

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

Handwritten: 12-11-21

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 S	H O S	M S	R & D	S A N	T R N	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	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	79	.	.	.	.	3	.	.	.	.	.	.	.	3	X	76	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	.	8	2	.	.	.	.	.	.	10	X	127	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	.	.	.	.	11	2	.	.	.	.	.	.	13	743		

COUNT VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Handwritten: Good Verbal: 5:02 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-10-19 COUNT TIME: 400pm

FROM:  LOCATION: Food service

APPROVED:  (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 79965-054	Thomas	K-S	13.		
2. 86022-054	Reingoud	K-S	14.		
3. 77863-112	Bong	K-S	15.		
4. 08483-066	Clark	E-S	16.		
5. 51702-069	Estrada	K-S	17.		
6. 76161-054	Granados	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 85996-054	Martinez	K-S	20.		
9. 86026-054	Merchant	K-S	21.		
10. 89673-053	Mersey	E-S	22.		
11. 86022-054	Reingoud	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 8 R-A _____ Z-A _____ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMAQ 530*05 *
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INMATE ROSTER

* 08-10-2019
16:15:10

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	08-10-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-10-2019	E12-593U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	08-10-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-10-2019	K07-007L	FS PM
0005		50659-018	KIRK	08-10-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-10-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-10-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-10-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-10-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-10-2019	K10-045U	FS PM
0011		79965-054	THOMAS	08-10-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530*05 *
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INMATE ROSTER

* 08-10-2019
16:08:07

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	85771-054	MILLER	08-10-2019	K11-054L	FS AM SUICIDE OR
0002		78025-053	NUNEZ	08-10-2019	K09-033U	SUICIDE OR UNASSG

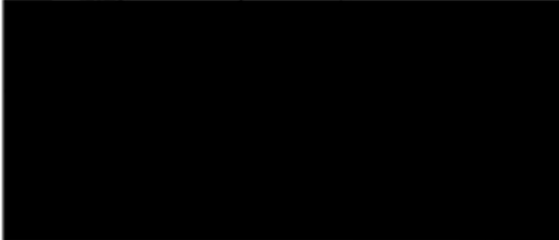
G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/10/19

COUNT TIME: 4:00 pm

FROM: 

LOCATION: Hosp

APPROVED:

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	75025-053	NUNEZ KS	13.		
2.	55721-054	MOLLEY 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: F/S Date: 8-10-19
Count: [Redacted]
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08/10/2019
Count: 83 Time: 4:00pm
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HN Date: 08/10/19
Count: 89 Time: Ham
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8-10-19
Count: 4 Time: 400/PM
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8-10-19
Count: 87 Time: 4:00pm
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8-10-19
Count: 21 Time: 400
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: 20 Date: 8-10-19
Count: [Redacted]
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8-10-19
Count: 10 Time: 4:00pm
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8-10-19
Count: 2 Time: 400
Print [Redacted]
Sign [Redacted]
Print [Redacted]
Sign [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/10/19
 Count: 86 Time: 4:00pm

Print
Sign
Print
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date: 8-10-19
 Count: 76

Print
Sign
Print
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
 Count: 73 Time: 4:00pm

Print
Sign
Print
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8-10-19
 Count: 127

Print
Sign
Print
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: SA Date: 08-10-19
 Count: 78 Time: 4:00pm

Print
Sign
Print
Sign