

SIMMONS JR., JOHN HENRY

Offender ID	86285
Booking ID	1628241
Booking Date	01/11/2015

Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	69
Weight	145

Address
[redacted]
COLUMBIA, SC 29203

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Trespassing / Entering premises after warning or refusing to leave on request								
89777GX	CITY	CITY	$470.00	PR	DISCHARGE - 0	01/12/2015	MGAT	TRESPASS TS230706
Shoplifting / Enhancement for 3rd or sub. offense. Value $1000 or less (see 16-01-0057)								
2015A4021600038	CITY	GS	$15,000.00	SB			GSTL	

Detainer

~~Red Zone~~
~~Hallway~~
~~803-434-1626~~

Room 1149
434-6729

LT. MARGITA FRIEDLEY

From: LT. MARGITA FRIEDLEY
Sent: Tuesday, September 29, 2015 11:08 AM
To: 'ROSS.LENORA@DOC.SC.GOV'
Subject: FW: Message from Admin
Attachments: SAdmin15092910060.pdf

Attached is the report on detainee John Henry Simmons Jr. Please let me know if there is anything else you need from me. I can always be reached at 576-3206.

V/R
Lt. M. Friedley

From: SCAN@RCGOV.US [mailto:SCAN@RCGOV.US]
Sent: Tuesday, September 29, 2015 11:07 AM
To: LT. MARGITA FRIEDLEY
Subject: Message from Admin

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REPORT OF INMATE DEATH

(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies/Procedures HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center
2. NAME OF DECEASED: Simmons Jr., John Henry SCDC#
3. HOME ADDRESS: [redacted] Columbia, SC 29203
4. DESCRIPTION: DOB 08/01/1961 HEIGHT 5'9 WEIGHT 145 HAIR Black
   EYES Brown SEX Male RACE Black SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): Trespassing, Shoplifiting 3rd or more,
   SENTENCED ☐ PRETRIAL ☒
6. DATE AND TIME OF COMMITMENT: 01/11/2015
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]
   Columbia SC 29229
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Hepatitis B, Hypertension, Hernia, Sirosis of the Liver & Alcohol Abuse
9. CAUSE OF DEATH: Complications related to Hepatic Cancer
10. TIME AND DATE OF DEATH: 0224 a.m. ____ p.m. 26th day September month 2015 year ____
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Dan Seejil PRMH
12. NAME OF CORONER WHO ORDERED AUTOPSY: Leonard Bradley
13. AUTOPSY PERFORMED BY: Dr. Amy Durso
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    D/O Carissa Trapp at 0145 hrs at PRMH Room 1149
15. AT THE TIME OF DEATH: 950 (Actual Count) 44 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: PRMH at approx.. 0130 hrs

NOTIFY BY TELEPHONE AT: (803) 896-8502
NOTIFY BY FAX AT: (803) 896-1957

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Lieutenant
TYPED OR PRINTED TITLE OF OFFICIAL

09/26/2015
DATE OF REPORT

SCDC 8-2 (Revised July, 2011)

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category:

Incident Time: 1120 **Incident Date:** 9/14/2015 **Incident Location:** Alpha

Staff Member Reporting Incident: Stukes, Samantha

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Simmons, John **Inmate #:** 86285 **Charge:**

2nd Inmate Involved: **Inmate #:** **Charge:**

On the above date and approximate time Simmions, John #86285 was laying on the recreation yard vomiting blood. A code blue was called. Sgt. Suttle Nurses Solomon; Easley; Nolan; Lt. Williams and officer Scott enter the unit to respond to the code blue.

Reporting Staff Member's Signature: Samantha Stukes **Report Completion Date:** 9/14/15

Samantha Stukes

Other Staff Members Involved

CNA Nolan, C; RN Solomon, S; Easley, K; Sgt. Suttle; Lt. Williams.

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes ✓ No **Use of Force Necessary:** Yes No ✓

Supervisor's Narrative

DETAINEE SIMMONS JR, JOHN #86285 WAS TRANSPORTED TO MEDICAL VIA WHEELCHAIR BY OFFICER SCOTT, O AFTER A CODE BLUE WAS CALLED BY UNIT OFFICER STUKES. DETAINEE WAS TRANSPORTED TO PRMH VIA ASEDC OFFICERS FOWLER, S AND DAVIS, A. THEY DEPARTED ASEDC AT APPROXIMATELY 1155hrs.

Supervisor's Signature: Sgt Valasia Smith **Date:** 14 Sept 2015

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Detainee Simmons, John was declared dead by Doctor Seejil Dan at 02:24. Capt Higgins was notified and a death of an inmate form was generated. The body was transfered to the custody of Coroner Leonard Bradely.

Watch Commander's Signature: Thomas Wuntke **Date:** 9-26-15

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0145 **Incident Date:** 9/26/15 **Incident Location:** PRMH Room 1149

Staff Member Reporting Incident: Trapp, Carisa

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Simmons John **Inmate #:** 86285 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

I, officer Trapp, Carisa, was on duty at room 1149 at Palmetto Richland Memorial Hospital watching detainee Simmons, John #86285 when he stopped making labored breathing noises. I did not detect the rise and fall of his chest and asked Nurse Deborah to look at him. She did not detect any vital signs and asked Nurses Sara and Shaar to verify her findings. Supervisor were called. The nurses detected no vitals and stated that they were calling the hospice director. Dr. Dan arrived and declared detainee Simmons dead.

Reporting Staff Member's Signature: Carisa Trapp **Report Completion Date:** 9/26/15

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

Officer Trapp noticed that Detainee Simmons did not appear to be breathing while she was on duty at the hospital. She notified the nursing staff who evaluated him and then Dr. Seejil Dan evaluated Detainee Simmons and declared him dead at 02:24 on 09-26-2015. Captain Higgins was notified and I drove the shuttle to the hospital. I spoke with the hospital nursing staff to obtain all the information needed to complete the death of any inmate in Jail form. Officers Trapp and Barr remained in the room until Coroner Leonard Bradely entered the room to ~~claim~~ collect the body. Detainee Simmons large and small property were placed in a large trash bag in the Supervisor's Office and labeled with his name per Captain Higgins

Supervisor's Signature: Thomas Watts **Date:** 9-26-15

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Thomas Watts **Date:** 9-26-15

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0050 **Incident Date:** 9/26/15 **Incident Location:** PRMH 1149

Staff Member Reporting Incident: Officer Joy Barr

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Simmons, John **Inmate #:** 86285 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time I returned to room 1149 after going to the restroom. Several medical personel were in the room. Inmate Simmon, John's chest was no longer moving up and down. Nurse Noel said that the hospice director would be notified. I immediately called the supervisor's office concerning the situation. At 0224 Doctor Dan pronounced inmate Simmons, John dead. End of report

Reporting Staff Member's Signature: Joy Barr **Report Completion Date:** 9/26/15

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

see initial report

Supervisor's Signature: Thomas Watts Date: 9-26-15

Inmate Movement and Status Information

1st Inmate: _____ Inmate Number: _____ Moved to Unit: _____

Pre-Hearing: _____ Cool Down: _____ Suicide Watch: _____ Medical Watch: _____ Protective Custody: _____

Administrative: _____ Classification: _____ Other Movement Reason: _____

Property Inventoried By: _____ Inmate Moved By: _____

2nd Inmate: _____ Inmate Number: _____ Moved to Unit: _____

Pre-Hearing: _____ Cool Down: _____ Suicide Watch: _____ Medical Watch: _____ Protective Custody: _____

Administrative: _____ Classification: _____ Other Movement Reason: _____

Property Inventoried By: _____ Inmate Moved By: _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Thomas Watts Date: 9-26-15

Incident Report Distribution

Medical: _____ Maintenance: _____ Operations: _____ Classification: _____ Professional Standards: _____ RCSO: _____

Administration: _____ Hearing Officer: _____ Other Distribution: _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ Date: _____

GARY WATTS
Coroner

OFFICE OF THE CORONER

1931 Pineview Rd.
Columbia, SC 29209

RICHLAND COUNTY, SC

RE) Inmate: John Henry Simmons
Facility: RCDC
Inmate #: 86285
Date of Death: 9-26-2015

This is to certify that inmate, John Henry Simmons, has been diagnosed with the following infectious disease(s).

a) Hep B - documented in review of electronic medical record at Palmetto Health. Dwo
b)
c)
d)

Physician's Signature _____

Physician's Name (printed) Amy Durso

SC License # 33046

Date Signed 9/29/15

The Richland County Coroner/Medical Examiner's Office will forego autopsy on this inmate due to exposure risk.

Coroner/ Deputy Coroner's Signature Michelle Barnhill

Coroner/ Deputy Coroner's name (printed) Michelle Barnhill

Date Signed 10-2-2015

GARY WATTS
Coroner

OFFICE OF THE CORONER

1931 Pineview Rd.
Columbia, SC 29209

RICHLAND COUNTY, SC

RE) Inmate: John Henry Simmons
Facility: RC DC
Inmate #: 86285
Date of Death: 9-26-2015

This is to certify that inmate, John Henry Simmons, has been diagnosed with the following infectious disease(s). MR 000455011

a) Hep B
b) _____
c) _____
d) _____

Physician's Signature _____

Physician's Name (printed) Nathan Henderson, DO

SC License # 1013

Date Signed 9/29/15

The Richland County Coroner/Medical Examiner's Office will forego autopsy on this inmate due to exposure risk.

Coroner/ Deputy Coroner's Signature Michelle Barnhill

Coroner/ Deputy Coroner's name (printed) Michelle Barnhill

Date Signed 9.29.15

RICHLAND COUNTY CORONER'S OFFICE
DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2015-002677

Date Printed: 09/29/2015

RCCO CASE# 2015-002677 RCCO INVESTIGATOR Michelle Barnhill COUNTY Richland County

DATE NOTIFIED 09/26/2015 DAY OF WEEK NOTIFIED Saturday TIME NOTIFIED 2:03

NOTIFIED BY Randy Humphries NOTIFIER PHONE# (803)315-7626 AGENCY Palmetto Health Richland

ARRIVAL DATE 09/26/2015 ARRIVAL TIME 3:10 CLEAR DATE 09/26/2015 CLEAR TIME 4:11

ORGAN/TISSUE PROCUREMENT AGENCY NOTIFIED? YES ☐ NO ☒

DEMOGRAPHIC DATA

NAME John Henry Simmons

DOB 08/01/1961 AGE 054YR01MO25DAY SEX M RACE African American

ADDRESS 201 Mark Dial Drive ZIP 29209

CITY Columbia STATE SC PHONE# SSN 247-23-8865

MARITAL STATUS Unknown MEANS OF IDENTIFICATION Visual

BY WHOM Randy Humphries AFFILIATION PH Richland

DATE OF IDENTIFICATION 09/26/2015 TIME 1:47 ACTIVE MILITARY? YES ☐ NO ☒ VETERAN? YES ☐ NO ☒

PRISONER/INMATE# 86285 FACILITY/LOCATION Richland County Detention Center

NEXT OF KIN

NAME Ms. Teresa Tyme

RELATIONSHIP Sister

ADDRESS [redacted] ZIP 29203 CITY Columbia STATE SC

PHONE# [redacted] ALTERNATE PHONE#

NOTIFIED BY Randy Humphries AFFILIATION AOD PH Richland

DATE NOTIFIED 09/26/2015 TIME 1:47

LOCATION PH Richland

FUNERAL HOME

NAME Leevy's

PHONE (803)771-7799 FAX 803-799-6684

ADDRESS P. O. Box 7188 ZIP 29202 CITY Columbia STATE SC

PERMIT# BODY RELEASED 09/29/2015 TIME 9:53

OFFICE OF THE CORONER
Richland County

Coroner's Report

Office of the Coroner
6300 Shakespeare Road
Columbia SC 29223
803-576-1799

Case Number: **2015-002677** Name: **John Henry Simmons**

Sex: **M** Race: **African American** Age: **054YR** DOB: **August 01, 1961** SSN: [redacted]

TIME OF DEATH:

Date: Actual: 09/26/2015 Time: Actual: 1:47

Street #: 5 City: Columbia

State: SC Zip: 29203

Proximity: Palmetto Health Richland

INCIDENT INFORMATION:

Date: Time:

Incident Location:

City: State: Zip:

CAUSE OF DEATH: Hep-B

AKA:

FKA:

Toxicology Alcchol: N/A

Toxicology Drugs: N/A

Manner of Death: Natural

Case Summary

John H. Simmons a 54 y/o male was admitted to PHR on 9/14/2015 for abdominal pain and on 9/24/2015 the decedent was placed on hospice due to Liver Cancer. The decedent was an inmate at Richland County Detention Center. The Richland County Coroner/ME Office forego autopsy on this inmate due to exposure risk.

Richland County Coroner's Office

20-Sep-16

By: Coroner

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REPORT OF INMATE DEATH

(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies/Procedures HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center

2. NAME OF DECEASED: Simmons Jr., John Henry SCDC#

3. HOME ADDRESS: [redacted] Columbia, SC 29203

4. DESCRIPTION: DOB 08/01/1961 HEIGHT 5'9 WEIGHT 145 HAIR Black

   EYES Brown SEX Male RACE Black SOC SEC # [redacted]

5. ARRESTING OFFENSE(S): Trespassing, Shoplifiting 3rd or more,

   SENTENCED ☐ PRETRIAL ☒

6. DATE AND TIME OF COMMITMENT: 01/11/2015

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Rochelle Jones 817 Ambergate Lane Columbia SC 29229

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Hepatitis B, Hypertension, Hernia, Sirosis of the Liver & Alcohol Abuse

9. CAUSE OF DEATH: Complications related to Hepatic Cancer

10. TIME AND DATE OF DEATH: 0224 a.m. ____ p.m. 26th day September month 2015 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Dan Seejil PRMH

12. NAME OF CORONER WHO ORDERED AUTOPSY: Leonard Bradley

13. AUTOPSY PERFORMED BY: Dr. Amy Durso

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: D/O Carissa Trapp at 0145 hrs at PRMH Room 1149

15. AT THE TIME OF DEATH: 950 (Actual Count) 44 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: PRMH at approx.. 0130 hrs

NOTIFY BY TELEPHONE AT: (803) 896-8502
NOTIFY BY FAX AT: (803) 896-1957

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Lieutenant
TYPED OR PRINTED TITLE OF OFFICIAL

09/26/2015
DATE OF REPORT

LT. MARGITA FRIEDLEY

From: Sgt. Thomas Waites III
Sent: Saturday, September 26, 2015 4:06 AM
To: RONALDO MYERS; Kathy Harrell; CAPT. HIGGINS; CAPT. CURTIS BUFFORD; Capt. Washava Moye; Lt. Darren Seward; LT. MARGITA FRIEDLEY; Sgt. Robert Waters; LT. JOLI RISH
Subject: Death of a Detainee

On Saturday morning, (9/26/2015), Detainee Simmons Jr., John Henry #86285 was declared to be dead while at Palmetto Richland Memorial Hospital by Doctor Seejil Dan. At 01:45, Officer Carisa Trapp noticed that Detainee Simmons did not appear to be breathing and immediately contacted the nursing staff. He was seen by Nurses Deborah, Sara, and Sharon who all unable to detect any vital signs. Doctor Seejil Dan evaluated Detainee Simmons and declared him to be dead at 02:25. I contacted Captain Higgins. A death of any inmate in jail form was generated along with incident reports by Officers Carisa Trapp and Joy Barr. The coroner's name is Leonard Bradely. An autopsy is scheduled to be conducted at 07:00 on 9/26/15 by Doctor Amy Durso. The hospital contacted the next of kin who is Rochelle Jones (803)-315-0615. The death of any inmate in jail form along with the incident reports will be place in the Investigator box in the Supervisor's Office. Please feel free to call me at 803-629-3702 with any questions.

Sgt Thomas Waites

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center
   ADDRESS: 201 John Mark Dial Drive
2. NAME OF DECEASED: Simmons Jr., John Henry SCDC #: 86285
3. HOME ADDRESS: [redacted] Columbia, SC 29203
4. DESCRIPTION: DOB 08/01/1961 HEIGHT 5'9" WEIGHT 145 HAIR Black
   EYES Brown SEX Male RACE Black SOC SEC# [redacted]
5. ARRESTING OFFENSE(S): Trespassing, Shoplifting Enhancement for 3rd or Sub. Offense
6. DATE AND TIME OF COMMITMENT: 01/11/2015 TRIED ____ UNTRIED ✓
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]
   Rochelle Jones [redacted] Columbia, SC 29229
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION:
   Hepatitis B, Hypertension, Alcohol Abuse, Hernia, Sirosis of the liver
9. CAUSE OF DEATH:
10. TIME AND DATE OF DEATH: 02:24 a.m. ____ p.m. 9-26 2015
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Seejil Dan
12. NAME OF CORONER WHO ORDERED AUTOPSY: Leonard Bradely
13. AUTOPSY PERFORMED BY: Dr. Amy Purso at 07:00 am. on 9/26/15
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Discovered by Officer Carisa Trapp at 0145 at Palmetto Richland Memorial Hospital Room 1149
15. AT THE TIME OF DEATH: 950 (Actual Count) 44 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: Palmetto Richland Memorial Hospital

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

Thomas A. Watts III
SIGNATURE OF OFFICIAL MAKING REPORT

Sergeant
TYPED OR PRINTED TITLE OF OFFICIAL

September 26, 2015
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)