Metropolitan Correctional Center
Official Count Slip

Unit: 3A Date: 8/11/19

Count: (b)(7)(F) Time: 3:50 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 4B Date: 8/11/19

Count: (b)(7)(F) Time: 3:55 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 4 SO Date 8/11/19

Count: (b)(7)(F) Time: 3 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/11/19

Count: (b)(7)(F) Time: 3 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8/11/19

Count: (b)(7)(F) Time: 3A.M.

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08/11/19

Count: (b)(7)(F) Time: 0300

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/11/19

Count: (b)(7)(F) Time: 3CCAM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Metropolitan Correctional Center
Official Count Slip

Unit: 6S **Date:** 8/11/19

Count: (b)(7)(F) **Time:** 2000 a

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN **Date** 8/11/19

Count: (b)(7)(F) **Time:** 300 AM

Print Name: (b)(6); (b)(7)(C)

Signature: (b)(6); (b)(7)(C)

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA **Date:** 8/11/2019

Count: (b)(7)(F) **Time:** 0300 Am

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K-3 Date 8/11/19

Count: (b)(6); (b)(7)(C) Time: 3:00 Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 08-11-2019

Count: (b)(7)(F) Time: 3:00 A.M

Print Name (b)(6); (b)(7)(C)

Signature

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2B **Date:** 8/11/19

Count: (b)(7)(F) **Time:** 3:00 AM

1. **Print Name:** (b)(6); (b)(7)(C)
1. **Signature:**
2. **Print Name:** (b)(6); (b)(7)(C)
2. **Signature:**

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 22:50:12
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF COUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOUNT	VERIFY COUNT	COUNT AREA
B-A	(b)(7)(F)													X	B-A
C-A														X	C-A
E-N														X	E-N
E-S							1						1	X	E-S
G-N														X	G-N
G-S														X	G-S
H-A														X	H-A
I-N														X	I-N
K-N														X	K-N
K-S							1						1	X	K-S
R-A														X	R-A
Z-A														X	Z-A
Z-B														X	Z-B
TOTAL							2						2		

COUNT VERIFY X

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 0 (b)(7)(F)

Good verbal.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-19 **COUNT TIME:** 1201 AM

FROM: (b)(6); (b)(7)(C) **LOCATION:** Hosp
(Staff Member Preparing Out Count)

APPROVED: (b)(6); (b)(7)(C)
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
(b)(6); (b)(7)(C)		115	13.		
		55	14.		
			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 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 22:49:37

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	(b)(6); (b)(7)(C)		08-10-2019	E07-555L	ORD CCS SUICIDE OR
0002				08-10-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 13 P Date: 8/11/19

Count: (b)(7)(F) Time: 12:01 am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 14 P Date: 8/17/19

Count: (b)(7)(F) Time: 12:01 am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date 8/11/19

Count: (b)(7)(F) Time: 1201AM

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/11/19

Count: (b)(7)(F) Time: 1201Am

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4 OSP Date: 8/11/19

Count: (b)(7)(F) Time: 12 01 am

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: G S **Date:** 8-11-19

Count: (b)(7)(F) **Time:** 12:01am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/11/19

Count: (b)(7)(F) Time: 12:01 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 8/11/19

Count: (b)(7)(F) **Time:** 12:01 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 7 N Date 8/11/19

(b)(7)(F)

Count: Time: 12 0 Am

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/11/2019

(b)(7)(F)

Count: , Time: 1201

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-11-19

(b)(7)(F)

Count: Time: 12:01Am

(b)(6); (b)(7)(C)

1. Print Name:

1. Signature:

2. Print Name:

2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 08-11-2019

Count: (b)(7)(F) Time: 12:01 A.M.

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date 8/11/19

Count: (b)(7)(F) Time: 12 01 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

NYMBM 4530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 01:41:50
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	OUT OF NYS	COUNT OFFS	HOSP	MS	SECTION R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	(b)(7)(F)														(b)(7)(F)	B-A
C-A																C-A
E-N								1						1		E-N
E-S																E-S
G-N																G-N
G-S																G-S
H-A															(b)(7)(F)	H-A
I-N																I-N
K-N																K-N
K-S								1						1		K-S
R-A																R-A
Z-A																Z-A
Z-B																Z-B
TOTA								2						2		

COUNT VERIFY

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT: 19 (b)(7)(F)
COUNT CLEARED TIME: (b)(7)(F)

Good verbal.

INMATE ROSTER * 08-11-2019 01:35:20

:NYMBM : 530*05 *
PAGE 001 OF 001

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER	CATG	ASSIGNMENT	NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
			0001	HOSP	(b)(6); (b)(7)(C)		08-11-2019	E06-546L	SUICIDE OR UNASSG
			0002				08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 5AM

FROM: (b)(6); (b)(7)(C)
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: (b)(6); (b)(7)(C)
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		KS
2.			EN
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	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.

Metropolitan Correctional Center
Official Count Slip

Unit: 3A Date: 8/11/19

Count: (b)(7)(F) Time: 5 00 Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date 8/11/19

Count: (b)(7)(F)

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4A Date: 8/11/19

Count: (b)(7)(F) Time: 5 00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/11/19

Count: (b)(7)(F) Time: 5AM

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ENE Date 08/11/19

Count: (b)(7)(F) Time: 0500

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/11/19

Count: (b)(7)(F) Time: 500AM

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name

Metropolitan Correctional Center
Official Count Slip

Unit: 4S Date 8-11-19

Count: (b)(7)(F) Time: 5:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Nar (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date 8/11/19

Count: (b)(7)(F) Time: 5 A.M.

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 8/11/19

Count: (b)(7)(F) **Time:** 5:00 am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 5N **Date** 8/11/19

Count: (b)(7)(F) **Time:** 5:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 08-11-2019

Count: (b)(7)(F) Time: 5:00A.M

Print Nam (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/11/2019

Count: (b)(7)(F) Time: 0500 Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8/11/19

Count: (b)(7)(F) Time: 5:00AM

1. Print Name: (b)(6); (b)(7)(C)

1. Signature:

2. Print Name:

2. Signature:

NYMBM 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 01:41:50
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OUTFNYS	COUNTOFFS	HOSP	MS	SECR&D	TSANI	ONTRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	(b)(7)(F)														(b)(7)(F)	B-A
C-A																C-A
E-N							1						1			E-N
E-S																E-S
G-N																G-N
G-S																G-S
H-A																H-A
I-N																I-N
K-N																K-N
K-S							1						1			K-S
R-A																R-A
Z-A																Z-A
Z-B																Z-B
TOTAL							2						2			

COUNT VERIFY X

OFFICIAL PREPARING COUNT (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT: (b)(7)(F)
COUNT CLEARED TIME:

Good verbal: (b)(7)(F)

NYMBK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 09:37:53
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	OUT OF NYS	COUNT OFS	COUNT HOSP	MS	SEC R&D	SECTION SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT AREA
B-A	(b)(7)(F)	.	.	.	.	.	.	.	.	.	.	.	.		B-A
C-A		.	.	.	.	.	.	.	.	.	.	.	.		C-A
E-N		.	.	.	.	.	1	.	.	.	.	.	1		E-N
E-S		.	.	.	.	1	.	.	.	.	.	.	1		E-S
G-N		.	.	.	.	.	.	.	.	.	.	.	.		G-N
G-S		.	.	.	.	.	.	.	.	.	.	.	.		G-S
H-A		.	.	.	.	.	.	.	.	.	.	.	.		H-A
I-N		.	.	.	.	.	.	.	.	.	.	.	.		I-N
K-N		.	.	.	.	.	.	.	.	.	.	.	.		K-N
K-S		.	.	.	.	15	1	.	.	.	.	.	16		K-S
R-A		.	.	.	.	.	.	.	.	.	.	.	.		R-A
Z-A		1	.	.	.	.	.	.	.	.	.	.	1		Z-A
Z-B		.	.	.	.	.	.	.	.	.	.	.	.		Z-B
TOTAL		1	.	.	.	16	2	.	.	.	.	.	19		

(b)(7)(F)

COUNT VERIFY

OFFICIAL PREPARING COUNT (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT
COUNT CLEARED TIME (b)(7)(F)

GOOD VERBAN

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

COUNT TIME: 10:00

DATE: 8-11-19

LOCATION: 8A4

FROM: [redacted] Out Count)

APPROVED: [redacted] utenant)

	REG #	NAME	UNIT
1.	[redacted]		2A
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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.

```
* NYMBH  530*05 *                INMATE ROSTER                    *     08-11-2019
PAGE 001 OF 001                                                          09:38:26
                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       (b)(6); (b)(7)(C)                08-11-2019 Z05-124LAD UNASSG


G0000       TRANSACTION SUCCESSFULLY COMPLETED
```

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/11/2019 TIME: 10:00AM

FROM: (b)(6); (b)(7)(C)
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	(b)(6); (b)(7)(C)		KS	21			
2			KS	22			
3			KS	23			
4			KS	24			
5			KS	25			
6			KS	26			
7			KS	27			
8			KS	28			
9			KS	29			
10			KS	30			
11			KS	31			
12			KS	32			
13			KS	33			
14			KS	34			
15			ES	35			
16			KS	36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A ____ C-A ____ E-N ____ E-S 1 ____
G-N ____ G-S ____ I-N ____ K-S 15
K-N ____ Z-A ____ Z-B ____ R-A ____
H-A ____

TOTAL ON OUT COUNT: 16

(b)(6); (b)(7)(C)
Approving

Out-counts will be sub[illegible] (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.

NYMH4 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 09:09:01

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	(b)(6); (b)(7)(C)		08-11-2019	E10-579L	WAREHOUSE
0002				08-11-2019	K07-011U	FS AM
0003				08-11-2019	K09-031U	FS AM
0004				08-11-2019	K11-053U	FS AM
0005				08-11-2019	K07-008L	FS AM
0006				08-11-2019	K08-016L	FS AM
0007				08-11-2019	K11-054L	FS AM
						SUICIDE OR
0008				08-11-2019	K08-014L	FS AM
0009				08-11-2019	K11-055U	FS AM
0010				08-11-2019	K08-019U	FS AM
0011				08-11-2019	K08-020U	FS AM
0012				08-11-2019	K07-001L	FS AM
0013				08-11-2019	K08-013U	FS AM
						UNASSG
0014				08-11-2019	K11-052L	FS AM
0015				08-11-2019	K11-060L	PLUMBING
0016				08-11-2019	K11-053L	FS WAREHOU
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 10 AM

FROM: [redacted] **LOCATION:** Hosp

(Staff Me[redacted]unt)

APPROVED: [redacted]

(O[redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
[redacted]		EN	13.		
[redacted]		KS	14.		
			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	1	R-A		Z-A		Z-B			

Total Out-Counted: 2

This form must be submitted to the Counts and Assignments Officer <u>FORTY-FIVE MINUTES PRIOR</u> 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.

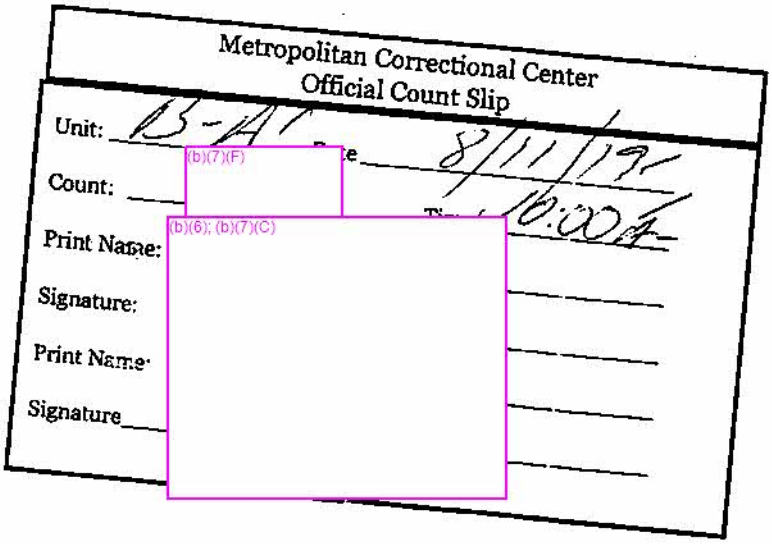
NYMBH 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 09:06:52

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	(b)(6); (b)(7)(C)		08-11-2019	K12-062U	FS PM SUICIDE OR
0002				08-11-2019	E03-524U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



Metropolitan Correctional Center
Official Count Slip

Unit: 13-A Date 8/11/19

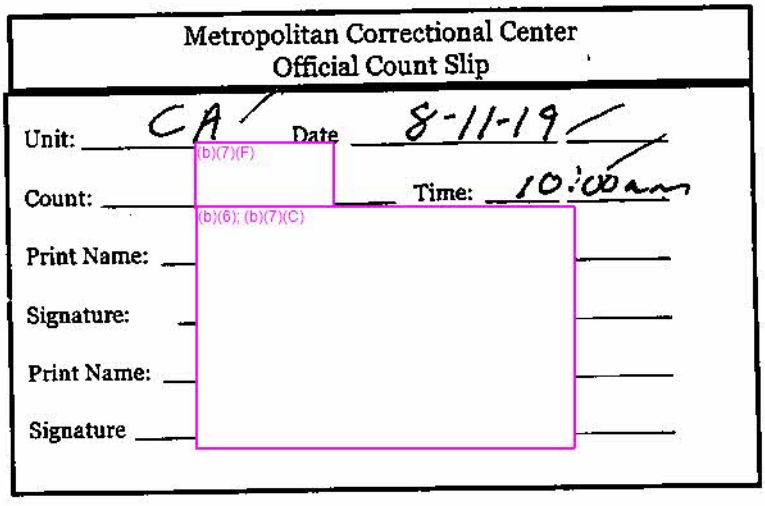
Count: (b)(7)(F) Time: 10:00A

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature



Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8-11-19

Count: (b)(7)(F) Time: 10:00 am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: E-N Date 09/11/19

(b)(7)(F)

Count: _____ Time: 1200

(b)(6); (b)(7)(C)

Print Name: _____

Signature: _____

Print Name: _____

Signature _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 9/11/19

(b)(7)(F)

Count: _____ Time: 10 AM

(b)(6); (b)(7)(C)

Print Name: _____

Signature: _____

Print Name: _____

Signature _____

Metropolitan Correctional Center
Official Count Slip

Unit: GJ Date 8-11-19

(b)(7)(F)

Count: Time: 1022 am

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/11/19

(b)(7)(F)

Count: Time: 10:00

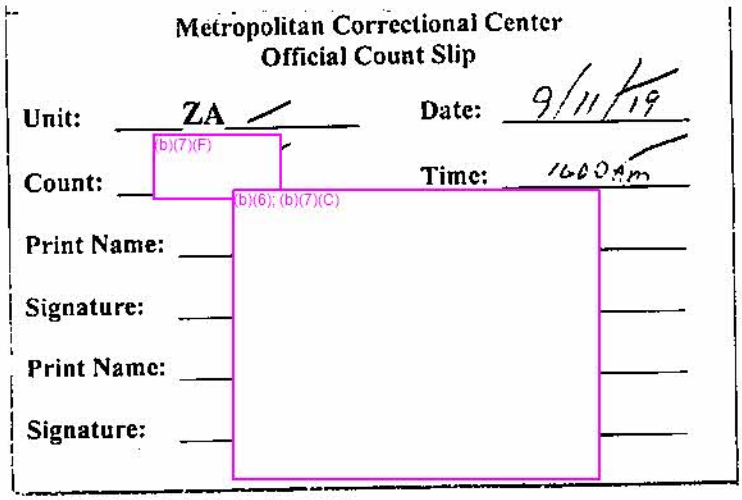
(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:



Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 9/11/19

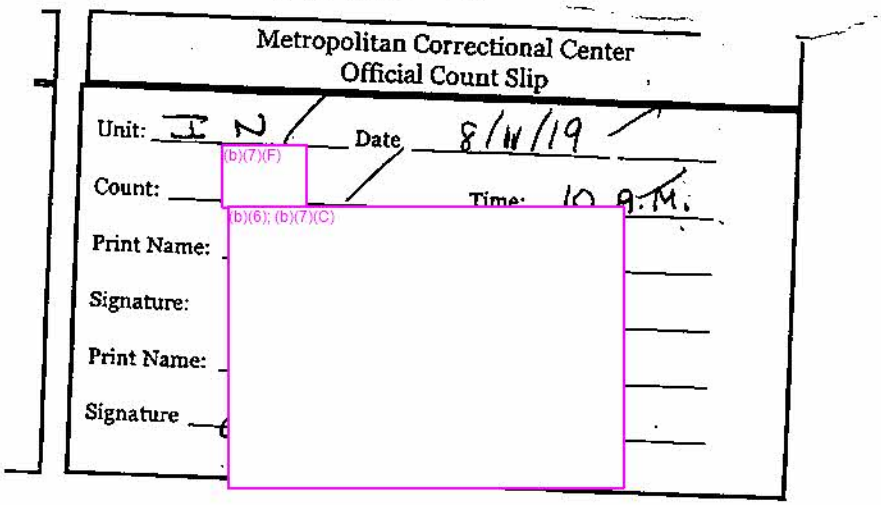
Count: (b)(7)(F) Time: 1600Hrs

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:



Metropolitan Correctional Center
Official Count Slip

Unit: I N Date 8/11/19

Count: (b)(7)(F) Time: 10 9:M.

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2 B **Date:** 8-11-19

Count: (b)(7)(F) **Time:** 1000 AM

1. **Print Name:** (b)(6); (b)(7)(C)
1. **Signature:**
2. **Print Name:**
2. **Signature:**

Metropolitan Correctional Center
Official Count Slip

Unit: K-N **Date** 8-11-2019

Count: (b)(7)(F) **Time:** 10:00AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4-3 Date 8-11-19

Count: (b)(7)(F) Time: 1000 Hrs

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 4A4 Date: 8-11-19

Count: 1 (b)(7)(F) Time: 10:00

1. Print Name: (b)(6); (b)(7)(C)

1. Signature:

2. Print Name:

2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FS (b)(7)(F) **Date:** 8/11/19

Count: **Time:** 10:00 am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: [illegible] Date 8/11/19

Count: (b)(7)(F) Time: 10:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: [illegible] Date 8/11/19

Count: (b)(7)(F) Time: 10:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8-11-19

Count: (b)(7)(F) Time: 405 pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 08/11/19

Count: (b)(7)(F) Time: 4pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-11-19

Count: (b)(7)(F) Time: 4pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: E N Date 8/11/19

Count: (b)(7)(F) Time: 4:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-11-19

Count: (b)(7)(F) Time: 4:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 3 N Date 8/11/19

Count: (b)(7)(F) Time: 400 pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6 North Date 8/11/19
Count: (b)(7)(F) Time: 4:00pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4-A Date 8/11/19
Count: (b)(7)(F) Time: 4:00pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5-A Date 8/11/19
Count: (b)(7)(F) Time: 4:00pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 21:23:49
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NY E	OUT OF NY S	COUNT OF S	HOSP	MS	SR & D	SAN I	TRN WDV	VISIT	OCUO TUN T	VERIFY COUNT	COUNT AREA
B-A	(b)(7)(F)													X	(b)(7)(F) -A
C-A														X	-A
E-N							1						1	X	-N
E-S							1						1	X	-S
G-N														X	-N
G-S														X	-S
H-A														X	-A
I-N														X	-N
K-N														X	-N
K-S														X	-S
R-A														Ø	-A
Z-A														X	-A
Z-B														X	-B
TOTAL							2						2		

COUNT VERIFY X

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: (b)(7)(F)

good VERBAL — (b)(7)(F) PM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-12 **COUNT TIME:** 1600 pm

FROM: (b)(6); (b)(7)(C) **LOCATION:** Hosp
(Staff Member Preparing Out Count)

APPROVED: (b)(6); (b)(7)(C)
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		5S	13.			
2.			5N	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: 7

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 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 21:23:08

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	(b)(6); (b)(7)(C)		08-11-2019	E05-539L	SUICIDE OR UNASSG
0002				08-11-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Unit: H6S2 Date 8.11.19

Count: (b)(7)(F) Time: 10:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5A Date 8.11.19

Count: (b)(7)(F)

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4A Date 8.11.19

Count: (b)(7)(F)

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Official Count Slip

Unit: EN Date 8/11/19

Count: (b)(7)(F) Time: 16:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/11/19

Count: (b)(7)(F) Time: 1000 Pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-11-19

Count: (b)(7)(F) Time: 1200 pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 8/11/2019

Count: (b)(7)(F) **Time:** 10:00pm

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-11-19

Count: (b)(7)(F) Time: 10:00pm

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8/11/19

Count: (b)(7)(F) Time: 1000 pm

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 8-11-19

Count: [redacted] 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: 7B Date: 8/11/19

Count: [redacted] Time: 10pm

1. Print Name: [redacted]

1. Signature: [redacted]

2. Print Name: [redacted]

2. Signature: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date 8/11/19

Count: (b)(7)(F) Time: 10:00PM

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 08/11/2019

Count: (b)(7)(F) Time: 10:00pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

MH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 15:41:05
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OFFNYS	FSP	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT AREA
B-A	(b)(7)(F)	.	.	.	.	.	.	.	.	.	.	.	.	X	B-A
C-A		.	.	.	.	.	.	.	.	.	.	.	.	X	C-A
E-N		.	.	.	.	.	.	.	.	.	.	.	.	X	E-N
E-S		.	.	.	.	3	.	.	.	.	.	.	3	X	E-S
G-N		.	.	.	.	.	.	.	.	.	.	.	.	X	G-N
G-S		1	.	.	.	.	.	.	.	.	.	.	1	X	G-S
H-A		.	.	.	.	.	.	.	.	.	.	.	.	X	H-A
I-N		1	.	.	.	.	.	.	.	.	.	.	1	X	I-N
K-N		.	.	.	.	.	.	.	.	.	.	.	.	X	K-N
K-S		.	.	.	1	10	2	.	.	.	.	.	13	X	K-S
R-A		.	.	.	.	.	.	.	.	.	.	.	.	X	R-A
Z-A		1	.	.	.	.	.	.	.	.	.	.	1	X	Z-A
Z-B		.	.	.	.	.	.	.	.	.	.	.	.	X	Z-B
TOTAL		3	.	.	1	13	2	.	.	.	.	.	19		
COUNT VERIFY		X			X	X	X								

(b)(7)(F)

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: (b)(7)(F)

Good Verbal (b)(7)(F)

Metropolitan Correctional Center
Official Count Slip

Unit: 4A
Date: 8/9/19
Time: 4:00pm
Count: (b)(7)(F)
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name: (b)(6); (b)(7)(C)
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 8A
Date: 8/9/19
Time: 4:00pm
Count: (b)(7)(F)
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name: (b)(6); (b)(7)(C)
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/9/19

Count: (b)(7)(F) Time: 4:00 pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8/9/19

Count: (b)(7)(F) Time: 4:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 08-09-19

Count: (b)(7)(F) Time: 400 pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name: (b)(6); (b)(7)(C)

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-09-19

Count: (b)(7)(F) Time: 400pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 8-9-18

Count: (b)(7)(F) **Time:** 4:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 8-9-19

Count: (b)(7)(F) **Time:** 4:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: TN Date 8/9/2019

Count: (b)(7)(F) Time: 4 0 a p m

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: TN Date 8/9/19

Count: (b)(7)(F)

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19

Count: (b)(7)(F) Time: 4:00

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-9-19

Count: (b)(7)(F) Time: 4:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 4H4 **Date:** 8-9-19

Count: [redacted] **Time:** 400pm

Print Name: [redacted]

Signature: [redacted]

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 14-5 Date 8-9-19

Count: [redacted] Time: 4pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS Date: 08/09/2019

Count: (b)(7)(F) Time: 4:00 Pm

1. Print Name: (b)(6); (b)(7)(C)

1. Signature:

2. Print Name:

2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FS **Date:** 8/9/19

Count: (b)(7)(F) **Time:** 4 00 P

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 15:36:11
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	OUT OF NYS	COUNT OFFS	COUNT HOSP	COUNT MSS	SECTION SR&D	SECTION SANI	SECTION TRNWDV	VISIT	OCCUR OUNT	VERIFY COUNT	COUNT AREA
B-A	(b)(7)(F)													(b)(7)(F)	B-A
C-A															C-A
E-N		1											1		E-N
E-S							2	1					3		E-S
G-N															G-N
G-S															G-S
H-A															H-A
I-N															I-N
K-N															K-N
K-S							10	1					11		K-S
R-A															R-A
Z-A															Z-A
Z-B															Z-B
TOTAL		1					12	2					15		
COUNT VERIFY		X					X	X							

OFFICIAL PREPARING COUNT (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal (b)(7)(F)

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 4PM

FROM: (b)(6); (b)(7)(C) **LOCATION:** Hosp

APPROVED: (b)(6); (b)(7)(C)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	(b)(6); (b)(7)(C)	KS	13.		
2		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		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 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:33:43

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	(b)(6); (b)(7)(C)		08-11-2019	E10-573L	EDUCATION SUICIDE OR
0002				08-11-2019	K11-054L	FS AM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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

Date: 8-11-19 Time 4:00PM

Location: Atty Staff supervising count: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Operations Lieutenant's Approval

REG. NO.	NAME	UNIT	REG. NO.	NAME	UNIT
(b)(6); (b)(7)(C)		EN			

Total Count For Department: _____

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____

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.

NYMAQ 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:34:27

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	(b)(6); (b)(7)(C)		08-11-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/11//2019 TIME: 4PM

FROM: (b)(6); (b)(7)(C) LOCATION: F/S
Staff Supervising Out-Count

	Number	Name	Unit		Number	Name	Unit
1	(b)(6); (b)(7)(C)		KS	21			
2			KS	22			
3			KS	23			
4			KS	24			
5			KS	25			
6			ES	26			
7			KS	27			
8			KS	28			
9			ES	29			
10			KS	30			
11			KS	31			
12			KS	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 _2_____ G-N ____ G-S ____ I-N ____ K-S _10_ K-N ____ Z-A ____ Z-B ____ R-A __ H-A____

TOTAL ON OUT COUNT: 12

(b)(6); (b)(7)(C)

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.

NYMH4 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:19:08

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	(b)(6); (b)(7)(C)		08-11-2019	K12-062U	FS PM SUICIDE OR
0002				08-11-2019	K12-065U	FS PM SUICIDE OR
0003				08-11-2019	K09-025U	FS PM
0004				08-11-2019	K07-007L	FS PM
0005				08-11-2019	E07-556U	FS PM
0006				08-11-2019	K09-027U	FS PM
0007				08-11-2019	K12-061L	FS PM
0008				08-11-2019	E12-592U	FS PM SUICIDE OR
0009				08-11-2019	K12-078U	FS PM
0010				08-11-2019	K10-045U	FS PM
0011				08-11-2019	K08-074U	FS PM
0012				08-11-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2B Date: 8-11-19

Count: (b)(7)(F) Time: 400pm

1. Print Name: (b)(6); (b)(7)(C)
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: A-Unit Date: 8-11-19

Count: (b)(7)(F) Time: 4:00PM

1. Print Name: (b)(6); (b)(7)(C)
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FS **Date:** 8/11/19

Count: (b)(7)(F) **Time:** 4pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 8-11-2019

Count: (b)(7)(F) Time: 4:00PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/11/19

Count: (b)(7)(F) Time: 4:00pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8-11-19

Count: (b)(7)(F) Time: 4:00pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Control

NYMD4 530*07 * POPULATION MONITORING CENSUS/ROSTER * 08-09-2019
PAGE 001 * GENERALIZED RETRIEVAL * 01:20:18

FUNCTION: R-P
ZERO/NBR: NO
OPTION:
DUP SUPR: YES
COLUMNS 1: REG 2: LN 3: LN2 4: FN 5: ARSD 6: ARS 7: 8:

SELECTION CATEGORY: QTR EQ ALL
ORGANIZATION: FACL EQ NYM
TYPE OF FACILITY: TOF EQ T
FACILITY MANAGED BY: FMB EQ AP
SEQ: 234 NP:
JUDG: C SORT COL: COL SEQ:

CONDITIONS (GRP 1) OR CONDITIONS (GRP 2) OR CONDITIONS (GRP 3) OR CONDITIONS (GRP 4)
CMCI NE G
CMCI NE P

(b)(6); (b)(7)(C)

(b)(7)(F)

G TOT
G0002 MORE PAGES TO FOLLOW . . .

NYMD4 530*07 * ROSTER * 08-09-2019
01:20:18
.PAGE 006

CRR	SPECIFIC	REG	LN	FN	ARSD	ARS
[redacted]						
Z04A	Z04-206LAD	76318-054	EPSTEIN	JEFFREY	07-08-2019	A-PRE

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 15:39:36

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	(b)(6); (b)(7)(C)		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

Count Time: 4:00 pm

From: (b)(6); (b)(7)(C)
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

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

(b)(6); (b)(7)(C)

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.

NYMH3 532.01 * DAILY LOG * 08-09-2019
PAGE 001 * * 21:30:45

FUNCTION.....: DIS SELECTION CATEGORY: QTR EQ ALL FACL..: NYM
LOG START DATE: 08-09-2019 NEXT/PRIOR: F ACT/FUT/HIS: A FORMAT: T
LOG END DATE..: 08-09-2019

REG NO NAME

(b)(6); (b)(7)(C)

FROM	TO	---EFFECTIVE--- DATE	TIME	--ENTRY--- TID	TIME
I02-909U	I06-942L	08-09-2019	1815	NYMBL	1815
G01-703U	G03-720U	08-09-2019	1806	NYMHG	1806
E01-506L	PRE REMOVE	08-09-2019	0838	NYMGZ	0838
H01-001L	E02-511U	08-09-2019	1310	NYMIE	1310
E02-513U	PRE REMOVE	08-09-2019	0838	NYMGZ	0838
BAIL/BOND	R01-001L	08-09-2019	2011	NYMD4	2012
R01-001L	G10-778L	08-09-2019	2130	NYMHG	2130
E09-568U	GCT REL	08-09-2019	1024	NYMGZ	1024
Z06-217UAD	H01-002L	08-09-2019	2021	NYMH3	2021
K02-109U	Z06-218UAD	08-09-2019	2028	NYMGI	2028
I06-942L	I06-943L	08-09-2019	1816	NYMBL	1816
Z05-117LAD	E09-566L	08-09-2019	1834	NYMF3	1834
E09-566L	E08-562U	08-09-2019	1950	NYMF3	1950
I05-940U	ADM CHANGE	08-09-2019	1218	NYMCM	1219

G0002 MORE PAGES TO FOLLOW . . .

NYMH3 532.01 * DAILY LOG * 08-09-2019
PAGE 002 * * 21:30:45

FUNCTION.....: DIS SELECTION CATEGORY: QTR EQ ALL FACL..: NYM
LOG START DATE: 08-09-2019 NEXT/PRIOR: ACT/FUT/HIS: A FORMAT: T
LOG END DATE..: 08-09-2019

(b)(6); (b)(7)(C)

REG NO	NAME	FROM	TO	---EFFECTIVE--- DATE	TIME	--ENTRY--- TID	TIME
		ADM CHANGE	I05-940U	08-09-2019	1219	NYMCM	1219
		I03-920U	K06-143U	08-09-2019	1522	NYMIH	1522
		TRTY TRANS	I06-941L	08-09-2019	0303	NYMA8	0304
		I06-941L	TRTY TRANS	08-09-2019	1440	NYMGZ	1441
		K12-069U	L HOSP USM	08-09-2019	0842	NYMGZ	0843
		L HOSP USM	K12-069U	08-09-2019	1244	NYMCM	1244
		RELEASE 08	R01-001L	08-09-2019	1123	NYMGZ	1124
		R01-001L	E09-568L	08-09-2019	1234	NYMIE	1234
		BAIL/BOND	R01-001L	08-09-2019	1838	NYMD4	1839
		R01-001L	K04-131U	08-09-2019	2001	NYMH3	2001
		K06-145U	I01-903U	08-09-2019	1521	NYMIH	1521
			R01-001L	08-09-2019	2035	NYMD4	2036
		R01-001L	G11-783L	08-09-2019	2129	NYMHG	2129
		I03-922U	ADM CHANGE	08-09-2019	1233	NYMCM	1233

G0002 MORE PAGES TO FOLLOW . . .

NYMH3 532.01 * DAILY LOG * 08-09-2019

PAGE 003 OF 003 * * 21:30:45

FUNCTION.....: DIS SELECTION CATEGORY: QTR EQ ALL FACL..: NYM

LOG START DATE: 08-09-2019 NEXT/PRIOR: ACT/FUT/HIS: A FORMAT: T

LOG END DATE..: 08-09-2019

REG NO NAME

(b)(6); (b)(7)(C)

FROM	TO	---EFFECTIVE--- DATE	TIME	--ENTRY--- TID	TIME
ADM CHANGE	I03-922U	08-09-2019	1232	NYMCM	1233
E08-562L	FT REL	08-09-2019	0959	NYMGZ	1000
Z01-107LAD	G10-777L	08-09-2019	1847	NYMHG	1847
Z06-220UAD	PRE REMOVE	08-09-2019	0838	NYMGZ	0838
G03-720U	G06-747L	08-09-2019	1806	NYMHG	1806
Z02-203LAD	Z05-122LAD	08-09-2019	2025	NYMH3	2025
Z06-217LAD	H01-003L	08-09-2019	2022	NYMH3	2022
G07-749L	ADM CHANGE	08-09-2019	1236	NYMCM	1236
ADM CHANGE	G07-749L	08-09-2019	1235	NYMCM	1236

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19 **COUNT TIME:** 4:00

FROM: (b)(6); (b)(7)(C) **LOCATION:** FS
(Staff Member Preparing Out Count)

APPROVED: (b)(6); (b)(7)(C)
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		FS	13.	(b)(6); (b)(7)(C)		KS
2.			FS	14.			
3.			FS	15.			
4.			KS	16.			
5.			KS	17.			
6.			KS	18.			
7.			KS	19.			
8.			KS	20.			
9.			KS	21.			
10.			KS	22.			
11.			KS	23.			
12.			KS	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	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.

NYMGW 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 14:50:28

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		(b)(6); (b)(7)(C)	08-09-2019	K12-062U	FS PM
						SUICIDE OR
0002				08-09-2019	E12-593U	FS PM
0003				08-09-2019	K12-065U	FS PM
						SUICIDE OR
0004				08-09-2019	K09-025U	FS PM
0005				08-09-2019	K07-007L	FS PM
0006				08-09-2019	K11-053U	FS PM
0007				08-09-2019	E07-556U	FS PM
0008				08-09-2019	K09-027U	FS PM
0009				08-09-2019	K12-061L	FS PM
0010				08-09-2019	E12-592U	FS PM
						SUICIDE OR
0011				08-09-2019	K12-078U	FS PM
0012				08-09-2019	K10-045U	FS PM
0013				08-09-2019	K08-074U	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 15:36:31

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	(b)(6); (b)(7)(C)		08-09-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-09-2019	Z04-206LAD	UNASSG
0003		(b)(6); (b)(7)(C)		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] (Staff Member Preparing Count)

LOCATION: Alley

APPROVED: [redacted]

	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA
2.	[redacted]	[redacted]	IN
3	[redacted]	[redacted]	G-S
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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 Out-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 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 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	(b)(6); (b)(7)(C)		08-09-2019	K08-014U	SUICIDE OR UNASSG
0002				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: (b)(6); (b)(7)(C)
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: (b)(6); (b)(7)(C)

	REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		KS
2.			KS
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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.

NYMG3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 22:58:40
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OUTFNYS	COUNT OFFS	HOSP	MS	SECTION R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	(b)(7)(F)														(b)(7)(F)	-A
C-A																-A
E-N							1						1			-N
E-S							1						1			-S
G-N																-N
G-S																-S
H-A																-A
I-N																-N
K-N																-N
K-S																-S
R-A																-A
Z-A																-A
Z-B																-B
TOTAL							2						2			

COUNT VERIFY

OFFICIAL PREPARING COUN (b)(6); (b)(7)(C)
OFFICIAL TAKING COUN
COUNT CLEARED TIME: (b)(7)(F)

Good Verbal. (b)(7)(F)

NYMG3 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 22:57:40

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	(b)(6); (b)(7)(C)		08-08-2019	E03-519L	SUICIDE OR UNASSG
0002				08-08-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 12 01 AM

FROM: (b)(6); (b)(7)(C)
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		EN
2.			ES
3.			
4.			
5.			
6.			
7.			
8.			
9.			
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16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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: 8A

Date: 12:01 AM

Count: (b)(7)(F)

Time: 8/19/19

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature: (b)(6); (b)(7)(C)

Metropolitan Correctional Center
Official Count Slip

Unit: 10 SB

Date: 12:01 AM

Count: (b)(7)(F)

Time: 8/19/19

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature: (b)(6); (b)(7)(C)

NYMD4 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 05:02:49
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF COUNTY	COUNT FOR STATES	HOSP	MSP	SECTION R&D	SAN	TRNWD	VISIT	OCUOTU N T	VERIFY COUNT	COUNT AREA
B-A	(b)(7)(F)												(b)(6); (b)(7)(C)	B-A
C-A														C-A
E-N														E-N
E-S										1		1		E-S
G-N														G-N
G-S														G-S
H-A														H-A
I-N														I-N
K-N						1						1		K-N
K-S						1						1		K-S
R-A														R-A
Z-A														Z-A
Z-B														Z-B
TOTAL						2				1		3		

COUNT VERIFY

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: (b)(7)(F)

Good verbal: (b)(7)(F)

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 Am

LOCATION: Hosp

FROM: (b)(6); (b)(7)(C) (Staff Member Preparing Out Count)

APPROVED: (Operations Lieutenant)

	REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	11N
2.			11S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	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 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 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	(b)(6); (b)(7)(C)		08-09-2019	K05-133U	SUICIDE OR UNASSG
0002				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: (b)(6); (b)(7)(C)
(Staff Member Preparing Out Count)

LOCATION: 5:00Am

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		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.

NYMD4 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 05:02:26

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	(b)(6); (b)(7)(C)		08-09-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 8A **Date:** 8/9/19

Count: (b)(7)(F) **Time:** 5:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA **Date** 8/9/19

Count: (b)(6); (b)(7)(F) **Time:** 5:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8-9-19

Count: (b)(7)(F) Time: 5:00 Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-09-2019

Count: (b)(7)(F) Time: 5:00 A.M

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 8/9/19

Count: (b)(7)(F) **Time:** 5:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HA **Date:** 8/9/19

Count: (b)(7)(F) **Time:** 5:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: G-S **Date:** 8.9.19

Count: (b)(7)(F) **Time:** 5:00 Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN **Date** 8/9/19

Count: (b)(7)(F) **Time:** 5:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date 8/9/19

Count: (b)(7)(F) Time: 500 4

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 8/9/19

Count: (b)(7)(F) CCAM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5S Date 8/9/19

Count: (b)(7)(F) Time: 5:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4N Date 8/9/19

Count: (b)(7)(F) Time: 5:00am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: TWDVR Date 8/9/19

Count: (b)(7)(F) Time: 5:00Am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19

Count: (b)(7)(F) Time: 5:00AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-7-19

COUNT TIME: 4:00pM

LOCATION: Attorney Conf.

FROM: (b)(6); (b)(7)(C) (Out Count)

APPROVED: (b)(6); (b)(7)(C) (Assistant)

	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 15:29:04

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	08-07-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-6-19 **COUNT TIME:** 4:00PM

FROM: (b)(6); (b)(7)(C)
(Staff Member Preparing Out Count)

LOCATION: Att conf

APPROVED (b)(6); (b)(7)(C)
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. (b)(6); (b)(7)(C)			13.		
2. 76318054	Epstein	ZA	14.		
3. (b)(6); (b)(7)(C)			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	1	K-S		R-A		Z-A	2	Z-B	

Total Out-Counted: _____

This form must be submitted to the Counts and Assignments Officer <u>FORTY-FIVE MINUTES PRIOR</u> 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 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 15:41:08

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	(b)(6); (b)(7)(C)				
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003		(b)(6); (b)(7)(C)				
0004						

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/5/19 **COUNT TIME:** 4pm

FROM: (b)(6); (b)(7)(C) **LOCATION:** Atty Conf
(Staff Member Preparing Out Count)

APPROVED: (b)(6); (b)(7)(C)
(Operations Lieutenant)

REG #	NAME	UNIT
1. 76318-054	EPSTEIN	ZA
2. (b)(6); (b)(7)(C)		IN
3.		ZA
4.		IN
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
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 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 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	(b)(6); (b)(7)(C)		08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		(b)(6); (b)(7)(C)		08-05-2019	I01-904L	UNASSG
0004				08-05-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 21:39:31
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NY	OUT FNY S	COUNT OFS	HOSP	MS	SEC R&D	SANI	TRN WDV	VISIT	OCUO TUNT	VERIFY COUNT	COUNT COUNT AREA
B-A	(b)(7)(F)														-A
C-A															-A
E-N															-N
E-S							1						1		-S
G-N															-N
G-S															-S
H-A															H-A
I-N															I-N
K-N															K-N
K-S							1						1		K-S
R-A															R-A
Z-A															Z-A
Z-B															Z-B
TOTAL							2						2		

(b)(7)(F)

COUNT VERIFY

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: (b)(7)(F) pm

Good Verbal:

NYMAQ 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 21:38:27

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	(b)(6); (b)(7)(C)		08-10-2019	E12-592U	FS PM
						SUICIDE OR
0002				08-10-2019	K12-078L	SUICIDE OR
						UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 5-10-19 **COUNT TIME:** 10pm

FROM: (b)(6); (b)(7)(C) **LOCATION:** Hosp
(Staff Member Preparing Out Count)

APPROVED (b)(6); (b)(7)(C)
(Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
(b)(6); (b)(7)(C)		E-S	13.		
		11S	14.		
			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.

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2-B Date: 8-10-19
Count: (b)(7)(F) Time: 10:00 pm
1. Print Name (b)(6); (b)(7)(C)
1. Signature:
2. Print Name
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: E-5 Date 8-10-19
Count: (b)(7)(F) Time: 10 pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN **Date:** 8/10/19

Count: (b)(7)(F) **Time:** 10:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 8-10-19

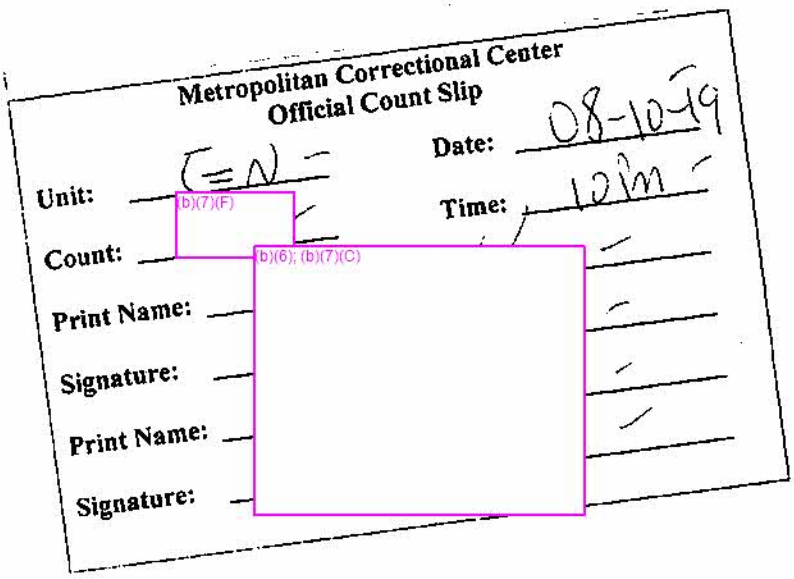
Count: (b)(7)(F) **Time:** 10:00

Print Name: (b)(6); (b)(7)(C)

Signature:

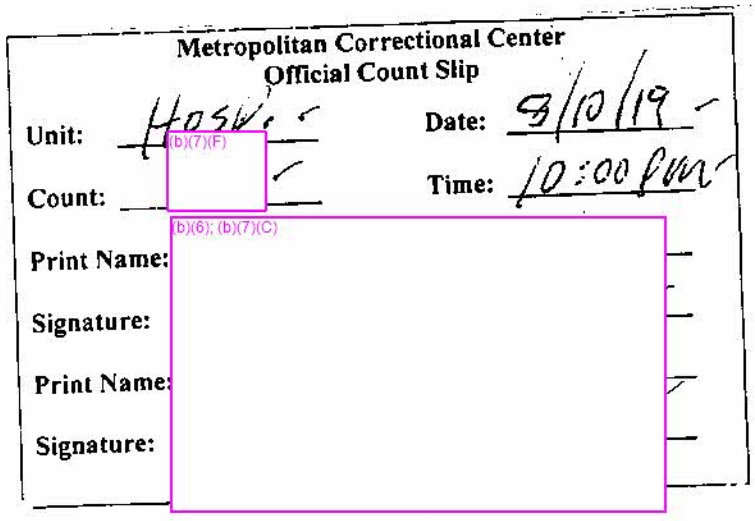
Print Name

Signature:



Metropolitan Correctional Center
Official Count Slip

Unit: CEN
Date: 08-10-19
Time: 10pm
Count:
(b)(7)(F)
(b)(6); (b)(7)(C)
Print Name:
Signature:
Print Name:
Signature:



Metropolitan Correctional Center
Official Count Slip

Unit: HOSU
Date: 8/10/19
Time: 10:00 pm
Count:
(b)(7)(F)
(b)(6); (b)(7)(C)
Print Name:
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K5 - Date 08/10/2019 -

Count: (b)(7)(F) Time: 10:00pm -

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date 8/10/19 -

Count: (b)(7)(F) Time: 10:00PM -

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 08/10/19

Count: (b)(7)(F) Time: 10pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date 8-10-19

Count: (b)(7)(F) Time: 10pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA – Date 8/10/19 –

Count: (b)(7)(F) Time: 1000 Pm –

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4A – Date: 8/10/19 –

Count: (b)(7)(F) Time: 10:00 Pm

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2H – Date: 8/10/19 –

Count: (b)(7)(F) Time: 10:00 Pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

BP-A0972
AUG 11
U.S. DEPARTMENT OF JUSTICE

CRIME SCENE SIGN-IN LOG CDFRM

Page ___ Of ___

FEDERAL BUREAU OF PRISONS

GENERAL INFORMATION	PERSONNEL (Include Initials)
DATE 8/17/2019	
CASE ID	
LOCATION	
PREPARER/ASSISTANTS	

SEARCH TEAM PERSONNEL

Print Full Name	Signature	Agency/Division/Office and Phone	Initials	Time In	Time Out
(b)(6); (b)(7)(C)		FBI New York BW	(b)(6); (b)(7)(C)	726 BW	BJK RZV
				720	
				726	
				726	
				726	
				726	
				726	
				726	
				726	847 BW
				726	847 RZV

PDF

Prescribed by P5510

GPO U.S. GPO: 2016-394-531

4:50 pm.

FD-597 (Rev. 4-13-2015)

Page 1 of 1

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property

Case ID: 9CA NY-3151227

On (date) 8/15/17

item (s) listed below were:

- [x] Collected/Seized
- [ ] Received From
- [ ] Returned To
- [ ] Released To

(Name) NICC

(Street Address) 150 Park Row,

(City) New York, NY

Description of Item (s): NiceVision Pro DVR 1 - Model NP-2000 - Serial No.: 73144101; NiceVision DVR 1 Disk Array - Model PowerEdge 8600 - Serial No.: 232776; 1 Dell Poweredge R420 - Service Tag: 53MQ712; (1) 2-terabyte Seagate hard drive containing forensic image of system disk of NiceVision Pro DVR 1

Received By: (b)(6); (b)(7)(C)
(Signature)

Printed Name/Title: (b)(6); (b)(7)(C)

Received From: (b)(6); (b)(7)(C)

Printed Name/Title: (b)(6); (b)(7)(C)

BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ **SUSPECT (If known)** _____

DESCRIPTION OF ITEM: Phone log Print outs for ext. 6314(IN) 6313(OUT) 6313(IN) 333(IN), 6468(OUT) 6468(IN) 6468(OUT) 6385, 6317(OUT) 6385(IN), 6385(OUT) 6468(IN) 6314(OUT), 6317(IN)

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SISNJ (b)(6); (b)(7)(C)	8/12/19	DOJ-OIG	(b)(6); (b)(7)(C)

PDF

Prescribed by P5510

BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: 30 minutes rounds 7/1/19 to 8/10/19

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGET DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence ( ) Return to owner ( ) Lab Analysis
( ) Return to finder ( ) Destroy immediately ( ) FBI
( ) Other

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS NJ (b)(6); (b)(7)(C)	8/28/19	DOT OIG	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

ECN # _____

(Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: Control Center 30 day-file

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS [redacted]	8/26/19	[redacted] SA	[redacted]

PDF

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ **SUSPECT (If known)** _____

DESCRIPTION OF ITEM: POST ORDERS (Lieutenant, SHU LT, SHU #1, SHU #2, SHU #3, Recreation Officer 1+2, SHU #4) *Sign-In Sheets for SHU #1, SHU #2, SHU #3, SHU #4, Rec 1+2, Quarterly SHU Training 6/6/19 +

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS Lt (b)(6); (b)(7)(C)	8/20/19, 700	DOJ-OIG	(b)(6); (b)(7)(C)

PDF

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: Tru-Intel Log Entries 7/1/19 to 8/19/19

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS Lt (b)(6); (b)(7)(C)	8/20/19 1700	DOT-OIC Courier	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: Personnel files (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS LT (b)(6); (b)(7)(C)	8/30/19 1700	DOJ-OIG	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ **SUSPECT (If known)** _____

DESCRIPTION OF ITEM: Truview Documents (Money received) to include Epstein # 76318-054 Reyes, Efrain # 85993-051, (b)(6); (b)(7)(C) PP37 (Reyes), Commissary records For Epstein # 76318-054, Lieutenant Logs 7/1/19 - 8/11/19

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS Lt (b)(6); (b)(7)(C)	8/22/19 1700	DOT-056	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) N/A

DESCRIPTION OF ITEM: Daily Forms (Correctional Officers, Lieutenants, 292'S (7/7/19 - 8/9/19) for Epstein #76318-054, Control Center paperwork for 8/9+8/10

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS [redacted]	8/20/19 1700	DOJ-OIG	[redacted]

PDF

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # NYM-19-0175

(Enclose with/attach to evidence)

ITEM # NYM-19-00183

SUSPECT (If known) Jeffrey Epstein #

CASE ID NUMBER:

DESCRIPTION OF ITEM: (1) home made Noose

DATE/TIME ITEM FOUND: 8/10/19 @ 3:11 PM

LOCATION: Special Housing Unit L-Tier Cell #20

SIGNATURE OF PERSON RECOVERING EVIDENCE: (b)(6); (b)(7)(C) MLI II

PRINTED NAME: (b)(6); (b)(7)(C) MLI II

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name)

Date & Time:

Witness: (printed name)

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name)

Date & Time:

Witness: (printed name)

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name)

Date & Time:

Witness: (printed name)

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS LT (b)(6); (b)(7)(C)	8/10/19 3:40PM	OCME	(b)(6); (b)(7)(C) MLI II

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # NYM-19-0174

(Enclose with/attach to evidence)

ITEM # NYM-19-001852 (5)

SUSPECT (If known) Jeffrey Epstein #

CASE ID NUMBER:

DESCRIPTION OF ITEM: (1) torn Sheet miscellaneous Paperwork, MP3 Player Clothing released from Hospital Cone bag Plastics

DATE/TIME ITEM FOUND: 8/10/19 @ 3:11 PM

LOCATION: Special Housing Unit L-Tier Cell #220

SIGNATURE OF PERSON RECOVERING EVIDENCE: (b)(6); (b)(7)(C)

PRINTED NAME: (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name)

Date & Time:

Witness: (printed name)

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name)

Date & Time:

Witness: (printed name)

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name)

Date & Time:

Witness: (printed name)

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS LT (b)(6); (b)(7)(C)	8/10/19 3:40PM	FBI	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11
U.S. DEPARTMENT OF JUSTICE

CHAIN OF CUSTODY LOG CDFRM

FEDERAL BUREAU OF PRISONS

CHAIN OF CUSTODY LOG
(Enclose with/attach to evidence)

ECN #:_____

ITEM #:_____

CASE ID NUMBER:_____ SUSPECT (If Known):__**Epstein, Jeffrey Reg. No. 76318-054**__

DESCRIPTION OF ITEM:__**Special Housing Unit 30 Minute Rounds Sheets for 8/8/19**__

DATE/TIME ITEM FOUND: __**8/10/19 8:10 am**__

LOCATION:__**MCC Special Housing Unit**__ (b)(6); (b)(7)(C)

SIGNATURE OF PERSON RECOVERING EVIDENCE:

PRINTED NAME:__ (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP-BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE PLACED IN SAFE FROM DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE PLACED DIRECTLY IN EVIDENCE SAFE BY: (printed name)_____
Date & Time: _____
Witness: (printed name)_____

DISPOSITION:

/ X /	**Hold as evidence**	**/ /**	**Return to owner**	**/ /**	**Lab Analysis**
/ /	**Return to finder**	**/ /**	**Destroy immediately**	**/ /**	**FBI**
/ /	**Other**				

REMARKS (condition of evidence)____

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY	DATE/TIME	DESTINATION	EVIDENCE RELEASED TO
(b)(6); (b)(7)(C)	8/10/19	SIS	(b)(6); (b)(7)(C)
SIS Lt. (b)(6); (b)(7)(C)	8/13/19	POT-OIG	

ATTACH TO EVIDENCE

BP-A0971
AUG 11
U.S. DEPARTMENT OF JUSTICE

CHAIN OF CUSTODY LOG CDFRM

FEDERAL BUREAU OF PRISONS

CHAIN OF CUSTODY LOG
(Enclose with/attach to evidence)

ECN #:_____

ITEM #:_____

CASE ID NUMBER:_____ SUSPECT (If Known):__**Epstein, Jeffrey Reg. No. 76318-054**__

DESCRIPTION OF ITEM:__**Special Housing Unit 30 Minute Rounds Sheets for 8/10/19**_____

DATE/TIME ITEM FOUND: __**8/10/19 8:10 am**_____

LOCATION:__**MCC Special Housing Unit**_____ (b)(6); (b)(7)(C)

SIGNATURE OF PERSON RECOVERING EVIDENCE:_____

PRINTED NAME:__ (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP-BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE PLACED IN SAFE FROM DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE PLACED DIRECTLY IN EVIDENCE SAFE BY: (printed name)_____
Date & Time: _____
Witness: (printed name)_____

DISPOSITION:

/ X /	**Hold as evidence**	**/ /**	**Return to owner**	**/ /**	**Lab Analysis**
/ /	**Return to finder**	**/ /**	**Destroy immediately**	**/ /**	**FBI**
/ /	**Other**				

REMARKS (condition of evidence)____

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY	DATE/TIME	DESTINATION	EVIDENCE RELEASED TO
(b)(6); (b)(7)(C)	8/10/19 8:15 am	SIS	(b)(6); (b)(7)(C)
LT (b)(6); (b)(7)(C)	8/13/19 4:31 pm	DOJ-OEG	

ATTACH TO EVIDENCE

BP-A0971
AUG 11
U.S. DEPARTMENT OF JUSTICE

CHAIN OF CUSTODY LOG CDFRM

FEDERAL BUREAU OF PRISONS

CHAIN OF CUSTODY LOG
(Enclose with/attach to evidence)

ECN #:_____

ITEM #:_____

CASE ID NUMBER:_____ SUSPECT (If Known):__**Epstein, Jeffrey Reg. No. 76318-054**__

DESCRIPTION OF ITEM:__**Special Housing Unit 30 Minute Rounds Sheets for 8/9/19**__

DATE/TIME ITEM FOUND: __**8/10/19 8:10 am**__ (b)(6); (b)(7)(C)

LOCATION:__**MCC Special Housing Unit**__

SIGNATURE OF PERSON RECOVERING EVIDENCE:__

PRINTED NAME:__ (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP-BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE PLACED IN SAFE FROM DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE PLACED DIRECTLY IN EVIDENCE SAFE BY: (printed name)_____
Date & Time: _____
Witness: (printed name)_____

DISPOSITION:

/ X /	**Hold as evidence**	**/ /**	**Return to owner**	**/ /**	**Lab Analysis**
/ /	**Return to finder**	**/ /**	**Destroy immediately**	**/ /**	**FBI**
/ /	**Other**				

REMARKS (condition of evidence)____

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY	DATE/TIME	DESTINATION	EVIDENCE RELEASED TO
(b)(6); (b)(7)(C)	8/10/19 8:10AM	SIS	(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)	8/13/19 4:31pm	DOJ-OIG	(b)(6); (b)(7)(C)

ATTACH TO EVIDENCE

BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: Count Slips 8/10/19. ART Signature Sheets, Locator Sheet to Include all inmates

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: (b)(6); (b)(7)(C)

PRINTED NAME: (b)(6); (b)(7)(C) released 8/13/19 @ 4:31pm

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS LT (b)(6); (b)(7)(C)	8/13/19 4:31pm	DOJ OFG	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11
U.S. DEPARTMENT OF JUSTICE

CHAIN OF CUSTODY LOG CDFRM

FEDERAL BUREAU OF PRISONS

CHAIN OF CUSTODY LOG
(Enclose with/attach to evidence)

ECN #:_____

ITEM #:_____

CASE ID NUMBER:_____ SUSPECT (If Known):__**Epstein, Jeffrey Reg. No. 76318-054**__

DESCRIPTION OF ITEM:__**Attorney Conference Log Book**, visual search log, SHU sign-in logbook

DATE/TIME ITEM FOUND: **8/10/19 7:50 am**

LOCATION:__**MCC 2nd Floor Attorney Conference Room**

SIGNATURE OF PERSON RECOVERING EVIDENCE:_ (b)(6); (b)(7)(C)

PRINTED NAME: (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP-BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____
EVIDENCE PLACED IN SAFE FROM DROP BOX BY: (printed name)_____
Date & Time:_____
Witness: (printed name)_____

EVIDENCE PLACED DIRECTLY IN EVIDENCE SAFE BY: (printed name)_____
Date & Time: _____
Witness: (printed name)_____

DISPOSITION:

/ X /	**Hold as evidence**	**/ /**	**Return to owner**	**/ /**	**Lab Analysis**
/ /	**Return to finder**	**/ /**	**Destroy immediately**	**/ /**	**FBI**
/ /	**Other**				

REMARKS (condition of evidence)____

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY	DATE/TIME	DESTINATION	EVIDENCE RELEASED TO
(b)(6); (b)(7)(C)	8/10/19 7:50am	SIS	(b)(6); (b)(7)(C)
SIS LT (b)(6); (b)(7)(C)	8/14/19 4:31pm	DOT-OIG	

ATTACH TO EVIDENCE

BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

ECN # NYM-19-0183 (Enclose with/attach to evidence)

ITEM # NYM-19-00203

CASE ID NUMBER: _____ SUSPECT (If known) N/A

DESCRIPTION OF ITEM: (1) Computer FPS# 0214 207266

DATE/TIME ITEM FOUND: 8/16/19 @ 12:00 P.M.

LOCATION: 10 - South Housing Unit

SIGNATURE OF PERSON RECOVERING EVIDENCE: (b)(6); (b)(7)(C)

PRINTED NAME: (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
(b)(6); (b)(7)(C)	8/16/19 @ 12:10pm	SIS Office	LT (b)(6); (b)(7)(C)
SIS LT (b)(6); (b)(7)(C)	8/16/19 @ 1:32pm	OIG Office	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

ECN # Nym-19-0182

(Enclose with/attach to evidence)

ITEM # Nym-19-00202

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: (1) Computer FPS# 0214 107384

DATE/TIME ITEM FOUND: 8/16/19 @ 12:00PM

LOCATION: 10-South Housing Unit

SIGNATURE OF PERSON RECOVERING EVIDENCE: (b)(6); (b)(7)(C)

PRINTED NAME (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
(b)(6); (b)(7)(C)	8/16/19 @ 12:10PM	SIS Office	K.T. (b)(6); (b)(7)(C)
SIS LT (b)(6); (b)(7)(C)	8/16/19 @ 1:32pm	OTG Office	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # _____

CASE ID NUMBER: _____ SUSPECT (If known) _____

DESCRIPTION OF ITEM: (1) Green law enforcement/BOP staff logbook
(1) green social visiting logbook

DATE/TIME ITEM FOUND: _____

LOCATION: _____

SIGNATURE OF PERSON RECOVERING EVIDENCE: _____

PRINTED NAME: _____

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence ( ) Return to owner ( ) Lab Analysis
( ) Return to finder ( ) Destroy immediately ( ) FBI
( ) Other

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
SIS Lt (b)(6); (b)(7)(C)	8/21/14 7:58A	DOJ-OIG	(b)(6); (b)(7)(C)

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BP-A0971
AUG 11

CHAIN OF CUSTODY LOG CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

ECN # _____ (Enclose with/attach to evidence)

ITEM # NYM-19-00182

CASE ID NUMBER: _____ SUSPECT (If known) Jeffrey, Epstein#76318-154

DESCRIPTION OF ITEM: Clothing Epstein was transported to outside hospital with.

DATE/TIME ITEM FOUND: August 10, 2019 2 10:15 AM

LOCATION: New York Presbyterian Hospital

SIGNATURE OF PERSON RECOVERING EVIDENC (b)(6); (b)(7)(C)

PRINTED NAME (b)(6); (b)(7)(C)

EVIDENCE PLACED IN OVERNIGHT DROP BOX:

DROP-BOX BY: (printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE RECOVERED FROM OVERNIGHT DROP BOX BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

EVIDENCE PLACED EVIDENCE SAFE BY:

(printed name) _____

Date & Time: _____

Witness: (printed name) _____

DISPOSITION:

( ) Hold as evidence
( ) Return to finder
( ) Other
( ) Return to owner
( ) Destroy immediately
( ) Lab Analysis
( ) FBI

REMARKS (condition of evidence):

****

CHAIN OF CUSTODY

EVIDENCE RELEASED BY:	DATE/TIME:	DESTINATION:	EVIDENCE RELEASED TO:
(b)(6); (b)(7)(C)	8/10/19 10:32AM	SIS Office	SIS Lt. (b)(6); (b)(7)(C)
SIS Lt. (b)(6); (b)(7)(C)	8/10/19 4:26PM	FBI Office	Special Agent (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

PDF

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Visiting
NYM 5267.06F
July 17, 2009

Attachment C

Metropolitan Correctional Center - New York

Daily Atty. Room / Visiting Room Inventory

Date: 07/21/19

Inmate Name	Number	Unit	Officer	Time In	Time Out	Property
1 Epstein	76318-054	ZA	(b)(6); (b)(7)(C)	9:00A		none
(b)(6); (b)(7)(C)		GS		9:10A	12:20	none
		GN		9:10A	12 45	none
		IN		12:10	1:50	none
		IN		12:40	2:00	none
		GS		12:50	2:00	none
		IN		1:15	3:00	none
		IN		1:15	3:00	none
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

The only authorized items allowed in the attorney / visiting room are a plain wedding band (without any type of stone), a religious medal (not to exceed a value of $100.00), and legal papers when necessary. i.e. co-defendant meeting. This form will be turned in daily to the Lieutenants Office upon the closing of the attorney / visiting room. After review, the Operations Lieutenant will forward to the Captain's secretary to retain on file for 30 days.

Date:_____ Time: _____

E/W Operations Signature:_____

Inmate file to include medical docs, psych reports, century paperwork,

Officer contact info that worked SHU 8/10/19

* Emergency Contact for officer (b)(6); (b)(7)(C) 8/10/19

CCTV SHU L Tier Hard Drives 8/10/19

Commissary Info / Account

30 Minute Round Sheet / Log

Camera Log / Reports of Malfunctioning Camera Equipment

Diagram of SHU

Information / Century Paperwork of Reyes

* Contact for (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Special Agent
FBI Violent Crimes Task Force
646-438- (b)(6); (b)(7)(C)

FD-597 (Rev 8-11-94) Page _____ of _____

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property Received/Returned/Released/Seized

File # _____

On (date) 8/10/19

item(s) listed below were:
- ☐ Received From
- ☐ Returned To
- ☐ Released To
- ☐ Seized

(Name) BUREAU OF PRISONS, METROPOLITAN CORRECTIONS CENTER

(Street Address) 150 PARK ROW (b)(6); (b)(7)(C)

(City) NEW YORK NY 10007

Description of Item(s):

1. SEAGATE HARD DRIVE S/N: Z3T6CJJA
2. HITACHI HARD DRIVE S/N: JP1572JE36A12K
3. SEAGATE HARD DRIVE S/N: Z3T6CF5X
4. SEAGATE HARD DRIVE S/N: 9QM5MT9P
5. HITACHI HARD DRIVE S/N: JP1572JE6MWNK
6. SEAGATE HARD DRIVE S/N: 9QM5EC75
7. SEAGATE HARD DRIVE S/N: [redacted] (RWA) Z1M1DZPE
8. WESTERN DIGITAL HARD DRIVE S/N: WCAV9Z911026
9. WESTERN DIGITAL HARD DRIVE S/N: WCC2EJVC34CJ
10. SEAGATE HARD DRIVE S/N: 9QM8M5EZ
11. SEAGATE HARD DRIVE S/N: [redacted] (RWA) Z1M1PX26
12. SEAGATE HARD DRIVE S/N: [redacted] (RWA) Z1M1QFX
13. WESTERN DIGITAL HARD DRIVE S/N: WCAV9T970016
14. WESTERN DIGITAL HARD DRIVE S/N: WCC2E0DE83YK
15. SEAGATE HARD DRIVE S/N: 9QM8MT6D
16. SEAGATE HARD DRIVE S/N: Z1M1PZ07
17. SEAGATE HARD DRIVE S/N: Z1M1LOYG
18. SEAGATE HARD DRIVE S/N: 9QM8MSRR

Received By: (b)(6); (b)(7)(C) (Signature) **Received From:** (b)(6); (b)(7)(C) (Signature)

SIS Time line

8:10 AM SIS Lt. [redacted] arrives at institution

8:33 AM Called office [redacted] w/Warden to do a wellness check [redacted] stated he was ok & refused to talk.

8:34 AM Called [redacted] FBI Agent) and advised him Epstein was pronounced deceased @ 7:36 AM

8:45 AM [redacted] called back stated he was outside the building, in the vicinity and asked for his Union rep [redacted] hung up.

8:48 AM [redacted] notified

9:00 AM SIS Lt. reports to Special Housing Unit entered L-Tier and Obtained names of all of the inmates that were currently housed on L-Tier

10:00 AM Warden called back FBI Agent back advised FBI will be here within an hour.

10:25 AM SIS Lt. reported back to SHU and placed yellow Crime Scene tape on the door.

10:42 AM SIS Lt. received a call from Associate Warden staff Skipper-Scott notified Epstein is being m

late entry CMC [redacted] reported to SIS office @ 10:00 AM to hand over Clothing that hospital staff turned over.

From: Charisma Edge
To: (b)(6); (b)(7)(C)
Date: 8/13/2019 1:14 PM
Subject: Epstein, Jeffrey Edward, Reg. No. 73618-054 updt 8-12-19
Attachments: Epstein, Jeffrey Edward, Reg. No. 73618-054 updt 8-12-19.docx; Charisma Edge.vcf

Charisma Edge
Associate Warden
MCC New York
150 Park Row
New York, NY 10007
646-836-6300 ext. (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@bop.gov
NYM/AW-Programs~@bop.gov

Date: 08/13/2019
Time: 12:42 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Event Date
Sensitive But Unclassified

Start Date: 08/10/2019
End Date: 08/10/2019
Alpha Code: NYM
Level 1: Housing Units
Level 2: Housing Units, General Population
Level 3: All
Shift: Evening
User: All
Reg #: All
Events: Count Events Only

Entered Date	Alpha Code	Level 1 Location	Level 2 Location	Level 3 Location	Event Date	Shift	User	Event	Base Count
8/10/2019 (b)(7)(F)	NYM	Housing Units	Housing Units, General Population	EN	8/10/2019 4:26 PM	Evening	(b)(6); (b)(7)(C)	Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 4:30 PM	Evening		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 10:22 PM	Evening		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 10:23 PM	Evening		Base Count Verified	(b)(7)(F)
8/10/2019	NYM	Housing Units	Housing Units, General Population	BA	8/10/2019 11:29 PM	Evening		Base Count Verified	
8/10/2019 11:36 PM	NYM	Housing Units	Housing Units, General Population	GS	8/10/2019 11:34 PM	Evening		Change to Base Count Out	

User ID: (b)(6); (b)(7)(C)

Date: 08/13/2019
Time: 12:40 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Event Date
Sensitive But Unclassified

Start Date: 08/10/2019
End Date: 08/10/2019
Alpha Code: NYM
Level 1: Housing Units
Level 2: Housing Units, General Population
Level 3: All
Shift: Morning
User: All
Reg #: All
Events: Count Events Only

Entered Date	Alpha Code	Level 1 Location	Level 2 Location	Level 3 Location	Event Date	Shift	User	Event	Base Count
8/10/2019 (b)(7)(F)	NYM	Housing Units	Housing Units, General Population	ES	8/10/2019 12:01 AM	Morning	(b)(6); (b)(7)(C)	Base Count Verified	(b)(7)(F)
8/10/2019	NYM	Housing Units	Housing Units, General Population	ES	8/10/2019 12:14 AM	Morning		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 12:35 AM	Morning		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 12:37 AM	Morning		Base Count Verified	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 3:14 AM	Morning		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 3:14 AM	Morning		Base Count Verified	
8/10/2019	NYM	Housing Units	Housing Units, General Population	ES	8/10/2019 3:25 AM	Morning		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 5:18 AM	Morning		Official Count	
8/10/2019	NYM	Housing Units	Housing Units, General Population	GN	8/10/2019 5:18 AM	Morning		Base Count Verified	
8/10/2019	NYM	Housing Units	Housing Units, General Population	ES	8/10/2019 5:24 AM	Morning		Official Count	

User ID: (b)(6); (b)(7)(C)

Date: 08/13/2019
Time: 12:40 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Event Date
Sensitive But Unclassified

Start Date: 08/10/2019
End Date: 08/10/2019
Alpha Code: NYM
Level 1: Housing Units
Level 2: Housing Units, General Population
Level 3: All
Shift: Day
User: All
Reg #: All
Events: Count Events Only

Entered Date	Alpha Code	Level 1 Location	Level 2 Location	Level 3 Location	Event Date	Shift	User	Event	Base Count
8/10/2019 8:56 AM	NYM	Housing Units	Housing Units, General Population	GS	8/10/2019 8:55 AM	Day	(b)(6); (b)(7)(C)	Change to Base Count In	(b)(7)(F)
8/10/2019 8:56 AM	NYM	Housing Units	Housing Units, General Population	GS	8/10/2019 8:55 AM	Day		Change to Base Count In	
8/10/2019 8:56 AM	NYM	Housing Units	Housing Units, General Population	GS	8/10/2019 8:55 AM	Day		Change to Base Count In	

User ID: TF25431

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

DATE: August 13, 2019

TO: **Lamine N'Diaye, Warden**

FROM: (b)(6); (b)(7)(C) Psy.D., Ph.D., Forensic Psychologist (b)(6); (b)(7)(C) PhD PhD

SUBJECT: Epstein #76301-054

The following psychology externs work in the psychology department. They did not have any contact with Mr. Epstein.

(b)(6); (b)(7)(C)

John Jay
University of Hartford
Philadelphia College of Osteopathic Medicine
Adelphi University
John Jay
John Jay

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date 08-09-19

Count: [redacted] (b)(7)(F) Time: [redacted]

Print Name: [redacted] (b)(6); (b)(7)(C)

Signature: [redacted]

Print Name: [redacted]

Signature: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date 8/9/19

Count: [redacted] (b)(7)(F) Time: 12 Am

Print Name: [redacted] (b)(6); (b)(7)(C)

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19

(b)(7)(F)

Count: Time: 12:01 AM

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date 8-9-19

(b)(7)(F)

Count: Time: 12:01 AM

(b)(6); (b)(7)(C)

Print Nam

Signature:

Print Nam

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GES
Date: 8.9.19
Count: (b)(7)(F)
Time: 12 01 am
(b)(6); (b)(7)(C)
Print Name:
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HA
Date: 12:01 AM
Count: (b)(7)(F)
Time: 8/9/19
(b)(6); (b)(7)(C)
Print Name:
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date 8/9/19

Count: (b)(7)(F) Time: 12:01am

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date 8/9/19

Count: (b)(7)(F) Time: 12:01am

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Z13 Date: 8-9-19
Count: (b)(7)(F) Time: 12:01Am
1. Print Name: (b)(6); (b)(7)(C)
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: (b)(7)(F) Time: 12:01 AM
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: Z2 Date 8/9/19
Count: (b)(7)(F) 12:01Am
Print Name (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 21:33:35
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	FFNYS	FSS	HOSP	MSS	R&D	SSANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	(b)(7)(F)														(b)(7)(F)	B-A
C-A																C-A
E-N																E-N
E-S							1						1			E-S
G-N																G-N
G-S																G-S
H-A																H-A
I-N																I-N
K-N							1						1			K-N
K-S							2						2			K-S
R-A																R-A
Z-A																Z-A
Z-B																Z-B
TOTAL							4						4			

COUNT VERIFY

OFFICIAL PREPARING COUNT: (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:

9/r (b)(7)(F)

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 21:27:58

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	(b)(6); (b)(7)(C)		08-09-2019	E12-592U	FS PM SUICIDE OR
0002				08-09-2019	K06-148U	SUICIDE OR UNASSG
0003				08-09-2019	K07-009L	FS AM SUICIDE OR
0004				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: (b)(6); (b)(7)(C) **LOCATION:** Hosp
(Staff Member Preparing Out Count)

APPROVED: (b)(6); (b)(7)(C)
(Lieutenant)

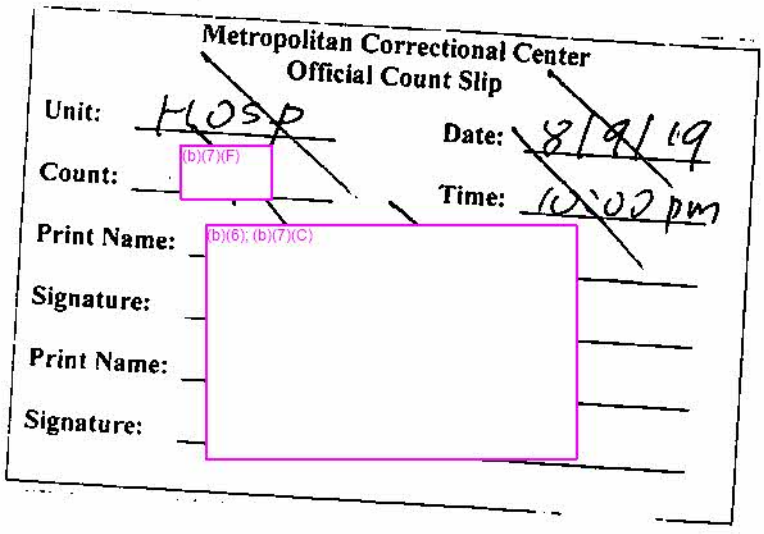
	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)		KS	13.			
2.			KS	14.			
3.			KS	15.			
4.			KN	16.			
5.				17.			
6.				18.			
7.				19.			
8.				20.			
9.				21.			
10.				22.			
11.				23.			
12.				24.			

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	

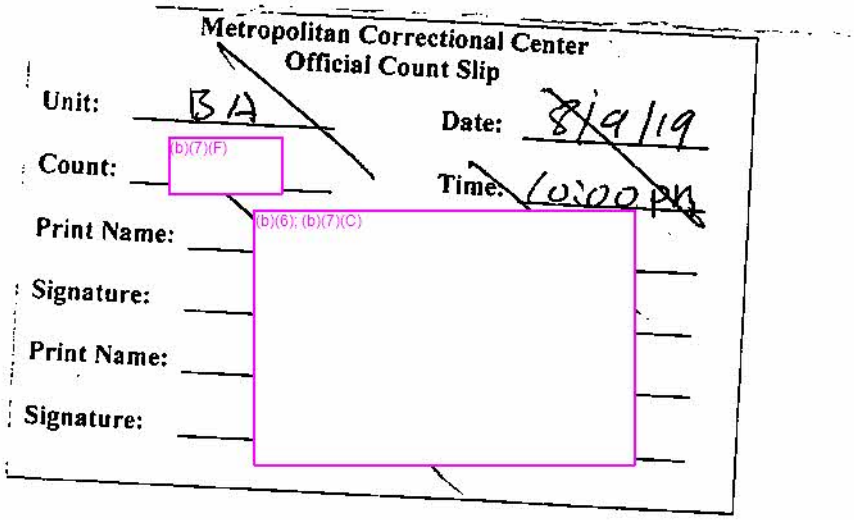
Total Out-Counted: 4

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: HOSP
Date: 8/9/19
Count: (b)(7)(F)
Time: 10:02 pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature:



Metropolitan Correctional Center
Official Count Slip

Unit: 3A
Date: 8/9/19
Count: (b)(7)(F)
Time: 10:00 pm
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19

Count: (b)(7)(F) Time: 10:00 pm

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/9/19

Count: (b)(7)(F) Time: 1000 Pm

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/9/19

(b)(7)(F)

Count: Time: 10PM

(b)(6); (b)(7)(C)

Print Name

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: Date 08/09/19

(b)(7)(F)

Count: 10PM

(b)(6); (b)(7)(C)

Print Nam

Signature:

Print Nam

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5A1 Date 08-09-19

(b)(7)(F)

Count: Time: 10PM

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5S Date 08-09-19

(b)(7)(F)

Count: Time: 1000 pm

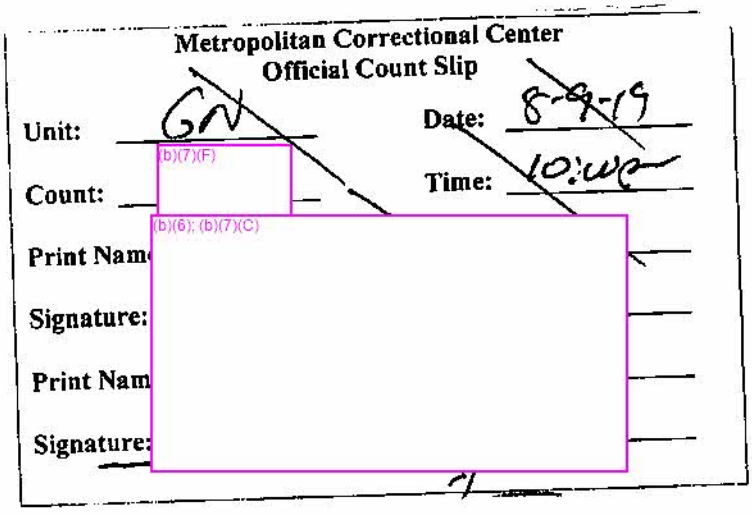
(b)(6); (b)(7)(C)

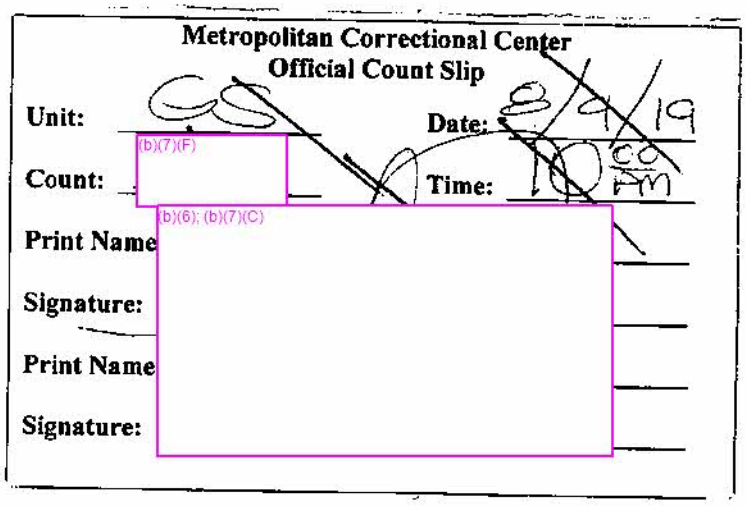
Print Name:

Signature:

Print Name:

Signature


Metropolitan Correctional Center
Official Count Slip
Unit: GN
Date: 8-9-19
Count: (b)(7)(F)
Time: 10:00
Print Name (b)(6); (b)(7)(C)
Signature:
Print Name
Signature:


Metropolitan Correctional Center
Official Count Slip
Unit: GS
Date: 8/9/19
Count: (b)(7)(F)
Time: 10:00 PM
Print Name (b)(6); (b)(7)(C)
Signature:
Print Name
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: TV Date 8/9/2019

Count: (b)(7)(F) Time: 1000pm

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 13 Date: 8-9-19

Count: (b)(7)(F) Time: 10:00pm

1. Print Nam (b)(6); (b)(7)(C)

1. Signature:

2. Print Name

2. Signatu (b)(6); (b)(7)(C)

Metropolitan Correctional Center
New York, New York
Official Count Slip

95 + 1

Unit: 5 2 1 Date: 8/9/2019

Count: (b)(7)(F) Time: 10.00pm

1. Print Name: (b)(6); (b)(7)(C)

1. Signature:

2. Print Name:

2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8.9.19

Count: (b)(7)(F) Time: 10 00 PM

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name

Signature:

NYMD4 , 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 03:04:44
QTRG EQ **** OCTG EQ ****

OUT COUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	(b)(7)(F)														(b)(7)(F)	B-A
C-A																C-A
E-N																E-N
E-S																E-S
G-N																G-N
G-S																G-S
H-A																H-A
I-N																I-N
K-N							1						1			K-N
K-S							1						1			K-S
R-A																R-A
Z-A																Z-A
Z-B																Z-B
TOTAL							2						2			

COUNT VERIFY

OFFICIAL PREPARING COUNT (b)(6); (b)(7)(C)
OFFICIAL TAKING COUNT
COUNT CLEARED TIME (b)(7)(F)

Good work!

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/19/19

Count: (b)(7)(F) Time: 3:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/19/19

Count: (b)(7)(F) 3:00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8-9-19

Count: (b)(7)(F) Time: 3:00 A

Print Nam (b)(6); (b)(7)(C)

Signature:

Print Nam

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-09-2019

Count: (b)(7)(F) Time: 3:08 A.M

Print Name (b)(6); (b)(7)(C)

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 8/9/19

Count: (b)(7)(F) **Time:** 3:00 AM

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: G-3 **Date:** 8.9.19

Count: (b)(7)(F) **Time:** 3:00 AM

(b)(6); (b)(7)(C)

Print Name:

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZA
Date: 8/9/19
Count: (b)(7)(F)
Time: 3:00 AM
Print Name: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
Signature: (b)(6); (b)(7)(C)
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZA
Date 8/9/19
Count: (b)(7)(F)
Time: 3:00 AM
Print Name: (b)(6); (b)(7)(C)
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 6/9/19.

Count: (b)(7)(F) Time: 3:00AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date 6/9/19

Count: (b)(7)(F) Time: 3:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19

Count: (b)(7)(F) Time: 3:00 AM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19

Count: (b)(7)(F) Time: 3:00 PM

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/9/19

Count: (b)(7)(F) Time: 3 00

Print Name: (b)(6); (b)(7)(C)

Signature:

Print Name:

Signature

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 5/9/19 COUNT TIME: 3:00AM

FROM: (b)(6); (b)(7)(C) (Staff Member Prep) LOCATION: Hosp

APPROVED: (b)(6); (b)(7)(C) (Operations Lieutenant)

	REG #	NAME	UNIT
1.	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	11N
2.			11S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A ____ C-A ____ E-N (1) 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: (2)

This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR to the affected co

Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as a

Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMD4 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 02:23:31

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	(b)(6); (b)(7)(C)		08-09-2019	K05-133U	SUICIDE OR UNASSG
0002				08-09-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

BP-A0973
FEB 12
U.S. DEPARTMENT OF JUSTICE

EVIDENCE RECOVERY LOG CONTINUATION

FEDERAL BUREAU OF PRISONS

PRINT LEGIBLY

GENERAL INFORMATION	PERSONNEL (Include Initials)
DATE 8-12-19	
CASE ID	
LOCATION 9-South 206-220	
PREPARER/ASSISTANTS SIS Tech (b)(6); (b)(7)(C)	

TENT CARD#	ECN#	DESCRIPTION	WHERE FOUND	RECOVERED BY	PACKAGING METHOD	COMMENTS (If needed)
	Nym-19-0176	1-Tolaftate cream	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	1-Advance Ultra Plus	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	1- Bottle Docusate Sodium	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	2- Bottles Omega 3	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	N1M-190180	1-CPAP	206-220	SIS Tech (b)(6); (b)(7)(C)	Plastic Bag	

BP-A0973
FEB 12
U.S. DEPARTMENT OF JUSTICE

EVIDENCE RECOVERY LOG CDFRM

FEDERAL BUREAU OF PRISONS

Page 3 of 5

PRINT LEGIBLY

GENERAL INFORMATION	PERSONNEL (Include Initials)
DATE 8-12-19	
CASE ID	
LOCATION 9 South Z06-220	
PREPARER/ASSISTANTS SIS Tech (b)(6); (b)(7)(C)	

TENT CARD#	ECN#	DESCRIPTION	WHERE FOUND	RECOVERED BY	PACKAGING METHOD	COMMENTS (If needed)
	NYM-19-0177	5- Books	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	2- packs Cotton Swabs	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	2- Bars of soap 1-Tone, 1- Dove	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	6-AAA Battery	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	1- glasses	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	

BP-A0973
FEB 12
U.S. DEPARTMENT OF JUSTICE

EVIDENCE RECOVERY LOG CDFRM

FEDERAL BUREAU OF PRISONS

Page 4 of 5

PRINT LEGIBLY

GENERAL INFORMATION	PERSONNEL (Include Initials)
DATE 8-12-19	
CASE ID	
LOCATION 9 South 206-220	
PREPARER/ASSISTANTS SIS (b)(6); (b)(7)(C)	

TENT CARD#	ECN#	DESCRIPTION	WHERE FOUND	RECOVERED BY	PACKAGING METHOD	COMMENTS (If needed)
	NYM-19-0177	1- Chap stick	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	1- headphones	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	1- Admisson and orientations pamphlet	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	1- piece of Brown paper bag with SW 42 dinner	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	NYM-19-0177	1- Bible	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	

BP-A0973
FEB 12
U.S. DEPARTMENT OF JUSTICE

EVIDENCE RECOVERY LOG CDFRM

FEDERAL BUREAU OF PRISONS

PRINT LEGIBLY

GENERAL INFORMATION	PERSONNEL (Includes Initials)
DATE 8-12-19	
CASE ID	
LOCATION 9-South Z06-220	
PREPARER/ASSISTANTS SIS Tech (b)(6); (b)(7)(C)	

TENT CARD#	ECN#	DESCRIPTION	WHERE FOUND	RECOVERED BY	PACKAGING METHOD	COMMENTS (If needed)
	NYM-19-0177	1-receipt	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0178	1-Small bible book	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0178	1-Letter (Mail)	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0178	1-AED envelope	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0178	1-orange inster	Z06-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	

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EVIDENCE RECOVERY LOG CDFRM

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GENERAL INFORMATION	PERSONNEL (Include Initials)
DATE 8-12-19	
CASE ID	
LOCATION 9-South 206-220	
PREPARER/ASSISTANTS SIS Tech (b)(6); (b)(7)(C)	

TENT CARD#	ECN#	DESCRIPTION	WHERE FOUND	RECOVERED BY	PACKAGING METHOD	COMMENTS (If needed)
	Nym-19-0176	1-Box of methylprednisolone tablets	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper bag	
	Nym-19-0176	1-Bottle of milk of magnesia	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	2-Boxes of Topcare Extra strength pain relief	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	1-Box Advil	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	
	Nym-19-0176	1-Vitamin C-500 Plus Bottle	206-220	SIS Tech (b)(6); (b)(7)(C)	Paper Bag	

Date: 08/15/2019
Time: 05:56 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Event Date
Sensitive But Unclassified

Start Date: 08/09/2019
End Date: 08/10/2019
Alpha Code: NYM
Level 1: SHU
Level 2: Housing Unit, Special (SHU)
Level 3: 9 SOUTH SHU
Shift: Day
User: All
Reg #: All
Events: Various

Entered Date	Alpha Code	Level 1 Location	Level 2 Location	Level 3 Location	Event Date	Shift	User	Event	Base Count
8/10/2019 10:31 AM	NYM	SHU	Housing Unit, Special (SHU)	9 SOUTH SHU	8/10/2019 10:30 AM	Day	(b)(6); (b)(7)(C)	Official Count	

User ID: (b)(6); (b)(7)(C)

Date: 08/15/2019
Time: 05:56 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Event Date
Sensitive But Unclassified

Start Date: 08/09/2019
End Date: 08/10/2019
Alpha Code: NYM
Level 1: SHU
Level 2: Housing Unit, Special (SHU)
Level 3: 9 SOUTH SHU
Shift: Evening
User: All
Reg #: All
Events: Various

Entered Date	Alpha Code	Level 1 Location	Level 2 Location	Level 3 Location	Event Date	Shift	User	Event	Base Count
8/9/2019 5:36 PM	NYM	SHU	Housing Unit, Special (SHU)	9 SOUTH SHU	8/9/2019 4:00 PM	Evening	(b)(6); (b)(7)(C)	Official Count	
8/10/2019 7:01 PM	NYM	SHU	Housing Unit, Special (SHU)	9 SOUTH SHU	8/10/2019 4:00 PM	Evening		Official Count	
8/10/2019 11:58 PM	NYM	SHU	Housing Unit, Special (SHU)	9 SOUTH SHU	8/10/2019 10:00 PM	Evening		Official Count	

User ID: (b)(6); (b)(7)(C)

Date: 08/15/2019
Time: 05:59 PM

Federal Bureau of Prisons
TRUINTEL
Log Entries By Location
Sensitive But Unclassified

Start Date: 08/09/2019
End Date: 08/10/2019

Alpha Code: NYM
Level 1: SHU
Level 2: Housing Unit, Special (SHU)
Level 3: 9 SOUTH SHU

Shift: Day
User: All
Reg #: All
Events: Various

Location: NYM - SHU - Housing Unit, Special (SHU) - 9 SOUTH SHU

Event Date	Entered Date	Shift	User	Event	Base Count
8/9/2019 8:01 AM	8/9/2019 9:01 AM	Day	(b)(6); (b)(7)(C)	Begin Shift	
8/9/2019 9:02 AM	8/9/2019 9:02 AM	Day		Census (AM)	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		(b)(7)(F)	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day			
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day			
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Fire Alarm Panel Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Inventory Sheet Verified	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Key Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Key Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Key Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		OC Spray Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Radio Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Radio Check	
8/9/2019 9:02 AM	8/9/2019 9:03 AM	Day		Radio Check	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Fire and Security Check	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Rounds (Officer)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 9:03 AM	8/9/2019 9:03 AM	Day		Search (Areas)	
8/9/2019 11:27 AM	8/9/2019 11:28 AM	Day		Rounds (Lieutenant)	
8/9/2019 12:36 PM	8/9/2019 12:36 PM	Day		Bar Taps (Cells)	
8/9/2019 12:36 PM	8/9/2019 12:36 PM	Day		Search (Cells)	

User ID: (b)(6); (b)(7)(C)