

kg
7-17-21

| COUNT AREA | CENSUS | O U T C O U N T S E C T I O N | | | | | | | | | | | V T | O C | V E R I F Y | C O U N T | C O U N T | A R E A |
|---------------|--------|-------------------------------|-------------|-------------|-------------|--------|------------------|--------|-------------|--------------------------------------|--------------------------------------|--------------------------------------|--------|--------|----------------------------|-----------------------|-----------------------|------------------|
| | | 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 | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|-------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------|-----|-----|
| B-A | 26 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | X | 26 | B-A |
| C-A | 10 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | X | 10 | C-A |
| E-N | 84 | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | . | X | 84 | E-N |
| E-S | 79 | . | . | . | . | . | . | . | . | . | . | . | 1 | . | . | 1 | . | X | 78 | 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 | . | . | . | . | 1 | . | . | . | 3 | . | | 757 | |

COUNT VERIFY

OFFICIAL PREPARING COUNT

OFFICIAL TAKING COUNT

COUNT CLEARED TIME: 6:00am


Good verbal: 5⁴³ Aug

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 AM

FROM: 

LOCATION: Hosp

APPROVED: (Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|-----------|---------|-------|------|------|
| 1. | 76256-054 | DAVILA | 11N | 13. | |
| 2. | 48816-066 | 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 (7) E-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: (18)

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
04:58:00

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
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE:

8-9-2019

COUNT TIME:

5:00PM

FROM:



LOCATION:

S:BA

APPROVED

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|-------|------------------|---------------|-------|------|------|
| 1. | <u>57084-056</u> | <u>WARRIS</u> | 13. | | |
| 2. | | <u>ES</u> | 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
Count: 88 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR Date: 8/9/19
Count: 1 Time: 5:00AM

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: 5:00AM

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: 6:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 77 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/9/19
Count: 136 Time: 6:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-09-2019
Count: 84 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-9-19
Count: 78 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 8-9-19
Count: 85 Time: 5:00AM

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: 5:00 AM

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: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19

Count: 1 Time: 5:00 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: 5:00 AM

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: 5:00 AM

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