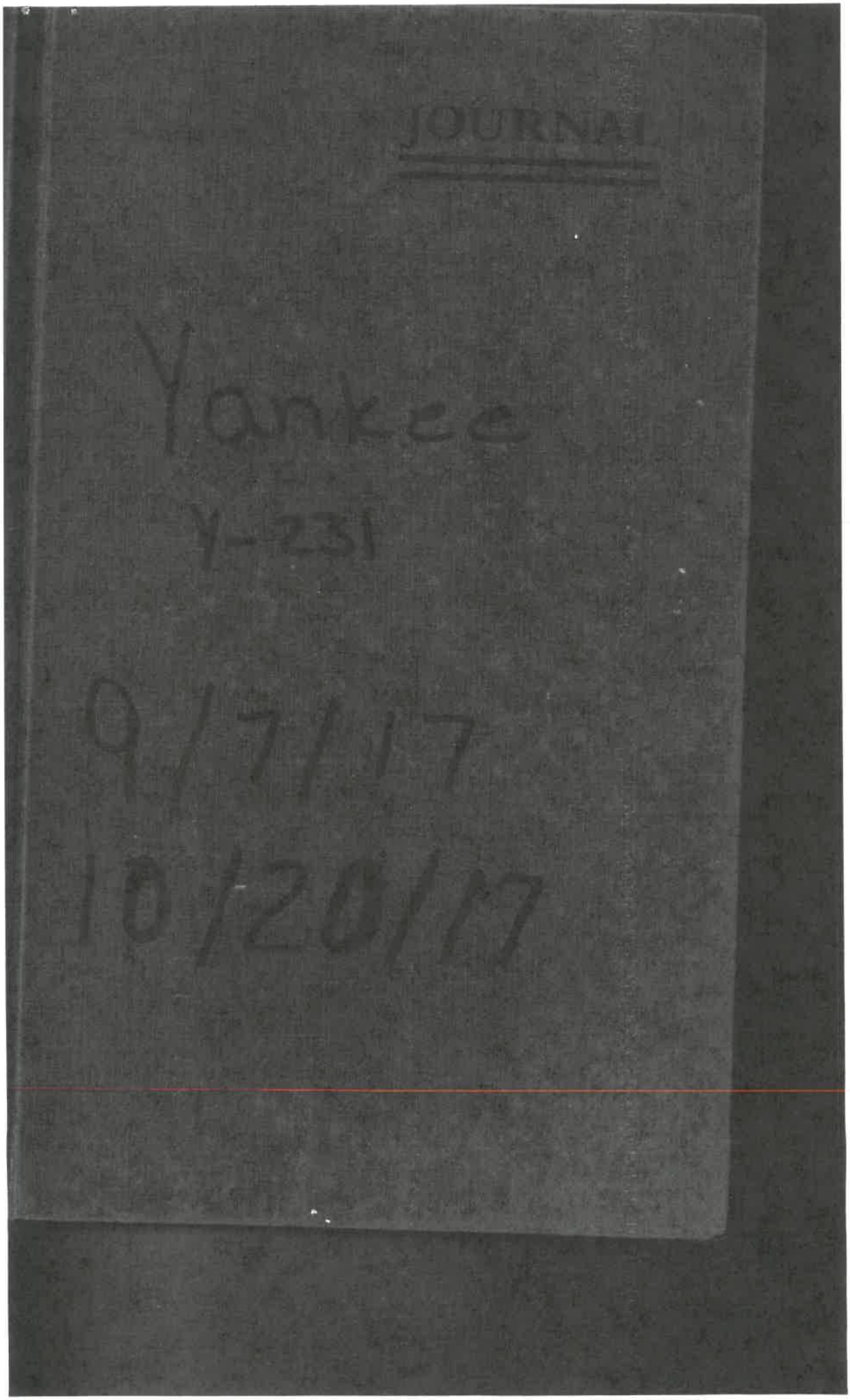

JOURNAL
Yankee
Y-231
9/7/17
10/20/17

B4 Night
0600-1830 D/O Churchill Sgt Jenkins Sgt Moody

0625 Assumed duties in unit Granted. All equipment accounted for 1 Radio #0181 with pouch 1 Log book 1 phone 1 computer 1 key ring with 4 keys 1 flashlight 1 ice scaler 2 small speakers 1 fire extinguisher 1 TV 1 TV remote - all secure and quiet
0635 Watchtour completed all secure. Call count to operations and supervisor office H/C 37-37-2
0650 Count clear for 4-PM shift
0653 Chow completed trays collected. unit locked down for clean up.
0658 Call supervisor to come to the unit - Detainee Batts Julius #594037 was yelling and kicking the door. Cant breath out see.
0702 Officers Rivers, Samuel and Sgt Jenkins enter the unit.
0704 Detainee Batts Julius was escorted to medical by officers Rivers Samuels and Sgt Jenkins. H/C 37-36-1 1 med
0710 Watchtour completed all secure.
NOTE The following detainees refuse breakfast
#7 Hayward Joseph #44 Simmons Welcome
#31 Newman Cassius #47 Alston Larry
#38 Sieklecki Roger #48 Joyner Alfred.
0751 Watchtour completed all secure.
0752 Received 1 new detainee from 3NTH #19 Spann Jason.
H/C 38-37-1 1 med
0829 Watchtour completed all secure
0839 2 Detainees out to medical #4 Brown Xavier #50 Powell Jeffery. H/C 38-35-3 2 Med 1 PRMH
0844 Sgt. Moody enter unit speaks to be escorted detained to City Bond Court
0858 9 Detainees out to city and county bond court
#35 Brown Ryan #30 Smalls Isaac
#55 Dow Tyrell #28 Smith Phelp
#9 Moore James #10 Vanover Nicholas
#39 Jackson Sheldon #16 Shivers Beverett
#8 Lindsey Cedric H/C 38-26-12
0900 Nurse Solomon enter to pass out meds to the following detainees
#26 Benjamin Shawn #1 Norris Bobbie
#4 Brown Xavier: Medical #28 Smith Phelp: Court
#35 Brown Ryan #5 Spain Joel
#13 Davis Jakari #15 Watkins Donato
#8 Lindsey Cedric: court #39 Wilson Orain.

Cont on page 296

10-20-2017

Ser Romero
Ser Jenkins
Ser Moody

Unchecked — cont from page 295

0920	nurse Solomon exit the unit.
0928	Watchtour completed all secure unit out per sec item.
0930	MS Tasha William call and inform me officer checked that detainee #16 Shiver Reverett will be move to SHU after county board court and she will do the paper work H/C 38-26-12 2 Med 1 HOSP 8 city bord 1 county bord.
1016	Watchtour completed all secure.
1026	Detainee Powell Jeffrey back from medical H/C 38-28-12 1 med 1 HOSP 8 city bord 1 county
1030	Detainee #16 Shiver Reverett was move to SHU from county bord H/C 37-27-10 1 med 1 HOSP 8 city bord
1047	Watchtour completed all secure.
1052	Detainee #4 Brown Jerden was move from medical to court Mike per officer Hunt H/C 36 ~~28-11~~ 27-9 1 HOSP 8 city bord
1055	Received 1 Detainee from SHU #11 Norris Eddie H/C 37-28-9 1 HOSP 8 city bord
1100	officer S Brown enter to conduct classification
1118	3 Detainees back from city bord court. #9 Moore James #28 Smith Phelip and #10 Vanover Nicholas H/C 37-31-6 1 HOSP 5 city bord
1125	officer S Brown exit the unit.
1129	Watchtour completed all secure.
1134	5 Detainees back from city bord court #35 Brown Tyon #8 Tyndrey Cedric #55 Row Tyrell #30 Smalls Jeare #39 ~~Jones~~ Jackson Sheldon H/C 37-36-1 1 HOSP
1142	attorneys Chris Whitehead and Kelley Sutton enter to see detainee Moore James JR
1206	5 Detainees went ATW #8 Tyndrey Cedric #11 Norris Eddie #9 Moore James #39 Jackson Sheldon and #30 Smalls Jeare H/C 32-31-1 1 HOSP
1207	CRow enter the unit
1211	Watchtour completed all secure
1213	MS Montgomery from mental health enter to see #28 Smith Phelip
1215	Received 1 new detainee from TNT on #3 Jones Charles H/C 33-32-1 1 HOSP

Cont on Page 297

SGT Romain
SGT Perkins
SGT Moody

0/0 Churchill Cont from page 296

1220 Tour may pass out
1227 MS Montgomery exit the unit
1228 Orientation conducted
1245 orientation completed keys collected unit lock down
1248 Watchtour completed all secure.
1258 1 Detainee went ATW #44 Simmons Malcom
H/C 32-31-1 1 HOSP
1318 Clean up still in progress.
1344 7 Detainees out to County bond court
#32 Hakem Eugene #7 Heyward Joseph
#31 Newman Cassius #40 Richardson Redmon
#13 Ralls Darryl #19 Spann Jason
#12 Merton Kelvin.
H/C 32-24-8 7 County 1 HOSP
1347 Received 2 new detainees from INTK #4 Lucas Jordan and #9 Brown Joseph H/C 34-26-8 7 County 1 HOSP
1402 Watchtour completed all secure.
1405 1 Detainee out to INTK #29 Wilson Crain
H/C 34-25-9 7 County 1 Hosp 1 INTK
1425 5 Detainees move to population
#14 Rozier Ignacio = uniform #50 Powell Jeffrey = alpha
#48 Joyner Alfred = Kilo #15 Watkins Vance = alpha.
#43 Nixon John = Charlie
H/C 29-28-9 7 County bond 1 HOSP 1 INTK
1428 Watchtour completed all secure.
1453 MS Stacee Puckett from probation enter to see detainee #41 Stevenson Corey.
1458 MS Stacee Puckett exit the unit
1504 Watchtour completed all secure.
1513 1 Detainee back from INTK #29 Wilson Crain H/C 29-21-8 7 County bond 1 Hosp
1515 2 Detainees went ATW #29 Wilson Crain and #55 Dow Tyrell H/C 27-19-8 7 County 1 Hosp
1536 Watchtour completed all secure. Inmate worker enter to deliver 10 man roll ups.
1540 Inmate worker exit the unit.
1606 Watchtour completed all secure. Detainee Batts-Julius was Discharge. H/C 26-18-7 7 County bond.
1620 1 Detainee back from County bond court Mann Jason
H/C 26-20-6

Cont on Page 298

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0658 **Incident Date:** 10-20-2017 **Incident Location:** Yankee

Staff Member Reporting Incident: James CHURCHILL

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Batts Julius **Inmate #:** 594027 **Charge:** _____

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

ON the above date and time the above detainee Batts Julius #594027 started yelling and shaking his door in room Y-56. Detainee was yelling he can't see and was having problems breathing. I Officer CHURCHILL call for unit NINE to come to the unit. Officers Rivers Felicia, Samuel Frankie and SGT JENKINS Tyeshia. enter the unit. Detainee Batts Julius #594027 was escorted to medical at 0704 by offices Samuel Frankie, Rivers Felicia and SGT JENKINS Tyeshia

Reporting Staff Member's Signature: James Churchill James CHURCHILL **Report Completion Date:** 10-20-2017

Other Staff Members Involved

SGT JENKINS Tyeshia, Samuel Frankie, Rivers Felicia

Medical and/or Use of Force Narrative

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

Supervisor's Narrative

Detainee was escorted up to medical by myself Sgt Tyesha Jenkins, Frankie Samuel, and Felicia Rivers. Detainee Baths Julius # 54023 had to be restrained as he was being escorted to medical due to being uncooperative and trying to gain control. Detainee was seen by Nurse Edward Freely. Detainee was the escorted at the Facility to PRMH via EMS with D/O Demorte Spell and D/O Felipe Millhouse at approximately 0740 hours. Be advised as detainee was being transported to PRMH via EMS he stopped breathing so he was then escorted to the Veterans Hospital

Supervisor's Signature: Tyesha Jenkins **Date:** 10/20/2017

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

Placed in ICU Unit. Detainee Baths was pronounced dead at the Veterans Hospital located on garners Ferry Road by Nurse DR. Alexis Stroman. at 1510 hours. The Coroner David Vinson pronouced detainee at 1620 hours.

Watch Commander's Signature: Tyesha Jenkins **Date:** 10/20/2017

Incident Report Distribution

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

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

Division Manger's Review and Narrative

An inmate death form was generated.

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

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0700 **Incident Date:** 10/20/2017 **Incident Location:** Yankee

Staff Member Reporting Incident: Dlo Samuel, Frankie

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Batts, Julius **Inmate #:** 524027 **Charge:** _____

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

On the above date and approximate time I Dlo Frankie Samuel entered unit Yankee to escort detained Batts Julius #524027 out of the unit. I placed restraints on the detainees left wrist followed by right wrist. He was then escorted to medical where he was seen by nurse Freely.

Reporting Staff Member's Signature: Frankie Samuel **Report Completion Date:** 10/20/17

Other Staff Members Involved

Medical and/or Use of Force Narrative

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

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0736 **Incident Date:** 10-20-17 **Incident Location:** _____

Staff Member Reporting Incident: Demorte' Spell

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Batts, Julius **Inmate #:** 594027 **Charge:** _____

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

On the above date and approximate while in route to Palmetto Health Richland Memorial Hospital the ambulance rerouted to the VA Hospital. Upon arrival to the VA Hospital I was informed by the EMS Specialist that Detainee Batts, Julius #594027 "Coded" which caused the re-route to the nearest Hospital instead. Detainee Batts, Julius #594027 was pronounced deceased at 1510 by Doctor Alexis Stroman in Patient Intensive Care Unit. Detainee Batts, Julius #594027 was officially pronounced deceased by Deputy Coroner David Vinson at 1620.

Reporting Staff Member's Signature: _____ **Report Completion Date:** _____

Other Staff Members Involved

Medical and/or Use of Force Narrative

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

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0736 **Incident Date:** 10/20/17 **Incident Location:** _____

Staff Member Reporting Incident: Felipe A. Milhouse

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Batts, Julius **Inmate #:** 594027 **Charge:** _____

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

On the above date and time I D/O Milhouse, Felipe was assign to go with Detainee Batts, Julius # 594027 to PRMH on the way to the hospital EMS had to pull on the side of the road do to Detainee Batts, Julius # 594027 Coded. to perform CPR. Detainee Batts, Julius # 594027 was taken to V.A. Hospital. Detainee Batts, Julius # 594027 was being work on by Dr. Alexis Stroman. Once they got a pulse on Detainee Battes, Julius # 594027. He was place in PCI. once in PCI Detainee Battes, Julius # 594027. Had a second code. Dr. Alexis Stroman and Nurse Karen. perform compressions again. Dr. Alexis Stroman. pernounce Detainee Batts, Julius # 594027 death at 1570. Deputy David Vinson Coroner pernounce his death at. 1620.

Reporting Staff Member's Signature: Felipe A. Milhouse **Report Completion Date:** 10/20/17

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

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

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: Batt, Juluius Lester ASGDC #:__2100_____

3. HOME ADDRES: [redacted]

4. DESCRIPTION: DOB__12/29/1991__ HEIGHT 5'8__ WEIGHT 256___HAIR_Black_____
EYES: Brown SEX: Male__ RACE: BLACK__ SOC SEC# [redacted]

5. ARRESTING OFFENSE(S):_Drug/ Manuf. Poss of Sch. IV Drugs flunitrazeppam with intent to distribute -1st Offense__

6. DATE AND TIME OF COMMITMENT: 10/20/2017 at 1510 hours
TRIED_____UNTRIED_____

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Ranisha Hallman (first cousin) and Tyrisha Dow (mother of child)

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Inmate had an Alternate Mental Status at Alvin S Glenn Detention Center.

9. CAUSE OF DEATH: _____

10. TIME AND DATE OF DEATH: At 1510 hours on 10/20/2017

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Alexis Stroman

12. NAME OF CORONER WHO ORDERED AUTOPSY: David Vinson

13. AUTOPSY PERFORMED BY: David Vinson

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN

FACILITY: Dr. Alexis Stroman Pronounced inmate dead at 1510 hours at the Veterans Hospital located at 6439 Garners Ferry Road

15. AT THE TIME OF DEATH: 908 inmates present / 53 officers' present / 3 security supervisors present
(Actual Count) / (#of Officers on Duty) / (#of supervisors present

16. WHEN INMATE WAS LAST SEEN ALIVE: 10/20/17 at 1510 hours

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

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW: 2100
Post Office Box 21787
Columbia, South Carolina 29221

Sergeant Tyeshia Jenkins

SIGNATURE OF OFFICIAL MAKING REPORT

Tyeshia Jenkins

TYPED OR PRINTED TITLE Official

Date: 10/20/2017

56



BATTS, JULIUS LESTER

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Address
[redacted]
COLUMBIA, SC 29203

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / Manuf., poss. of Sch. IV drugs, except flunitrazepam, with intent to distribute - 1st offense								
AFFIDAVIT	CITY	GS	$0.00				GSTD	PWID CRACK COCAINE

Detainer

V.A. ICU
776-4000
ext. 4225

Received by
Unit Yankee
10-20-17
S. Legette

Alvir
Alv
20
C

RICHLAND COUNTY
ALVIN S. GLENN DETENTION CENTER
201 John Mark Dial Drive
Columbia, SC 29209

MEMORANDUM

DATE: September 19, 2019

TO: Ann Joe, Supervisor Deputy Coroner

THRU: Ronaldo Myers, Director, MA, CJM, CCT

FROM: Sergeant Teraine Brown, Professional Standards

SUBJECT: **BATTS, JULIUS**

Mr. Batts who was in the custody of the Alvin S. Glenn Detention Center passed away on October 20, 2017. Please provide a copy of the "Death Scene Investigation Form", the Doctor who performed the Autopsy and the preliminary findings of the cause of death for Mr. Batts for our files.

Any assistance in this matter is greatly appreciated. I can be reached at 803 576-3206.

V/R
Sgt. T. Brown

Attn: Ann Joe, Supervisor Deputy Coroner

From:

TERAINE BROWN

Assistant Watch Commander
Professional Standards
Richland County Government
Alvin S. Glenn Detention Center
brown.teraine@richlandcountysc.gov

P 803 576-3206 F 803 576-3292

201 John Mark Dial Drive
Columbia, SC 29209

richlandcountysc.gov

Confidential and Privileged:

Unless otherwise indicated or obvious from the nature of the communication, the information contained herein may be privileged and confidential information/work product. The communication is intended for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error or are not sure whether it is privileged, please immediately notify me by return email and destroy any copies, electronic, paper or otherwise, which you may have of this communication.

OFFICE OF THE CORONER
Richland County

Coroner's Report

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

Case Number: **2017-003064** Name: **Julius Lester Batts Jr**

Sex: **M** Race: **African American** Age: **025YR** DOB: **December 29, 1991** SSN: [redacted]

TIME OF DEATH:

Date: Actual: 10/20/2017 Time: Actual: 15:10

Street #: 6439 City: Columbia

State: SC Zip: 29209

Proximity:

INCIDENT INFORMATION:

Date: Actual: 10/19/2017 Time: Estimated From: 22:50 To: 22:56

Incident Location: 5300 Block of Fairfield Road

City: Columbia State: SC Zip: 29203

CAUSE OF DEATH: Complications of cocaine ingestion (Swallowed cocaine at time of arrest)

AKA:

FKA:

Toxicology Alcohol: Admissions blood - Negative

Toxicology Drugs: Admissions blood; Benzoylecgonine <10 ng/mL

Manner of Death: Accident

Case Summary

Mr. Bates was en route to Dorn VA Hospital from Alvin S. Glenn Detention Center when he began experiencing seizures. He wa pronounced deceased at the hospital. An autopsy indicated the cause of death as stated.

Richland County Coroner's Office

02-Feb-18

By: Coroner

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2019 10:01
NAME :
FAX :
TEL :
SER.# : BROE8J813628

DATE,TIME	09/20 09:59
FAX NO./NAME	1798
DURATION	00:01:16
PAGE(S)	05
RESULT	OK
MODE	STANDARD

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; Columbia, SC 29209

2. NAME OF DECEASED: Julius Lester Batts SCDC #: 594027

3. HOME ADDRESS: [redacted] Columbia SC 29203

4. DESCRIPTION: DOB 12/29/1991 HEIGHT 68 in WEIGHT 256 HAIR Black

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

5. ARRESTING OFFENSE(S): PWID Crack Cocaine

6. DATE AND TIME OF COMMITMENT: 10/20/2017 TRIED _____ UNTRIED XX

   Detainee was in pre-trial status and waiting for bond hearing of charge.

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Tyreshia Dow (mother of child) 803-238-0990.

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION:

   No complaints, vitals within normal limits. Did receive to medical for prior firearms injury

9. CAUSE OF DEATH: unknown

10. TIME AND DATE OF DEATH: 1510 hrs October 20, 2017

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Alexis Stroman Veterans Hospital

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner David Vinson

13. AUTOPSY PERFORMED BY: Dr. Bradley Marcus

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at VA Hospital, Officers Milhouse and Spell-Demorte were present.

15. AT THE TIME OF DEATH: 908 (Actual Count) 53 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: October 20, 2017

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

[signature]
SIGNATURE OF OFFICIAL MAKING REPORT

Lieutenant
TYPED OR PRINTED TITLE OF OFFICIAL

10-20-2017
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

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: Batt, Juluius Lester ASGDC #:__2100_____

3. HOME ADDRES: [redacted]

4. DESCRIPTION: DOB__12/29/1991__ HEIGHT 5'8__WEIGHT 256___HAIR_Black_____
EYES: Brown SEX: Male__ RACE: BLACK__ SOC SEC# [redacted]

5. ARRESTING OFFENSE(S):_Drug/ Manuf. Poss of Sch. IV Drugs flunitrazeppam with intent to distribute -1st Offense__

6. DATE AND TIME OF COMMITMENT: 10/20/2017 at 1510 hours
TRIED_____UNTRIED_____

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Ranisha Hallman (first cousin) and Tyrisha Dow (mother of child)

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Inmate had an Alternate Mental Status at Alvin S Glenn Detention Center.

9. CAUSE OF DEATH: _____

10. TIME AND DATE OF DEATH: At 1510 hours on 10/20/2017

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Alexis Stroman

12. NAME OF CORONER WHO ORDERED AUTOPSY: David Vinson

13. AUTOPSY PERFORMED BY: David Vinson

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN

FACILITY: Dr. Alexis Stroman Pronounced inmate dead at 1510 hours at the Veterans Hospital located at 6439 Garners Ferry Road

15. AT THE TIME OF DEATH: 908 inmates present / 53 officers' present / 3 security supervisors present
(Actual Count) / (#of Officers on Duty) / (#of supervisors present

16. WHEN INMATE WAS LAST SEEN ALIVE: 10/20/17 at 1510 hours

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

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW: 2100
Post Office Box 21787
Columbia, South Carolina 29221

Sergeant Tyeshia Jenkins
SIGNATURE OF OFFICIAL MAKING REPORT

Tyeshia Jenkins
TYPED OR PRINTED TITLE Official
Date: 10/20/2017

LT. MARGITA FRIEDLEY

From: Lenora Ross (C055802) <Ross.Lenora@doc.sc.gov>
Sent: Monday, October 23, 2017 9:52 AM
To: LT. MARGITA FRIEDLEY
Subject: RE: Death of detainee Julius Batts

Thank you!

Lenora Ross
Division of Compliance, Standards, and Inspections
South Carolina Department of Corrections
4444 Broad River Road
Columbia, SC 29210
803-896-8506

From: LT. MARGITA FRIEDLEY [mailto:FRIEDLEYM@rcgov.us]
Sent: Monday, October 23, 2017 9:52 AM
To: Lenora Ross (C055802) <Ross.Lenora@doc.sc.gov>
Subject: Death of detainee Julius Batts

***** This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. *****

From: SCAN@RCGOV.US [mailto:SCAN@RCGOV.US]
Sent: Monday, October 23, 2017 9:55 AM
To: LT. MARGITA FRIEDLEY
Subject: Message from Admin

LT. MARGITA FRIEDLEY

From: LT. MARGITA FRIEDLEY
Sent: Monday, October 23, 2017 9:52 AM
To: ROSS.LENORA@DOC.SC.GOV
Subject: Death of detainee Julius Batts
Attachments: SAdmin17102308540.pdf

From: SCAN@RCGOV.US [mailto:SCAN@RCGOV.US]
Sent: Monday, October 23, 2017 9:55 AM
To: LT. MARGITA FRIEDLEY
Subject: Message from Admin

South Carolina
Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor
Mark A. Keel, Chief

Tel: (803) 737-9000

Alvin S. Glenn Detention Center
Health Services Administration
Columbia, SC 29203
803-576-3222 (office)

RE: All Medical Records for **Julius Lester Batts**

To Whom It May Concern:

Pursuant to an official investigation by the South Carolina Law Enforcement Division (SLED), you are hereby requested to provide all medical records on the following person:

Name: **Julius Lester Batts**
Date of birth: **12/29/1991**

This request is in reference to SLED Case No. 32-17-0125. Of particular interest to this request are the records pertaining to the date of October 20, 2017.

Please call me at **803-609-8369** when these records are ready to be picked up.

This Department is aware of the patient privacy protections as afforded by the *Standards for Privacy of Individually Identifiable Health Information*. As you know, Congress asked the Department of Health and Human Services to develop the *Standards* as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal Regulation §164.512(f)(1)(i) found in the *Standards*, will show that disclosure of these records are allowed to this Department as required by law. See enclosed Federal Regulation §164.512(f)(1)(i). Other reference material is provided for your understanding.

Thank you for your cooperation in this matter.

Sincerely yours,

Casey Collier

Casey K. Collier
Special Agent
S.C. Law Enforcement Division

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Progress Note

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

ALLERGIES NKA

Date/Time	Comments:
0705	Patient brought up to medical by officers. Patient combative/confused. Patient chart reviewed no medical history or Known Allergies. Ems called 7:11am. ER paperwork prepared. Ems arrived 7:20am. Patient continued to be combative while on stretcher. Ems given paperwork. Ems left ASG 7:41am. —— M. RSG, RN ——

© 2007 Correct Care Solutions, LLC
Ccs-TX02

D157340I154561OIC6904679CP17538P

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Progress Note

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

ALLERGIES

Date/Time	Comments:
10/20/17 0702	Officer from Yankee dorm called this writer stating that a pt was "having difficulty breathing & his eyes were blinking." The officer was told by this writer "to bring him to medical." Upon arrival to medical @ approx. 0705 the pt came thru the door to medical being assisted under each armpit by 2 officers. The pt was taken into medical exam room #3 and c assistance from this writer the pt was placed on the medical exam table in a prone position because the pt was combative and disoriented. Once placed on the medical exam table the pt began spitting all over the table, floor and surrounding areas. The pt's airway was patent as evidenced by the pt talking and continuing to spit while being held in position white on the exam table because the pt was combative white in medical on the exam table. The pt attempted to try to get off the table but had to be held in place by this writer and 2-3 other officers at the time. EMS was called

© 2007 Correct Care Solutions, LLC
Ccs-TX02

D15734D1154561OIC6904679CP17538P

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Progress Note

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

ALLERGIES

Date/Time	Comments:

(cont'd) @ approx. 0711 but the pt was still conscious and breathing w difficulty as observed by this writer. This writer, along w 2 other officers continued to hold the pt in place for his own safety. This writer was holding the pt by the ankles as the 2 officers held both his upper torso and mid-section in place on the medical ex bench. The pt then began calling out officers names @ one point, then pt began spitting on the floor, table & wall again. At approx. 0720 EMS arrived in the Sally Port and were immediately escorted to medical. Report was given to the EMT's, which included NKA's, pt admitted to ASGDC on 10/20/17 and that the pt takes @ medication and @ drugs according to the pts receiving screening & Mental Health form. Pt was placed on the EMS gurney w the help of this writer and 3 other officers. Once on the gurney the pt was secured to the gurney but while in a seated position the pt began to seize, which lasted approx. 45 seconds. Once the pt was laid back in a supine position the pt ceased moving around the

© 2007 Correct Care Solutions, LLC
Ccs-TX02

D15734D1154561DIC69046790F17538P

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Progress Note

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

ALLERGIES

Date/Time	Comments:
	(cont'd) gurney. This writer observed the pt's chest continuing to rise & fall but this writer wasn't able to obtain the pt's VS due to him being combative and seizing. Once secured & hook to the monitors by the EMT's the pt was taken out of medical to the awaiting ambulance in the Sally port @ which time to pt was still breathing and there was ø other seizure-like activity observed by this writer. Edward Stanley RN/SCH
10/20/17 0741	Addendum: EMS departed the Sally Port @ approx. 0741. Edward Stanley RN/SCH

© 2007 Correct Care Solutions, LLC
Ccs-TX02

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

ER/IP Referral Form

CCS CORRECT CARE SOLUTIONS

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017
Sex: M	SSN: [redacted]	Custody Date: 10/20/2017 2:11 AM		Potential Release Date: 1/1/1900

Alias:

Inmate Type: ☐ None ☐ State ☐ Interstate Compact ☐ Federal ☐ ICE/INS

☐ Is Juvenile ☐ Is Infirmary Housed

Requesting Provider:

Provider Signature:

☐ Workers Comp ☐ Confirmed due to Inmate Violence ☐ Suspected due to Inmate Violence ☐ Pre-Existing Condition

☐ Inpatient Stay ☐ Prebooking Event ○ *Not Financially Liable* ○ *Financially Liable*

☐ Pre-Sentenced ☐ Sentenced

Category of Service: ☑ Emergency Room ☐ Direct Admission Hospital:

Means of Transportation: ☐ Custody Car ☐ Ambulance: ○ *911* ○ *Non-Emergency* ☐ Air Ambulance

Date of Service / Admission: **Discharge Date:**

Chief Complaint / Diagnosis: Altered Mental Status

Reason for ER visit: *Include date of onset, present treatment, history of injury or illness, include all x-rays and lab results with consultation*

Patient has no medical history. New onset of Altered Mental Status. Patient combative unable to obtain Vital Signs.

Current Medications: N/A

Allergies: NKA

Vital Signs: **BP:** / **P:** **R:** **T:** °F **O_2 Sat:** % **Accu Check:**

Nurse Signature / Title: M. Rich, RN Date 10/20/17 Time 0715

ER Physician's Report

Please attach actual Emergency Room evaluation

Significant Findings, Including Tests Done:

Diagnosis:

Orders / Recommendations:

ER Physician Signature: Date:

Please include copy of ER Treatment Sheet upon release.

INMATES PLAN ESCAPES! DO NOT inform inmates of the date/time of revisits or impending hospitalizations.

CCS-HE02 ERMA © 2007
Correct Care Solutions, LLC
Revised 1/1/09



Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☐Housing General
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: _____ Date: 10.20.17

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513



ALVIN S. GLENN DETENTION CENTER SHIFT ROSTER					
Shift Worked	A-PM	Actual Date Worked	10/19/2017	JULIAN DATE	1700292
Starting Count	906	Ending Count	906		
Post Assignment	SUPERVISORS'	LAST AND FIRST NAME	Hours.		
Watch Commander	SEWARD	DARREN	7.5		1053
Asst Watch Com (Sec)	BURNETTE	MARCUS PHASE 1	12.5		730
Asst Watch Com (Sec)	DINKINS	BENITA PHASE 5	12.5		907
Asst Watch Com (Sec)	CAMERON	DANIEL PHASE 2&3	8.5	12-1329/6-1329 TRAINING/VACATION	1329
Asst Watch Com (Juv)	FREEMAN	JOSEPH	12.5		309
Asst Watch Com (Ops)	DAWKINS-WEST	CHIQUITA	12.5		361
Post Assignment	*Officer Last Name*	*Officer First Name*	HOURS	*Status/Remarks*	*clock #*
Unit Alpha	ELLERBE	JASON	12.5		1458
Unit Bravo	THOMPSON	YOLANDA	12.5		822
Unit Charlie	TOWNS	CINNAMON	12.5	OVERTIME	1468
Unit Delta	CLOSED	CLOSED		CLOSED	
Unit Echo	CLOSED	CLOSED		CLOSED	
Unit Foxtrot	CLOSED	CLOSED		CLOSED	
Unit Golf	DUPREE	IESHA	12.5	OVERTIME	1340
Unit Hotel	FULTON	EDISON	12.5	OVERTIME	1429
Unit India	DARBY	TERRY	12.5		939
	FLOYD	KAREN	12.5	TRAINING	1476
Unit Juliet	SERAPHIN	ALIYAH	12.5		1327
Unit Kilo	MCEACHERN	ROBERT	12.5	OVERTIME	128
Unit Lima	TENTYON	DENNIS	12.5	OVERTIME	1324
Unit Mike	BROWN	RICARDO	12.5		1071
Unit Papa	DURANT	JOYCE	12.5		1175
Papa Suicide	KNIGHT	LAUREN	12.5	TRAINING	1478
Unit Uniform	PORTER	STEPHANIE	12.5		1343
Unit Xray	DIAMOND	MARCUS	12.5		1278
Unit Yankee	LEGETTE	SHAQUIN	12.5	OVERTIME	1459
SHU	NOBLE	GREGORY	12.5		1228
	TAYLOR	DOUGLAS	12.5		1032
	BURNS	KEDAR	12.5		1237
Security Out Post Assignment					
Max Control	THOMPSON	SATERRICA	12.5		1413
Central Control	HUGHES	MICHEL	12.5		677
Central Control					
PERIMETER	SGT. ROSS	JESSICA	12.5	OVERTIME	920
VISITATION	RIVERS	ANTHONY	4	OVERTIME UNTIL 2200	1344
Lobby	REMBER	ASHANTI	4	OVERTIME UNTIL 2200	813
Phase I (Unit 31)	LARK	KELVIN	12.5	OVERTIME	1102
Transportation (Unit 32)					
Phase III (Unit 42)	MARTINEZ	AYANA	12.5	OVERTIME	1470
Phase II (Unit 43)	GARVIN	LARICIA	12.5	OVERTIME	1472
Phase II (Unit 44)	FERENCHIK	ANDREW	12.5		1238
Phase V (Unit 64)	PHILLIPS	ANTOINETTE	12.5		1086
Bond Court	THROPE-BURKE	VALERIE	4	OVERTIME UNTIL 2200	1292
Hospital					
Hospital	MYERS	JACQUELINE	12.5		884
	WASHINGTON	SCOTI	12.5	OVERTIME	620
	NELSON	KENSIHA	12.5	OVERTIME	731
Staff Member and Post Assigment For Operation / Classification / Juvenile					
PreBooking	WRIGHT	LERON	12.5		413
Intake Counter	MCKIE	AVA	12.5		1627
Intake Security	PEARSON	HUBERT	12.5		617
Inmate Property	MONROE	TERESA	12.5		1247

Discharge					
Records	SHERMAN	SHAE	12.5		1224
Operation	SHERMAN	SHAE	12.5		1224
JUVENILE					
Juvenile Control	LEON	ARLENE	12.5		281
Juvenile Alpha	BENJAMIN	TRESSY	12.5		1713
Juvenile Bravo	CLOSED	CLOSED		CLOSED	
Juvenile Charlie	PARKER	ALFRED	12.5		460
	MOTEN-BAILEY	CRYSTAL	12.5	4-1138 (SCHEDULED SICK)	1138
	HILL	KORIE	12.5	6-1245 (VACATION)	1245
	RICHARDSON	RAMON	12.5	27-1388/6-1388INCLEMENT WEATHER/VACATION	1388
	HICKMON	WANDA	12.5	4-856 (SCHEDULED SICK)	856

Suicide Watch Information			Lobby Information		
SHU	Room	Papa	Room	Stats	
MYERS, ADAM	1	GILES, JESICA	20	Number of Detainees	3
KELDSEN, KEVIN	5	DUNBAR, TWANESHA	19	Number of Visitors	5
DEPEW, JAMIE	6			Number of Out of Town Visit/ Special	0
				Number of Attorney Visit	0
				Number of Clergy Visit	0
				Number of Family/ Victims Court	0
				Contact Visit / Detainee	N/A
				Contact Visit/ Civilian	N/A
Admitted to Hospital	Zone/ Pod	Phone	ASGDC 32 Officer	Downtown Shuttle Numbers CPD officer notified/Time of departure	Number I/M
RAVENSCRAFT, JAMES	YELLOW ZONE RM 13	803-434-1513			
FORBES, MACKENZIE	RM 1042	803-434-6328			

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 2117 **Incident Date:** 10-20-2017 **Incident Location:** YANKEE

Staff Member Reporting Incident: SGT NATHANIEL L. SMITH

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: BATTS, JULIUS L. **Inmate #:** 594027 **Charge:** _____

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

ON THE ABOVE DATE AND APPROXIMATE TIME, I, SGT N. SMITH, ESCORTED SLED AND THE CRIME SCENE AGENTS TO UNIT YANKEE. THE AGENTS TOOK PICTURES OF THE DORM AND CELL 456. AGENT TERRENCE MATT CONFISCATED THE DETAINEE'S T-SHIRT THAT WAS LEFT IN THE DORM. OFC CHURCHILL, THE DAYSHIFT OFFICER, HAD BAGGED THE T-SHIRT AND LABELED IT. A CHAIN OF CUSTODY FORM WAS COMPLETED

Reporting Staff Member's Signature: Sgt Nathaniel L. Smith **Report Completion Date:** 10-20-2017

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

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

South Carolina Law Enforcement Division
Forensic Services Laboratory
CHAIN OF CUSTODY

Laboratory Case Number : _____

Agency of Origin: _____

Agency Case Number: _____

ITEM #	QTY	DESCRIPTION OF ITEMS
	1	One (1) white in color t-shirt from victim

Item #	Date	Relinquished By	Received By	Comments
	10/2/17	Printed Name: SGT N SMITH Signature:	Printed Name: Terrence Ryan Mullins Signature:	
		Printed Name Signature	Printed Name Signature	
		Printed Name Signature	Printed Name Signature	
		Printed Name Signature	Printed Name Signature	

Offender Name:
JULIUS LESTER BATTS

Date of Birth:
12/29/1991

Booking Date:	Booking Time:	Offender ID:
10/20/2017	10/20/2017 2:11:00 AM	594027

Property:
2 YELLOW METAL RINGS;1 YELLOW METAL BRACELET;MISC CARDS;

Property Box:

Comments:
TAG#8487176
NO CASH TAKEN AT BOOKING

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

HH230641 IN188765
(Inventorying Officer's Signature)

10/20/17
(Date)

X
(Inmate's Signature)

With the exception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)

(Date)

X
(Inmate's Signature)

Offender Name:

JULIUS LESTER BATTS

Date of Birth:

12/29/1991

Booking Date:	**Booking Time:**	**Offender ID:**
10/20/2017	10/20/2017 2:11:00 AM	594027

Property:

2 YELLOW METAL RINGS;1 YELLOW METAL BRACELET;MISC CARDS;

Property Box:

Comments:

TAG#8487176
NO CASH TAKEN AT BOOKING

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

HH 220941 — (Inventorying Officer's Signature)

10/20/17 — (Date)

X _____ (Inmate's Signature)

With the exception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

_____ (Returning Officer's Signature)

_____ (Date)

_____ (Inmate's Signature)

BATTS, JULIUS LESTER

Image Not Found

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Address
[redacted]
COLUMBIA, SC 29203

BirthDate	12/29/1991
Social Security	[redacted]
Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / MDP, Narcotic drugs in Sch. I(b) & (c), LSD, and Sched. II - 1st offense								
AFFIDAVIT	CITY	GS	$0.00				GSTD	PWID CRACK COCAINE

Detainer

SL



BATTS, JULIUS

Offender ID: 594027

Booking ID: 1666219

Birth Date: 12/29/1991

Social Security: [redacted]

Address: [redacted]
COLUMBIA SC
29203

Race: Black

Sex: Male

Eyes: Brown

Hair: Black

Height: 68

Weight: 256

Release Date: 10/20/2017

Release Time: 16:39:41

Release Officer: LEWIS, ALICIA

Comments
DECEASED



BATTS, JULIUS LESTER

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Y
100
C-852

Address	
[redacted]	
COLUMBIA, SC 29203	

BirthDate	12/29/1991
Social Security	[redacted]
Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

DETAINEE DECEASED Sgt N. Smith 200416

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / Manuf., poss. of Sch. IV drugs, except flunitrazepam, with intent to distribute - 1st offense								
AFFIDAVIT	CITY	GS	$0.00		DISCHARGE - 0	10/20/2017	GSTD	PWID CRACK COCAINE MM 184508

Detainer

2017 OCT 20 PM 3:32



BATTS, JULIUS LESTER

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Address

[redacted]
COLUMBIA, SC 29203

DETAINEE DECEASED Sgt M. Smith 200416

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / Manuf., poss. of Sch. IV drugs, except flunitrazepam, with intent to distribute - 1st offense								
AFFIDAVIT	CITY	GS	$0.00		DISCHARGE - 0	10/20/2017	GSTD	PWID CRACK COCAINE MM 184508

Detainer

Offender Name:
JULIUS LESTER BATTS

Date of Birth:
12/29/1991

Booking Date:
10/20/2017

Booking Time:
10/20/2017 2:11:00 AM

Offender ID:
594027

Property:
BLUE ABD BLACK TENNIS;GRAY JOGGING PANTS;

Property Box:

Comments:
C-852 3X

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

1W88765
(Inventorying Officer's Signature)

10/20/17
(Date)

(Inmate's Signature)

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)

(Date)

(Inmate's Signature)

ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Batts, Julius (Last Name) (First Name) (Middle Name) Date of Birth: 12-29-91 (Month/Day/Year)

Inmate Number: 596027 Dress-In Date: 10-20-17 (Month/Day/Year) Storage Location: C-852

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants:_____ [ ] Shirt:_____ [ ] Coat:_____

[ ] Sweater:_____ [ ] Sweat Suit:_____ [ ] Suit:_____

[ ] Dress:_____ [ ] Pants Suit:_____ [ ] Jacket:_____

[ ] Dress Shoes:_____ [ ] Tennis Shoes Blue/Black [ ] Hat:_____

[ ] Other Property (Purse, etc.): Gray Jogging pants

The personal property inventoried and descried above is an accurate listing of property taken for storage.

IN188265 (Receiving Officer's Signature) (Date) X (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other _____

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

IN188265 (Issuing Officer's Signature) (Date) X (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken _____

(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

Offender Name:
JULIUS LESTER BATTS

Date of Birth:
12/29/1991

Booking Date:	Booking Time:	Offender ID:
10/20/2017	10/20/2017 2:11:00 AM	594027

Property:
BLUE ABD BLACK TENNIS;GRAY JOGGING PANTS;

Property Box:

Comments:
C-852 3X

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

(Inventorying Officer's Signature)

10/20/17
(Date)

X
(Inmate's Signature)

With the exception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)

(Date)

(Inmate's Signature)

ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Batts, Julius (Last Name) (First Name) (Middle Name) Date of Birth: 12-29-91 (Month/Day/Year)

Inmate Number: 596027 Dress-In Date: 10-20-17 (Month/Day/Year) Storage Location: C-852

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants:____ [ ] Shirt:____ [ ] Coat:____

[ ] Sweater:____ [ ] Sweat Suit:____ [ ] Suit:____

[ ] Dress:____ [ ] Pants Suit:____ [ ] Jacket:____

[ ] Dress Shoes:____ [ ] Tennis Shoes: Blue/Black [ ] Hat:____

[ ] Other Property (Purse, etc.): Gray Jogging pants

The personal property inventoried and descried above is an accurate listing of property taken for storage.

IN188765 (Receiving Officer's Signature) (Date) X (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other ____

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

IN188765 (Issuing Officer's Signature) (Date) X (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

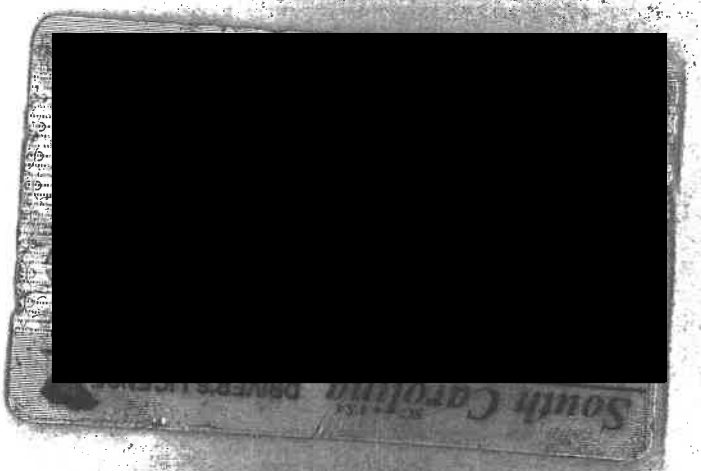
[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken ____

(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.


South Carolina

8010018992 RR Donnelley ©2010. All rights reserved. — 0667

BOOKING REPORT

CASE NUMBER: 17003064 8

COLUMBIA POLICE SC0400100	DATE/TIME OF ARREST	PLACE OF ARREST
	10-19-17 2256	3400 Marshall St

PERSONAL DATA

DEFENDANT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DATE OF BIRTH	DOCKET NUMBER
Batts, Julius	B	m	12-29-91	GSC

AGE	ETH.	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC	I.D. NUMBER
	N	68	256	Blk	BRN				

ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER
[redacted]	Columbia	SC	29203	JSOU *	

ALIAS	PLACE OF BIRTH	DRIVERS LICENSE NUMBER	STATE

EMPLOYER OR OCCUPATION	NEXT OF KIN	ADDRESS (CITY AND STATE)

BOOKING OFFICER'S NAME	NUMBER	ARRESTING OFFICER	AGENCY	NUMBER
		J.S. Davidson	CPD	23624

ARRESTEE ARMED ☐ YES ☑ NO WEAPON TYPE: ☐ SEMI-AUTO ☐ FULL-AUTO ☑ ON VIEW ARREST ☐ SUMMONED ☐ CUSTODY

JUVENILE DISPOSITION: 1. ☐ HANDLED, RELEASED 2. ☐ REFERRED TO OTHER AUTHORITY *J-This Jurisdiction. S-State. O-Out of State. U-Unknown.

ADDITIONAL CASE NUMBERS: MORE IN REMARKS ☐

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A, B, C, D, E, F

CHARGE / BOND / DISPOSITION

	A	B	C
CHARGE	PWID Crack Cocaine		
STATUTE	44-53-375		
WARRANT NO.	Affidavit		
BOND AMOUNT			
BOND TYPE			
RET/ DATE			
DISPOSITION			

	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

	D	E	F
CHARGE I.D.			
CHARGE			
STATUTE			
WARRANT NO.			
BOND AMOUNT			
BOND TYPE			
RET/ DATE			
DISPOSITION			

	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

RELEASE DATE	TIME	RELEASING OFFICER	NUMBER	AGENCY RELEASED TO

SIGNATURE OF RECEIVING OFFICIAL X _____ LIST ANY REMARKS BELOW

VICTIM City of Columbia
803-545-3500

☑ RICHLAND COUNTY JAIL

STATE OF SOUTH CAROLINA

AFFIDAVIT

COUNTY OF RICHLAND
CITY OF COLUMBIA

Personally appeared before me, judge of this court, one J.J. Davidson who, first being duly sworn, deposes and says that (name of defendant)

Julius Lester Batts

Did within this County and State on the 19th day of October 2017 violate the criminal laws of the State of South Carolina in the following particulars:

DESCRIPTION OF OFFENSE

PWID Crack Cocaine 44-53-375

The affiant states that there is probable cause to believe that the defendant above named did commit the crime(s) set forth , and that such probable cause is based upon the following fact(s):

On 10/19/2017 at 5300 Fairfield Rd, city limits of Columbia, county of Richland, the aff. observed a 2017 Toyt Yaris, GA tag CEQ 4110, fail to signal from one lane to another. The aff. then attempted to initiate a traffic stop. The co-def refused to stop for blue lights. The aff. was able to get the vehicle stopped. The aff. located white residue, a piece of white rock like substance in the def. hair, scale, small dominations of currency in the def. possession, and plastic bags in and around vehicle. The white residue did field test positive for crack cocaine.

J.J. Davidson
AFFIANT

ADDRESS 1 Justice Square Columbia, SC 29203

PHONE 803-545-3500

Name: Julius Lester Batts Sex: M Height: 508

Address: 5703 Randall Ave Ext Apt B Columbia, SC 29203 Race: B Weight: 250

Case Number: 170030648 Date of Birth: 12/29/1991

FORM 302:11

STATE OF SOUTH CAROLINA

AFFIDAVIT

COUNTY OF RICHLAND
CITY OF COLUMBIA

Personally appeared before me, judge of this court, one J.J. Davidson who, first being duly sworn, deposes and says that (name of defendant)

Julius Lester Batts

Did within this County and State on the 19th day of October 2017 violate the criminal laws of the State of South Carolina in the following particulars:

DESCRIPTION OF OFFENSE

PWID Crack Cocaine 44-53-375

The affiant states that there is probable cause to believe that the defendant above named did commit the crime(s) set forth , and that such probable cause is based upon the following fact(s):

On 10/19/2017 at 5300 Fairfield Rd, city limits of Columbia, county of Richland, the aff. observed a 2017 Toyt Yaris, GA tag CEQ 4110, fail to signal from one lane to another. The aff. then attempted to initiate a traffic stop. The co-def refused to stop for blue lights. The aff. was able to get the vehicle stopped. The aff. located white residue, a piece of white rock like substance in the def. hair, scale, small dominations of currency in the def. possession, and plastic bags in and around vehicle. The white residue did field test positive for crack cocaine.

J.J. Davidson
AFFIANT

ADDRESS 1 Justice Square Columbia, SC 29203

PHONE 803-545-3500

Name: Julius Lester Batts Sex: M Height: 508

Address: 5703 Randall Ave Ext Apt B Columbia, SC 29203 Race: B Weight: 250

Case Number: 170030648 Date of Birth: 12/29/1991

FORM 302:11

BATTS, JULIUS LESTER

Image Not Found

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Address
[redacted]
COLUMBIA, SC 29203

BirthDate	12/29/1991
Social Security	[redacted]
Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / MDP, Narcotic drugs in Sch. I(b) & (c), LSD, and Sched. II - 1st offense								
AFFIDAVIT	CITY	GS	$0.00				GSTD	PWID CRACK COCAINE

Detainer

QWA 000618D179 from NC2K

```
RICDC437
.QWA.000618D179.NC2K.20171020 06:33:01
  TO: RICDC437-224226    20171020 06:33:01  000618D179
FROM:     NC2K-1626489   20171020 06:33:01
1L011B930240FB2QWA
SC040013C

NO NCIC WANT SOC/251874558
NO NCIC WANT NAM/BATTS, JULIUS DOB/19911229 RAC/B SEX/M
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

Alvin S. Glenn Detention Center
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
BATTS, JULIUS L	594027	1666219	12/29/1991	10/20/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing General
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 10-20-17

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513



Alvin S. Glenn Detention Cent[illegible]C
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS
CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name BATTS, JULIUS L	Patient Number 594027	Booking Number 1666219	Date of Birth 12/29/1991	Today's Date: 10/20/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing General
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders):*

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 10-20-17

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513

D185559DI154561OIC690467 9CP50403P

ALVIN S. GLENN DETENTION CENTER

INTIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking)

Date: 10-20-17 Inmate #: 554027

Name: Julius Batts DOB: 12-29-91

Pending Charges: PWID Crack Cocaine

Gang affiliation? Yes ☐ No ☒ What Gang? _____

Ever been an informant? Yes ☐ No ☐ What Agency? _____

Sex Offender? Yes ☐ No ☒ Where? _____

Known enemies? Yes ☐ No ☒ Who? _____

Do you have any co-defendants? Yes ☐ No ☒ Who? _____

Do you need Protective Custody? Yes ☐ No ☐ Reason: _____

(If "Yes" answer to needing PC, complete **Request for Protective Custody** form and **Incident Report**, attach to this form, and forward to Classification for review and file.)

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☒ Reason: _____

taff Remarks: _____

ıggested transfer to Orientation Housing (Yankee/Papa) Yes ☒ No ☐

ıggested transfer to Segregation Yes ☐ No ☒

ıave answered all questions fully as they relate to my safety and ASGDC security issues

nate Signature: X _____

erviewer's Signature: _____ Emp. No. 188765



BATTS, JULIUS LESTER

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Address
[redacted]
COLUMBIA, SC 29203

BirthDate	12/29/1991
Social Security	[redacted]
Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / Manuf., poss. of Sch. IV drugs, except flunitrazepam, with intent to distribute - 1st offense								
AFFIDAVIT	CITY	GS	$0.00		DISCHARGE - 0	10/20/2017	GSTD	PWID CRACK COCAINE MM 184508

Detainer

56



BATTS, JULIUS LESTER

Offender ID	594027
Booking ID	1666219
Booking Date	10/20/2017

Race	Black
Sex	Male
Eyes	Brown
Hair	Black
Height	68
Weight	256

Address
[redacted]
COLUMBIA, SC 29203

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Drugs / Manuf., poss. of Sch. IV drugs, except flunitrazepam, with intent to distribute - 1st offense								
AFFIDAVIT	CITY	GS	$0.00				GSTD	PWID CRACK COCAINE

Detainer

V.A. ICU
776-4000
ext. 4225

Received by
Unit Yankee
10-20-17
S. Legette

Alvir
Alv
20
C

ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Bell, Julius (Last Name) (First Name) (Middle Name) Date of Birth: 12-29-91 (Month/Day/Year)

Inmate Number: 596027 Dress-In Date: 10-20-17 (Month/Day/Year) Storage Location: C-852

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants: _____ [ ] Shirt: _____ [ ] Coat: _____

[ ] Sweater: _____ [ ] Sweat Suit: _____ [ ] Suit: _____

[ ] Dress: _____ [ ] Pants Suit: _____ [ ] Jacket: _____

[ ] Dress Shoes: _____ [ ] Tennis Shoes: Blue/Black [ ] Hat: _____

[ ] Other Property (Purse, etc.): Gray Jogging Pants

The personal property inventoried and descried above is an accurate listing of property taken for storage.

IN188765 _____ X _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

_____ _____
(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other _____

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

IN188765 _____ X _____
(Issuing Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

_____ _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken _____

_____ _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Bell, Julius (Last Name) (First Name) (Middle Name) Date of Birth: 12-29-91 (Month/Day/Year)

Inmate Number: 596027 Dress-In Date: 10-20-17 (Month/Day/Year) Storage Location: C-852

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants: _____ [ ] Shirt: _____ [ ] Coat: _____

[ ] Sweater: _____ [ ] Sweat Suit: _____ [ ] Suit: _____

[ ] Dress: _____ [ ] Pants Suit: _____ [ ] Jacket: _____

[ ] Dress Shoes: _____ [ ] Tennis Shoes: Blue/Black [ ] Hat: _____

[ ] Other Property (Purse, etc.): Gray Jogging pants

The personal property inventoried and descried above is an accurate listing of property taken for storage.

IN188765 _____ (Receiving Officer's Signature) (Date) _____ (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

_____ (Returning Officer's Signature) (Date) _____ (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other _____

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

IN188765 _____ (Issuing Officer's Signature) (Date) _____ (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

_____ (Receiving Officer's Signature) (Date) _____ (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken _____

_____ (Receiving Officer's Signature) (Date) _____ (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Ballou, Julius (Last Name) (First Name) (Middle Name) Date of Birth: 12-29-91 (Month/Day/Year)

Inmate Number: 596027 Dress-In Date: 10-20-17 (Month/Day/Year) Storage Location: C-852

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants: _____ [ ] Shirt: _____ [ ] Coat: _____

[ ] Sweater: _____ [ ] Sweat Suit: _____ [ ] Suit: _____

[ ] Dress: _____ [ ] Pants Suit: _____ [ ] Jacket: _____

[ ] Dress Shoes: _____ [ ] Tennis Shoes: Blue/Black [ ] Hat: _____

[ ] Other Property (Purse, etc.): Gray Jogging pants

The personal property inventoried and descried above is an accurate listing of property taken for storage.

IN188765 _____ X _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

_____ _____
(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other _____

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

IN188765 _____ X _____
(Issuing Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

_____ _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken _____

_____ _____
(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.