-2019
22:52:55

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	78107-054	ENGLISH	08-03-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8-4-19
Count: 26 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/4/19
Count: 10 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-04-2019
Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EQ Date 08-04-2019
Count: 78 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8.4.19
Count: 78 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/4/2019
Count: 82 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/4/19
Count: 87 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8.4.19
Count: 1 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08-04-19
Count: 89 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8-4-19
 Count: 142 Time: 12:01 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-4-19
 Count: 5 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19
 Count: 77 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-4-19
 Count: 1 Time: 12:01 AM

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

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	M S	R & D	S A N W I D V	T R N I S I T	V O U T			OC UO TU N T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761	

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



3:35pm

GOOD VERBAL: 3:31pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 0/5/19 COUNT TIME: 3:00 AM
FROM: [REDACTED] LOCATION: Host
(Staff Member Preparing Out Count)
APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	05918-054	GAMA-PINEDA EN	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

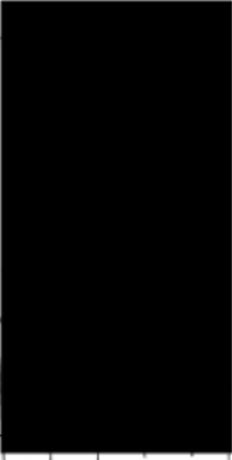
This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

Metropolitan Correctional Center
Official Count Slip

Unit: AOSP / 1 Date: 8/5/19 Time: 3:00 AM

Count: 1

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



Metropolitan Correctional Center
Official Count Slip

Unit: ES / 78 Date: 08/05/2019 Time: 3:00AM

Count: _____

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

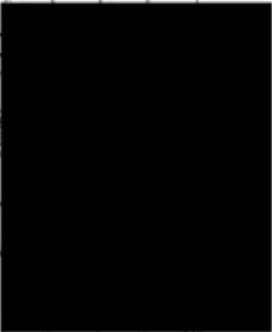


Metropolitan Correctional Center
Official Count Slip

Unit: ZB / 5 Date: 8/5/19 Time: 3:00 AM

Count: _____

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

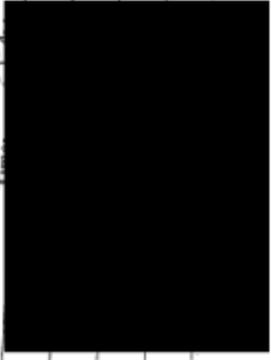


Metropolitan Correctional Center
Official Count Slip

Unit: HA / 1 Date: 8/5/19 Time: 3:00 AM

Count: 1

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

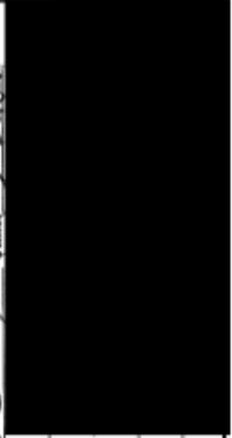


Metropolitan Correctional Center
Official Count Slip

Unit: EN / 86 Date: 8.5.19 Time: 3:00 AM

Count: _____

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



Metropolitan Correctional Center
Official Count Slip

Unit: IN / 87 Date: 8/5/19 Time: 3:03 AM

Count: _____

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



Metropolitan Correctional Center
Official Count Slip

Unit: BA / 26 Date: 08/5/19 Time: 3:00 AM

Count: _____

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



Metropolitan Correctional Center
Official Count Slip

Unit: CA / 10 Date: 8/5/19 Time: 3:40

Count: _____

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



Metropolitan Correctional Center
Official Count Slip

Unit: GS / 82 Date: 8/5/19 Time: 3 AM

Count: _____

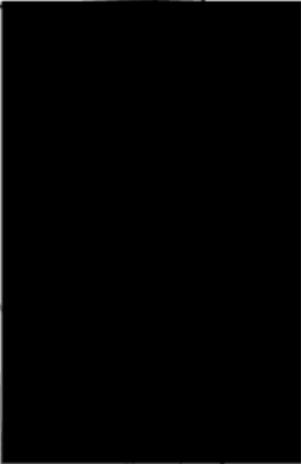
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/5/19
Count: 89 Time: 3:00

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



Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8.5.19
Count: 77

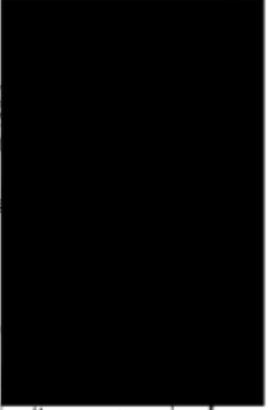
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: 6-N Date: 8/5/19
Count: 78

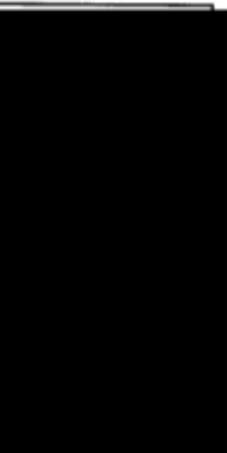
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8.5.19
Count: 142 Time: 3:00 AM

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



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 D I V	T R V I S I T O R S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	1	.	85	85 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	.	75	75 E-S
G-N	77	.	.	.	2	.	.	.	.	.	.	2	.	75	75 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	82	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	82	2	.	.	.	.	.	.	.	.	.	2	.	80	80 I-N
K-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 K-N
K-S	137	.	.	.	1	11	.	.	.	.	.	12	.	125	125 K-S
R-A	7	.	.	.	.	.	.	.	.	.	.	.	.	7	7 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	2	.	76	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	756	4	.	.	3	14	1	.	.	.	.	22	.		734

COUNT
VERIFY

~~X~~ ~~XXX~~ ~~X~~

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



4:55 pm
Good Verbal: 4:52 pm

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: 08-05-2019 [Redacted]

Count Time: 4:00 pm

From: [Redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Redacted]
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
17781-104	SAYOC	CESAR	G02-711U
85737-054	RODRIGUEZ	RICARDO	G03-720U
17742-104	JONES	MICHAEL	K12-065L

B-A ___ C-A ___ E-N ___ E-S ___ G-N 1 G-S ___
H-A ___ I-N ___ K-N ___ K-S 1 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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
16:10:18

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	17742-104	JONES	08-05-2019	K12-065L	UNASSG
0002		85737-054	RODRIGUEZ	08-05-2019	G03-720U	UNASSG
0003		17781-104	SAYOC	08-05-2019	G02-711U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-05-19

COUNT TIME: 4⁰⁰ pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85794-054	ARIOS EN	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 1 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

* 08-05-2019
15:18:36

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	85794-054	ARIAS	08-05-2019	E01-501U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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	08-05-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-05-2019	E12-593U	FS PM
0003		85417-054	DEL ORBE LUNA	08-05-2019	K08-018L	FS WAREHOU
0004		51702-069	ESTRADA-RODRIGUEZ	08-05-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-05-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-05-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-05-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-05-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-05-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-05-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-05-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-05-2019	K08-074U	FS PM
0014		85369-054	WOOLASTON	08-05-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/5/19 COUNT TIME: 4⁰⁰ pm
 FROM: [Redacted] LOCATION: Atty Conf
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA	13.	
2.	91126-053	Araujo	IN	14.	
3.	86020-054	Tortois	ZA	15.	
4.	77980-054	Poppe	IN	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 2 K-N _____ K-S _____ R-A _____ Z-A 2 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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
15:20:04

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	91126-053	ARAUJO	08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		77980-054	ROPER	08-05-2019	I01-904L	UNASSG
0004		86020-054	TORRES	08-05-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 28 Date: 8-5-19
Count: 5 Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/5/19
Count: 14 Time: 4:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: Aug 5, 2019
Count: 10 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/5/19
Count: 80 Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FMS Date: 8/5/19
Count: 3 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: Att Date: 8/5/19
Count: 4 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date: 8-5-19
Count: 125 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 8-5-19
Count: 87 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/5/19
Count: 76 Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/5/2019

Count: 82 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/5/19

Count: 1 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-A Date: 8-5-19

Count: 7 Time: 4:00pm

1. Print Name: _____
Signature: _____

2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 08-25-19

Count: 85 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/5/19

Count: 1 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/05/2019

Count: 75 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/5/19

Count: 26 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/5/19

Count: 75 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

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 I D	T R V I S I T I V E			V I S I T I V E	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	1	.	1	.	X	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	1	.	2	.		760

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: ~~X~~
COUNT CLEARED TIME:

6:30pm

GOOD VERBAL: *5:34pm*

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/5/19

COUNT TIME: 5:20 AM

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA	EN	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 ① 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-5-97

COUNT TIME: 5:06 PM

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

LOCATION: TNWDVR

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 57084-056	HARRISON	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.

Metropolitan Correctional Center
Official Count Slip

Unit: AA / Date: 8/5/19 / Time: 5:00 AM

Count: _____

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 8/5/19 / Time: 5:00 AM

Count: _____

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: DA / Date: 8/5/19 / Time: 5:00 AM

Count: 20

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 08/05/2019 / Time: 5:00 AM

Count: 77

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 8-5-19 / Time: 5:00 AM

Count: 86

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date: 8/5/19 / Time: 5:00 AM

Count: 10

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FN / Date: 8/5/19 / Time: 5:00 AM

Count: 87

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BS / Date: 8/5/19 / Time: 5 AM

Count: 82

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-N / Date: 8/5/19 / Time: 5:00 AM

Count: 78

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A / Date: 8.5.19
 Count: 77 / Time: 5:08 AM

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

Metropolitan Correctional Center
Official Count Slip

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

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW / Date: 8/5/19
 Count: 89 / Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: 147 / Date: 8.5.19
 Count: 147 / Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TRUMP / Date: 8/5/19
 Count: _____ / Time: 5:00 AM

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

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 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 D I V	T R V I S I T O R S			V O L U N T E E R S
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	X	86 E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	1	X	82 E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	X	80 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	X	80 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	X	2 H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	X	83 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	138	.	.	.	.	.	1	.	.	.	.	1	X	137 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	2		757

COUNT
VERIFY

OFFICIAL PREPARING COUNT: XXXXXXXXXX
OFFICIAL TAKING COUNT: XXXXXXXXXX
COUNT CLEARED TIME: 10⁴⁵ PM

9/11 10³⁵ PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-05-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mercy ES	13.		
2.	85377-054	Weber 16S	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 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
21:30:10

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	89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0002		85377-054	WEBER	08-05-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/5/19
Count: 2 Time: 12:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/5/19
Count: 2 Time: 11:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/5/19
Count: 26 Time: 10:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-05-19
Count: 82 Time: 1000 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-05-19
Count: 10 Time: 10 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/5/19
Count: 10 Time: 10 am

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

Metropolitan Correctional Center
Official Count Slip

Unit: AB Date: 8-5-19
Count: 5 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/05/2019
Count: 80 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GD Date: 8/5/19
Count: 80 Time: 10 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/5/19
Count: 83 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: HS Date: 8-5-19
Count: 137 Time: 10:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 8/3/19
Count: 78 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: Aug 5, 2019
Count: 88 Time: 100804

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

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 D I V	T R W S	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761	

COUNT
VERIFY

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



1254 pm

GO 1249 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-5-19
FROM: [Redacted]
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

COUNT TIME: 12⁰¹ am
LOCATION: Hosp

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	18028-104	Leon-maal	EN	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8.5.19
Count: 17 Time: 01:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/05/2019
Count: 78 Time: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/5/19
Count: 87 Time: 12:01PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8.5.19
Count: 17 Time: 01

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/5/19
Count: 86 Time: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/5/19
Count: 82 Time: 12:01AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8.5.19
Count: 26 Time: 12:01

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/5/19
Count: 10 Time: 12:01

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8.5.19
Count: 78 Time: 12:01

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8-5-17
 Count: 77 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 8-5-19
 Count: 89 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 8/5/19
 Count: 5 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8-5-19
 Count: 142 Time: 12:01 AM

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

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	2	.	.	.	.	2	X	84 E-N
E-S	83	.	.	.	.	.	.	1	.	.	.	1	X	82 E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	X	80 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	X	80 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	X	2 H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	X	83 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	759	.	.	.	.	.	2	1	.	.	.	3		756

COUNT
VERIFY

XX
OFFICIAL PREPARING COUNT [REDACTED]
OFFICIAL TAKING COUNT [REDACTED]
COUNT CLEARED TIME: 3:22

Good verbal 3:33 AM

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
02:41:17

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: MS

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	MS	61881-054	BARNETT	08-06-2019	E07-551L	LAUNDRY 1

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 3:00 AM

FROM: W. Harris
(Staff Member Preparing Out Count)

LOCATION: MS

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 61881-054	Barnett	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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 3⁰⁰ AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409054 Bullock	EN	13.		
2.	86900054 Walker	EN	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 2 E-S _____ G-N _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
Count: 82 Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: BN Date: 08/06/19
Count: 84 Time: 0307

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19
Count: 70 Time: 3:26 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: OS Date: 8/6/19
Count: 80 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BN Date: 8/6/19
Count: 80 Time: 3 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: JA Date: 8/6/19
Count: 83 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/6/19
Count: 80 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/6/19
Count: 5 Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: JA Date: 8/6/19
Count: 78 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: MS Date: 8/16/19
 Count: 1 Time: 3:47 PM

Print Name: W. Lewis
 Signature: [Signature]
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/16/19
 Count: 26 Time: 3:04

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

Metropolitan Correctional Center
Official Count Slip

Unit: VS Date: 8.16.19
 Count: 138 Time: 3:04 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HESP Date: 8/16/19
 Count: 2 Time: 2:04

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/16/19
 Count: 2 Time: 3:04

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

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 D I V	T R V I S I T S	V O C A T I O N A L			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	1	.	1	.	.	.	.	.	2	X	84 E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3	X	79 E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	X	77 G-N
G-S	81	.	.	.	2	.	.	.	.	.	.	.	2	X	79 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	1	.	.	.	.	.	.	.	.	.	.	1	X	83 I-N
K-N	89	1	.	.	1	.	.	.	.	.	.	.	2	X	87 K-N
K-S	136	.	.	.	.	9	.	.	.	.	.	.	9	X	127 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	4	.	.	5	12	1	.	.	.	.	.	22		736

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbal: 4:57 pm

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF PRISONS

OFFICIAL COUNT FORM
Metropolitan Correctional Center
Park Row
New York, New York 10007

Date: 08-06-2019

Count Time: 4:00 pm

From: [Redacted]
(Staff Member Supervising Inmate Count)

Location: FNYS

Approved: [Signature]
pp (Operations Lieutenant)

REG.....	LN.....	...	QTR.....
86796-054	STAFFORD	...	E06-545L
85769-054	MURPHY	...	G01-702L
66471-054	BANKS	...	G11-783U
86947-054	JONES	...	G11-786U
68417-054	LEWIS	...	K04-129U

B-A ___ C-A ___ E-N ___ E-S ___ F-N ___ G-S 2
H-A ___ I-N ___ K-N 1 K-S ___ L-A ___ Z-A ___ Z-B ___

Total Out-Counted: 5

This Form must be submitted to the Counts and Reporting Officer FORTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and submit it to the Counts and Reporting Officer. This is to be used only as an Out Count form for inmates according to their respective housing units.

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	66471-054	BANKS	08-06-2019	G11-783U	UNASSG
0002		86947-054	JONES	08-06-2019	G11-786U	UNASSG
0003		68417-054	LEWIS	08-06-2019	K04-129U	UNASSG
0004		85769-054	MURPHY	08-06-2019	G01-702L	UNASSG
0005		86796-054	STAFFORD	08-06-2019	E06-545L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

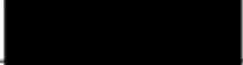
OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 4:00 pm

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85794-054 Arias	EN	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

* 08-06-2019
15:40:34

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	85794-054	ARIAS	08-06-2019	E01-501U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

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

LOCATION: Att Conf

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126053	ARAUJO	IN	13.	
2.	76318054	EPSTEIN	ZA	14.	
3.	14532104	MOORE	KN	15.	
4.	78514054	TARTAGLIONE	ZA	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 1 K-N 1 K-S _____ R-A _____ Z-A 2 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

* 08-06-2019
15:41:08

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	91126-053	ARAUJO	08-06-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003		14532-104	MOORE	08-06-2019	K06-145U	UNASSG
0004		78514-054	TARTAGLIONE	08-06-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 6-N Date: 08-06-2019
Count: 87 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-6-2019
Count: 76 Time: 4:30 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 08-26-19
Count: 84 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date: 8-6-19
Count: 77 Time: 4:20 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNY S Date: 08/06/2019
Count: 5 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-6-19
Count: 5 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/6/2019
Count: 127 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-S Date: 8-6-19
Count: 79 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: JN Date: 8/6/19
Count: 83 Time: 4:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 8/6/19 -
Count: 26 - Time: 4:00 PM -

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS - Date: 8/6/19 -
Count: 12 - Time: 4 PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: AH 004 - Date: 8/6/19 -
Count: 4 - Time: 4:00 PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP - Date: 8/6/19 -
Count: 1 - Time: 4:00 PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 08-06-19 -
Count: 79 - Time: 4:00 PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 8/6/19 -
Count: 10 - Time: 4:00 PM -

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

Metropolitan Correctional Center
Official Count Slip

Unit: GA - Date: 8/6/19 -
Count: 3 - Time: 4:00 PM -

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

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 D	T R N W S	V I S I T			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	86	.	.	.	.	.	2	.	.	.	.	2	.	X	84	E-N
E-S	83	.	.	.	.	.	.	1	.	.	1	.	2	X	81	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	759	.	.	.	.	.	2	1	.	.	1	.	4		755	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 5:25 AM

good verbal: 5:22 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 5:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409054	BULLOCK EN	13.		
2.	86900054	WALKER EN	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 2 E-S _____ G-N _____ 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
03:20:39

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	86409-054	BULLOCK	08-06-2019	E05-535L	SUICIDE OR UNASSG
0002		86900-054	WALKER	08-06-2019	E06-546L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 5⁰⁰ AM

FROM: M. Williams
(Staff Member Preparing Out Count)

LOCATION: Town Driver

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084.056	Harrison 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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 5⁰⁰ AM

FROM: M. J. Lewis
(Staff Member Preparing Out Count)

LOCATION: MS

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	61981-054	Barnett 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA
Count: 2
Date: 8/6/19
Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: A
Count: 78
Date: 8/6/19
Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP
Count: 2
Date: 8/6/19
Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB
Count: 5
Date: 8/6/19
Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA
Count: 26
Date: 8/6/19
Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KTS
Count: 158
Date: 8/6/19
Time: 5:06 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES
Count: 8
Date: 8/6/19
Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: EV
Count: 8
Date: 8/6/19
Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA
Count: 10
Date: 8/6/19
Time: 5:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: MS Date: 8/4/19

Count: 500M

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: PS Date: 8-6-19

Count: 80

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/6/19

Count: 88

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TD Date: 8/6/19

Count: 500M

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IA Date: 8/6/19

Count: 83

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19

Count: 80

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIF Y	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 W I D I V	T R V S T			V O U T N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-N
E-S	82	.	.	.	.	.	1	.	.	.	.	.	1	X	81 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	X	140 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761

COUNT
VERIFY

~~X~~
OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 1039 pm

good verbal 1030 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 1:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89677-053	Mersey	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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
21:11:59

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	89673-053	MERSEY	08-06-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 8/6/19
Count: 10 Time: 10:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/6/19
Count: 81 Time: 10:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/6/2019
Count: 89 Time: 10:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19
Count: 10 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/6/19
Count: 78 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 8/6/19
Count: 87 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/6/19
Count: 26 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
Count: 81 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/6/19
Count: 3 Time: 1:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/6/2019
 Count: 140 Time: 10:00pm

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 28 Date: 8/6/19
 Count: 28 Time: 10:06pm

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/6/19
 Count: 1 Time: 6:00pm

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 28 Date: 8/6/19
 Count: 5 Time: 6:00pm

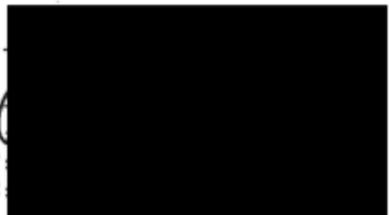
1. Print Name: _____
 1. Signature: _____
 2. Print Name: _____
 2. Signature: _____

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFI 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 I V	T R V I S I T		

B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1	X	85 E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	.	1	X	82 E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2 H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	.

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbals 12:55 am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

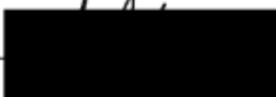
OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:  (tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621-054 TORRES	ES	13.		
2.	85918-054 GAMA	EN	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 1 E-S 1 G-N _____ 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.

NYMFC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
22:55:08

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	85918-054	GAMA-PINEDA	08-05-2019	E03-519L	SUICIDE OR UNASSG
0002		85621-054	TORRES	08-05-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0300

FROM: 
(Staff Member Preparing Out Count)

LOCATION: NOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA	5N	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 1 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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0507

FROM: [Redacted]
(Staff Member Preparing Out Count)

LOCATION: NOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PMED	5N	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: DA Date: 8/6/19 Time: 12:01 AM

Count: 10

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/6/19 Time: 12:57 AM

Count: 28

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOR Date: 8/6/19 Time: 10:01 AM

Count: 27

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/6/19 Time: 12:01

Count: 88

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19 Time: 12:00

Count: 82

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/6/19 Time: 12:10 AM

Count: 85

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TD Date: 8/6/19 Time: 12:00 AM

Count: 83

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AA Date: 8/6/19 Time: 12:01 AM

Count: 27

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/6/19 Time: 12:00 AM

Count: 80

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 44 Date: 8-6-19
 Count: 88 Time: 12:01

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 7A7 Date: 8-6-19
 Count: 78 Time: 12:01 A

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 65 Date: 8-6-19
 Count: 138 Time: 12:01

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 20 Date: 8-6-19
 Count: 5 Time: 12:01 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

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	M S	R & D	S A N W	T R I S	V I S			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	.	X	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	X	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	.	X	140 K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: *M. T. Hamas*
 OFFICIAL TAKING COUNT: *M. T. Hamas*
 COUNT CLEARED TIME: *3:36 AM*

good verbal

3:28 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/7/19

COUNT TIME: 3⁰⁰ AM

FROM: M. Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409.054	Bullock	EN	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 1 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.

NYMFO 530*05 *
PAGE 001 OF 001,

INMATE ROSTER

* 08-07-2019
03:05:56

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	86409-054	BULLOCK	08-07-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/7/19 Time: 3:00

Count: 140

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-7-19 Time: 3:00AM

Count: 78

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/7/19 Time: 3:00 AM

Count: 81

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/19 Time: 3:00 AM

Count: 84

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/7/19 Time: 3:00am

Count: 89

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-A Date: 8/7/19 Time: 3:00AM

Count: 1

1. Print Name: _____
Signature: _____

2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-7-19 Time: 3:00 AM

Count: 3

Print Name: _____
Signature: _____

Print Name: M. P. Giant
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19 Time: 3:00 AM

Count: 77

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/07/19
Count: 82 Time: 0300

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/7/19
Count: 10 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-7-19
Count: 26 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: M. Sen
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/7/19
Count: 5 Time: 3:00

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-7-19
Count: 1 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-07-2019
Count: 85 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R &	S A	T R N			V I S	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	6	.	.	6	X	20 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	1	.	.	.	.	.	.	.	1	X	86 E-N
E-S	80	.	.	.	.	3	.	.	.	.	.	.	3	X	77 E-S
G-N	79	.	.	1	1	.	.	.	.	.	.	.	2	X	77 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	2	.	.	.	.	.	.	.	2	X	82 I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1	X	88 K-N
K-S	139	.	.	1	2	11	1	.	.	.	.	.	15	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	1	.	.	.	.	.	.	.	.	.	.	1	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	1	.	3	6	14	1	.	.	6	.	.	31		729

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbal: 4:27 pm

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 08-07-2019 [REDACTED]

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [REDACTED]

(Operations Lieutenant)

REG..... LN..... FN..... QTR...

77684-053	KILGORE	JULIO	G01-701L
91752-053	RAI	GURSIMARDE	K06-142U
76135-054	WATKINS	THOMAS	K08-017U

B-A___ C-A___ E-N___ E-S___ G-N_1___ G-S___
H-A___ I-N___ K-N_1___ K-S_1___ 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 account. 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

* 08-07-2019
16:07:42

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	77684-053	KILGORE	08-07-2019	G01-701L	UNASSG
0002		91752-053	RAI	08-07-2019	K06-142U	UNASSG
0003		76135-054	WATKINS	08-07-2019	K08-017U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-07-19

COUNT TIME: 4:00 PM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: MOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	Woolaston	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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
15:58:46

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	85369-054	WOOLASTON	08-07-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

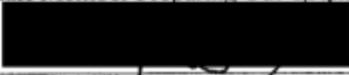
OFFICIAL OUT COUNT

DATE: Aug 7 2019

COUNT TIME: 4 PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Commissary
SAN

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76049054 Carrillo	BA	13.		
2.	76187054 Dreiksena	BA	14.		
3.	56431479 LAURE	BA	15.		
4.	85954054 NAZINA	BA	16.		
5.	86411054 Roberts	BA	17.		
6.	76261054 MAKSIMOVIC	BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A 6 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: 6

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

* 08-07-2019
15:51:50

CATEGORY: OCT
ASSIGNMENT: SANI

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	08-07-2019	B01-202L	COMMISSARY UNASSG
0002		76187-054	DREIKSENA	08-07-2019	B01-218L	COMMISSARY
0003		56431-479	LAURE-TESTISTECO	08-07-2019	B01-202U	COMMISSARY
0004		76261-054	MAKSIMOVIC	08-07-2019	B01-218U	UNASSG
0005		85954-054	NAZINA	08-07-2019	B01-219U	COMMISSARY
0006		86411 054	ROBERTS	08-07-2019	B01-201T	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-7-19 COUNT TIME: 400pm
 FROM: [REDACTED] LOCATION: F/S
 APPROVED: [REDACTED] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 76161-054	Granados	K-S
2. 08683-066	Clark	E-S	14. 86535-054	Kamara	K-S
3. 86764-054	Duncan	K-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 85976-054	Martinez	K-S	17.		
6. 86026-054	Merchant	K-S	18.		
7. 89673-053	Mersey	E-S	19.		
8. 86022-054	Reingoud	K-S	20.		
9. 85927-054	Romero	K-S	21.		
10. 79652-054	Thomas	K-S	22.		
11. 79965-054	Thomas	K-S	23.		
12. 50659-018	Kirk	E-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: 14

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.

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: 08-07-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [REDACTED]
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86796-054	STAFFORD	SIRON	E06-545L
87071-054	MENDEZ-FEL	MARCO	G06-747U
77980-054	ROPER	COREY	I01-904L
86516-054	SOSA-DIAZ	HENYEL	I03-923L
14661-479	CORONADO-L	MARCO	K10-047U
76326-054	GONZALEZ	JOSE	K09-029U

B-A ___ C-A ___ E-N ___ E-S 1 G-N ___ G-S 1
H-A ___ I-N 2 K-N ___ K-S 2 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 6

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.

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

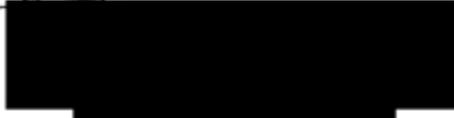
NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	14661-479	CORONADO-LOZANO	08-07-2019	K10-047U	UNASSG
0002		76326-054	GONZALEZ	08-07-2019	K09-029U	UNASSG
0003		87071-054	MENDEZ-FELIZ	08-07-2019	G06-747U	UNASSG
0004		77980-054	ROPER	08-07-2019	I01-904L	UNASSG
0005		86516-054	SOSA-DIAZ	08-07-2019	I03-923L	UNASSG
0006		86796-054	STAFFORD	08-07-2019	E06-545L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 8-7-19

COUNT TIME: 4:00pm

FROM:  (ant)

LOCATION: Attorney Conf.

APPROVED:  (ant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein ZA	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/07/2019
Count: 83 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/7/19
Count: 20 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19
Count: 77 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-7-19
Count: 80 Time: 4 pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8/7/19
Count: 5 Time: 4:00PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/7/19
Count: 3 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: Sani Date: Aug 7 2019
Count: 6 Time: 4pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-07-19
Count: 86 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/7/19
Count: 77 Time: 4 pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FMS Date: 8/7/19
Count: 6 Time: 4:00pm

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Date: 8/7/19
Count: 1 Time: 6pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FMS Date: 8-7-19
Count: 14 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: 8/7/19
Count: 10 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KW Date: 08-07-2019
Count: 88 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/4/2019
Count: 124 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 08-07-19
Count: 72 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: MAP Date: 8/7/19
Count: 1 Time: 4:00pm

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FME Date: 8/7/19
Count: 3 Time: 4:00pm

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

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	M S	R & D	S A N I D I V	T R V I S I T O R S	V I S I T O R S			OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C A
E-N	86	.	.	.	.	.	1	.	.	.	.	1	.	X	85 E-N
E-S	82	.	.	.	.	.	.	.	.	1	.	1	.	X	81 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	X	140 K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT: *M. Williams*
 OFFICIAL TAKING COUNT: *M. Williams*
 COUNT CLEARED TIME: *5:39 AM.*

gas verbal 536am

NYMFO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
03:34:00

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

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	08-07-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 05/07/19

COUNT TIME: 0500

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: Town DEER

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056	NS PRISON	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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/7/19

COUNT TIME: 5⁰⁰ AM

FROM: M. Gouss
(Staff Member Preparing Out Count)

LOCATION: HCSF

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409-054	Bullock	EN	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.

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-17-19
Count: 78 Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: TWANORUE Date: 8/1/19
Count: 1 Time: 5:00am

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-A Date: 8/7/19
Count: 1 Time: 5:00AM

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-7-19
Count: 1 Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/7/19
Count: 81 Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/7/19
Count: 10 Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-7-19
Count: 26 Time: 5:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-7-19
Count: 3 Time: 5:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-07-2019
Count: 85 Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: E-5 Date: 08/07/19
 Count: 81 Time: 05:00

Print Name: _____
 Signature: _____
 Print Name: M. Lewis
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/7/19
 Count: 140 Time: 5:00

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/19
 Count: 80 Time: 5:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19
 Count: 78 Time: 5:00AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/7/19
 Count: 5 Time: 5:00

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
 Count: 89 Time: 5:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

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 Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N	T R V I D I V T			V I S I T I O N	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	81	.	.	.	.	.	1	.	.	.	.	1	X	80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	1	762		

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



10³¹ pm

Good verbal: 10³¹ pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19 COUNT TIME: 10:00pm
FROM: [Redacted] LOCATION: Hosp
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-054	Mersey	5S	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) One

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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/7/19

Count: 26 Time: 10:00pm

Print Name:

Signature:

Print Name:

Signature:

Unit: CA Date: 8/7/19

Count: 10 Time: 10:00pm

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 8-7-19

Count: 80 Time: 10 PM

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/7/19

Count: 79 Time: 10:00pm

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: H-N Date: 08-07-2019

Count: 88 Time: 10:00PM

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/2019

Count: 87 Time: 10:00pm

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/7/19

Count: 80 Time: 10:00pm

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/7/19

Count: 4 Time: 16:00pm

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/7/19
Count: 78 Time: 10:00 AM

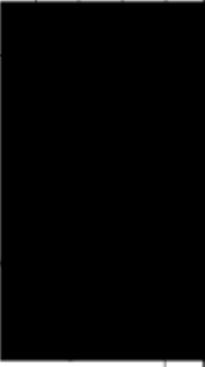
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/7/2019
Count: 138 Time: 10 PM

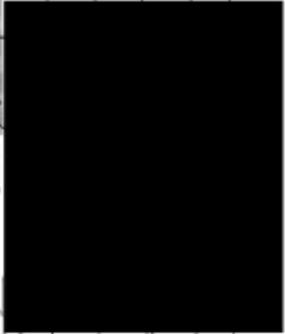
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8/7/19
Count: 1 Time: 10:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/7/19
Count: 5 Time: 10:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____



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 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 I V	T R V I S I T S			V O C A T I O N A L	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	86	86 E-N
E-S	82	.	.	.	.	.	1	.	.	.	.	1	.	82	81 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	81	.	.	.	.	.	.	.	.	.	.	.	.	81	81 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	3	3 H-A
I-N	84	.	.	.	.	.	.	.	.	.	.	.	.	84	84 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	140	.	.	.	.	.	.	.	.	.	.	.	.	140	140 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	1	.		761

COUNT
VERIFY

OFFICIAL PREPARING COU
OFFICIAL TAKING COU
COUNT CLEARED TI



Good Verbals 12^{4D}am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

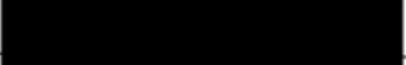
OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621-054	THOMAS	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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
23:06:46

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

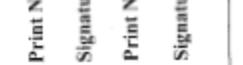
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	85621-054	TORRES	08-06-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

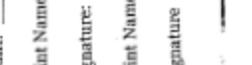
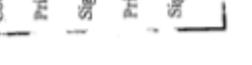
Metropolitan Correctional Center
Official Count Slip

Unit: HSB Date: 8/7/19
Count: 1 Time: 11:21 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

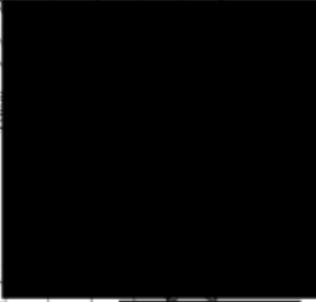
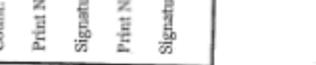
Metropolitan Correctional Center
Official Count Slip

Unit: ETA Date: 08-07-2019
Count: 36 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

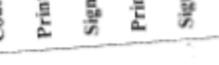
Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/7/19
Count: 8 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

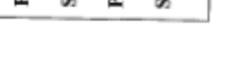
Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/7/19
Count: 26 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date: 08/07/19
Count: 8 Time: 0009

Print Name: 
Signature: 
Print Name: 
Signature: 

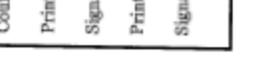
Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/7/19
Count: 3 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

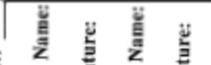
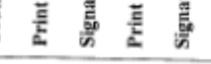
Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8.7.19
Count: 10 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/7/19
Count: 78 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/7/19
Count: 84 Time: 12:01 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/7/19

Count: 140 Time: 12:01

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 289 Date: 8/7/19

Count: [Redacted] Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: AB Date: 8/7/19

Count: [Redacted] Time: 12:01 AM

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8/7/19

Count: 18 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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 D V	T R A N S F E R S	V I S I T I O N S			OC UO TU N T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	81	.	.	.	.	.	.	.	.	.	.	.	.	.	X	81	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1	.		762	

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME:



3:41 pm

GOV VERBAL:

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/8/19 COUNT TIME: 3:00 AM
 FROM: [REDACTED] LOCATION: HOSP.
(Staff Member Preparing Out Count)
 APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 GAMA	EN	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA / 4 Date: 8-8-19
Count: 4 Time: 3:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES / 8 Date: 8/8/19
Count: 8 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN / 87 Date: 8/8/19
Count: 87 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / 1 Date: 8-8-19
Count: 1 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN / 86 Date: 08-08-2019
Count: 86 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS / 80 Date: 8/8/19
Count: 80 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA / 26 Date: 8-8-19
Count: 26 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA / 10 Date: 8/8/19
Count: 10 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN / 79 Date: 08/08/19
Count: 79 Time: 0300

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 20 / 5 Date: 8/8/19 Time: 3:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / 78 Date: 8/8/19 Time: 3:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS / 138 Date: 8/8/2019 Time: 3:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN / 88 Date: 8/8/19 Time: 3:00 AM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU	VERIFY 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				V I S	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	XX	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	XX	10	C-A
E-N	85	.	.	.	1	.	1	.	.	.	.	.	2	XX	83	E-N
E-S	80	.	.	.	1	3	1	.	.	.	.	.	5	XX	75	E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	XX	77	G-N
G-S	80	1	.	.	.	.	.	.	.	.	.	.	1	XX	79	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	XX	4	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	.	1	XX	85	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1	XX	88	K-N
K-S	137	.	.	.	2	11	.	.	.	.	.	.	13	XX	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	XX	0	R-A
Z-A	75	1	.	1	.	.	.	.	.	.	.	.	2	XX	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	XX	5	Z-B
TOTAL	755	3	.	1	6	14	2	.	.	.	.	.	26		729	

COUNT
VERIFY

~~X~~ ~~XX~~ ~~XX~~ ~~XX~~

OFFICIAL PREPARING COUNT

OFFICIAL TAKING COUNT

COUNT CLEARED TIME: 4:48 PM

good verbal 441 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 4-8-19

COUNT TIME: 4:00PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 90370-053	Chan	ES	13.		
2. 96700-054	Conley	EN	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 1 E-S 1 G-N _____ 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:40:03

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	90370-053	CHAN	08-08-2019	E10-573L	EDUCATION SUICIDE OR
0002		86700-054	CONLEY	08-08-2019	E03-524U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 08-08-2019 [REDACTED]

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: _____

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
89380-053	DAVIS	HOWARD	Z01-106UAD

B-A___ C-A___ E-N___ E-S___ G-N___ G-S___
H-A___ I-N___ K-N___ K-S___ R-A___ Z-A_1___ Z-B___

Total Out-Counted: 1

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:40:38

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89380-053	DAVIS	08-08-2019	Z01-106UAD	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: 08-08-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86340-054	NIEVES	IVAN	E06-547L
65773-054	BRITO	HASSEN	G05-740U
57343-054	HERRERA	LOUIS	H01-001L
19435-104	DE FREITAS	FABIO	K03-122U
30772-069	TAVERAS	JAIRO	K07-007U
77737-112	IGNATOV	KONSTANTIN	K07-073U

B-A ___ C-A ___ E-N 1 E-S ___ G-N 1 G-S ___
H-A 1 I-N ___ K-N 1 K-S 2 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 6

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:41:06

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	65773-054	BRITO	08-08-2019	G05-740U	UNASSG
0002		19435-104	DE FREITAS	08-08-2019	K03-122U	SUICIDE OR UNASSG
0003		57343-054	HERRERA	08-08-2019	H01-001L	UNASSG
0004		77737-112	IGNATOV	08-08-2019	K07-073U	UNASSG
0005		86340-054	NIEVES	08-08-2019	E06-547L	UNASSG
0006		30772-069	TAVERAS	08-08-2019	K07-007U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-8-19

COUNT TIME: 400pm

FROM: [Redacted]
(Staff Member Preparing Out Count)

LOCATION: F/S

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 79652-054	Thomas	K-S
2. 68683-066	Clark	E-S	14. 79965-054	Thomas	K-S
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. 86022-054	Reingaud	K-S	23.		
12. 85927-054	Romero	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: 14

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.

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	08-08-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-08-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-08-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-08-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-08-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-08-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-08-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-08-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-08-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-08-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-08-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-08-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-08-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-08-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 4:00 pm

FROM: 

LOCATION: Atty conf

APPROVED:  (tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 91126-053	ARAJO	IN	13.		
2. 76318-054	EPSTEIN	ZA	14.		
3. 71776-018	IMZARTY	GS	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 1 C-A _____ E-N _____ G-N 1 G-S 1 H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:15:05

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	91126-053	ARAUJO	08-08-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-08-2019	Z04-206LAD	UNASSG
0003		71776-018	IRIZARRY	08-08-2019	G08-759U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 3A Date: 8/8/19
Count: 25 Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: August 29, 19
Count: 10 Time: 7:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/8/19
Count: _____ Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-08-19
Count: 75 Time: 4:00 PM

Print Name: Thomas
Signature: _____
Print Name: Nick
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 08-08-19
Count: 77 Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-8-19
Count: _____ Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/8/19
Count: 4 Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IA Date: 8/8/2019
Count: 85 Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/8/19
Count: _____ Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-8-19

Count: 5 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZX Date: 8/8/19

Count: 73 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/8/2019

Count: 124 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNXF Date: 8/8/19

Count: 1 Time: 4:00pm

1. Print Name: _____
Signature: _____

2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FAS Date: 8-8-19

Count: 14 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Ally Conf Date: 8/8/19

Count: 3 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8-8-19

Count: 14 Time: 4:00pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HSP Date: 8/8/19

Count: 2 Time: 4:50pm

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FAS Date: 8/8/19

Count: 46 Time: 4:50pm

1. Print Name: _____
Signature: _____

2. Print Name: _____
Signature: _____

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	M S	R & D	S A N W	T R I S	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86	E-N
E-S	81	.	.	.	.	.	.	.	.	1	.	1	.	X	80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	1	.	2	.		761	

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



5:35pm

GOOD VERBAL: 5:31pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 COUNT TIME: 5:00 AM
FROM: [Redacted] LOCATION: Hosp.
(Staff Member Preparing Out Count)
APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA EN	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 1 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/8/19

COUNT TIME:

5:00 AM

FROM:

[Redacted]

LOCATION:

TOWN DRIVER

APPROVED:

[Redacted]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056	HARRISON 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: _____

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.

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 8-8-19
Count: 26 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date: 8/8/19
Count: 10 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: DN / Date: 8/08/19
Count: 79 / Time: 0500

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA / Date: 8-8-19
Count: 4 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 08-08-2019
Count: 86 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS / Date: 8/8/19
Count: 80 / Time: 5:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 8-8-19
Count: 1 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 8/8/19
Count: 80 / Time: 5:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 8/8/19
Count: 97 / Time: 5:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/8/19
 Count: 5 Time: 5:00AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/8/19
 Count: 78 Time: 5:00AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/8/2019
 Count: 138 Time: 5:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KV Date: 8/8/19
 Count: 88 Time: 5:00AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR Date: 8/8/19
 Count: _____ Time: 5:00

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

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	M S	R & D	S A N W I D I V	T R V I S I T S			V I S I T S	OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	84	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	79	79 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	86	.	.	.	.	.	.	.	.	.	.	.	.	.	86	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	137	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2	.		757

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:44pm

Good Verbal: 10:37pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-08-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91349-053	Noba	KS	13.	
2.	85377-054	Weber	KS	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 2 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
20:22:02

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	91349-053	NOBOA	08-08-2019	K07-009L	FS AM SUICIDE OR
0002		85377-054	WEBER	08-08-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

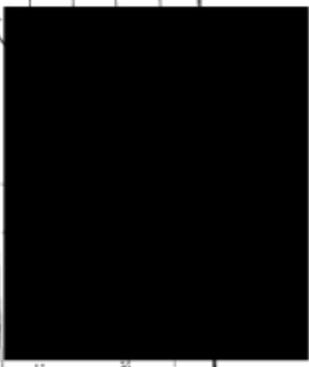
Metropolitan Correctional Center
Official Count Slip
Unit: BA / Date: 8/8/19
Count: 26
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES / Date: 08-03-19
Count: 79 / Time: 10:00 pm
Print Name: Thompson
Signature: _____
Print Name: RICHARDS
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA / Date: 8/8/19
Count: 3 / Time: 6:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA / Date: 8/8/19
Count: 10 / Time: 10:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: G-N / Date: 08-08-19
Count: 78 / Time: 10:00 PM
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EM / Date: 8/2/2019
Count: 86 / Time: 10:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FN / Date: 08-08-19
Count: 24 / Time: 10:00
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS / Date: 8-8-19
Count: 85 / Time: 10:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN / Date: 8/8/19
Count: 89 / Time: 10 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A / 77 Date: 8-8-19 / 10:00pm

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS / 135 Date: 08/08/19 / 10pm

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / 2 Date: 8/8/19 / 10:00 PM

Count: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB / 5 Date: 8-8-19 / 10:00pm

Count: _____

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature: _____

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 A R Y	T R A N S P O R T A T I O N	V I S I T A T I O N			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	1	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	1	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	1	87 E-N
E-S	81	.	.	.	.	.	1	.	.	.	.	.	1	.	1	80 E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	.	1	79 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	.	1	80 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	1	4 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	1	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	1	88 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	1	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	1	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	1	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	1	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1	.		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 4
 OFFICIAL TAKING COUNT: 12
 COUNT CLEARED TIME: 12:45 am

Good Verbalization

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 12:01 Am

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621-054	Torres	55		
2.			13.		
3.			14.		
4.			15.		
5.			16.		
6.			17.		
7.			18.		
8.			19.		
9.			20.		
10.			21.		
11.			22.		
12.			23.		
			24.		

OUT-COUNT BY UNIT

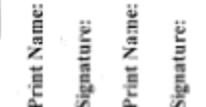
B-A _____ C-A _____ E-N _____ E-S 1 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: (1) One

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.

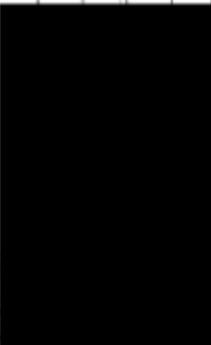
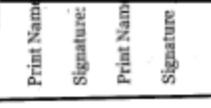
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

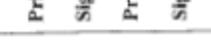
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

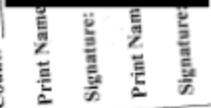
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

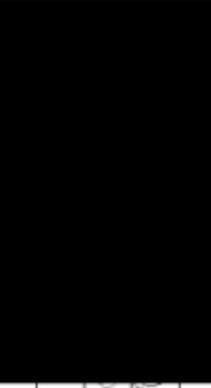
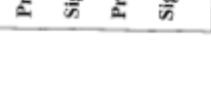
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

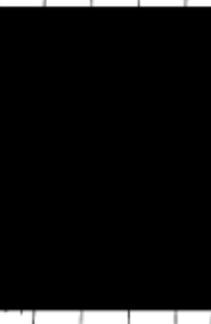
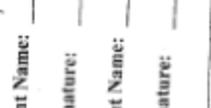
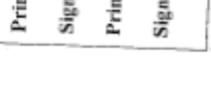
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

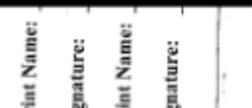
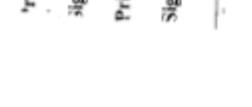
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

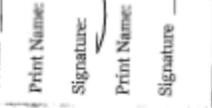
Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: 11652 Date: 8/8/19
Count: 12101 Time: 12:01

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: 2N Date: 8/8/19 Time: 12:01 AM

Count: 33

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 8/8/19 Time: 12:01 AM

Count: 78

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/8/19 Time: 12:01 AM

Count: 128

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 8/8/19 Time: 12:01 AM

Count: 5

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S	H O S	M S	R S	S A N	T R N	V I S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	X	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	X	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	.	X	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	.	.	2	.		758

COUNT VERIFY

OFFICIAL PREPARING CO
OFFICIAL TAKING CO
COUNT CLEARED TI



Good verbal: 3²⁴ AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 3:00 AM

FROM: 

LOCATION: HOSP

APPROVED: 
(Operations Director)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76256-054	DAVILA	11N	13.		
2. 18816-066	SANTANA	11S	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
02:23:31

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
Official Count Slip

Unit: KS Date: 8/9/19
Count: 136 Time: 8:00

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 2 Time: 3:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 3 Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 8/9/19
Count: 77 Time: 3:05 AM
Print Name: M. Lewis
Signature: [Redacted]

Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 88 Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/9/19
Count: 5 Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 87 Date: 8/9/19
Count: [Redacted] Time: 3:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19
Count: 78 Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 6-3 Date: 8-9-19
 Count: 85 Time: 3:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES 79 Date: 8-9-19
 Count: _____ Time: 3:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN 81 Date: 8-09-2019
 Count: _____ Time: 3:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
 Count: _____ Time: 3:00 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

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 D I V	T R V S T			V I S I T I O N	OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	.	1	X	84	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	.	1	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	.	13	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	.	1	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	.	19		736	

COUNT VERIFY X X X X

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 5:03 pm

Good Verbal 5:00 pm

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:39:36

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	08-09-2019	K11-056U	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: 08-09-2019 [REDACTED]

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
53358-054	CLARK	ROBERT	K11-056U

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 is to be used only as an Out Count.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/9/19 COUNT TIME: 4:00
 FROM: [Redacted] LOCATION: FS
(Staff Member Preparing Out Count)
 APPROVED: [Redacted]
(Tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 50659-014	Kirk	ES	13. 79052-054	Thomas	KS
2. 68685-086	Clark	ES	14.		
3. 50059-018	Kirk	ES	15.		
4. 77863-112	Berry	KS	16.		
5. 86764-054	Duncan	KS	17.		
6. 51702-069	Estroff	MS	18.		
7. 70161-054	Orlando	MS	19.		
8. 86595-054	Nguyen	KS	20.		
9. 85970-054	Martinez	MS	21.		
10. 86022-054	Mejia	MS	22.		
11. 85927-054	Thomas	MS	23.		
12. 85927-054	Thomas	KS	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 2 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 10 R-A _____ Z-A _____ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

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	08-09-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-09-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-09-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-09-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-09-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-09-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-09-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-09-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-09-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-09-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-09-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-09-2019	K08-074U	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:36:31

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	91126-053	ARAUJO	08-09-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-09-2019	Z04-206LAD	UNASSG
0003		19735-104	MONES-CORO	08-09-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: [REDACTED]
(Start time)

LOCATION: Atty

APPROVED: [REDACTED]

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054 Epstein	ZA	13.		
2.	91126-053 Araujo	IN	14.		
3.	19735-104 MoneS-corro	G-S	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 1 H-A _____
 I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 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.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:37:38

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	86351-054	MARRERO	08-09-2019	K08-014U	SUICIDE OR UNASSG
0002		78025-053	NUNEZ	08-09-2019	K09-033U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/2019

COUNT TIME: 4:00pm

FROM: [Redacted]
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78025-053	Nunez	KS	13.		
2. 86351-054	Marrero	KS	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 2 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.

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-9-19
 Count: 5 Time: 4:00PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
 Count: 75 Time: 4:00

Print Name: abel
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8-9-19
 Count: 124

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
 Count: 89 Time: 4PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TN Date: 8/9/2019
 Count: 85 Time: 4:00PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNY Date: 08/09/2019
 Count: 1 Time: 4:00 PM

1. Print Name: _____
 Signature: _____
 2. Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AHY Date: 8-9-19
 Count: 13 Time: 4:00PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-18
 Count: 84 Time: 4:00

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/9/19
 Count: 13 Time: 4:00 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 2 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-29-19
Count: 83 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 2 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
Count: 75 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
Count: 78 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		Y	J	Y	Y		S		D	N	W	S	TU		
				E	S		P		I	D	I	N			
									V	T		T			
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							X				X				

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



6:00 AM

Good verbal! 5⁴³ AM

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
04:58:00

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	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 Vernison	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.

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 8/9/19 / Time: 5:00 AM

Count: 88

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR / Date: 8/9/19 / Time: 5:00 AM

Count: 1

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 8/9/19 / Time: 5:00 AM

Count: 2

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date: 8/9/19 / Time: 5:00 AM

Count: 5

Print Name: M. Lewis
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 8/9/19 / Time: 5:00 AM

Count: 27

Print Name: M. Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 8/9/19 / Time: 5:00

Count: 136

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 08-09-2019 / Time: 5:00 AM

Count: 84

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 8-9-19 / Time: 5:00 AM

Count: 78

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-5 / Date: 8.9.19 / Time: 5:00 AM

Count: 85

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19 Time: 5:00 AM

Count: 10

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19 Time: 5:00 AM

Count: 78

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19 Time: 5:30 AM

Count: 87

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19 Time: 5:00 AM

Count: 26

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19 Time: 5:00 AM

Count: 3

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY 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 W I D V	T R N W S I D T	V I S I T			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754

COUNT VERIFY
 OFFICIAL PREPARING COUNT
 OFFICIAL TAKING COUNT
 COUNT CLEARED TIME



9/1/10 10:30 PM

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
21:27:58

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	89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0002		86272-054	MONTAS	08-09-2019	K06-148U	SUICIDE OR UNASSG
0003		91349-053	NOBOA	08-09-2019	K07-009L	FS AM SUICIDE OR
0004		85377-054	WEBER	08-09-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mersey KS	13.		
2.	91349-053	Noboa KS	14.		
3.	85377-054	Weber KS	15.		
4.	86272-054	Montas KN	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19
Count: 86 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
Count: 78 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 88 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: AS + 1 Date: 8/9/2019
Count: 1 Time: 10:00 PM

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/9/19
Count: 88 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
Count: 78 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-9-19
Count: 43 + 1 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 Time: 10:00 PM

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 8-9-19
Count: 93 Time: 10:00 PM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

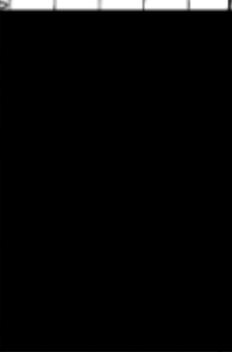
Metropolitan Correctional Center
Official Count Slip

Unit: HS Date: 8/19/19
 Count: 135 Time: 10:00

Print Name: 
 Signature: 
 Print Name: _____
 Signature: _____

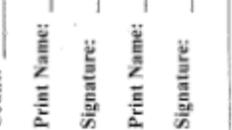
Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/19/19
 Count: 10 Time: 10:00 PM

Print Name: 
 Signature: 
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/19/19
 Count: 4 Time: 10:00 PM

Print Name: 
 Signature: 
 Print Name: _____
 Signature: _____

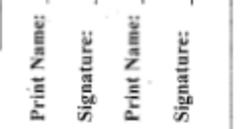
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/19/19
 Count: 4 Time: 10:00 PM

Print Name: 
 Signature: 
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/19/19
 Count: 26 Time: 10:00 PM

Print Name: 
 Signature: 
 Print Name: _____
 Signature: _____

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	M S	R & D	S A N W	T R I S	V I S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	.	84	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	79	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	86	.	.	.	.	.	.	.	.	.	.	.	.	.	86	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	137	.	.	.	.	.	.	.	.	.	.	.	.	.	137	137 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2	.	759	757

COUNT VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbal: 12:35 am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 12⁰¹ AM

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	Bama EN	13.		
2.	85621-054	Torres ES	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 1 E-S 1 G-N _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 12-9-19
Count: 13 Time: 8:10 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GA Date: 8/9/19
Count: 78 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 12-9-19
Count: 26 Time: 8:11 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: FA Date: 8/9/19
Count: 80 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8-8-19
Count: 78 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: FA Date: 8-8-19
Count: 83 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 89 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-19
Count: 85 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

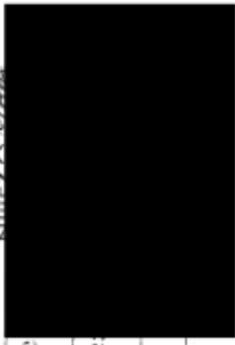
Unit: CA Date: 8/9/19
Count: 10 Time: 12:01 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Z13 Date: 8-9-19
 Count: 5 Time: 2:01 AM

1. Print Name: _____
 1. Signature: _____
 2. Print Name: _____
 2. Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 12-01-19
 Count: 2 Time: 8:11 AM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 46 Date: 8/19
 Count: 137 Time: 12:01 PM

Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: Z.A Date: 8/19
 Count: 77 Time: 12:01 PM

Print Name: M. G. G. M. S.
 Signature: _____
 Print Name: _____
 Signature: _____

