MINDER SR, KELVIN

6/22/1972

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Mander, Kelvin | 74203 | | 6/22/72 | 5/25/17 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

_____ A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
__l__ H. Other (Please specify)

Suicide watch V/S

Reason for Refusal Pt "refused"

Potential Consequences Explained:

__l__ A. Worsening Of Medical Conditions
__l__ B. Death
__l__ C. Permanent Disability
_____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

E. Stafford
Witness Signature

Sgt. Jamie Frost
Witness Signature

Patient Signature

5/25/17
Date

0900
Time

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CCS-C702 (formerly CCS-009)

*D157109P22192P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74203 | | 6/22/72 | 5/23/11 |

I, Minder, Kelvin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- _____ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Lithium Carbonate 300mg, Zyprexa Zydes 10mg

Reason for Refusal I refuse

Potential Consequences Explained:

- _____A. Worsening Of Medical Conditions
- _____B. Death
- _____C. Permanent Disability
- _____D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

5/23/11
Date

Pt refused
Patient Signature

0845hrs
Time

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CCS-CT02 (formerly CCS-009)

W0157100P39269P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74203 | | 6/2/72 | 5/22/11 |

I, Minder, Kelvin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Ibuprofen Carbamazepine 300mg; Zyprexa Zydis 10mg

Reason for Refusal Refuse'

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature: Anderson

Witness Signature: D. Slater

Patient Signature: Refuse'

Date: 5/22/11

Time: 0915AM

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CCS-CT02 (formerly CCS-009)

*D157100P4965OP*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| MINDUK, KELVIN | 74203 | | | |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

X A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
_____ H. Other (Please specify)

Reason for Refusal "refused"

Potential Consequences Explained:

_____ A. Worsening Of Medical Conditions
_____ B. Death
_____ C. Permanent Disability
_____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

S. [signature], RN
Witness Signature

[signature]
Witness Signature

5/18/17
Date

[signature]
Patient Signature

2200
Time

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CCS-CT02 (formerly CCS-009)

*D157100PS2102P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder Sr, Kelvin | 74203 | | | 5/18/17 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

lithium 300mg 1 cap, zyprexa 10mg 1 tab

Reason for Refusal didn't want

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

5/18/17
Date

0743
Time

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CCS-C702 (formerly CCS-009)

*D157100P37220P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Model, Kelvin | 74203 | | | 10/15/16 |

I, _____ (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- X A. Refused medication
- ____ B. Refused dental care
- ____ C. Refused an outside medical appointment
- ____ D. Refused laboratory services
- ____ E. Refused X-Ray service
- ____ F. Refused other diagnosis services
- X G. Refused physical exam
- X H. Other (Please specify) V. Vitals

Reason for Refusal verbally refused

Potential Consequences Explained:

- ____ A. Worsening Of Medical Conditions
- ____ B. Death
- ____ C. Permanent Disability
- ____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

D/O V. Ground
Witness Signature

Witness Signature

10/15/16
Date

Patient Signature

DRC
Time

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CCS-CT02 (formerly CCS-009)

*D157100P62730P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Mendez, Kelsey | 7203 | 1653114 | 06/22/92 | 10/14/16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

_____ A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
__/__ H. Other (Please specify)

Refused VS for CWA & COVA protocol

Reason for Refusal Refused Verbally

Potential Consequences Explained:

__/__ A. Worsening Of Medical Conditions
_____ B. Death
_____ C. Permanent Disability
_____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

D/G RMG
Witness Signature

Witness Signature

Patient Signature

10-14-16
Date

0200
Time

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*D157100P56020P*

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

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| MINDER SR, KELVIN A | 74203 | 1653114 | 6/22/1972 | 10/13/2016 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Reason for Refusal Does not go through Withdrawal process

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

Date

Time

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CCS-CT02 (formerly CCS-009)

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: |
| MINDER SR, KELVIN A | 74203 | 1653114 | 6/22/1972 | 5/24/2017 |

**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 _____
☐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: Medical Reasons

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

CCS Staff Signature: [signature] Date: 5/24/1

Correctional Staff Member Notified: _____

Date and time notified: 5/24/17 2200

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

Notified by CCS Staff Member: [signature]

SP102UN000ACCEN071513



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<br>**MINDER SR, KELVIN A** | Patient Number<br>**74203** | Booking Number<br>**1653114** | Date of Birth<br>**6/22/1972** | Today's Date:<br>**5/15/2017** |

**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 SHU- Medical Transit/MH
☐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: Patient requires additional support; Please place on Mental Health Transit @ SHU

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

CCS Staff Signature: Tasha M Williams LISW-CP Date: 5.15.17

Correctional Staff Member Notified: Supervisor, Dorm, Classification, Operations

Date and time notified: 5.15.17 @ 4:48

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

Notified by CCS Staff Member: Tasha M Williams, LISW-CP

SP102UN000ACCEN071513

*D185599DI1596676IC5748334CP17709P*

**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<br>MINDER SR, KELVIN A | Patient Number<br>74203 | Booking Number<br>1653114 | Date of Birth<br>6/22/1972 | Today's Date:<br>4/28/2017 |

**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 _____
☐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.)*: Patient needs
Special Instructions: bottom Bunk Due to medical reason.

**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: R Cunliffe RN Date: _____

Correctional Staff Member Notified: Classification

Date and time notified: 4/28/17

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

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513



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

Stop By Medical

CCS CORRECT CARE SOLUTIONS

| Identification of Special Needs | | | Status: ☒ Adult ☐ Juvenile | |
|---|---|---|---|---|
| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date: |
| MINDER SR, KELVIN A | 74203 | 1653114 | 6/22/1972 | 10/13/2016 |

**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: 10-13-16

Correctional Staff Member Notified: _____

Date and time notified: _____

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

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513

*D18559DI1596676IC5748334CP17050P*

(1)

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74203 | | 6/22/72 | 8/16/16 |

I, Minder, Kelvin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Colace 100mg

Reason for Refusal 4/ refusal

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Date 8/16/16

Patient Signature pt refusal

Time 0745

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CCS-CT02 (formerly CCS-009)

*D157100PS7213P*

D

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 7803 | | 6/22/72 | 9/14/14 |

I, Minder, Kelvin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

✓ A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
_____ H. Other (Please specify)

Colace 100mg

Reason for Refusal "I refuse"

Potential Consequences Explained:

_____A. Worsening Of Medical Conditions
_____B. Death
_____C. Permanent Disability
_____D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Date 9/14/14

Pt refused

Patient Signature

Time 0820

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CCS-CT02 (formerly CCS-009)

*D1571ODP23320P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74203 | | 6/22/72 | 9/13/16 |

I, Minder, Kelvin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Celace 100mg

Reason for Refusal "I refuse"

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

9/13/16
Date

Patient Signature

Time

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CCS-CT02 (formerly CCS-009)

*D15710DP45057P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Munden Kellim | 74203 | | 6/22/72 | 9/28/16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

2100 meals

Reason for Refusal DNW

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9/28/16
Date

2100
Time

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CCS-CT02 (formerly CCS-009)

*D15710DP11894P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kevin | 74203 | | 6/22/72 | 9/12/16 |

I, Minder Kevin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- ____ B. Refused dental care
- ____ C. Refused an outside medical appointment
- ____ D. Refused laboratory services
- ____ E. Refused X-Ray service
- ____ F. Refused other diagnosis services
- ____ G. Refused physical exam
- ____ H. Other (Please specify)

Celace 100mg

Reason for Refusal "I refuse"

Potential Consequences Explained:

- ____ A. Worsening Of Medical Conditions
- ____ B. Death
- ____ C. Permanent Disability
- ____ D. Other

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Pt refused
Patient Signature

9/12/16
Date

0815
Time

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CCS-CT02 (formerly CCS-009)

*D157100PS3809P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Munden Kelvin | 74203 | | 6/22/70 | 9/11/16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

2100 meds

Reason for Refusal DNW

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9/11/16
Date

2100
Time

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CCS-CT02 (formerly CCS-009)

*D157100P28021P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74803 | | | 9-11-16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Ordered

Reason for Refusal Pt verbally refused

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9-11-16
Date

0902
Time

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CCS-CT02 (formerly CCS-009)

*D1S710DP61473P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Munden Kelvin | 74203 | | 6/20/72 | 9/10/14 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

2100

Reason for Refusal DNW

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9/10/16
Date

2100
Time

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CCS-CT02 (formerly CCS-009)

*0157100P12868P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kelvin | 74203 | | | 9-10-16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Colace

Reason for Refusal Pt. verbally refused

Potential Consequences Explained:

- ✓ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9-10-16
Date

0900
Time

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CCS-CT02 (formerly CCS-009)

*D157100P46107P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kevin | 74203 | | 6/22/72 | 9/9/10 |

I, Minder, Kevin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Colace 100mg

Reason for Refusal "I refuse"

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature

9/9/10
Date

0850
Time

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CCS-C702 (formerly CCS-009)

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| minder, Kelvin | 74203 | | 06/22/72 | 9-9-14 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Colace 100mg

Reason for Refusal DNW

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Precious Thigpen LPN
Witness Signature

9-9-14
Date

Patient Signature

9:30p
Time

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CCS-CT02 (formerly CCS-009)

*D157100P34139P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder, Kevin | 14203 | | 6/22/72 | 9/7/16 |

I, Minder Kevin (Name of Patient) have, this day, knowing that I have a condition requiring medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

Celace 100mg

Reason for Refusal "I refuse"

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Date 9/7/16

Patient Signature

Time 0915

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*0157100P5085P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Kelvin Minder SR | 74203 | | 6-22-72 | 9-7-16 |

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

- ✓ A. Refused medication
- _____ B. Refused dental care
- _____ C. Refused an outside medical appointment
- _____ D. Refused laboratory services
- _____ E. Refused X-Ray service
- _____ F. Refused other diagnosis services
- _____ G. Refused physical exam
- _____ H. Other (Please specify)

2100 meds

Reason for Refusal DOW

Potential Consequences Explained:

- _____ A. Worsening Of Medical Conditions
- _____ B. Death
- _____ C. Permanent Disability
- _____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

Procare Huggins LPN
Witness Signature

Witness Signature

Patient Signature

Date

8:44 pm
Time

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*D157100P42804P*

# Refusal of Treatment

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date |
|---|---|---|---|---|
| Minder Kelvin | 24203 | | 6/22/72 | 9/5/16 |

I, Minder Kelvin have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

✓ A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
_____ H. Other (Please specify)

Heat pack

Reason for Refusal I refuse

Potential Consequences Explained:

✓ A. Worsening Of Medical Conditions
_____ B. Death
_____ C. Permanent Disability
_____ D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

L. Carter
Witness Signature

T. Hood
Witness Signature

9/5/16
Date

Pt refused
Patient Signature

2034
Time

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CCS-CT02 (formerly CCS-009)

*D157100P47722P*

# OFFICE OF THE CORONER
## Richland County

### Coroner's Report

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

Case Number: **2017-001562** Name: **Kelvin Alonzo Minder**

Sex: **M** Race: **African American** Age: **044YR** DOB: **June 22, 1972** SSN: **4496**

TIME OF DEATH:

Date: Actual: 05/26/2017 Time: Actual: 0:58

Street #: 6439 City: Columbia

State: SC Zip: 29209

Proximity: VA ED

INCIDENT INFORMATION:

Date: Actual: 05/26/2017 Time: Estimated From: 23:33 To: 23:00

Incident Location: 201 John Mark Dial Dr.

City: Columbia State: SC Zip: 29209

CAUSE OF DEATH: Hypertensive and Atherosclerotic Cardiovascular Disease

AKA:

FKA:

Toxicology Alcohol:

Toxicology Drugs: Blood: - Acetone 8.3 mg/dL; Serum: Tryptase 3.4 ng/mL

Vitreous; Acetone 8.1 mg/dL, Creatinine 0.37 mg/dL, Sodium 142 mmol/L, Potassium 7.8 mmol/L, Chloride 122 mmol/L, Glucose 50.0 mg/dL, Urea Nitrogen 15 mg/dL

Manner of Death: Natural

*Case Summary*

Kelvin Alonzo Minder Sr. inmate was found unresponsive in his cell. He was taken to the hospital and pronounced. An autopsy indicated the cause of death as stated.

**Richland County Coroner's Office**

**By: Coroner**

*30-Nov-17*

# RICHLAND COUNTY CORONER'S OFFICE
# DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2017-001562

Date Printed: 05/31/2017 1:13:57 pm

**UPDATED**

RCCO CASE# 2017-001562 CASE TYPE Scene Response

RCCO INVESTIGATOR George Rice COUNTY Richland County

DATE NOTIFIED 05/26/2017 DAY OF WEEK NOTIFIED Friday TIME NOTIFIED 1:07

NOTIFIED BY Natisha Adams, AOD NOTIFIER PHONE# (803)776-4000 AGENCY Veterans Hospital

ARRIVAL DATE 05/26/2017 ARRIVAL TIME 1:33 CLEAR DATE 05/26/2017 CLEAR TIME 3:00

## DEMOGRAPHIC DATA

NAME Kelvin Alonzo Minder

DOB 06/22/1972 AGE 044YR11MO04DAY SEX M RACE African American

ADDRESS 312 Ault Rd.

CITY Hopkins STATE SC PHONE# ZIP 29061 SSN [redacted]

MARITAL STATUS Widowed MEANS OF IDENTIFICATION Visual

BY WHOM Officer Chatham AFFILIATION ASGDC

DATE OF IDENTIFICATION 05/26/2017 TIME 1:40 ACTIVE MILITARY? YES ☐ NO ☒ VETERAN? YES ☐ NO ☒

PRISONER/INMATE# FACILITY/LOCATION

## NEXT OF KIN

NAME Mr. Robert C. Minder, Sr.

RELATIONSHIP Father

ADDRESS [redacted] ZIP 29044 CITY Eastover STATE SC

PHONE# [redacted] ALTERNATE PHONE#

NOTIFIED BY DC George Rice AFFILIATION RCCO

DATE NOTIFIED 05/26/2017 TIME 15:00

LOCATION Phone

## FUNERAL HOME

NAME Bostick - Tompkins

PHONE 803-254-2000 FAX 803-254-8119

ADDRESS P. O. Box 156 ZIP 29202 CITY Columbia STATE SC

PERMIT# BODY RELEASED 05/26/2017 TIME 15:31

**UPDATED**

FROM FACILITY/SECURITY **PH Richland**

FACILITY/SECURITY CONTACT **Officer Hill/AOD Moore**

## REMOVAL SERVICE

REMOVAL SERVICE **Knight Systems**

REMOVAL ATTENDANT **Michael Binion**

TIME CALLED **1:57** ARRIVAL TIME **2:28** BAG LOCK# **002191**

TAKEN TO: RMH MORGUE [X] NEWBERRY HOSP [ ] USC MED. [ ] FUNERAL HOME [ ]

## PRONOUNCEMENT OF DEATH

DATE PRONOUNCED **05/26/2017** TIME PRONOUNCED **0:58**

BY **Dr. Betty Joyce**

LOCATION **6439 Garners Ferry Rd., Columbia, SC 29209**

## TIME OF DEATH

DATE: [X] ACTUAL: **05/26/2017**

[ ] ESTIMATED: _____ TO: _____

TIME: [X] ACTUAL: **0:58**

[ ] ESTIMATED: _____ TO: _____

[ ] UNKNOWN:

STREET NUMBER: **6439** STREET/LOCATION: **Garners Ferry Rd.**

ZIP: **29209** CITY: **Columbia** STATE: **SC**

PROXIMITY: **VA ED**

## CAUSE OF DEATH

CAUSE OF DEATH **Pending Investigation**

TEXT DESCRIPTION **Pending Investigation**

MEDICAL BRIEF **Mental Illness**

TOXICOLOGY DRUGS

TOXICOLOGY ALCOHOL

**UPDATED**

CERTIFIED BY Gary Watts, Coroner PHONE# (803)576-1799

CONFIRMED BY Dr. Monroe PHONE# (803)576-1799

PENDING

[X] AUTOPSY BY WHOM Monroe

LOCATION Palmetto Health Richland Morgue

POST AUTOPSY BAG LOCK#

[ ] EXTERNAL EXAM BY WHOM

LOCATION

POST EXTERNAL BAG LOCK#

[ ] OTHER

## MANNER OF DEATH - TO BE COMPLETED BY ADMINISTRATIVE PERSONNEL ONLY

JUSTIFIABLE HOMICIDE [ ] HOMICIDE [ ] SUICIDE [ ] ACCIDENT [ ] NATURAL [ ] UNDETERMINED [ ] PENDING [X]

PENDING(SPECIFY):

## INCIDENT INFORMATION

TRAUMA RELATED TO DEATH? YES [ ] NO [ ] PENDING [X]

IF YES OR PENDING, COMPLETE THE FOLLOWING:

DATE: [X] ACTUAL: 05/26/2017

[ ] ESTIMATED: TO:

TIME: [ ] ACTUAL:

[X] ESTIMATED: 23:00 TO: 23:33

[ ] UNKNOWN:

LOCATION: 201 John Mark Dial Dr. ZIP: 29209 CITY: Columbia STATE: SC

## DID DEATH OCCUR IN HOSPITAL

DID DEATH OCCUR IN HOSPITAL? YES [X] NO [ ]

IF YES, COMPLETE THE FOLLOWING:

TRAUMA OR PATIENT# [redacted] HOSPITAL ADMISSION DATE: 05/26/20 TIME: 0:50

ADMISSION BLOOD DRAWN: YES [ ] NO [X] ADMISSION URINE DRAWN: YES [ ] NO [X]

PER CONVERSATION WITH: Tammy Bradham, RN DATE: 05/26/2017 TIME: 1:40

SPECIMEN(S) SUBPOENAED AND OBTAINED FROM: na

HAVE SPECIMEN(S) BEEN SECURED IN MORGUE LOCK BOX? YES [ ] NO [ ]

IF NO, EXPLAIN:

## SCENE ENVIRONMENT

**UPDATED**

TIME OF DAY:

DAWN ☐ DAYLIGHT ☐ DUSK ☐ NIGHT TIME ☐

WEATHER TYPE:

CLEAR ☐ OVERCAST ☐ RAIN ☐ SLEET ☐ STORMY ☐ SNOW ☐ WINDY ☐ OTHER ☐

IF WEATHER TYPE OTHER, EXPLAIN

(All temperatures are in Fahrenheit)

TEMP.: EST. ☐ ACTUAL ☐ OUTSIDE _____ A/C IN USE? YES ☐ NO ☐ THERMOSTAT SETTING _____

TEMP.: EST. ☐ ACTUAL ☐ INSIDE _____ HEATING IN USE? YES ☐ NO ☐ THERMOSTAT SETTING _____

DESCRIBE CONDITIONS AND/OR DISARRAY

WAS LOCATION SECURE UPON DISCOVERY? YES ☐ NO ☐

DESCRIBE LOCKS ON DOORS

ARE THERE ANY WEAPONS NEARBY THAT MAY HAVE CAUSED INJURY TO DECEDENT? YES ☐ NO ☐

DESCRIBE WEAPON AND ITS LOCATION

BLOOD FOUND ON SCENE? YES ☐ NO ☐

BENEATH OR ON WHAT BODY AREA (S)?

TYPE OF SURFACE(concrete, carpet, etc.)

ESTIMATE QUANTITY OR DIMENSIONS

WETNESS OF BLOOD(wet, dry, etc.)

ADDITIONAL SCENE INFORMATION

## ADDTL RCCO RESPONDERS

### ADDTL RCCO RESPONDERS (NO DATA)

| RCCO INVESTIGATORS | RCCO ARRIVAL DATE | RCCO CLEAR SCENE DATE |
|---|---|---|
| George Rice | | |
| George Rice | | |
| Nikki Acerra | | |
| George Rice | | |
| George Rice | | |

## EMERGENCY\LAW ENFORCEMENT AGENCIES ON SCENE

UPDATED

## EMS ON SCENE

| EMS AGENCY | CREW |
|---|---|
| R.C. EMS | Randall/Caulder |

| UNIT | CALL |
|---|---|
| S213 | 001269430 |

| DISPATCH DATE | TIME | SCENE ARRIVAL DATE | TIME |
|---|---|---|---|
| 05/25/2017 | 23:42 | 05/25/2017 | 23:55 |

| DOA DATE | TIME | HOSPITAL ARRIVAL DATE | TIME |
|---|---|---|---|
| | | 05/26/2017 | 0:45 |

RESUSCITATIVE EFFORTS ATTEMPTED

Yes

## LAW ENFORCEMENT AGENCIES ON SCENE

| LAW AGENCY | CASE | Name | RANK | ARRIVAL DATE | TIME | Phone |
|---|---|---|---|---|---|---|
| Richland Cnty Sheriff | 1705850726 | Moreland | | 05/26/2017 | 1:05 | |

## FIRE/FIRST RESPONDER RESPONSE (NO DATA)

## NON-EMERGENCY PERSONNEL RESPONSE (NO DATA)

## BODY ACTUALIZATION

WAS BODY ACTUALIZATION PERFORMED? YES [X] NO [ ] DATE: 05/26/2017 TIME: 2:03

IF NO, EXPLAIN:

IF YES:

EXACT LOCATION OF BODY: **Room 5 VA Emergency Department**

BODY POSITION: **Supine**

ON (surface type): **In white body bag on hospital bed**

RIGOR MORTIS: NONE [ ] MINIMAL [ ] MODERATE [X] FULL [ ]

LOCATION(S): **Head to toe**

**UPDATED**

LIVIDITY: NONE ☐ MINIMAL ☐ DIFFUSE ☒ BLANCHING ☐ NON-BLANCHING ☐

LOCATION(S): **Back**

MUCOUS MEMBRANES (sclear, tongue, etc): MOIST ☒ PARTIALLY DRY ☐ DRY ☐

CONDITION: FRESH ☒ BEGIN. TO BREAK DOWN ☐ EARLY DECOMP. ☐ MODERATE DECOMP. ☐ ADVANCE DECOMP ☐ SKELETAL ☐

ARE INSECTS PRESENT? YES ☐ NO ☒

(DESCRIBE INSECTS AND INFESTATION SITE LOCATIONS . DOCUMENT TIME AND BODY LOCATION WHERE INSECTS ARE TAKEN FOR STI
CHOOSE MULTIPLE SAMPLES OF VARIOUS SIZES, LABEL, AND PLACE IMMEDIATELY IN 70% ALCOHOL.)

NOTES:

WAS DECEDENT CLOTHED? YES ☐ NO ☒

IF YES, CONDITION AND TYPE:

## NOTATE SPECIFIC WOUNDS, SCARS AND MARKS ON BODY ETC .

BODY REGION **LOWER TORSO** BODY FEATURES **LEFT HIP**

DESCRIPTION AND LOCATION ON BODY

**Incision scar**

SHAPE SIZE(ESTIMATE)

WAS CLOTHING INVOLVED

**NO**

**LEFT LEG** **SHIN**

DESCRIPTION AND LOCATION ON BODY

**Tattoo**

SHAPE SIZE(ESTIMATE)

WAS CLOTHING INVOLVED

**NO**

## CHILD FATALITY /FETAL DEATH (NO DATA)

## PRENATAL CARE (NO DATA)

## PROPERTY AND EVIDENCE

PHOTOGRAPH(S) OBTAINED? YES ☒ NO ☐

PHOTOGRAPHED BY: **DC George Rice**

**UPDATED**

DNA AT SCENE : BUCCAL SWAB OBTAINED? YES [ ] NO [x]

IF NO, EXPLAIN: **Pending autopsy**

PROPERTY/EVIDENCE COLLECTED BY RCCO:

NONE TAKEN: [ ]

LIST/EXPLAIN:

TAKEN BY RCCO [ ]

LIST/EXPLAIN:

LEFT ON OR WITH BODY [ ]

LIST/EXPLAIN:

PROPERTY/EVIDENCE COLLECTED BY L/E AGENCY: YES [ ] NO [X]

LIST/EXPLAIN:

MEDICATIONS COLLECTED: YES [ ] NO [x]

** COMPLETE PROPERTY CUSTODY DOCUMENT **

## CURRENT/ RECENT MEDICAL CONDITIONS (NO DATA)

## MEDICAL HISTORY

### PHYSICIAN HISTORY (NO DATA)

### ALCOHOL HISTORY (NO DATA)

### DRUG HISTORY (NO DATA)

### MEDICAL CONDITIONS/ILLNESS/INJURIES

| MEDICAL CONDITIONS/ILLNESS/INJURIES | DATE | FACILITY NAME |
|---|---|---|
| **Smoker, mental health** | | |

### PAST OPERATIVE PROCEDURES (NO DATA)

## MEDICATIONS

### MEDICATIONS

| DRUG | STRENGTH | DOSAGE | TIMES PER DAY | DATE FILLED | #PRESCRIBED | #REMAINING | PHYSICIAN |
|---|---|---|---|---|---|---|---|
| **Dipenhydramine** | **50mg** | | **0** | | **0** | **0** | **Staff** |
| **Haladol** | | | **0** | | **0** | **0** | **Staff** |

## PSYCHIATRIC HISTORY

### PSYCHIATRIC HISTORY (NO DATA)

### PRIOR PSYCHIATRIC HOSPITAL ADMISSION (NO DATA)

## SUSPECTED SELF-INFLICTED INJURY (NO DATA)

UPDATED

DEPRESSION (NO DATA)

SUSPECTED ALCOHOL AND/OR DRUG USE/ABUSE (NO DATA)

PREVIOUS SUICIDE ATTEMPTS (NO DATA)

PREVIOUS SUICIDE THREATS (NO DATA)

SUICIDE QUESTIONNAIRE

SUICIDE QUESTIONNAIRE (NO DATA)

VEHICLE COLLISIONS (NO DATA)

OTHER VEHICLES INVOLVED (NO DATA)

UPDATED

## CASE NOTES

**Case #: 2017-001562**
**Name: Kelvin Alonzo Minder, Sr.**
**DOB: 06/22/1972**
**DOD: 05/26/2017**
**TOD: 0058**
**MR#: 247474496**
**Lock# 002191**

**Initial Call/Dispatch: On May 25, 2017, I, Deputy Coroner (DC) George Rice spoke to Natisha Adams, Administrator on Duty, (AOD) at Dorn VA Hospital at 0109 hours. She advised me of the death of Kelvin Alonzo Minder, Sr. I notified the Richland County Sheriff's Department, speaking to Cpl. Owens at 0111 hours. He provided me with case number 1705850726. He advised me an Investigator was enroute to the Detention Center. I called DC Jane Powell at 0117 hours regarding the incident, and spoke to DCC Bradley at 0120 hours. Based on information from Officers Chatham and Burns of the Alvin S. Glenn Detention Center, and Lt. Boykin with Richland County EMS, the decedent was in a prison cell lying on the floor in cardiac arrest. CPR was initiated and EMS transported the decedent to VA Medical Center Columbia. Tammy Bradham, RN stated the decedent was cold and with noticeable Rigor Mortis. A blood glucose of 20 mg/dcl was recorded at VA by staff.**
**Observations/Body Actualization: I spoke to Ms. Adams, AOD. I spoke to the staff in the Emergency Department at the VA. I assessed the decedent from head to toe, anteriorly, while obtaining photographs of the body. A tube was in his mouth with a bite block. There were cardiac electrodes on his arms, and chest. There was a catheter in his right humerus. There is a defect/incision to the left hip. A tattoo was found on his lateral left lower leg. The decedent was already in a white body bag. A VA ED staff member rolled the decedent on his left side so I could assess the back, buttocks, and legs. I called DCC Bradley regarding my findings. He advised to have an autopsy scheduled.**

**Statements: Information above obtained from Officers Chatham and Burns from ASGDC, Lt. Boykin of RCEMS, and Tammy Bradham, RN at VA Columbia.**

**Medical History: The only history is that of mental illness, and smoking.**

**Property Collected/Medications/Photos: I uploaded my photos to the Coroner drive.**

**Removal & Transport: I closed the white body bag, and locked the bag with RCCO red lock 001562. Knight Systems secured the body and transported the decedent to the Palmetto Health Morgue.**

**Autopsy/Exam/Follow-up: I sent a message of an autopsy per Deputy Chief Coroner Bradley to the RCCO administration and Dr. Durso at 0257 hours.**
**Additional: Sgt. Frazier from the ASGDC was unable to reach next of kin (NOK). I went enroute to 312 Ault Rd. at 0305 hours, arriving at 0330 hours. I spoke with Daryl Palmer. The NOK of record, Shirley Palmer was deceased per Mr. Palmer. The decedent's sons, Kelvin and Joshua were home. I spoke with them and Mr. Palmer. I advised them a RCCO employee would be speaking with them today. I provided my card and a RCCO booklet. A RCSD deputy stayed with me at the scene for the duration of my notification. Kelvin, Jr. is the oldest son at 17. Other than the sons, the father of the decedent is Charles Minder of Eastover.**

**Medical records requested from Margita Friedley of ASGDC.**

## REQUEST FOR ASSISTANCE WITH FOLLOW-UP INVESTIGATION (NO DATA)

INVESTIGATOR'S SIGNATURE _____ INITIALS _____

PRINT NAME _____ DATE / / TIME _____

INVESTIGATOR'S SIGNATURE _____ INITIALS _____

PRINT NAME _____ DATE / / TIME _____

## LT. MARGITA FRIEDLEY

**From:** LT. MARGITA FRIEDLEY
**Sent:** Wednesday, May 31, 2017 11:02 AM
**To:** Debbie Phillips
**Cc:** SHANE KITCHEN
**Subject:** Kelvin Minder Sr.
**Attachments:** letterhead.coronersoffice.doc

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:**

**Incident Time:** 8:42 **Incident Date:** 5-17-2017 **Incident Location:** Shu - 2.41

**Staff Member Reporting Incident:** Ernest Starling

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On 5-17-2017, I Dlo Ernest Starling heard a loud Scraping Sound and water coming Room 41. I along with Dlo Micheal Slater Observed Detainee Kelvin Minder 74203 Scratching the table with a large Silver Bolt. He was instructed Three times To come to the door with the bolt, he then stood up on the Table as if to Jump. I Dlo Ernest Starling Called unit 9, Lt. Kevin Mcullough. He was instructed then by Lt. Kevin Mccullough, and continued To Refuse. He continued Standing on the table and began to urinate on the Floor.

**Reporting Staff Member's Signature:** Ernest Starling **Report Completion Date:** 5-17-2017

## 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**

5/17 A five man cell extraction team was form to remove detainee Kelvin Minder from his cell. He was placed in the restraint chair for four hours. Detainee will be housed in close proximity of the officer. After speak with Tasha Williams detainee will be place on medical watch. He was seen by Nurse Jirel Carol. The incident was recorded an a copy will be forward to investigation

Supervisor's Signature: [signature] Date: 5/17/17

**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: [signature] Date: 5/17/17

**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:** 0835 **Incident Date:** 05-17-2017 **Incident Location:** SHU

**Staff Member Reporting Incident:** Reginald Faulks

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:** _____

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

ON THE ABOVE DATE AND APPROXIMATE TIME I OFFICER FAULKS REGINALD participated in 5 MAN CELL EXTRACTION ON detainee MINDER KELVIN 74203 I OFFICER FAULKS REGINALD Secured detainee RIGHT ARM and assisting with Restraing detainee Minder, Kelvin #74203 Left leg followed by RIGHT leg with leg IRONS. Detainee Minder Kelvin #74203 was escorted from his room to the Restraint Chair I OFFICER FAULKS, REGINALD ASSISTED with placing detainee left wrist in the restraint chair and left ankle in the restraint chair straps were secured and checked for tightness 2 fingers was placed in straps. Lt MCCollough Kevin notified of incident.

**Reporting Staff Member's Signature:** Reginald Faulks **Report Completion Date:** 05/17/2017

## 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:** 0902 **Incident Date:** 5-17-2017 **Incident Location:** Shu 2-41

**Staff Member Reporting Incident:** Ernest Starling

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Ernest Starling **Inmate #:** 74203 **Charge:** _____

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

I DIO Ernest Starling in assisting with a Cell extraction (5 man). Held the shield. once the command was given by Lt. Kelvin McCullough to enter Cell 41. Occupied by Detainee Kelvin Minder 74203, I used the Shield To Secure the Detainee Kelvin minder, While the proper Restraints Was Secured, was the All Clear was given. Detainee Kelvin minder was escorted from the Cell to the Restraint Chair, (Leg Shield.

**Reporting Staff Member's Signature:** Ernest Starling **Report Completion Date:** 5-17-2017

## 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:** 0842 **Incident Date:** 05-17-2017 **Incident Location:** SHU - Cell #41

**Staff Member Reporting Incident:** D/O Jimmy White

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder, Kelvin **Inmate #:** 74203 **Charge:** _____

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

ON THE ABOVE date and approximate Time stated, THE ABOVE Listed Inmate was Remove From Cell #41, by A FIVE MAN Extraction Team. I D/O Jimmy White Assist by Securing Inmate Minder, Kelvin Left Arm, Placing handcuffs on his Left Wrist And Then his Right Wrist without Injury, AFTER Inmate Minder Kelvin was Place Into Leg Iron, He was Remove From Cell #41 to the bottom TIER Under The Supervison of the Watch Commander, Place Into Restraint Chair without Injury

**Reporting Staff Member's Signature:** Jimmy White **Report Completion Date:** 05-17-2017

## Other Staff Members Involved

Falk, Reginald, Starling, Ernest, Slater, Michael, McCollough, Kelvin

## 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:** 0842 **Incident Date:** 5-17-17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Michael Slater

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:** _____

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

On the above date and approximate time I officer Michael Slater was one of the five men Extra team. I officer Michael Slater restraint detainee Minder Kelvin #74203 right Leg and help escorted him out of the cell, to the ~~the~~ straint Chair.

**Reporting Staff Member's Signature:** Michael Slater **Report Completion Date:** 5-17-17

## 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:** 0905 **Incident Date:** 5/17/17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Kevin McCollough

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minter, Kelvin **Inmate #:** 7H203 **Charge:** _____

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

On the above date and approximate time After entering unit Shu I observe detainee Kelvin Minder #7H203 standing on table urinating on the floor. After refusing multiple directive to get down a five man CGI extraction team was form. I, Lt Kevin McCollough was ~~assig~~ assign to secure his right leg

**Reporting Staff Member's Signature:** K. McCollough **Report Completion Date:** 5/17/17

## 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**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder Kelvin INMATE # 74203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: 5/17/17 Time: 0838 Authorized by: Lt. McCollough

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: 5/17/17 Time: 1805

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 838 | Mccollough | Sitting | 1417 | Brown | sitting /talking |
| 0853 | Brown | Sitting | 1432 | Brown | sitting /talking |
| 0908 | Brown | sitting | 1447 | Brown | Sitting /talking |
| 0923 | Brown | Sitting | 1502 | Brown | Sitting /talking |
| 0938 | Brown | sitting | 1517 | Brown | Sitting /talking |
| 0953 | Brown | Sitting | 1532 | Brown | sitting /talking |
| 1008 | Brown | Sitting | 1547 | Brown | sitting /talking |
| 1023 | Brown | Sitting | 1602 | Brown | sitting /talking |
| 1038 | Brown | Sitting | 1617 | Brown | sitting |
| 1053 | Brown | sitting | 1632 | Brown | sitting |
| 1108 | Brown | Sitting | 1647 | Brown | Sitting |
| 1123 | Brown | sitting | 1702 | Brown | Sitting |
| 1138 | Brown | sitting | 1717 | Brown | Sitting |
| 1153 | Brown | sitting | 1732 | Brown | Sitting |
| 1208 | Brown | Sitting | 1740 | Brown | [redacted] Sitting |
| 1223 | Brown | sitting | 1755 | Brown | sitting |
| 1238 | Brown | sitting | 1810 | Brown | Sitting |
| 1302 | starky | Talks | 1825 | Brown | Sitting |
| 1317 | Brown | sitting, talking | | | |
| 1332 | Brown | sitting, talking | | | |
| 1347 | Brown | Sitting talking | | | |
| 1402 | Brown | Sitting, talking | | | |

# ALVIN S. GLENN DETENTION CENTER
# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

Please indicate type of restraints used:
Four point restraints ( ) Chair ( )

Date: 5-17-17 Location: SHU
Time: 0838

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Inmate's Name: Minder Kelvin
Inmate's Number: 74203
Race: Black Sex: Male Age: _____

Justification for restraint use: Refusing TO give up a weapon, threating To Jump off The Table of cell 41

Restraint use approved by: _____

Use of force prior to restraints used:
Pepper Spray ( ) Yes ( ) No
Physical Force ( ) Yes ( ) No
Type: _____

List problems securing inmate in restraints:
None

List problems with the restraints (mechanical):
None

General comments: _____

List inmate injuries prior to securing in restraints:
None

List inmate injuries (if any) during restraints application:
None

Inmate seen by Medical Staff? (✓) Yes ( ) No
Medical Staff Name: Nurse Jirel
Officer Injuries? ( ) Yes (✓) No
Officer Name: None
Type of Injury: None
Seen by Medical ( ) Yes (✓) No
Name: _____
Type of Injury: _____

Inmate remains in restraints at shift change?
( ) Yes ( ) No

Submitted by: Joseph Brown
Print Name: Joseph Brown

Reviewed by: _____
Print Name: _____

REFERENCE ACA MANDATORY STANDARD 4-ALDF-2B-03

Revised 1/21/15

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 5-25-2017 **Incident Location:** SHU

**Staff Member Reporting Incident:** Officer Williams, Algerron

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder, Kelvin **Inmate #:** 74203 **Charge:**

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

On Above date and on or around about time. I officer Williams, Algerron Was conducting Suicide Watch on detainees Bennett, Dorrell #426454 cell #7, also detainee taylor, Joseph #597801 cell #5. I noticed officer lark, Kelvin observing detainee minder, Kelvin #74203 cell #4 Which is on a constant Watch. I officer Williams, Algerron approach detainee Minder, Kevin room door With officer lark, Kelvin and we noticed that detainee minder, Kelvin Was laying on the ground appearing to be sleep. I officer Williams, Algerron directed Mass controll which was ran by Officer Joyce Durant. to open cell # 4. I officer Williams, Algerron and Officer lark, Kelvin Went inside cell # 4 and We obsered detainee Minder, Kelvin "Snoring". At that point We closed the cell and resume dutyof regular Suicide Watch about ten minutes later officer lark, Kelvin Called me to come back to cell # 4. Detainee Minder, Kelvin Was still laying in the Same postion. I officer Williams, Algerron directed officer Joyce, Duram to open cell # 4 again. officer lark, Kelvin and I once again observe

**Reporting Staff Member's Signature:** Algerron, Williams **Report Completion Date:** 5-25-2017

## Other Staff Members Involved

## Medical and/or Use of Force Narrative

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

dfp3

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT SUPPLEMENT

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 5-25-2017 **Incident Location:** Shu

**Staff Member Reporting Incident:** Officer Williams, Algerron

**Supplement Narrative**

Detainee Minder, Kelvin on the ground but at this point there was not a response. Thats When we Walk over to the shu office to call the Supervisors office. But at that point Sgt Walker, Jeffrey was already Calling the shu office to see What was the problem. At that point a Code "Blue" was called. Sgt Walker, Jeffery and Sgt Waites, Thomas enters the unit With Medical staff. I Officer Williams, Algerron stood ~~the~~ ASI observed officer Clark, Kelvin giving CPR to detainee Minder, Kelvin #74803. Until EMS and Fire department arrive. End of Report

**Reporting Staff Member's Signature:** [signature] **Report Completion Date:** 5-25-2017

Algerron, Williams

3\13

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT SUPPLEMENT

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 5-25-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Kelvin Lark

**Supplement Narrative**

Called from central control and asked what was wrong. I officer Lark Kelvin told sgt J. Walker, "I don't think that detainee Minder Kelvin is breathing. sgt J. Walker replied call the code Blue. I officer Lark Kelvin called "code Blue in unit SHU. sgt. J. Walker and sgt T. waites enter with Medical staff. Nurse Melissa check detainee Minder Kelvin stated he is not breathing. sgt. J. Walker told I officer ~~Kelvin~~ Lark Kelvin to start CPR. While doing CPR Nurse Melissa checked detainee Minder Kelvin right wrist and detainee Minder Kelvin has weak pulse. I officer Lark Kelvin, sgt T. Waites, and Nurse Melissa continue to do CPR until EMS and Fire department took over

**Reporting Staff Member's Signature:** Kelvin Lark **Report Completion Date:** 5-25-17

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

4/13

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 5-25-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Kelvin Lark

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On above date and approximate time I officer Lark Kelvin noticed detainee Minder Kelvin #74203 in cell #4 laying on the floor not moving. I officer Lark Kelvin called detainee's name. Detainee Minder Kelvin did not reply. I officer Lark Kelvin called officer William Algerron over to cell 4. We both decided to enter cell 4 to check detainee Minder Kelvin #74203. Upon entering the cell, we noticed detainee Minder was snoring and appeared to ~~sleeped~~ KL sleep. I officer Lark Kelvin and officer William exit cell #4 and continued suicide watch. while watching detainee Minder Kelvin. I officer Lark, Kelvin noticed he stopped snoring. Officer William. Algerron was called back to cell #4 and we entered. I officer Lark Kelvin lefted detainee Minder Kelvin left arm to check for awareness and breathing. Detainee Minder Kelvin did not move or respond. I officer Lark, Kelvin and William exit cell to call supervisor officer. then Sgt Walker

**Reporting Staff Member's Signature:** Kelvin Lark **Report Completion Date:** 5-25-17

## 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**

I, Sergeant Jeffrey Walker, called unit Shu after hearing officer Kelvin Lark call for Max control to open cell 24, via Radio. Officer Lark stated that detainee Minder was unresponsive. I, Sgt. Walker instructed officer Lark to call the code. Sgt. Thomas Waites and myself, Sgt. Walker responded to a code blue called in Shu. Once entering the unit Max control operator was instructed to open cell 24. Officer Lark, Sgt. Walker, Sgt. Waites, and Nurse Melisa Washechek entered cell 4. Detainee Minder was lying on the floor unresponsive. Nurse Melisa Washechek stated that detainee is not breathing. Officer Lark, then began CPR on detainee Minder. Sgt. Waites, officer Lark, and Nurse Melisa rotated with compressions on detainee Minder within the cell. Nurse Edward Freely entered

**Supervisor's Signature:** Jeffrey Walker **Date:** 5-25-17

**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:** Sgt. Jeanette Trujillo **Date:** 5/25/17

**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 SUPPLEMENT

S|13

**Incident Category:** Death of Inmate

**Incident Time:** 2339 **Incident Date:** 5-25-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Jeffrey Walker

**Supplement Narrative**

Unit and began to assist with CPR. Central Control officer was instructed to contact Ems. Approximately 10 minutes later the fire department arrived to the facility (Leroy Todd, Gary Walters, Anthony Gangeri and Vincent Maskaitis.) Then Ems arrived, Unit 213 (Avery Berkin, Randall and Caulder). All Ems and Fire men worked on detainee Minder upon arrival. ~~and~~ Detainee Minder was placed on a stretcher and escorted out of the facility by Ems, officer Ronald Chapman and officer Kedar Burns. All logbooks and suicide sheets were collected. This incident was video recorded. A death Inmate form was filled out and attached to this incident. Detainee Minder was pronounced dead at the VA Hospital by Doctor Alvin Day. Note: when detainee Minder was found no marking were on his body. This incident appears to be of nature causes. Ems exit the facility at 0029.

**Reporting Staff Member's Signature:** Jeffrey Walker **Report Completion Date:** 5-25-17

4 of 11 (MS)

6/13

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 05/25/17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Officer Joyce Durant

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date and approximate time I Officer Joyce Durant was asked by Officer Algerron Williams to open cell Z4. Once I Officer Joyce Durant unlocked cell Z4, I Officer Joyce Durant observed officers Kelvin Lark and Algerron Williams enter. I officer Joyce Durant could not visably see what either officers were doing or what detainee Minder Kelvin #74203 was doing at that time but noone appeared to be in distress. Officers Kelvin Lark and Algerron Williams stayed in the cell (Z4) for approximately two minutes before exiting. At that time, nothing appeared to be wrong. The cell (Z4) was then secured by me Officer Joyce Durant. On or about sixteen minutes later (2333) I Officer Joyce Durant was asked by Officer Algerron Williams to unlock cell Z4 again. At that time I Officer Joyce Durant opened (unlocked) Z4 and once again Officers Kelvin Lark and Algerron Williams entered. Approximately one minute went

**Reporting Staff Member's Signature** Joyce Durant Joyce Durant **Report Completion Date:** 05/26/17 0336

## Other Staff Members Involved

## Medical and/or Use of Force Narrative

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

5 of 11 (MR)
7/13

**ALVIN S. GLENN DETENTION CENTER**
**INCIDENT REPORT SUPPLEMENT**

**Incident Category:** Death of Inmate

**Incident Time:** 2317 **Incident Date:** 05/25/17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Officer Joyce Durant

**Supplement Narrative**

by and both officers came out of the cell but this time Ofc. Lark (Kelvin) had a look of urgency on his face as he (officer Kelvin Lark) walked into the office located inside of unit Shu. Moments later, I Officer Joyce Durant heard officer Kelvin Lark call code Blue unit Shu over the radio. Moments later Sgt. Walker, Sgt. Waites, Ofc. Owens along with medical personel nurses Melisa and Freeley and CMA Adams entered. Once it was determined that detainee Minder Kelvin #74203 needed to be transported to the hospital I Officer Joyce Durant was instructed by Sgt. Walker to notify Central Control to call 911. Approximately fifteen minutes later Emergency crews from Columbia Fire Department along with Richland County EMS arrived on scene and assumed life saving measures for detainee Minder Kelvin #74203. At approximately 0018 Rescue personel, Supervisors, Nurses and Ofc. Owens exited unit Shu with detainee Minder Kelvin #74203 unconscious and unresponsive with CPR in progress.

End of Report

**Reporting Staff Member's Signature:** Joyce Durant
Joyce Durant

**Report Completion Date:** 05/26/17

0336 hrs

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** 2339 **Incident Date:** 5-25-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Thomas. Waites

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Sr, Kelvin Alonzo **Inmate #:** 74203 **Charge:**

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

On the above date and approximate time, I responded to a Code Blue in unit SHU along with Sergeant Jeffrey Walker, Nurse Melissa Washechek, CMA Tameika Johnson-Adams and Nurse Almaz Clarke. Officer Kelvin Lark then informed the medical staff that he could not tell if Detainee Minder was breathing. Nurse Washechek checked vital signs but was unable to find any. She told us to call EMS and to start CPR. Officer Lark started CPR and rotated with Nurse Washechek, Nurse Edward Freely and myself. Detainee Minder was connected to an AED but it did not advise a shock. We continued CPR until the Fire Department arrived and took over CPR. EMS arrived and connected him to their AED and put a tube down his throat. I assisted the Fire Department with rolling Detainee Minder over and putting him on a metal board. I then lifted the feet part and assisted with putting Detainee Minder onto the stretcher. I then escorted him to the vehicle sallyport along with the Fire Department and EMS.

**Reporting Staff Member's Signature:** Thomas Waites **Report Completion Date:** 5-26-17

## Other Staff Members Involved

## Medical and/or Use of Force Narrative

**Medical Attention Necessary:** Yes ✓ No

**Use of Force Necessary:** Yes No ✓

7 of 11 (MA)
9 of 13

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** Approximately 2339 **Incident Date:** 5/26/17 **Incident Location:** Special Housing Unit

**Staff Member Reporting Incident:** Monica Owens

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder, Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date and approximate time I officer Monica Owens responded to a Code Blue in the Special Housing Unit, along with Sgt. Thomas Whites, Sgt Jeffrey Walker, nurses Edward Freely, Melisa Washecheck, Almaz Clarke, Tameisha Adams, officers Kelvin Warth, Joyce Durant, and Algerron Williams. Upon entering the Special Housing Unit I officer Owens observed detainee Minder, Kelvin #74203 laying on the floor of his cell room Z4 unresponsive. I officer Owens observed officer Warth on the floor applying chest compressions as advised by nurse Melisa. EMS was also notified while chest compressions were given by officer Warth and nurse Melisa. Several attempts were being made to resuscitate detainee Minder. I officer Owens then observed nurse Melisa place the pads from the AED ~~defibrillator~~ (MA) on detainee Minder and waited for a response. Once again there was no response. I officer Owens then exited the Special Housing Unit to escort EMS back down to the unit.

**Reporting Staff Member's Signature:** Monica Owens **Report Completion Date:** 5/26/17

MONICA OWENS

## Other Staff Members Involved

## Medical and/or Use of Force Narrative

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

(MA)

8 of 11 MST
10 of 13

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT SUPPLEMENT

**Incident Category:** Death of Inmate

**Incident Time:** Approximately 2339 **Incident Date:** 5/26/17 **Incident Location:** Special Housing Unit

**Staff Member Reporting Incident:** Monica Owens

**Supplement Narrative**

Once EMS arrived inside of the Special Housing Unit again Several attempts were made to resuscitate detainee Minder. Detainee Minder was then placed on the stretcher by EMS medical staff, where they applied the Chest compression system. Detainee Minder was then trasported out of the Special Housing Unit and then to the Veterans Affair Hospital. A report was then generated.

**Reporting Staff Member's Signature:** Monica Owens **Report Completion Date:** 5/26/17

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** 2333 hrs **Incident Date:** 05-26-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Officer Burns, Kedar

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Sr., Kelvin **Inmate #:** 74203 **Charge:**

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

On the Above Date and Approximate Time. I, Officer Burns, Kedar responded to the Code Blue Unit SHU that was in progress. Upon entering I noticed our Medical Staff Edward Freely, Tameika Johnson Adams, Alonzo Clarke, and Melia Washechek administering care with AED machine and Chest Compressions. After viewing them working on Detainee Minder Sr., Kelvin #74203 who seemed to not be responding. I, officer Burns, Kedar was then instructed by Sgt. Frazier to report to Lobby for weapons and hospital Duty due to Ems in route to Facility for Detainee Minder Sr., Kelvin #74203 to be transported. At this time I, Officer Burns, Kedar then exited the Unit for Lobby. Sgt. Frazier, Jeanette then instructs me to follow the Ambulance carrying Detainee Minder Sr., Kelvin #74203 in transportation van with Officer Chapman, Ronald riding inside Ambulance to accompany EMS staff and Detainee Minder Sr., Kelvin #74203. I,

**Reporting Staff Member's Signature:** Kedar Burns **Report Completion Date:** 5-26-17

## Other Staff Members Involved

## Medical and/or Use of Force Narrative

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

HHS

10 of 11 (nd)
12 of 13

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT SUPPLEMENT

**Incident Category:** Death of Inmate

**Incident Time:** 0030 **Incident Date:** 5-26-17 **Incident Location:** SHU

**Staff Member Reporting Incident:** Officer Burns, Kedar

**Supplement Narrative**

Officer Burns, Kedar then followed the Ambulance leaving facility at 0030hrs from Vehicle Sally Port to V.A. Hospital on Garners Ferry Rd. Officer Burns, Kedar arrived behind Ambulance at Dorn V.A. Hospital at 0042hrs. Still no Pulse registered on Detainee Minder Sr., Kelvin # 74203 body as EMS responders exited him out of Ambulance at 0046 and into hospital 1st Floor Emergency room #5 to administer care and Chest Compressions. Once Detainee Minder was placed on hospital bed when Nurse Tammy Bredhauer and Dr. Floyd conducted more Chest compressions with 2 minute pulse checks in between. Doctor Day ordered the Nurse Zissette, Wesley to continue with Chest compressions. At Approximately 0058hrs. Doctor Day ordered another pulse check on Detainee Minder only to have results given by Dr. Floyd of no pulse on patient. At that Time Doctor Day states "Time of Death will now be called on patient" and no further care was administered. Doctor Day called the Coroner of Richland County George Rice to come to Dorn V.A. Hospital for a change of custody procedure on a patient. Coroner George Rice entered hospital at 0140 for a change of custody with Doctor Day on patient Minder Sr., Kelvin # 74203 and Sgt. Frazier Jeanette was notified over phone on procedures yet handcuffs Coroner George Rice proceeded to take over. End of Report

**Reporting Staff Member's Signature:** [signature] **Report Completion Date:** 5-26-17

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** Death of Inmate

**Incident Time:** 0042 **Incident Date:** 5/26/17 **Incident Location:** VA Hospital

**Staff Member Reporting Incident:** Ronald Chapman

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder, Kelvin **Inmate #:** 74203 **Charge:**

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

On the abore date and approximate time, I, officer Ronald Chapman along with officer Kedar Burns assisted in escorting Detainee Minder, Kelvin 74203 in the EMS Vehicle to the VA Hospital. Detainee minder received chest Compressions from nurse Tommy Bredharm and Doctor Floyd also, Administer Care on Detainee minder. Doctor Day order the nurse to check Detainee minder Pulse. Detainee minder also received an I.V. Detainee minder Pulse was Checked two more times. Doctor Day Pronounced Detainee minder Death at 00:58. Doctor Day Called the Coroner (George Rice) to come to the VA Hospital and a Change of Custody was done between officer Chapman and George Rice.

**Reporting Staff Member's Signature:** Ronald Chapman **Report Completion Date:** 5/26/17

## 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

## INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Minder, Kelvin  Cell #: 2-4  Date: 5-25-2017

Inmate #: 74203  Race: BLK  Sex: M  Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No  Is inmate a danger to officers? ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No  Cell Checks: Within 5 Min (irregular intervals) ☑

Commissary Restriction ☑ Yes ☐ No  Constant Observation ☑

Start Time 06:25 [Military Time Only] End Time 18:25

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0630 | Standing | CH | 0845 | Sitting | CH | 1050 | Standing | CH | 1305 | Sitting | CH |
| 0635 | Pacing | CH | 0850 | Sitting | CH | 1055 | Standing | CH | 1310 | Sitting | CH |
| 0640 | Pacing | CH | 0855 | Standing | CH | 1100 | Standing | CH | 1315 | Sitting | CH |
| 0645 | Eating | CH | 0900 | Standing | CH | 1105 | Sitting | CH | 1320 | Sitting | CH |
| 0650 | Standing | CH | 0905 | Sitting | CH | 1110 | Sitting | CH | 1325 | Sitting | CH |
| 0655 | Standing | CH | 0910 | Sitting | CH | 1115 | Sitting | CH | 1330 | Sitting | CH |
| 0700 | Standing | CH | 0915 | Pacing | CH | 1120 | Sitting | CH | 1335 | Sitting | CH |
| 0705 | Standing | CH | 0920 | Pacing | CH | 1125 | Sitting | CH | 1340 | Sitting | CH |
| 0710 | Standing | CH | 0915 | Sitting | CH | 1130 | Sitting | CH | 1345 | Sitting | CH |
| 0715 | Standing | CH | 0930 | Standing | CH | 1135 | Sitting | CH | 1350 | Sitting | CH |
| 0720 | Standing | CH | 0925 | Standing | CH | 1140 | Sitting | CH | 1355 | Sitting | CH |
| 0725 | Standing | CH | 0930 | Standing | CH | 1145 | Sitting | CH | 1400 | Sitting | CH |
| 0730 | Standing | CH | 0935 | Standing | CH | 1150 | Sitting | CH | 1405 | Sitting | CH |
| 0735 | Standing | CH | 0940 | Standing | CH | 1155 | Sitting | CH | 1410 | Sitting | CH |
| 0740 | Standing | CH | 0945 | Standing | CH | 1200 | Sitting | CH | 1415 | Sitting | CH |
| 0745 | Standing | CH | 0950 | Standing | CH | 1205 | Sitting | CH | 1420 | Sitting | CH |
| 0750 | Resting | CH | 0955 | Standing | CH | 1210 | Sitting | CH | 1425 | Sitting | CH |
| 0755 | Resting | CH | 1000 | Standing | CH | 1215 | Sitting | CH | 1430 | Sitting | CH |
| 0800 | Resting | CH | 1005 | Standing | CH | 1220 | Sitting | CH | 1435 | Sitting | CH |
| 0805 | Resting | CH | 1010 | Standing | CH | 1225 | Sitting | CH | 1440 | Sitting | CH |
| 0810 | Resting | CH | 1015 | Standing | CH | 1230 | Sitting | CH | 1445 | Sitting | CH |
| 0815 | Resting | CH | 1020 | Standing | CH | 1235 | Sitting | CH | 1450 | Sitting | CH |
| 0820 | Resting | CH | 1025 | Standing | CH | 1240 | Sitting | CH | 1455 | Sitting | CH |
| 0825 | Resting | CH | 1030 | Standing | CH | 1245 | Sitting | CH | 1500 | Sitting | CH |
| 0830 | Resting | CH | 1035 | Standing | CH | 1250 | Sitting | CH | 1505 | Sitting | CH |
| 0835 | Resting | CH | 1040 | Standing | CH | 1255 | Sitting | CH | 1510 | Sitting | CH |
| 0840 | Sitting | CH | 1045 | Standing | CH | 1300 | Sitting | CH | 1515 | Sitting | CH |

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

# INMATE SUICIDE WATCH OBSERVATION LOG

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OF IN |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1520 | Sitting | | 1725 | Sitting | | | | | | | |
| 1525 | Sitting | | 1730 | Sitting | | | | | | | |
| 1530 | Sitting | | 1735 | Sitting | | | | | | | |
| 1535 | Sitting | | 1740 | Sitting | | | | | | | |
| 1540 | Sitting | | 1745 | Sitting | | | | | | | |
| 1545 | Sitting | | 1750 | Sitting | | | | | | | |
| 1550 | Sitting | | 1755 | Sitting | | | | | | | |
| 1555 | Sitting | | 1800 | Sitting | | | | | | | |
| 1600 | Sitting | | 1805 | Sitting | | | | | | | |
| 1605 | Sitting | | 1810 | Sitting | | | | | | | |
| 1610 | Sitting | | 1815 | Sitting | | | | | | | |
| 1615 | Sitting | | 1820 | Sitting | | | | | | | |
| 1620 | Sitting | | 1825 | Sitting | | | | | | | |
| 1625 | Sitting | | | | | | | | | | |
| 1630 | Sitting | | | | | | | | | | |
| 1635 | Sitting | | | | | | | | | | |
| 1640 | Sitting | | | | | | | | | | |
| 1645 | Sitting | | | | | | | | | | |
| 1650 | Sitting | | | | | | | | | | |
| 1655 | Sitting | | | | | | | | | | |
| 1700 | Sitting | | | | | | | | | | |
| 1705 | Sitting | | | | | | | | | | |
| 1710 | Sitting | | | | | | | | | | |
| 1715 | Sitting | | | | | | | | | | |
| 1720 | Sitting | | | | | | | | | | |

| MEALS | | BREAKFAST | LUNCH | DINNER |
|---|---|---|---|---|
| | SERVED | Yes | No x | No |
| | CONSUMED | x | 4 | 4 |

| SHOWER | TIME IN | TIME OUT |
|---|---|---|
| | | |

**Comments:** He didn't eat his lunch and dinner

Officers Print Name: J. Lowery Date: 5/25/17 Time: _____

**Supervisor comments:** _____

Supervisors Signature: _____ Date: _____ Time: _____

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

# Alvin S. Glenn Detention Center

## INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Minder, Kelvin Cell # 24 Date: 5-24-17

Inmate #: 74203 Race: B Sex: M Date of Birth: _____

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No — Is inmate a danger to officers? ☐ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No — Cell Checks: Within 5 Min (irregular intervals) ☑

Commissary Restriction ☑ Yes ☐ No — Constant Observation ☑

Start Time 14:55 [Military Time Only] End Time 18:20

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1455 | Sitting | TM | 1705 | Sitting | TM | | | | | | |
| 1500 | sitting | TM | 1710 | Sitting | TM | | | | | | |
| 1503 | talking | TM | 1715 | Sitting | TM | | | | | | |
| 1508 | talking | TM | 1720 | Sitting | TM | | | | | | |
| 1510 | sitting | TM | 1724 | Sitting | TM | | | | | | |
| 1515 | Sitting | TM | 1729 | Sitting | TM | | | | | | |
| 1520 | talking | TM | 1734 | Sitting | QB | | | | | | |
| 1525 | Sleeping | TM | 1739 | Sitting | QB | | | | | | |
| 1530 | Sleeping | TM | 1749 | Sitting | TM | | | | | | |
| 1535 | Sleeping | TM | 1755 | laying down | TM | | | | | | |
| 1540 | Sleeping | TM | 1800 | resting | TM | | | | | | |
| 1544 | Sleeping | TM | 1805 | resting | TM | | | | | | |
| 1549 | talking | TM | 1810 | resting | TM | | | | | | |
| 1554 | talking | TM | 1815 | Resting | TM | | | | | | |
| 1559 | talking | TM | 1820 | resting | TM | | | | | | |
| 1604 | talking | TM | | | | | | | | | |
| 1609 | talking | TM | | | | | | | | | |
| 1614 | Sleeping | TM | | | | | | | | | |
| 1619 | Sleeping | TM | | | | | | | | | |
| 1624 | Sleeping | TM | | | | | | | | | |
| 1629 | Sitting | TM | | | | | | | | | |
| 1634 | Sitting | TM | | | | | | | | | |
| 1639 | Sitting | TM | | | | | | | | | |
| 1644 | Sitting | TM | | | | | | | | | |
| 1649 | Sitting | TM | | | | | | | | | |
| 1654 | Sitting | TM | | | | | | | | | |
| 1659 | Sitting | TM | | | | | | | | | |

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

# INMATE SUICIDE WATCH OBSERVATION LOG

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC IN |
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| MEALS | | BREAKFAST | LUNCH | DINNER |
|---|---|---|---|---|
| | SERVED | NOT | NOT | NOT |
| | CONSUMED | On Suicide | On Suicide | Refused |

| SHOWER | TIME IN | TIME OUT |
|---|---|---|
| | VSD | NSD |

**Comments:** _____

Officers Print Name: Travis Myers Date: 5-24-17 Time: 1820

**Supervisor comments:** placed on constant watch per Medical

Supervisors Signature: [signature] Date: 5/24/17 Time: 1820

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

**ALVIN S. GLENN DETENTION CENTER**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder Kelvin INMATE # 74203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: 5/17/17 Time: 0838 Authorized by: Lt. McCollough

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: 5/17/17 Time: 1825

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 838 | Mccollough | Sitting | 1417 | Brown | Sitting / talking |
| 0853 | Brown | Sitting | 1432 | Brown | Sitting / talking |
| 0908 | Brown | Sitting | 1447 | Brown | Sitting / talking |
| 0923 | Brown | Sitting | 1502 | Brown | Sitting / talking |
| 0938 | Brown | sitting | 1517 | Brown | Sitting / talking |
| 0953 | Brown | Sitting | 1532 | Brown | sitting / talking |
| 1008 | Brown | Sitting | 1547 | Brown | Sitting / talking |
| 1023 | Brown | Sitting | 1602 | Brown | Sitting / talking |
| 1038 | Brown | Sitting | 1617 | Brown | sitting |
| 1053 | Brown | sitting | 1632 | Brown | sitting |
| 1108 | Brown | sitting | 1647 | Brown | sitting |
| 1123 | Brown | sitting | 1702 | Brown | Sitting |
| 1138 | Brown | sitting | 1717 | Brown | Sitting |
| 1153 | Brown | sitting | 1732 | Brown | Sitting |
| 1208 | Brown | Sitting | 1740 | Brown | ~~Sitting~~ Sitting |
| 1223 | Brown | Sitting | 1755 | Brown | sitting |
| 1238 | Brown | sitting | 1810 | Brown | Sitting |
| 1302 | starry | Talks | 1825 | Brown | Sitting |
| 1317 | Brown | sitting, talking | | | |
| 1332 | Brown | sitting, talking | | | |
| 1347 | Brown | Sitting talking | | | |
| 1402 | Brown | Sitting, talking | | | |

# ALVIN S. GLENN DETENTION CENTER
# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

Please indicate type of restraints used:
Four point restraints ( ) Chair ( )

Date: 5-17-17 Location: SHU
Time: 0838

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Inmate's Name: Minder Kelvin
Inmate's Number: 74203
Race: Black Sex: Male Age: _____

Justification for restraint use: Refusing To give up a weapon, threating To Jump off The Table Of cell 41

Restraint use approved by: _____

Use of force prior to restraints used:
Pepper Spray ( ) Yes ( ) No
Physical Force ( ) Yes ( ) No
Type: _____

List problems securing inmate in restraints:
None

List problems with the restraints (mechanical):
None

General comments: _____

List inmate injuries prior to securing in restraints:
None

List inmate injuries (if any) during restraints application:
None

Inmate seen by Medical Staff? (✓) Yes ( ) No
Medical Staff Name: Nurse Jirey
Officer Injuries? ( ) Yes (✓) No
Officer Name: None
Type of Injury: None
Seen by Medical ( ) Yes (~~✓~~) No
Name: _____
Type of Injury: _____

Inmate remains in restraints at shift change?
( ) Yes ( ) No

Submitted by: Joseph Brown
Print Name: Joseph Brown

Reviewed by: _____
Print Name: _____

**ALVIN S. GLENN DETENTION CENTER**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder Kelvin INMATE # 74203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: 5-24-17 Time: 1450 Authorized by: Lt. Williams

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: 5-24-17 Time: 1745

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 1450 | TMyers | sitting | | | |
| 1505 | TMyers | talking | | | |
| 1520 | TMyers | sitting | | | |
| 1535 | TMyers | sitting | | | |
| 1555 | TMyers | talking | | | |
| 1610 | TMyers | talking | | | |
| 1625 | TMyers | talking | | | |
| 1630 | TMyers | sitting | | | |
| 1645 | TMyers | sitting | | | |
| 1700 | TMyers | sitting | | | |
| 1715 | TMyers | sitting | | | |
| 1730 | TMyers | sitting | | | |
| 1735 | J Brown | sitting | | | |
| 1745 | TMyers | sitting | | | |
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REFERENCE ACA MANDATORY STANDARD 4-ALDF-2B-03

Revised 1/21/15

ALVIN S. GLENN DETENTION CENTER

# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

(Front)

Please indicate type of restraints used:
Four point restraints ( ) Chair ( )

Date: 5-24-17 Location: Max Control
Time: 1455

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Inmate's Name: Minder, Kelvin
Inmate's Number: 74203
Race: Black Sex: Male Age: _____

Justification for restraint use: Medical Observation after

Restraint use approved by: Lt. Williams

Use of force prior to restraints used:
Pepper Spray ( ) Yes (✓) No
Physical Force ( ) Yes (✓) No
Type: _____

List problems securing inmate in restraints:
None

List problems with the restraints (mechanical):
None

General comments: Seen by Nurse Jerell and Nurse Williams

List inmate injuries prior to securing in restraints:
None

List inmate injuries (if any) during restraints application:
none

Inmate seen by Medical Staff? (✓) Yes ( ) No
Medical Staff Name: Nurse Jerell/Nurse Russell

Officer Injuries? ( ) Yes (✓) No

Officer Name: N/A
Type of Injury: none

Seen by Medical ( ) Yes (✓) No
Name: N/A
Type of Injury: none

Inmate remains in restraints at shift change?
(✓) Yes ( ) No

Submitted by: _____ Print Name: Travis Myers

Reviewed by: _____ Print Name: _____

**ALVIN S. GLENN DETENTION CENTER**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder, Kelvin INMATE # 74203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: _____ Time: _____ Authorized by: _____

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: 5-18-17 Time: 0922

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 0620 | J. Brown | sitting | | | |
| 0635 | J. Brown | Sitting | | | |
| 0650 | J. Brown | sitting | | | |
| 0705 | J. Brown | sitting | | | |
| 0720 | J. Brown | sitting | | | |
| 0735 | J. Brown | sitting | | | |
| 0750 | J. Brown | sitting | | | |
| 0805 | J. Brown | sitting | | | |
| 0820 | J. Brown | sitting | | | |
| 0835 | J. Brown | sitting | | | |
| 0850 | J. Brown | sitting | | | |
| 0905 | J. Brown | sitting | | | |
| 0907 | [illegible] | sitting | | | |
| 0922 | J. Brown | out of in shower | | | |
| 0937 | J. Brown | out of Restraints in the shower | | | |
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# ALVIN S. GLENN DETENTION CENTER
# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

Date: 5-18-17 Location: SHU
Time: 0922

Inmate's Name: _____
Inmate's Number: _____
Race: _____ Sex: _____ Age: _____

Please indicate type of restraints used:
Four point restraints ( ) Chair ( )

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Justification for restraint use: NONE

Restraint use approved by: _____

Use of force prior to restraints used:
Pepper Spray ( ) Yes ( ) No
Physical Force ( ) Yes ( ) No
Type: _____

List problems securing inmate in restraints:
NONE

List problems with the restraints (mechanical):

General comments: Detainee was moved out the restraint Chair to the shower Uneventful

List inmate injuries prior to securing in restraints:
NONE

List inmate injuries (if any) during restraints application:
NONE

Inmate seen by Medical Staff? ( ) Yes ( ) No
Medical Staff Name: NONE
Officer Injuries? ( ) Yes ( ) No
Officer Name: NONE
Type of Injury: _____
Seen by Medical ( ) Yes ( ) No
Name: NONE
Type of Injury: _____

Inmate remains in restraints at shift change?
( ) Yes ( ) No

Submitted by: Joseph Brown
Print Name: Joseph Brown

Reviewed by: _____
Print Name: _____

**ALVIN S. GLENN DETENTION CENTER**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder Kelvin INMATE # 74203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: 5/17/17 Time: 0838 Authorized by: LT McCullough

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: _____ Time: _____

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 1830 | G.Noble | Sitting | 0000 | G.Noble | Resting |
| 1845 | G.Noble | Sitting | 0015 | G.Noble | Resting |
| 1900 | G.Noble | Sitting | 0030 | G.Noble | Resting |
| 1915 | G.Noble | Sitting | 0045 | G.Noble | Resting |
| 1930 | G.Noble | Sitting | 0100 | G.Noble | Resting |
| 1945 | G.Noble | Quiet | 0115 | G.Noble | Resting |
| 2000 | G.Noble | Talking/screaming | 0130 | G.Noble | Resting |
| 2015 | G.Noble | Screaming | 0145 | G.Noble | Quiet |
| 2030 | G.Noble | Talking | 0200 | G.Noble | Sitting |
| 2045 | SGT CAMPBELL | TALKING | 0215 | G.Noble | Sitting |
| 2100 | G.Noble | Quiet | 0230 | J.Greene | Sitting |
| 2115 | G.Noble | Talking | 0245 | J.Greene | sitting |
| 2130 | G.Noble | Quiet | 0300 | D.Taylor | resting |
| 2145 | G.Noble | Quiet | 0315 | D.Taylor | resting |
| 2200 | G.Noble | Quiet | 0330 | D.Taylor | resting |
| 2215 | G.Noble | Quiet | 0345 | G.Noble | Talking |
| 2230 | G.Noble | Screaming | 0400 | G.Noble | Talking |
| 2245 | G.Noble | Quiet | 0415 | G.Noble | Talking |
| 2300 | G.Noble | Quiet | 0430 | G.Noble | Talking |
| 2315 | G.Noble | Quiet | 0445 | G.Noble | Yelling |
| 2330 | G.Noble | Quiet | 0500 | G.Noble | Talking |
| 2345 | G.Noble | Resting | 0515 | G.Noble | Quiet |

# ALVIN S. GLENN DETENTION CENTER
# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

Please indicate type of restraints used:
Four point restraints ( ) Chair X

Date: 3/17/17 Location: SHU Room 5
Time: 0838

Inmate's Name: Minter, Ricardo
Inmate's Number: 74203
Race: BLK Sex: M Age: _____

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Justification for restraint use: _____

Restraint use approved by: _____

Use of force prior to restraints used:
Pepper Spray ( ) Yes ( ) No
Physical Force ( ) Yes ( ) No
Type: _____

List problems securing inmate in restraints:

List problems with the restraints (mechanical):

General comments:

List inmate injuries prior to securing in restraints:

List inmate injuries (if any) during restraints application:

Inmate seen by Medical Staff? ( ) Yes ( ) No

Medical Staff Name: _____

Officer Injuries? ( ) Yes ( ) No

Officer Name: _____

Type of Injury: _____

Seen by Medical ( ) Yes ( ) No

Name: _____

Type of Injury: _____

Inmate remains in restraints at shift change?
(X) Yes ( ) No

Submitted by: _____

Print Name: Gregory Noble

Reviewed by: _____

Print Name: _____

**ALVIN S. GLENN DETENTION CENTER**
**FOUR/FIVE POINT RESTRAINT (CHAIR) TIME CHECK SHEET**

INMATE'S NAME Minder, Kelvin INMATE # 741203

INMATE PLACED IN FOUR/FIVE POINT RESTRAINTS:

Date: 5/18/17 Time: 0530 Authorized by: LT McCullough

INMATE RELEASED FROM FOUR/FIVE POINT RESTRAINTS:

Date: _____ Time: _____

| Time | Checked By | Comments | Time | Checked By | Comments |
|---|---|---|---|---|---|
| 0530 | C. Nobb | Sitting | | | |
| 0545 | C. Nobb | Quiet | | | |
| 0600 | C. Nobb | Quiet | | | |
| 0615 | C. Nobb | Quiet | | | |
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REFERENCE ACA MANDATORY STANDARD 4-ALDF-2B-03

Revised 1/21/15

# ALVIN S. GLENN DETENTION CENTER
# FOUR/FIVE POINT RESTRAINT (CHAIR) USE REPORT

Please indicate type of restraints used:
Four point restraints (X) Chair ( )

Date: 5/18/17 Location: Shu Rooms
Time: _____

Assisting Officers:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

Inmate's Name: Minder, Kelvin
Inmate's Number: 74203
Race: BLK Sex: M Age: _____

Justification for restraint use: _____

Restraint use approved by: LT McCullough

Use of force prior to restraints used:
Pepper Spray ( ) Yes ( ) No
Physical Force ( ) Yes ( ) No
Type: _____

List problems securing inmate in restraints:

List problems with the restraints (mechanical):

General comments:

List inmate injuries prior to securing in restraints:

List inmate injuries (if any) during restraints application:

Inmate seen by Medical Staff? ( ) Yes ( ) No

Medical Staff Name: _____

Officer Injuries? ( ) Yes ( ) No

Officer Name: _____

Type of Injury: _____

Seen by Medical ( ) Yes ( ) No

Name: _____

Type of Injury: _____

Inmate remains in restraints at shift change?
(X) Yes ( ) No

Submitted by: _____

Print Name: Gregory Webb

Reviewed by: _____

Print Name: _____

REFERENCE ACA MANDATORY STANDARD 4-ALDF-2B-03

Revised 1/21/15

**ALVIN S. GLENN DETENTION CENTER**
**VIDEO VISITATION REQUEST**

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin A Minder Sr.

Housing Unit of Visit: Delta-15 Date and Time of Visit: 12:00-1:00pm Wed & Fri

Name 1st Visitor: Daryl Palmer

Name 2nd Visitor: Kelvin A Minder Jr. or Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 1st Visitor: _____

Address 1st Visitor: _____

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 10-26-16 Stations Utilized: _____

Name of Visitation Officer: [illegible]

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin Minder Sr. #74203

Housing Unit of Visit: Delta Date and Time of Visit: 11-23-16 10:45-11:45

Name 1st Visitor: Darryl Palmer

Name 2nd Visitor: Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

X Name 1st Visitor: Darryl E Palmer

X Address 1st Visitor [redacted]

X Name 1st Visitor: Joshua Minder

X Address 1st Visitor [redacted] 29061

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 11/23/16 10:45-11:45 Stations Utilized: 12

Name of Visitation Officers:

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

Per LT. Mccollu
Reschedule
11-18-16 due to ct
to Court
Close Inma

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Kelvin Minder # 74203

Housing Unit of Visit: Delta Date and Time of Visit: 11-16-16 10:45-11:45 am

Name 1st Visitor: Darryl Palmer

Name 2nd Visitor: Joshua Minder or Kelvin Minder Jr.

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

X Name 1st Visitor: Joshua Minder

Address 1st Visitor: [redacted] Hopkins SC 29061

X Name 1st Visitor:

Address 1st Visitor:

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: Stations Utilized:

Name of Visitation Officer:

Visit Completed: Visit Cancelled: Visitor No Show: ✓

## ALVIN S. GLENN DETENTION CENTER
## VIDEO VISITATION REQUEST

### COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin Minder #74203

Housing Unit of Visit: Delta Date and Time of Visit: 12-21-16 10:45-11:45

Name 1st Visitor: Kelvin Minder Jr.

Name 2nd Visitor: Joshua Minder

### COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Kelvin Minder

Address 1st Visitor: [redacted] Hopkins, SC 29061

Name 1st Visitor: Joshua Minder

Address 1st Visitor: [redacted]

### COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 12-21-16 10:45 Stations Utilized: 3 (D-2)

Name of Visitation Officer: Artis

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin Minder Sr

Housing Unit of Visit: Delta Date and Time of Visit: 1-18-17 10:45 - 11:45

Name 1st Visitor: Kelvin Minder Jr

Name 2nd Visitor: Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: [redacted]

Address 1st Visitor: [redacted] Hopkins SC 29061

Name 1st Visitor: Joshua Minder

Address 1st Visitor: [redacted] Hopkins, Sc, 29061

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: _____ Stations Utilized: D1 / D-2

Name of Visitation Officer: _____

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: _____

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin A. Minder Sr. #74283

Housing Unit of Visit: Delta Date and Time of Visit: 5-8-17 10:45-11:45

Name 1st Visitor: Christoper Nowell

Name 2nd Visitor: ~~Samuel~~ Samuel Jones

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Christupher [redacted]

Address 1st Visitor: [redacted] Hopkins SC 29061

Name 1st Visitor: Samuel Jones

Address 1st Visitor: [redacted] Columbia, SC 29201

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 5/8/2017 @ 1049 Stations Utilized: D2 / Lob 1

Name of Visitation Officer: [signature]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

**ALVIN S. GLENN DETENTION CENTER**
**VIDEO VISITATION REQUEST**

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin Minder 74203

Housing Unit of Visit: Delta Date and Time of Visit: 4-17-17 10:45-11:45

Name 1st Visitor: Darryl Palmer

Name 2nd Visitor: Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Josh Minder

Address 1st Visitor: [redacted] Hopkins, SC, 29061

Name 1st Visitor: Darryl E. Palmer

Address 1st Visitor: [redacted] Hopkins, S.C. 29061

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 4/17/17 1045 Stations Utilized: 13 (2)

Name of Visitation Officer: Sgt. Tomesha Haynes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Kelvin Minder Sr 74203

Housing Unit of Visit: Delta Date and Time of Visit: 4-10-17 10:45-11:45

Name 1st Visitor: Kelvin Minder Jr

Name 2nd Visitor: Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Kelvin Minder Jr

Address 1st Visitor: [redacted] Hopkins, SC, 29061

Name 1st Visitor:

Address 1st Visitor:

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 4/19/17 1123 Stations Utilized: 14-2

Name of Visitation Officer: CRandolph

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Kelvin Minder Sr.

Housing Unit of Visit: Delta Date and Time of Visit: 3-27-17 10:45-11:45

Name 1st Visitor: Joshua Minder ✓

Name 2nd Visitor: Kelvin Minder Jr. ✓

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: X Kelvin Antonio Minder JR

Address 1st Visitor: X [redacted] Hopkins SC 29061

Name 1st Visitor: X Joshua Jeremian Minder

Address 1st Visitor: X [redacted], Hopkins, SC, 29061

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 3/27/17 @ 1035 Stations Utilized: 10(1)

Name of Visitation Officer: Watsa

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

D-2

# ALVIN S. GLENN DETENTION CENTER
# VIDEO VISITATION REQUEST

## COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Kelvin A. Minder Sr. 74203

Housing Unit of Visit: Delta Date and Time of Visit: March 20th 10:45 mm - 11:45

Name 1st Visitor: Kelvin Minder Jr

Name 2nd Visitor: Joshua Minder

## COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: [redacted] Kelvin Minder Jr

Address 1st Visitor: [redacted] Hopkins SC 29061

Name 1st Visitor: Josh Minder

Address 1st Visitor: [redacted] Hopkins, SC, 29061

## COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 3/20/17 Stations Utilized: 17

Name of Visitation Officer: JB

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____



# MINDER SR, KELVIN

**Offender ID:** 74203

**Booking ID:** 1653114

**Birth Date:** 06/22/1972

**Social Security:** [redacted]

**Address:** [redacted]
HOPKINS SC
29061

**Race:** Black

**Sex:** Male

**Eyes:** Brown

**Hair:** Other

**Height:** 71

**Weight:** 190

**Release Date:** 5/26/2017

**Release Time:** 01:22:49

**Release Officer:** DUPREE, IESHA

**Comments**

DECEASED AT VA HOSPITAL 05/26/2017 ID233499



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $0.00 | | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | | | | GSTL | |

Detainer

LEMS.Web

# QWA 0006783C97 from NC2K

```
RICDC437
.QWA.0006783C97.NC2K.20161013 08:51:49
  TO: RICDC437-165088     20161013 08:51:49  0006783C97
FROM:      NC2K-7879831    20161013 08:51:49
1L011B9301AAAE2QWA
SC040013C

NO NCIC WANT SOC/247474496
NO NCIC WANT NAM/MINDER, KELVIN DOB/19720622 RAC/B SEX/M
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

D

O/R old Larceny
Low Bond

# INITIAL INMATE CUSTODY ASSESSMENT SCALE
# ALVIN S. GLENN DETENTION CENTER
# CLASSIFICATION NOTICE

Name: (last) Mendez Sr (first) Kelvin (middle) Alonzo

JCA No. 74203 D.O.B. 6/22/72 Race B Sex M SS# [redacted]

Charges (1) Burglary 2nd 2) PL 3) _____

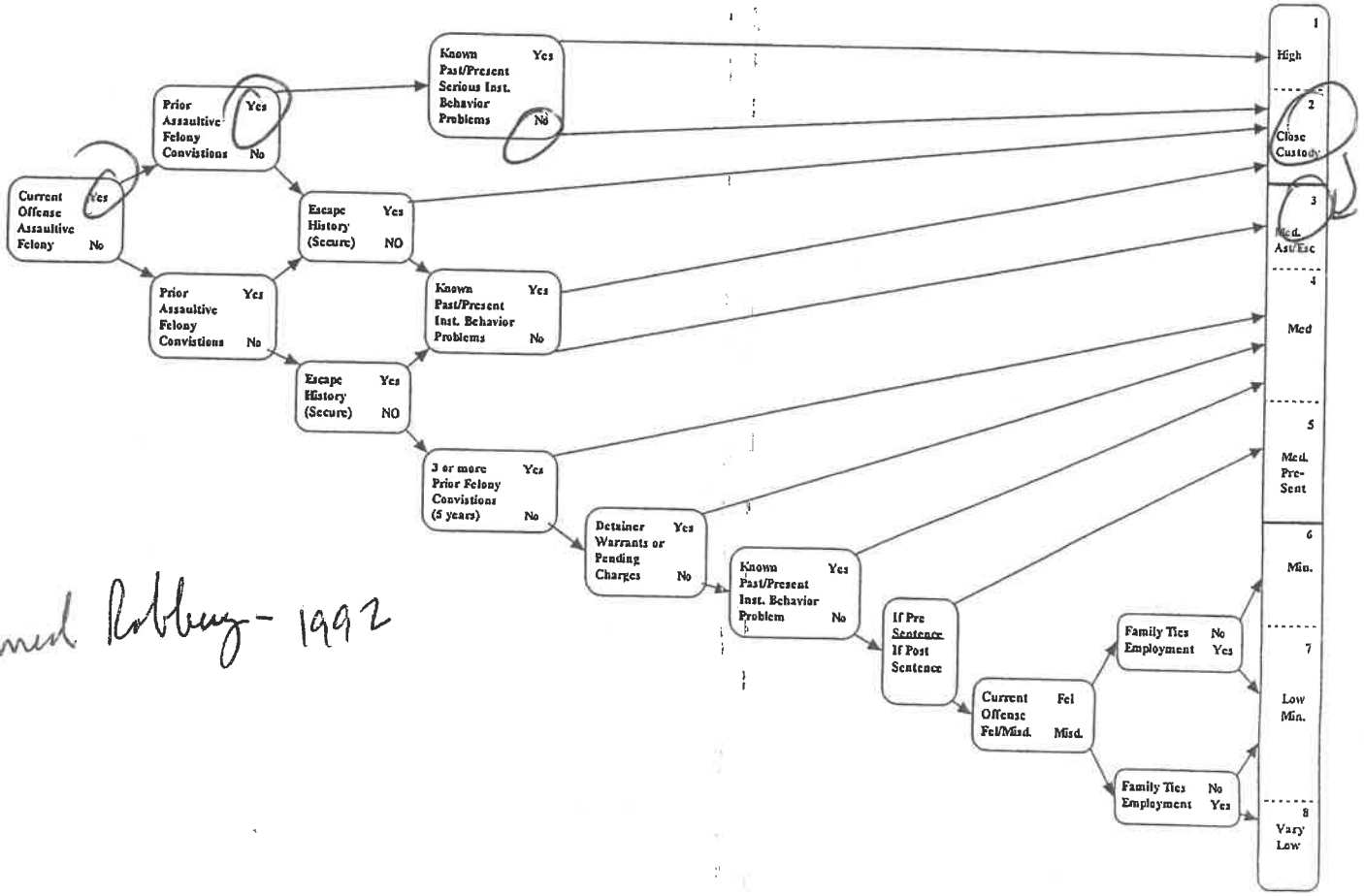
You have been placed in the following classification: MAX by the Alvin S. Glenn Detention. This classification is determined by: current/past convictions: current/ past institutional behavior; pending charges or holds in other jurisdictions (if any): sentenced or unsentenced: and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: your classification can change when charges are altered or reduced: you are sentenced: due to administrative hearings: due to regular periodic review: and/or other reasons recommended by jail staff.

Appeal Process: any inmate who so desires may appeal his/her classification (in writing) in any of the three basic areas (security level, housing assignment or programs) with ten (10) days of the primary classification or reclassification by addressing the appeal to: CLASSIFICTION DEPARTMENT – APPEAL OF CLASSIFICATION:

Classified by: _____ Date: 10/17/16

Comments by Staff: New Chrs

## PRIMARY SECURITY LEVEL ASSIGNMENT




Armed Robbery - 1992

ALVIN S. GLENN DETENTION CENTER
COLUMBIA, SOUTH CAROLINA
CLASSIFICATION SCALE SUMMARY AND RECOMMENDATION

Inmate name Mendez Jr. Kelvin R/S B/M DOB 06/22/72

CODE 2 DATE: 10/17/16

Custody Level Indicated By Scale

| | |
|---|---|
| 1-(2) | MAXIMUM |
| 3-4-5 | MEDIUM |
| 6-7-8 | MINIMUM |

SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO INMATE
(CHECK (x) ALLBOXES WHICH APPLY)

- ☐ Protective Custody NO
- ☐ Psychological Impairment
- ☐ Mental Deficiency
- ☐ Escape Threat
- ☐ Serious Violence Threat
- ☐ Known Gang Affiliation NO
- ☐ Substance Abuse Yes
- ☐ Pregnant
- ☐ Known Management Problem
- ☐ Suspected Drug Trafficker
- ☐ Suicide Risk NO
- ☐ Medical Problem
- ☐ Physical Impairment
- ☐ Military: NO Years: ___ to ___
- ☐ Kids under 6yrs: NO

OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

☒ 1: Yes ☐ 2: No (If yes, rational is required to be given)

CODE 3 Old Issues

RECOMMENDED CUSTODY LEVEL:

CODE 3

| | |
|---|---|
| 1-2 | MAXIMUM |
| (3)-4-5 | MEDIMUM |
| 6-7-8 | MINIMUM |

Classification Officer Signature: SB Date: 10/17/16

SUPERVISOR APPROVAL OF OVERRIDE: ☒ 1: APPROVED ☐ 2: DISAPPROVED

FINAL CUSTODY LEVEL IF OVERRIDE IS DISAPPROVED

CODE ___

| | |
|---|---|
| 1-2 | MAXIMUM |
| 3-4-5 | MEDIMUM |
| 6-7-8 | MINIMUM |

RECOMMENDED HOUSING ASSIGNMENT ___

RATIONAL (if different from recommendation): ___

SUPERVISOR SIGNATURE: Sgt. Vinn

# ALVIN S. GLENN DETENTION CENTER
# INITIAL INMATE NEEDS ASSESSEMENT FORM
# COLUMBIA, SOUTH CAROLINA

INMATE NAME (Last, First, Middle) Mendez Jr. Kelvin A R/S Hsp

JCA # 74203 Assess Date: 10/17/14 Class Officer: SB

**HEALTH** Code 3

1 - Limited Physical Capacity; acute illness; needs hospitalization or *Outpatient treatment*

2 - Mild disability or illness; *Outpatient treatment* required; Non-strenuous work

(3) - No problems which limit housing code work assignments

**EMOTIONAL STABILITY** Code 3

1 - Severe impairment; danger to self and others; needs hospital environment

2 - Moderate impairment requires monitoring, Individual or group therapy

(3) - Emotionally stable no indications of mental illness

**EDUCATION** Code 3

1-5th grade or below reading math skills; needs remedial Special education classes

2 - No High School Diploma; adult education or G.E.D. program

(3) - High School Diploma, G.E.D.. or equivalent

**VOCATIONAL SKILL** Code 3

1 - No discernable skills; needs training

2 - Limited skills; ability to hold semi-skilled position; needs training

(3) - Possess marketable skills or trade

**SUBSTANCE ABUSE** Code 01

(1) - Frequent abuse resulting in social, economic or legal problems; needs treatment

2 - Occasional abuse causing disruption of functioning

(3) - No disruption of functioning, or legal difficulties

**MENTAL ABILITY** Code 2

1 - Serious disability limiting ability to function; needs sheltered living and work situations

(2) - Mild disability limiting educational and vocational potential

3 - No disruption disability

**OTHER (describe)** Code

| INITIAL PROGRAM RECOMMENDATIONS | PROGRAM CODE | PRIORITY CODE* |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

*Priority Codes: 1 - Urgent Immediate Need
2 - Problem directly related to criminal behavior *High Priority*
3 - Problem resolution would enhance ability to succeed in community

## Sexual Predator / Vulnerability PREA Screening Checklist

**Inmate Name:** Mendez Jr, Kelvin A **Inmate No:** 74203

**Employee Name:** [illegible] **Date:** 10/17/16

**Reason for Screening: (Circle One)** (New Admission) Regular Review Special Referral

**Possible Victim Factors:**

| | | Source: |
|---|---|---|
| 1. Former victim of prison rape or sexual assault within the past ten years | Yes / (No) | |
| 2. Youthful age (under 25) | Yes / (No) | 44 |
| 3. Elderly (65 or older) | Yes / (No) | |
| 4. Small physical stature (Males only) (5'6" or less and/or 140 lbs. or less) | Yes / (No) | 5'11 180 |
| 5. Developmental disability / mental health history | (Yes) / No | |
| 6. First time being incarcerated | Yes / (No) | |
| 7. LGBTI | Yes / (No) | |
| 8. History of any sexual abuse within the past ten years | Yes / (No) | |
| 9. History of correctional facility consensual sex within the past ten years | Yes / (No) | |
| 10. Placement in protective custody within the past ten years | Yes / (No) | |

**Sexually Vulnerable Designation Process:**

If "yes" to item #1, enter inmate as a "Known Victim" code
If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"
Otherwise deisgnate inmate as a "Non-Victim"

**Scored designation: (Circle One)** Known Victim Potential Victim (Non-Victim)
**Victim Over-ride: (Circle One)** No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim" (Cannot override a known victim, ONLY a potential victim)
Basis for override: _____

**Possible Predator Factors:**

| | | Source: |
|---|---|---|
| 1. Institutional predatory sexual behavior within the past ten years | Yes / (No) | |
| 2. Current or prior convictions for rape, child abuse or neglect within the past ten years | Yes / (No) | |
| 3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years (circle behaviors noted) | Yes / (No) | |
| 4. Current gang affiliation | Yes / (No) | |
| 5. Institutional Strong-arming / assaults within the past ten years | Yes / (No) | |
| 6. Institutional consensual sex within the past ten years | Yes / (No) | |
| 7. Institutional sexual taunting toward staff or offenders within the past ten years | Yes / (No) | |
| 8. Overtly masculine (Females Only) | Yes / (No) | |

**Sexually Predatory Designation Process:**
If "yes" to item #1, enter inmate as a "Known Predator" code
If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"
Otherwise designate inmate as a "Non-Predator"

**Scored designation: (Circle One)** Known Predator Potential Predator (Non-Predator)
**Predator Over-ride: (Circle One)** No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator" (Cannot over-ride a known predator, ONLY a potential predator)
Basis for over-ride: _____

# ALVIN S. GLENN DETENTION CENTER

## INTIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking)

Date: OCTOBER 13, 2016 Inmate #: 74203

Name: Kevin Minder DOB: 6-22-72

Pending Charges: Burglary 2nd Petit Larceny

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: _____

Staff Remarks: _____

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

Suggested transfer to Segregation Yes ☐ No ☒

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

Inmate Signature: X _____

Interviewer's Signature: MICHELLE HOPKINS Emp. No. 102331



# MINDER SR, KELVIN ALONZO SC00716382

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Address** | |
| [redacted] | |
| HOPKINS , SC 29061 | |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |

Detainer

NLETS LEMS.Web

# ICHR 003F5B3B42 from SCCH

RICDC427
.ICHR.003F5B3B42.SCCH.20161017 08:10:58
TO: RICDC427-35893 20161017 08:10:58 003F5B3B42
FROM: SCCH-5978946 20161017 08:10:58

ICHR REQUEST FOR RAP SHEET
ORI-SC040013C SID-SC00716382 PUR-C
ATN-BROWN, SUSAN

AUTHORIZED CRIMINAL JUSTICE AGENCY USE ONLY. CONTACT CONTRIBUTING AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS. BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-10/17/2016 TIME-08:10:58
REQ ORI-SC040013C CNTY DET CENTER COLA
SID-SC00716382 FBI-873640MA6
NAME-MINDER, KELVIN ALONZO SEX-M RACE-B
HEIGHT-509 WEIGHT-150 EYES-BRO HAIR-BLK SKIN- BORN-SC
FPC-PO151413131716171415 HENRY-15 O 1 U OOI 13
L 17 U OOO
PHOTOGRAPH AVAILABLE
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--12/07/1989 DATE OF LAST UPDATE--08/26/2016

| ADDITIONAL IDENTIFIERS NAME | BIRTH DATES | MARKS | SOC SEC | MISC NUM |
|---|---|---|---|---|
| MINDER, KEVIN | 06221970 | | [redacted] | |
| MINDER, KELVIN A | 06221972 | | | |
| MIHNDER, KELVIN A | | | | |
| MINDLER, KELVIN ALONZO | | | | |
| MINDER, KELVIN ALONZO SR | | | | |
| MINDER, KELVIN ALONZO JR | | | | |
| MINDER, KEVIN ALONZO | | | | |
| MINDER, MELVIN ALONZO | | | | |

| CONTRIBUTOR/SUBJECT | DOA/RCVD | CHARGE/DISPOSITION/ETC |
|---|---|---|
| MINDER, KELVIN ALONZO | 03/02/1991 | |
| SC0400100 COLUMBIA PD | | |
| CASE-910613 | | |
| WARR-7038RW | | |
| | | ARREST CHARGE 1-DRIVING UNDER INFLUENCE |
| | | PHOTOGRAPH AVAILABLE |
| WARR-7038RW | | COURT CHARGE 01-DRIVING UNDER INFLUENCE |
| | | COURT DISP-CONVICTED;25D |
| | | COURT DATE-03/19/1991 |
| MINDER, KEVIN | 03/13/1992 | |
| SC0400000 RICHLAND CNTY SO | | |
| CASE-00122SH | | |

ARREST CHARGE 1-DRIVING UNDER SUSPENSION

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MINDER, KELVIN A 05/29/1992
SC0400000 RICHLAND CNTY SO
WARR-D276318

ARREST CHARGE 1-FAIL TO RETUR N RENTAL OBJECTS

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MINDER, KELVIN ALONZO 09/14/1992
SC0360000 NEWBERRY CNTY SO
CASE-364292

ARREST CHARGE 1-INTERFERING OFFICER SERVING PROCESS
OFFENSE DATE-09/14/1992
PHOTOGRAPH AVAILABLE

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MIHNDER, KELVIN A 07/12/1994
SCSHP0100 SC HIWAY DEPT DIST 1

ARREST CHARGE 1-DRIVING UNDER SUSPENSION 2ND
PHOTOGRAPH AVAILABLE
ARREST CHARGE 2-RECKLESS DRIVING
ARREST CHARGE 3-FAILURE TO STOP BLUE LIGHT

DOC-94GS4021554
WARR-S841949
COURT CHARGE 01-RECKLESS DRIVING
COURT DISP-CONVICTED;30 DAYS (SATISFIED)
COURT DATE-02/03/1995

DOC-94GS4021805
WARR-S841950
COURT CHARGE 02-DUS 2ND OFFEN SE
COURT DISP-CONVICTED;60 DAYS (SATISFIED)
COURT DATE-02/03/1995

CIT-56-5-750
DOC-94GS4021555
WARR-S889501
COURT CHARGE 03-FAIL TO STOP FOR OFFICER (BLUE LIGHT)
COURT DISP-CONVICTED;2 YEARS SUSPENDED W/2 YRS PROBATIO N
COURT DATE-02/03/1995

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MINDER, KELVIN A 08/24/1994
SC0400000 RICHLAND CNTY SO
WARR-E276155 *

ARREST CHARGE 1-FRAUDULENT CHECK LEXINGTON COUNTY
OFFENSE DATE-07/12/1994
PHOTOGRAPH AVAILABLE

DOC-95GS3200093
WARR-E276155
COURT CHARGE 01-COURT CHARGE NOT PROVIDED
COURT DISP-CONVICTED;5 YRS UPON TIME SERVED BALANCE SUSPENDED 5 YRS PROBATION.
COURT DATE-03/09/1995

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MINDLER, KELVIN ALONZO 02/04/1995
SC0320000 LEXINGTON CNTY SO

CASE-9500584
WARR-E276155 *

ARREST CHARGE 1-GRAND LARCENY
MOTOR VEHICLE
PHOTOGRAPH AVAILABLE

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MINDER, KELVIN ALONZO SR 06/14/2003
SC0400000 RICHLAND CNTY SO
ATN-980000436391
WARR-40455CK
CIT-44-53-370(D)(3)-MISDEMEANOR

ARREST CHARGE 1-POSS 28G OR
LESS MARIJ OR 10G OR LESS
HASH 1ST
OFFENSE DATE-06/14/2003
PHOTOGRAPH AVAILABLE

WARR-40456CK
CIT-61-9-87-MISDEMEANOR

ARREST CHARGE 2-OPEN CONTAINE
R OF BEER/WINE
OFFENSE DATE-06/14/2003

CIT--MISDEMEANOR
DOC-40
WARR-40456CK

COURT CHARGE 01-OPEN CONTAINE
R OF BEER/WINE
COURT DISP-CONVICTED;200.00
Fine
COURT DATE-07/11/2003
ATN-980000436391

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MINDER, KELVIN ALONZO 07/28/2005
SC0400100 COLUMBIA PD
CASE-05-23303
ATN-990000088762
WARR-29378DG
CIT-56-5-1520(D)(1)-MISDEMEANOR

ARREST CHARGE 1-SPEEDING
OFFENSE DATE-07/28/2005
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-29379DG
CIT-56-10-240(1)-MISDEMEANOR

ARREST CHARGE 2-FAIL TO RETUR
N LIC PLATE/REGISTRATION-1
ST OFF
OFFENSE DATE-07/28/2005

WARR-29380DG
CIT-56-1-350-MISDEMEANOR

ARREST CHARGE 3-FAIL TO RETUR
N DRIVERS LICENSE AFTER
SUSP
OFFENSE DATE-07/28/2005

WARR-29381DG
CIT-56-1-460-MISDEMEANOR

ARREST CHARGE 4-DUS (LICENSE
NOT SUSP DUI)-2ND
OFFENSE DATE-07/28/2005

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MINDER, KELVIN ALONZO 07/07/2007
SC0360000 NEWBERRY CNTY SO
CASE-SO-0006717

ATN-36C300007842
WARR-68037DY
CIT-16-25-20(A)-MISDEMEANOR

ARREST CHARGE 1-CRIMINAL
DOMESTIC VIOLENCE 1ST
OFFENSE
OFFENSE DATE-07/07/2007
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

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MINDER, KELVIN ALONZO SR 09/28/2010
SC0400000 RICHLAND CNTY SO
CASE-1009286628
ATN-40D200012816
WARR-83537EZ
CIT-56-1-460-MISDEMEANOR

ARREST CHARGE 1-DRIVING UNDER
SUSPENSION
OFFENSE DATE-09/28/2010
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-83538EZ
CIT-56-3-2520-MISDEMEANOR

ARREST CHARGE 2-IMPROPER USE
OF DEALER TAG
OFFENSE DATE-09/28/2010

CIT--MISDEMEANOR
DOC-40
WARR-83537EZ

COURT CHARGE 01-DRIVING UNDER
SUSPENSION
COURT DISP-CONVICTED;652.50
Fine or Jail Time 30 DYS
COURT DATE-10/28/2010
ATN-40D200012816

CIT--MISDEMEANOR
DOC-40
WARR-83538EZ

COURT CHARGE 02-USE LICENSE
PLATES OTHER THAN VEHICLE
ISSUED
COURT DISP-CONVICTED;237.50
Fine or Jail Time 30 DYS
COURT DATE-10/28/2010

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MINDER, KELVIN ALONZO SR 06/25/2014
SC0400400 FOREST ACRES PD
CASE-06-14-0860
ATN-40D100068169
WARR-2014A4020400129
CIT-16-13-30(B)(1)-FELONY

ARREST CHARGE 1-GRAND LARCENY
>$2,000 <$10,000
OFFENSE DATE-06/25/2014
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

CIT-16-13-30(B)(1)-FELONY
DOC-14GS4005962
WARR-2014A4020400129

COURT CHARGE 01-GRAND LARCENY
>$2,000 <$10,000
COURT DISP-CONVICTED;5 years;
balance is suspended with
probation for 2
COURT DATE-02/18/2016
ATN-40D100068169

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MINDER, KELVIN ALONZO SR 07/16/2014
SC0400400 FOREST ACRES PD
CASE-1619433
END OF PAGE 01 - PAGE 02 TO FOLLOW

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FROM: SCCH-5978947 20161017 08:10:59

PAGE-02 DATE-10/17/2016 TIME-08:10:58
REQ ORI-SC040013C CNTY DET CENTER COLA
SID-SC00716382 FBI-873640MA6

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CONTRIBUTOR/SUBJECT DOA/RCVD CHARGE/DISPOSITION/ETC

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ATN-40D100068933
WARR-2014A4020400142
CIT-16-13-160(A)(1)-FELONY

ARREST CHARGE 1-BREAKING
INTO AUTO/TANKS WHERE
FUEL STORED
OFFENSE DATE-07/16/2014
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-2014A4020400143
CIT-16-14-0020-FELONY

ARREST CHARGE 2-FINANCIAL
TRANSACTION CARD THEFT
OFFENSE DATE-07/16/2014

CIT-16-13-160(A)(1)-FELONY
DOC-14GS4005959
WARR-2014A4020400142

COURT CHARGE 01-BREAKING
INTO AUTO/TANKS WHERE
FUEL STORED
COURT DISP-NON-CONVICTION;
DISM/NOL PROS/PROS ENDED
COURT DATE-02/18/2016
ATN-40D100068933

CIT-16-14-0020-FELONY
DOC-14GS4005960
WARR-2014A4020400143

COURT CHARGE 02-FINANCIAL
TRANSACTION CARD THEFT
COURT DISP-NON-CONVICTION;
DISM/NOL PROS/PROS ENDED
COURT DATE-02/18/2016

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MINDER, KELVIN ALONZO SR 10/21/2014
SC0400100 COLUMBIA PD
CASE-1624556
ATN-40D100070784
WARR-80695FZ
CIT-16-13-110(B)(1)-MISDEMEANOR

ARREST CHARGE 1-SHOPLIFTING
<$2000
OFFENSE DATE-10/21/2014
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-2014B4021604288
CIT-61-6-4710(B)-MISDEMEANOR

ARREST CHARGE 2-POSSESS OR
CONSUME LIQUOR
OFFENSE DATE-10/21/2014

CIT--MISDEMEANOR
DOC-40
WARR-80695FZ

COURT CHARGE 01-SHOPLIFTING
<$2000
COURT DISP-CONVICTED;Jail
Suspended Upon
COURT DATE-10/24/2014
ATN-40D100070784

CIT-16-13-0030(B)-FELONY
DOC-15GS4001029
WARR-2014A4021601991

COURT CHARGE 02-GRAND LARCENY
VALUE $10,000 OR MORE
COURT DISP-CONVICTED;5 years;
balance is suspended with
probation for 2
COURT DATE-02/18/2016

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MINDER, KELVIN ALONZO JR 12/17/2015
SC0400000 RICHLAND CNTY SO
CASE-1512018517
ATN-40D200067862
WARR-2015A4010204099
CIT-16-13-110(B)(1)-MISDEMEANOR

ARREST CHARGE 1-SHOPLIFTING
<$2000
OFFENSE DATE-12/17/2015
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-2015A4010204098
CIT-16-11-620-MISDEMEANOR

ARREST CHARGE 2-ENTERING
PREMISES AFTER WARNING
OFFENSE DATE-12/17/2015

CIT--MISDEMEANOR
DOC-40
WARR-2015A4010204098

COURT CHARGE 01-ENTERING
PREMISES AFTER WARNING
COURT DISP-CONVICTED;Fine or
Jail Time
COURT DATE-01/20/2016
ATN-40D200067862

CIT--MISDEMEANOR
DOC-40
WARR-2015A4010204099

COURT CHARGE 02-SHOPLIFTING
<$2000
COURT DISP-CONVICTED;Fine or
Jail Time
COURT DATE-01/20/2016

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SC040035G RICHLAND PPP 02/23/2016 CUSTODY STATUS-PROBATION
CASE-SC0400
CIT-16-13-30(B)(1)-FELONY

COURT CHARGE 01-GRAND LARCENY
>$2,000 <$10,000
COURT DISP-CONVICTED;5YRS SS
2YRS PROB
ATN-40P000508243

CIT-16-13-0030(B)-FELONY

COURT CHARGE 02-GRAND LARCENY
VALUE $10,000 OR MORE
COURT DISP-CONVICTED;5YRS SS

2YRS PROB

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MINDER, KELVIN ALONZO SR 05/09/2016
SC0400000 RICHLAND CNTY SO
CASE-247474496
ATN-40D100083129
WARR-5102P0377672
CIT-56-1-460(A)(2)B-MISDEMEANOR

ARREST CHARGE 1-DRIVING UNDER SUSPENSION (DUI) 2ND OFFENSE
OFFENSE DATE-05/09/2016
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

WARR-5102P0377673
CIT-56-1-225-MISDEMEANOR

ARREST CHARGE 2-FAIL TO MAINTAIN PROOF OF INSURANCE IN VEHICLE
OFFENSE DATE-05/09/2016

WARR-5102P0377674
CIT-56-5-2940(1)-MISDEMEANOR

ARREST CHARGE 3-DUI/DRIVING UNDER INFLUENCE .08 1ST
OFFENSE DATE-05/09/2016

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MINDER, KELVIN ALONZO SR 08/25/2016
SC0400100 COLUMBIA PD
CASE-16513334
ATN-40D100086139
WARR-2016A4021602036
CIT-16-13-0110(A)-FELONY

ARREST CHARGE 1-SHOPLIFTING $2000 OR LESS(ENHANCE 16-01-57)
OFFENSE DATE-08/25/2016
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

* - WARRANT OCCURS IN MORE THAN ONE ARREST CYCLE UNDER THIS SID NUMBER

BASED ON SEARCH OF SCLED CJIS CCH FILE USING SID/SC00716382
REQUESTED FOR CRIMINAL JUSTICE PURPOSES

SCLED CJIS RECORD INDICATES SUBJECT HAS OUT OF STATE ARREST INFORMATION
REQUEST FORWARDED TO NCIC FOR OUT-OF-STATE INFORMATION
INFORMATION FROM OTHER STATES TO FOLLOW THRU NLETS VIA YOUR TERMINAL

INQUIRY WILL BE FORWARDED TO: N C I C W A N T E D P E R S O N S

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INDIVIDUAL PROHIBITED FROM POSSESSING OR ACQUIRING FIREARM OR AMMUNITION PURSUANT TO FEDERAL GUN CONTROL ACT OF 1968

INFORMATION SUBMITTED TO SLED CCH INDICATES THIS INDIVIDUAL HAS BEEN CONVICTED OF A FELONY ACCORDING TO THE SOUTH CAROLINA CODE OF LAWS. THEREFORE, THIS PERSON IS INELIGIBLE TO SHIP, TRANSPORT, OR RECEIVE ANY FIREARM OR AMMUNITION AFFECTED BY INTERSTATE OR FOREIGN COMMERCE, AS DEFINED BY THE GUN CONTROL ACT OF 1968 (18.USC 922(G)).

** S C CJIS END OF RECORD **

LEMS.Web

# QWA 0006798D23 from NC2K

```
RICDC427
.QWA.0006798D23.NC2K.20161017 08:11:02
  TO: RICDC427-35896     20161017 08:11:02  0006798D23
FROM:     NC2K-7965987    20161017 08:11:02
1L010DA7003ADB2QWA
SC040013C

NO NCIC WANT FBI/873640MA6
NO NCIC WANT SOC/247474496
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

LEMS.Web

# QR 003593AA2B from III

```
RICDC427
.QR.003593AA2B.III.20161017 08:11:02
  TO: RICDC427-35895      20161017 08:11:02  003593AA2B
FROM:      III-9677355    20161017 08:11:02
FL010DA7003ADA2QR
SC040013C
THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
RECORD REQUEST FOR SID/SC00716382. INDIVIDUAL'S RECORD WILL BE
COMPLETE WHEN ALL RESPONSES ARE RECEIVED FROM THE FOLLOWING SOURCES:
 FBI             - FBI/873640MA6
 VIRGINIA        - STATE ID/VA1136733T

AN ADDITIONAL RECORD MAY BE OBTAINED FROM FILES WITHIN YOUR STATE.
END
```

LEMS.Web

# CR 0008C50662 from NLETS

RICDC427
.CR.0008C50662.NLETS.20161017 08:11:05
TO: RICDC427-35897 20161017 08:11:05 0008C50662
FROM: NLETS-12912226 20161017 08:11:05
CR.WVFBINF00
05:11 04040
10/17/2016 01997 SC040013C
*0DA7003ADA
TXT
HDR/2L010DA7003ADA2QR
ATN/BROWN, SUSAN
********** CRIMINAL HISTORY RECORD **********

********** Introduction **********

This rap sheet was produced in response to the following request:

| | |
|---|---|
| Purpose Code | C |
| Attention | BROWN, SUSAN |

The information in this rap sheet is subject to the following caveats:

This record is based only on the SID number in your request-SC00716382
Because additions or deletions may be made at any time, a new copy should be requested when needed for subsequent use. (US)
All arrest entries contained in this FBI record are based on fingerprint comparisons and pertain to the same individual. (US)
The use of this record is regulated by law. It is provided for official use only and may be used only for the purpose requested. (US)

********** IDENTIFICATION **********

Subject Name(s)

MINDER, KELVIN ALONZO
MIHNDER, KELVIN A (AKA)
MINDER, KELVIN (AKA)
MINDER, KELVIN A (AKA)
MINDER, KELVIN ALONZO JR (AKA)
MINDER, KELVIN ALONZO SR (AKA)
MINDER, KEVIN (AKA)
MINDER, KEVIN ALONZO (AKA)
MINDER, MELVIN ALONZO (AKA)
MINDLER, KELVIN ALONZO (AKA)

Subject Description

| FBI Number | State Id Number |
|---|---|
| 873640MA6 | [redacted] |
| | VA1136733T |

| Sex | Race |
|---|---|
| Male | Black |

| Height | Weight | Date of Birth |
|---|---|---|
| 5'09" | 150 | 1972-06-22<br>1970-06-22 |

| Hair Color | Eye Color |
|---|---|
| Black | Brown |

Scars, Marks, and Tattoos

| Code | Description, Comments, and Images |
|---|---|
| SC UL ARM | , SCAR ON UPPER LEFT ARM |

| Place of Birth | Citizenship |
|---|---|
| South Carolina | United States |

********** CRIMINAL HISTORY **********

========== Cycle 1 ==========

| | |
|---|---|
| Earliest Event Date | 1992-10-18 |
| Arrest Date | 1992-10-18 |
| Arrest Case Number | 925145 |
| Arresting Agency | NM0200100 POLICE DEPARTMENT |
| Subject's Name | MINDER,KEVIN ALONZO |
| Charge | 1 |
| Charge Literal | POSSESSION OF STOLEN VEHICLE |
| Severity | Unknown |
| Charge | 2 |
| Charge Literal | POSSESSION OF STOLEN CREDIT CARD |
| Severity | Unknown |
| Charge | 3 |
| Charge Literal | LARCENY OF FIREARM |
| Severity | Unknown |

========== Cycle 2 ==========

| | |
|---|---|
| Earliest Event Date | 1992-10-23 |
| Arrest Date | 1992-10-23 |
| Arrest Case Number | 193-216 |
| Arresting Agency | NM0010100 POLICE DEPARTMENT |
| Subject's Name | MINDER,MELVIN ALONZO |
| Charge | 1 |
| Charge Literal | ARMED ROBBERY |
| Severity | Unknown |
| Charge | 2 |
| Charge Literal | CONSP TO COMMIT-2ND DEG FEL TO WIT ARMED ROB |
| Severity | Unknown |
| Charge | 3 |
| Charge Literal | UNLAWFUL TAKING MOTOR VEHICLE |
| Severity | Unknown |
| Charge | 4 |
| Charge Literal | CONSPIRACY TO COMMIT-4TH DEGREE FELONY |
| Severity | Unknown |
| Charge | 5 |
| Charge Literal | UNLAWFUL TAKING MOTOR VEHICLE |
| Severity | Unknown |

| | |
|---|---|
| Court Disposition | (Cycle 2) |

```
Court Case Number
Court Agency
Charge                  1
        Charge Literal  ARMED ROBB-DEADLY WEAPON
    Charge Description  Charge Severity:Unknown
           Disposition  ( ;  GUILTY,IMPRISONED FOR 9 YRS)
Charge                  2
        Charge Literal  CONSPIRACY TO COMMIT ARMED ROBB
    Charge Description  Charge Severity:Unknown
           Disposition  ( ;  PG,CONCURRENT TERM OF 3 YRS,FOR A TOTAL
                        TERM OF 9 YRS)
Charge                  3
        Charge Literal  CONTRIBUTING TO DEL OF MINOR-3 CTS
    Charge Description  Charge Severity:Unknown
           Disposition  ( ;  DISMISSED ON ALL 3 CHARGES)
============================== Cycle 3 ==============================
Earliest Event Date     1992-11-07
------------------------------------------------------------------------
Arrest Date             1992-11-07
Arrest Case Number      193-216
Arresting Agency        NM0010100 POLICE DEPARTMENT
Subject's Name          MINDER,KELVIN
Charge                  1
        Charge Literal  ARMED ROBBERY-DED WEAP
              Severity  Unknown
Charge                  2
        Charge Literal  CONSP
              Severity  Unknown
Charge                  3
        Charge Literal  CONTRIBUTING TO DELINQUENCY OF A MINOR-3 CTS
              Severity  Unknown

------------------------------------------------------------------------
Court Disposition       (Cycle 3)
Court Case Number
Court Agency
Charge                  1
        Charge Literal  CONSPIRACY TO COMMIT ARMED ROBBERY
    Charge Description  Charge Severity:Unknown
           Disposition  ( ;  / UNABLE TO ASSOCIATE DISPOSITION WITH
                        CHARGE)
Charge                  2
        Charge Literal  ARMED ROBBERY
    Charge Description  Charge Severity:Unknown
           Disposition  ( ;  5-3-93 5 YEARS SUSPENDED,5 YEARS PROBATION
                        / UNABLE TO ASSOCIATE DISPOSITION WITH CHARGE)

------------------------------------------------------------------------
Corrections             (Cycle 3)
Date Supervision Began          1993-05-03
Corrections Agency      NM001015G PROB/PAR-PLAZA MAYA

     Correction Action  STATUS--PROBATION
Release Date
************************  INDEX OF AGENCIES  ***************************

Agency                  POLICE DEPARTMENT; NM0200100;

------------------------------------------------------------------------
Agency                  POLICE DEPARTMENT; NM0010100;
```

---

Agency PROB/PAR-PLAZA MAYA; NM001015G;

* * * END OF RECORD * * *

Triple I Status: Multi-state

# CR 0008C50663 from NLETS

```
RICDC427
.CR.0008C50663.NLETS.20161017 08:11:05
  TO: RICDC427-35898      20161017 08:11:05  0008C50663
FROM:    NLETS-12912227   20161017 08:11:05
CR.VAIII0000
05:11  03512
 10/17/2016 01999 SC040013C
*0DA7003ADA
TXT

HDR/2L010DA7003ADA2QR
ATN/BROWN, SUSAN
THE FOLLOWING RECORD PERTAINS TO FBI/873640MA6
                          VIRGINIA CRIMINAL RECORD          10/17/2016 PART  1
SID: VA1136733T FBI: 873640MA6
NAMES RECORDED IN VIRGINIA FILES:                        SEX RACE DATE OF BIRTH
        MINDER              KELVIN       ALONZO            M    B    06/22/1972
LAST REPORTED ADDRESS: [redacted]
                       CHARLOTTESVILLE, VA 22901
PLACE OF BIRTH: SOUTH CAROLINA
SOCIAL SECURITY NO(S): [redacted]
CONTRIBUTOR/CASE    DATE        CHARGE/DISPOSITION
=================== ========== ================================================
VA STATE POL HQTR   09/11/1997 FINGERPRINTED
ORI:VAVSP0000
                               CHARGED WITH
                          #001 FELONY
                               ATTEMPT TO PURCHASE FIREARM BY CONVICTED FELON
                               ALBEMARLE CO         07/16/1997
ALBEMARLE CO GENDIS 02/05/1998 GUILTY
ORI:VA002013J                  MSDMNR
CCN:NOT RECORDED               CONCEAL WEAPON
DCN:H242382                    1812/1090   1914/2056
-------------------
==============================
PD UVA CHARLTTSVLE  02/09/1998 FINGERPRINTED
ORI:VA0020100                  OCA:01186
                               CHARGED WITH
                          #001 MSDMNR
                               TRESPASS
                               ALBEMARLE CO         01/21/1998
ALBEMARLE CO GENDIS 05/08/1998 DISMISSED
ORI:VA002013J
CCN:NOT RECORDED
DCN:H649159                    1923/1220   2005/1257
-------------------
          RECORD AUTOMATED: 10/21/1997  LAST RECORD UPDATE: 08/06/1998
ALL ARREST ENTRIES CONTAINED IN THIS RECORD ARE BASED ON FINGERPRINT COMPARISON
AND PERTAIN TO THE SAME INDIVIDUAL.
THIS INFORMATION MAY NOT CONTAIN THE CHARGE DATE AND/OR CHARGE ORI FOR FILES
SUBMITTED THROUGH THE SUPREME COURT OF VIRGINIA EMAGISTRATE INTERFACE.
                            *** CAUTION ***
 THIS RESPONSE IS BASED ON COMPARISON OF REQUESTOR FURNISHED INFORMATION
AGAINST DATA CONTAINED IN THE FILES OF THE VIRGINIA STATE POLICE CRIMINAL
```

RECORDS EXCHANGE ONLY AND DOES NOT PRECLUDE THE EXISTENCE OF OTHER CRIMINAL HISTORY INFORMATION WHICH MAY BE CONTAINED IN THE REPOSITORY OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES.
CHANGES TO THIS RECORD MAY BE IN PROCESS. A NEW INQUIRY SHOULD BE MADE FOR SUBSEQUENT USE. THE RECIPIENT(S) IS RESPONSIBLE FOR MAINTAINING AN AUDIT TRAIL OF ALL SECONDARY DISSEMINATION OF ANY OF THIS INFORMATION.
*** UNAUTHORIZED DISSEMINATION WILL SUBJECT THE DISSEMINATOR TO CRIMINAL AND CIVIL PENALTIES. ***
THIS IS A MULTI-SOURCE RECORD. ADDITIONAL CRIMINAL HISTORY INFORMATION IS INDEXED IN NCIC-III FOR OTHER STATE OR FEDERAL OFFENSES.
END OF RECORD



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

Detainee declared deceased at the VA Hospital TW227213

| Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Offense Description** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | EH125364. CYG 230452 |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | EH125364. CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | DECEASED - 0 | 05/26/2017 | GSTL | BOND REVOKED. CYG 230452 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | CYG 230452 |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

**Address**

[redacted]
HOPKINS , SC 29061

| Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Offense Description** | | | | | | | | |
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5102P0377673 | NONE | CENTRAL | $355.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5102P0377674 | NONE | CENTRAL | $997.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

Detainer

Delta SHU



## MINDER SR, KELVIN ALONZO

#15

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| | |
|---|---|
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Address |
|---|
| [redacted] |
| HOPKINS , SC 29061 |

Received ID card
Date 10-17-16
Sign SB

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $0.00 | | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | | | | GSTL | |

Detainer

STOP BY MEDICAL

KMB Received in unit Delta 10/17/16 D/O Mitchell

D

# IN S. GLENN DETENTION CENTER
## PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Murder Alonzo (Last Name) (First Name) (Middle Name) Date of Birth: (Month/Day/Year)

Inmate Number: 74203 Dress-In Date: 10/13/16 (Month/Day/Year) Storage Location: B501

### INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

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

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

[ ] Dress: [ ] Pants Suit. [ ] Jacket:

[ ] Dress Shoes: [ ] Tennis Shoes. [ ] Hat.

[ ] Other Property (Purse, etc.):

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

(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.

(Issuing Officer's Signature) 10/13/16 (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)

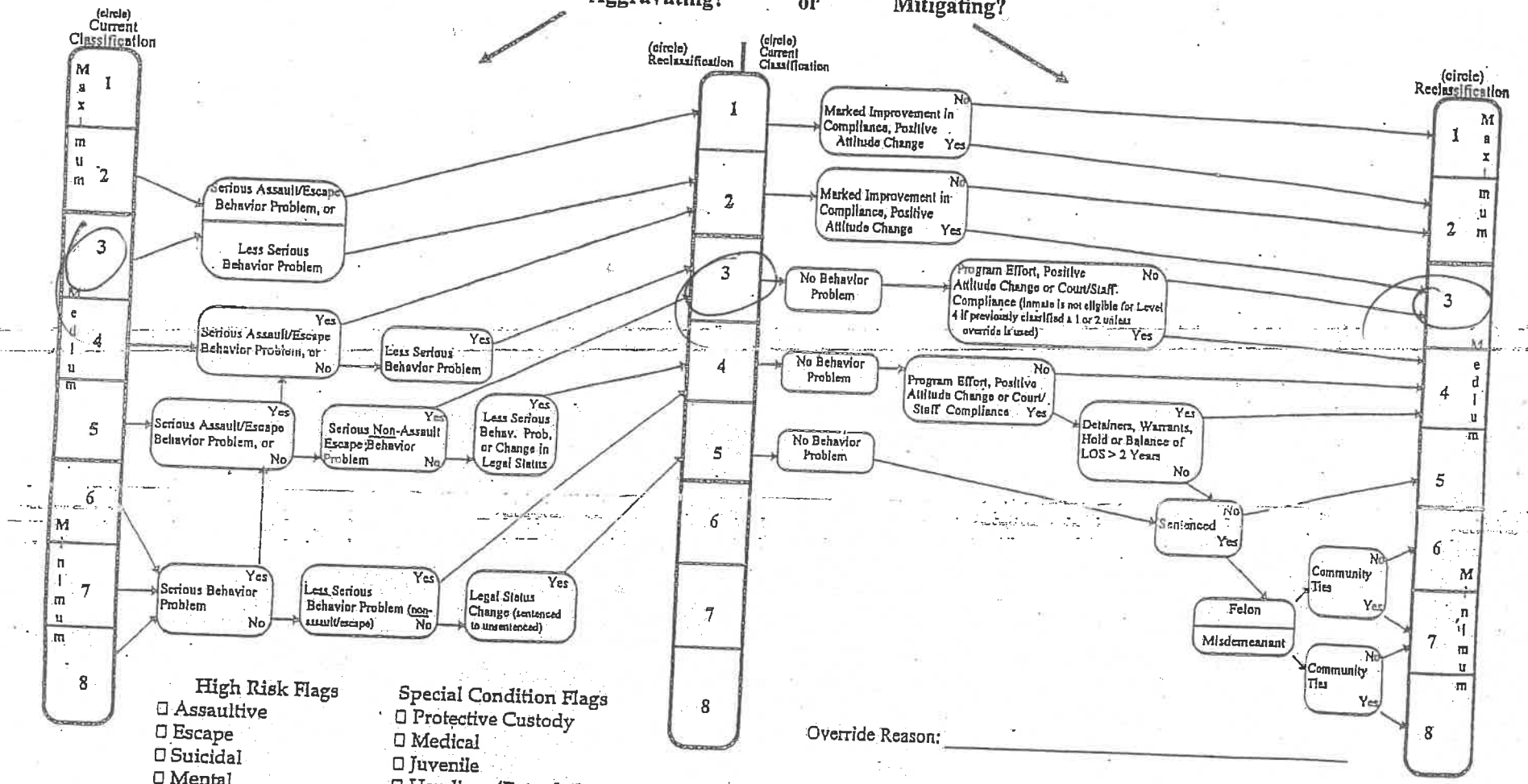
The above issued County property was destroyed or not returned by the inmate and the following action was taken.

Inmate No. 74203

Name: Minder Sr. Kelvin

# JICS Reclassification Tree

## Are Classification review Circumstances Aggravating? or Mitigating?




### High Risk Flags

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Member
- ☐ Other _____

### Special Condition Flags

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Retarded
- ☐ Body Fluid Watch
- ☐ Other _____

Override Reason: _____

Override Assignment: (circle) 1 2 3 4 5 6 7 8

Comments: 90 day reclass

Review Officer: _____ Date: 4/24/17

✓ No Change in Current Classification (check)

© Copyright Northpointe/Corrections Management Inc. 1996. All rights reserved. This instrument may be used/copied in its manual version only.
The instrument may not be modified or automated without express written consent of Northpointe Institute, 616-929-5079, P.O. Box 309 Traverse City, MI 49685

STH



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| | |
|---|---|
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Address |
|---|
| [redacted] |
| HOPKINS , SC 29061 |

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| |
|---|
| **Address** |
| [redacted] |
| HOPKINS , SC 29061 |

| | | |
|---|---|---|
| **STATE OF SOUTH CAROLINA** | ) | **IN THE SUMMARY COURT** |
| | ) | |
| **CITY OF COLUMBIA** | ) | **COMMITMENT** |
| **State of South Carolina** | ) | |
| | ) | |
| **vs** | ) | |
| | ) | |
| **Kelvin Alonzo Minder** | ) | |
| Defendant | | |

By **City of Columbia Judge** in and for the City and State aforesaid,

These are to command you forthwith to convey and deliver into custody, **Kelvin Alonzo Minder** charged before me this date: October 14, 2016, on oath of

**OFFICER:** **Kimberly Wise-Lewis/Columbia Police Department**

**DETAIN ON charge(s) of:** **2016A4021602426 / Burglary / Burglary (Non-Violent) - Second degree**
**2016A4021602427 / Petit Larceny (Enhancement)**

**BOND:** **$30,000.00 Surety**

**COURT DATE:** **November 14, 2016** at **9:00 AM**

And you the said KEEPER are required to receive the said **Kelvin Alonzo Minder** into your custody in the said jail and there safely keep until he be thence delivered by due course of law.

Given under my Hand and Seal, at Columbia, SC on October 14, 2016 and the two hundred and twenty-first year of American independence.

**JUDGE OVERTURE WALKER**

**Columbia Municipal Court**
**811 Washington Street**
**Columbia, SC 29201**
**Phone: (803) 545-3150**
**Fax: (803) 733-8433**

2016 OCT 14 AM 11:48

2016A4021602426

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Columbia

THE STATE 160032960

against

Kelvin Minder

Address: [redacted]

Hopkins, SC 29061-

Phone: [redacted] SSN: [redacted]

Sex: M Race: B Height: 5 9 Weight: 190

DL State: SC DL #: [redacted]

DOB: 6/22/1972 Agency ORI #: SC0400100

Prosecuting Agency: Columbia Police Department

Prosecuting Officer: Kimberly D Wise-Lewis - 21750

Offense: Burglary / Burglary (Non-Violent) - Second degree

Offense Code: 0080

Code/Ordinance Sec: 16-11-0312

This warrant is CERTIFIED FOR SERVICE in the

☐ County/ ☐ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant on 10-13-2016

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL

☐ County/ ☒ Municipality of )

City of Columbia )

AFFIDAVIT

ORIGINAL

Form Approved by S C Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant Kimberly D Wise-Lewis who being duly sworn deposes and says that defendant Kelvin Minder did within this county and state on or about 10/12/2016 violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia ) in the following particulars:

DESCRIPTION OF OFFENSE: Burglary / Burglary (Non-Violent) - Second degree

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts

On October 12, 2016 while at 2016 Harden St (Save-a-lot) Columbia SC/county of Richland around 11: 50 pm during the hours of darkness def did unlawfully enter the location with the intent to commit a crime therein. Def did force entry into a rear loading dock door by breaking the glass. Once inside def did remove two 24 pack cases of Budlight beer with a value of $34.00 without consent. Def did exit and flee the scene on foot. After Miranda def did admit to his involvement in this matter. This incident was captured on video surveillance.

Signature of Affiant

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of )

City of Columbia )

Affiant's Address: Columbia Police Department
Columbia, SC 29201-

Affiant's Telephone: (803)545-3500

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on or about 10/12/2016 defendant Kelvin Minder did violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia ) as set forth below

DESCRIPTION OF OFFENSE: Burglary / Burglary (Non-Violent) - Second degree

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable.

Sworn to and subscribed before me on 10/13/2016

(L.S.)

Signature of Issuing Judge

Brian A. Kelly

Judge Code: 8191

Judge's Address: P.O. Box 644
Columbia, SC 29202-

Judge's Telephone: (803)545-3041

Issuing Court: ☐ Magistrate ☒ Municipal ☐ Circuit

ORIGINAL ORIGINAL ORIGINAL

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** _____

**Incident Time:** 0335 **Incident Date:** 3/7/17 **Incident Location:** Delta

**Staff Member Reporting Incident:** Officer Thompson, Saterica

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Sr., Icelvin **Inmate #:** 74203 **Charge:** _____

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

On the above date and approximate time while sitting at the podium in unit Delta I, officer Thompson, Saterica, witnessed detainee minder Sr, Icelvin #74203 hand moving in a up and down motion masterbating. I, Officer Thompson, Saterica, walked over towards the detainee's bunk area giving him three directives to stop the detainee began laughing while also apologizing. Report generated.

**Reporting Staff Member's Signature:** Officer Thompson Saterica **Report Completion Date:** 3/7/17

## 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**

Detainee Minder Sr Kelvin Alonzo 74203 is being charged with B4 Sexual Misconduct. Detainee Minder Sr Kelvin 74203 is placed on Prehearing detention in the Unit until seen by the hearing officer.

**Supervisor's Signature:** Jeanette Fraga **Date:** 3/7/17

**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:** J Irma Ros **Date:** 3/7/17

**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
# INMATE NOTICE OF DISCIPLINARY CHARGES AND DETENTION

**Inmate's Name:** Minder Sr. Kelvin Alonzo **Inmate #:** 74203

**Time of Incident:** 0335 **Date of Incident:** 3/7/17 **Location of Incident:** Delta

**Staff Member Reporting Incident (Print):** Officer Thompson Saterrica

**Rules Violation(s):** B4 Sexual Misconduct

## Inmate's Advisement of Charges and Rights

Inmate's signature indicates that the inmate has been informed of the disciplinary charges against them and their initials in the following 6 lines indicates preferences regarding the 6 rights listed below. Refusal to complete and sign this form constitutes a waiver of the particular right. With the exception of lines 5 and 6 for Minor Violations being heard by the Shift Watch Commander, completion and signing of this form does not admit guilt of the violations indicated.

1. **I do:** _____ **I do not:** KM **wish to have a Staff or Inmate Advisor. I understand that the Advisor will be chosen by the Hearing Officer. I understand that the Advisor is under no obligation to attend the formal disciplinary hearing and will schedule a meeting prior to the hearing. I understand that an Advisor will ONLY assist me in understanding the disciplinary process, the charges against me and the appropriate way(s) to make a presentation at a formal disciplinary hearing. I understand that an Advisor WILL NOT prepare nor present a defense on my behalf during the formal disciplinary hearing.**

2. **I have the right to present witnesses to testify on my behalf. Print witnesses names:** _____

3. **I do:** KM **I do not:** _____ **wish to appear before the Disciplinary Hearing Officer, understanding that failure to appear before the Disciplinary Hearing Officer may have a bearing on the finding.**

4. **I do:** _____ **I do not:** _____ **wish to receive a 24 hour notification of the scheduled disciplinary hearing.**

## FOR MINOR VIOLATIONS ONLY

5. **I do not:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby request to appear before the Disciplinary Hearing Officer.**

6. **I do:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby waive my right to appear before the Disciplinary Hearing Officer. I understand that by accepting the penalty (sanction) set by the Shift Watch Commander constitutes a guilty plea which I can not appeal.**

**Penalty:** _____ **Shift Watch Commander:** _____

**Inmate's Signature:** _____ **Date:** 3-7-17

**Serving Officer's PRINT Name:** Sgt Jeanette Frazier **Date:** 3/7/17

**On-Duty Housing Unit Officer's PRINT Name:** _____ **Date:** _____
(If Inmate Refuses To Sign)

## Pre-Hearing Detention Authorization

**Pre-Hearing Detention in Assigned Unit:** ✓ **Date:** 3/7/17 **Time:** 0335

**Pre-Hearing Detention in another General Population Unit:** _____ **Date:** _____ **Time:** _____

**Pre-Hearing Detention in Disciplinary Unit (SHU):** _____ **Date:** _____ **Time:** _____

**Shift Watch Commander's Signature:** _____ **Date:** 3/07/17

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

Reference ACA Standards: 4-ALDF-6C-01 thru 6C-15 Due Process

Revised 8/12/15

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:**

**Incident Time:** 0703 **Incident Date:** 4/28/17 **Incident Location:** Delta

**Staff Member Reporting Incident:** Kimberly Priester

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minder Sr Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date and time while at the Podium I Officer Kimberly Priester gave detainee Minder Sr Kelvin #74203 several directives to move from bed 22 to bed 47. Sgt. POMAIKAI Romain then gave detainee Minder Sr Kelvin #74203 sereral directives which detainee Minder Sr Kelvin #74203 refused all given. Report generated.

**Reporting Staff Member's Signature:** Kimberly Priester **Report Completion Date:** 4/28/17

**Other Staff Members Involved**

**Medical and/or Use of Force Narrative**

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

- SEEN BY RN EDWARD FREELY
- HANDCUFFED BY SGT. POMAIKAI ROMAIN

**Supervisor's Narrative**

DETAINEE MINDER SR. REX KELVIN #74203 WAS HANDCUFFED BY SGT. POMAIKAI ROMAIN AND ESCORTED TO MEDICAL WHERE HE WAS SEEN BY NURSE EDWARD FREEIY. - DETAINEE WILL REMAIN IN UNIT SHU ON COOL-DOWN UNTIL 1800 HRS FOR REFUSING TO MOVE.

**Supervisor's Signature:** Sgt. Pomaikai Romain **Date:** 4.28.17

**Inmate Movement and Status Information**

**1st Inmate:** MINDER SR. KELVIN **Inmate Number:** 74203 **Moved to Unit:** SHU

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

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

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

**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:** Sgt. Pomaikai Romain **Date:** 4.28.17

**Incident Report Distribution**

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

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

**Division Manager's Review and Narrative**

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

# ALVIN S. GLENN DETENTION CENTER
# INMATE MOVEMENT FORM

DATE: 4.28.17

TIME: 070

INMATE NAME: D(2) MINDER SR. KELVIN

INMATE NUMBER: 74203

PREVIOUS LOCATION: DELTA

NEW LOCATION: SHU

D/O SIGNATURE: KIMBERLY PRIESTER

SUPERVISOR: SGT. POMAIKAI ROMAIN

**REASON FOR MOVEMENT:** COOL-DOWN

MOVFRM.xls

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:**

**Incident Time:** 0952 **Incident Date:** 12/15/2016 **Incident Location:** Delta

**Staff Member Reporting Incident:** Joyner Shakira

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date at the approximate time I officer Joyner Shakira gave detainee Minder Kelvin three directive stating he could not take a shower until the unit is on recreation. Detainee Minder Kelvin entered the shower anyways. I officer Joyner Shakira gave detainee Minder Kelvin three directives to exits the shower. Detainee Minder Kelvin refused, continued to shower.

**Reporting Staff Member's Signature:** Shakira Joyner **Report Completion Date:** 12/15/2016

**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**

DETAINEE MINDER SR., KELVIN 74203 IS CHARGED WITH BS, DISOBEYING A DIRECT ORDER AND C5, ENCROACHMENT.
DETAINEE HAS BEEN PLACED ON PRE-HEARING IN THE UNIT.

**Supervisor's Signature:** Sgt. Romain Pomaikai **Date:** 12.15.16

**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:** Sgt Valentine Smith **Date:** 15 Dec 16

**Incident Report Distribution**

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

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

**Division Manager's Review and Narrative**

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

# VIN S. GLENN DETENTION CEN
# INMATE NOTICE OF DISCIPLINARY CHARGES AND DETENTION

**Inmate's Name:** MINOR SR., KELVIN **Inmate #:** 74203

**Time of Incident:** 0952 **Date of Incident:** 12.15.16 **Location of Incident:** DELTA

**Staff Member Reporting Incident (Print):** OFC. S. JOYNER

**Rules Violation(s):** B5, DISOBEYING A DIRECT ORDER, AND C5, ENCROACHMENT

## Inmate's Advisement of Charges and Rights

Inmate's signature indicates that the inmate has been informed of the disciplinary charges against them and their initials in the following 6 lines indicates preferences regarding the 6 rights listed below. Refusal to complete and sign this form constitutes a waiver of the particular right. With the exception of lines 5 and 6 for Minor Violations being heard by the Shift Watch Commander, completion and signing of this form does not admit guilt of the violations indicated.

1. I do: KM I do not: _____ wish to have a Staff or Inmate Advisor. I understand that the Advisor will be chosen by the Hearing Officer. I understand that the Advisor is under no obligation to attend the formal disciplinary hearing and will schedule a meeting prior to the hearing. I understand that an Advisor will ONLY assist me in understanding the disciplinary process, the charges against me and the appropriate way(s) to make a presentation at a formal disciplinary hearing. I understand that an Advisor WILL NOT prepare nor present a defense on my behalf during the formal disciplinary hearing.

2. I have the right to present witnesses to testify on my behalf. Print witnesses names: _____

3. I do: KM I do not: _____ wish to appear before the Disciplinary Hearing Officer, understanding that failure to appear before the Disciplinary Hearing Officer may have a bearing on the finding.

4. I do: KM I do not: _____ wish to receive a 24 hour notification of the scheduled disciplinary hearing.

## FOR MINOR VIOLATIONS ONLY

5. I do not: _____ wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby request to appear before the Disciplinary Hearing Officer.

6. I do: _____ wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby waive my right to appear before the Disciplinary Hearing Officer. I understand that by accepting the penalty (sanction) set by the Shift Watch Commander constitutes a guilty plea which I can not appeal.

**Penalty:** _____ **Shift Watch Commander:** _____

**Inmate's Signature:** [signature] **Date:** 12-15-16

**Serving Officer's PRINT Name:** [signature] **Date:** 12.15.16

**On-Duty Housing Unit Officer's PRINT Name:** _____ **Date:** _____
(If Inmate Refuses To Sign)

## Pre-Hearing Detention Authorization

**Pre-Hearing Detention in Assigned Unit:** DELTA **Date:** 12.15.16 **Time:** 1030 HRS

**Pre-Hearing Detention in another General Population Unit:** _____ **Date:** _____ **Time:** _____

**Pre-Hearing Detention in Disciplinary Unit (SHU):** _____ **Date:** _____ **Time:** _____

**Shift Watch Commander's Signature:** [signature] **Date:** 15 Dec 16

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

Reference ACA Standards: 4-ALDF-6C-01 thru 6C-15 Due Process

Revised 8/12/15

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** _____

**Incident Time:** 0335 **Incident Date:** 3/7/17 **Incident Location:** Delta

**Staff Member Reporting Incident:** Officer Thompson, Saterrica

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Sr., Icelvin **Inmate #:** 74203 **Charge:** _____

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

On the above date and approximate time while sitting at the podium in unit Delta I, officer Thompson, Saterrica, witnessed detainee minder Sr., Icelvin #74203 hand moving in a up and down motion masterbating. I, Officer Thompson, Saterrica walked over towards the detainee's bunk area giving him three directives to stop the detainee began laughing while also apologizing. Report generated.

**Reporting Staff Member's Signature:** Officer Thompson Saterrica **Report Completion Date:** 3/7/17

## 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**

Detainee Minder Sr Kelvin Alonzo 74203 is being charged with B4 Sexual Misconduct. Detainee Minder Sr Kelvin 74203 is placed on Prehearing detention in the Unit until seen by the hearing officer.

**Supervisor's Signature:** Jeanette Frazier **Date:** 3/7/17

**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:** J Irma Ron **Date:** 3/7/17

**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
# INMATE NOTICE OF DISCIPLINARY CHARGES AND DETENTION

**Inmate's Name:** Minder Sr. Kelvin Alonzo **Inmate #:** 74203

**Time of Incident;** 0335 **Date of Incident:** 3/7/17 **Location of Incident:** Delta

**Staff Member Reporting Incident (Print):** Officer Thompson Saterrica

**Rules Violation(s):** B4 Sexual Misconduct

## Inmate's Advisement of Charges and Rights

Inmate's signature indicates that the inmate has been informed of the disciplinary charges against them and their initials in the following 6 lines indicates preferences regarding the 6 rights listed below. Refusal to complete and sign this form constitutes a waiver of the particular right. With the exception of lines 5 and 6 for Minor Violations being heard by the Shift Watch Commander, completion and signing of this form does not admit guilt of the violations indicated.

1. **I do:** _____ **I do not:** KM **wish to have a Staff or Inmate Advisor. I understand that the Advisor will be chosen by the Hearing Officer. I understand that the Advisor is under no obligation to attend the formal disciplinary hearing and will schedule a meeting prior to the hearing. I understand that an Advisor will ONLY assist me in understanding the disciplinary process, the charges against me and the appropriate way(s) to make a presentation at a formal disciplinary hearing. I understand that an Advisor WILL NOT prepare nor present a defense on my behalf during the formal disciplinary hearing.**

2. **I have the right to present witnesses to testify on my behalf. Print witnesses names:** _____

3. **I do:** KM **I do not:** _____ **wish to appear before the Disciplinary Hearing Officer, understanding that failure to appear before the Disciplinary Hearing Officer may have a bearing on the finding.**

4. **I do:** _____ **I do not:** _____ **wish to receive a 24 hour notification of the scheduled disciplinary hearing.**

## FOR MINOR VIOLATIONS ONLY

5. **I do not:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby request to appear before the Disciplinary Hearing Officer.**

6. **I do:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby waive my right to appear before the Disciplinary Hearing Officer. I understand that by accepting the penalty (sanction) set by the Shift Watch Commander constitutes a guilty plea which I can not appeal.**

**Penalty:** _____ **Shift Watch Commander:** _____

**Inmate's Signature:** _____ **Date:** 3-7-17

**Serving Officer's PRINT Name:** Sgt Jeanette Frazier **Date:** 3/7/17

**On-Duty Housing Unit Officer's PRINT Name:** _____ **Date:** _____
(If Inmate Refuses To Sign)

## Pre-Hearing Detention Authorization

**Pre-Hearing Detention in Assigned Unit:** ✓ **Date:** 3/7/17 **Time:** 0335

**Pre-Hearing Detention in another General Population Unit:** _____ **Date:** _____ **Time:** _____

**Pre-Hearing Detention in Disciplinary Unit (SHU):** _____ **Date:** _____ **Time:** _____

**Shift Watch Commander's Signature:** _____ **Date:** 3/07/17

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

Reference ACA Standards: 4-ALDF-6C-01 thru 6C-15 Due Process

Revised 8/12/15

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:**

**Incident Time:** 0952 **Incident Date:** 12/15/2016 **Incident Location:** Delta

**Staff Member Reporting Incident:** Joyner Shakira

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date at the approximate time I officer Joyner Shakira gave detainee Minder Kelvin three directive stating he could not take a shower until the unit is on recreation. Detainee Minder Kelvin entered the shower anyways. I officer Joyner Shakira gave detainee Minder Kelvin three directives to exits the shower. Detainee Minder Kelvin Refused, continued to shower.

**Reporting Staff Member's Signature:** Joyner Shakira Joyner **Report Completion Date:** 12/15/2016

**Other Staff Members Involved**

**Medical and/or Use of Force Narrative**

**Medical Attention Necessary: Yes** _____ **No** /

**Use of Force Necessary: Yes** _____ **No** /

# KELVIN S. GLENN DETENTION CENTER

Columbia, South Carolina

**12/16/2016**

| INMATE NAME: | MINDER, KELVIN | RACE/SEX | DATE OF BIRTH | HOUSING/CELL/BED |
|---|---|---|---|---|
| INMATE NUMBER: | 74203 | Black / Male | 6/22/72 | Delta |

**YOUR CHARGE (S) IS / ARE :**

☐ NOT IN VIOLATION ☐ DISMISSED

☑ IN VIOLATION OF THE FOLLOWING RULES AND/OR PROHIBITED ACTS:

| | |
|---|---|
| CODE | 2-5 (Disobeying a direct order) |
| CODE | 2-5 (Disobeying a direct order) |
| CODE | |
| CODE | |
| CODE | |
| CODE | |

**SUMMARY OF EVIDENCE OBTAINED**

INCIDENT REPORT: 12/15/2016

DATE OF HEARING : 12/16/2016 TIME OF HEARING: 0946 HOURS

WAIVED 24 HOURS NOTICE AND ADVISOR.

DENIED ALL CHARGE

DETAINEE MINDER KELVIN STATED THAT HE TAKE A SHOWER WHEN HE RECEIVED HIS NEW UNIFROM.

HE DID NOT KNOW THE OFFICER SAY THAT NONE ON CAN TAKE A SHOWER.

**PRIVILEGES DENIED**

☐ NONE ☐ GOOD TIME ☑ COMMISSARY ☑ TELEPHONE ☑ VISITATION ☑ TELEVISION ☐ OTHER

**SANCTIONS IMPOSED**

1. COUNSELED BY HEARING OFFICER ( LT. SLIGH, K).
2. RECEIVED 1 DAYS DISCIPLINARY IN DELTA.

For a period of 1 Days , Commencing on 12/15/2016 0952 hours, ending on 12/16/2016 0952 hours.

*You have the right to appeal this decision to the Assistant Director within three (3) days by submitting an Inmate Request Form. The Assistant Director will return your request form with his final decision within five (5) working days.*

Accused Inmate Signature: _____ Date: 12/16/2016

Disciplinary Hearing Officer Signature: LT. SLIGH,K Date: 12/16/2016

# ALVIN S. GLENN DETENTION CENTER

Columbia, South Carolina

REVIEWED 3/13/17

3/09/2017

| INMATE NAME: | MINDER, KELVIN | RACE/SEX | DATE OF BIRTH | HOUSING/CELL/BED |
|---|---|---|---|---|
| INMATE NUMBER: | 74203 | Black / Male | 6/22/72 | Delta |

YOUR CHARGE (S) IS / ARE :

☐ NOT IN VIOLATION ☐ DISMISSED

☑ IN VIOLATION OF THE FOLLOWING RULES AND/OR PROHIBITED ACTS:

| | |
|---|---|
| CODE | 2-4 (Sexual Misconduct) |
| CODE | |
| CODE | |
| CODE | |
| CODE | |

## SUMMARY OF EVIDENCE OBTAINED

INCIDENT REPORT: 3/07/2017

DATE OF HEARING : 3/09/2016 TIME OF HEARING: 0926 HOURS

WAIVED 24 HOURS NOTICE AND ADVISOR.

DETAINEE MINDER KELVIN STATED HE WERE SCRATCHING HIS STOMACH.

## PRIVILEGES DENIED

☐ NONE ☐ GOOD TIME ☑ COMMISSARY ☑ TELEPHONE ☑ VISITATION ☑ TELEVISION ☐ OTHER

## SANCTIONS IMPOSED

1. COUNSELED BY HEARING OFFICER ( LT. SLIGH, K).
2. RECEIVED 10 DAYS DISCIPLINARY ~~IN~~ DELTA.

For a period of 10 Days , Commencing on 3/7/2017 0335 hours,
ending on 3/17/2017 0335 hours.

*You have the right to appeal this decision to the Assistant Director within three (3) days by submitting an Inmate Request Form. The Assistant Director will return your request form with his final decision within five (5) working days.*

Accused Inmate Signature: _____ Date: 3/9/2017

Disciplinary Hearing Officer Signature: LT. SLIGH,K Date: 3/9/2017

# ALVIN S. GLENN DETENTION CENTER

Columbia, South Carolina

REVIEWED 12/16/16 AS

12/16/2016

| INMATE NAME: | MINDER, KELVIN | RACE/SEX | DATE OF BIRTH | HOUSING/CELL/BED |
|---|---|---|---|---|
| INMATE NUMBER: | 74203 | Black / Male | 6/22/72 | Delta |

YOUR CHARGE (S) IS / ARE :

☐ NOT IN VIOLATION ☐ DISMISSED

☑ IN VIOLATION OF THE FOLLOWING RULES AND/OR PROHIBITED ACTS:

| | |
|---|---|
| CODE | 2-5 (Disobeying a direct order) |
| CODE | 2-5 (Disobeying a direct order) |
| CODE | |
| CODE | |
| CODE | |
| CODE | |

## SUMMARY OF EVIDENCE OBTAINED

INCIDENT REPORT: 12/15/2016

DATE OF HEARING : 12/16/2016 TIME OF HEARING: 0946 HOURS

WAIVED 24 HOURS NOTICE AND ADVISOR.

DENIED ALL CHARGE

DETAINEE MINDER KELVIN STATED THAT HE TAKE A SHOWER WHEN HE RECEIVED HIS NEW UNIFROM.

HE DID NOT KNOW THE OFFICER SAY THAT NONE ON CAN TAKE A SHOWER.

## PRIVILEGES DENIED

☐ NONE ☐ GOOD TIME ☑ COMMISSARY ☑ TELEPHONE ☑ VISITATION ☑ TELEVISION ☐ OTHER

## SANCTIONS IMPOSED

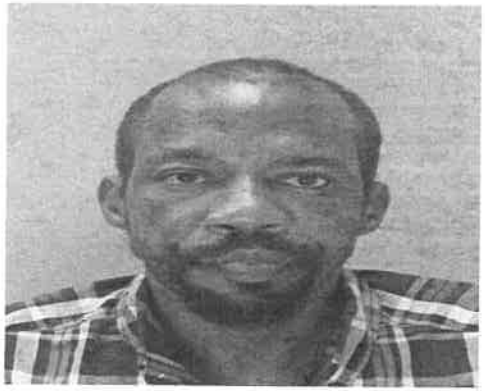
1. COUNSELED BY HEARING OFFICER ( LT. SLIGH, K).
2. RECEIVED 1 DAYS DISCIPLINARY IN DELTA.

For a period of 1 Days , Commencing on 12/15/2016 0952 hours, ending on 12/16/2016 0952 hours.

*You have the right to appeal this decision to the Assistant Director within three (3) days by submitting an Inmate Request Form. The Assistant Director will return your request form with his final decision within five (5) working days.*

Accused Inmate Signature: _____ Date: 12/16/2016

Disciplinary Hearing Officer Signature: LT. SLIGH,K Date: 12/16/2016



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Address** | |
| [redacted] | |
| HOPKINS , SC 29061 | |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| |
|---|
| **Address** |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5102P0377673 | NONE | CENTRAL | $355.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5102P0377674 | NONE | CENTRAL | $997.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

Detainer

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<br>MINDER SR, KELVIN A | Patient Number<br>74203 | Booking Number<br>1653114 | Date of Birth<br>6/22/1972 | Today's Date:<br>5/15/2017 |

**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 SHU- Medical Transit/MH
☐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: Patient requires additional support; Please place on Mental Health Transit @ SHU

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

CCS Staff Signature: Tasha M Williams LISW-CP Date: 5.15.17

Correctional Staff Member Notified: Supervisor, Dorm, Classification, Operations

Date and time notified: 5.15.17 0421 48

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

Notified by CCS Staff Member: Tasha M Williams, LISW-CP

SP102UN000ACCEN071513

# ALVIN S. GLENN DETENTION CENTER

## INTIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking)

Date: **OCTOBER 13, 2016** Inmate #: 74203

Name: Kevin Minder **DOB:** 6-22-72

Pending Charges: Burglary and Petit Larceny

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: _____

Staff Remarks: _____

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

Suggested transfer to Segregation Yes ☐ No ☒

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

Inmate Signature: X _____

Interviewer's Signature: **MICHELLE HOPKINS** Emp. No. **102331**

09/06/2016
to
05/26/2017

# HOSP-33

1021 Sgt. Lawes
Sgt. Ross
Sgt. Frazier
Sgt. Walker 5-26-17 B-PM

D/O Burns
D/O Chapman

0020 I, officer Burns left Alvin S Glenn Detention Center on 32 Hallway with EMS and Detainee Minder, Kelvin #74203 on gurney

0042 Arrive at VA Hospital

0046 exited Ambulance to Emergency room Dr. Joyce received pass on from EMS and Nurses Tammy Bredham / Day's, Melissa, Walker, Armar health Tech / Zissette, Wesley (Nurse) Dr. Floyd administer Care and Chest compressions for 7 minutes

0054 Pulse Check = no pulse delivered by residence Nurse and fluids delivered to the I.O. near knee caps and I.V's

0056 No Pulse on Pulse check delivered by Residence Nurse at Dr. Day as Nurse Zissette, Wesley continue with CPR chest compressions

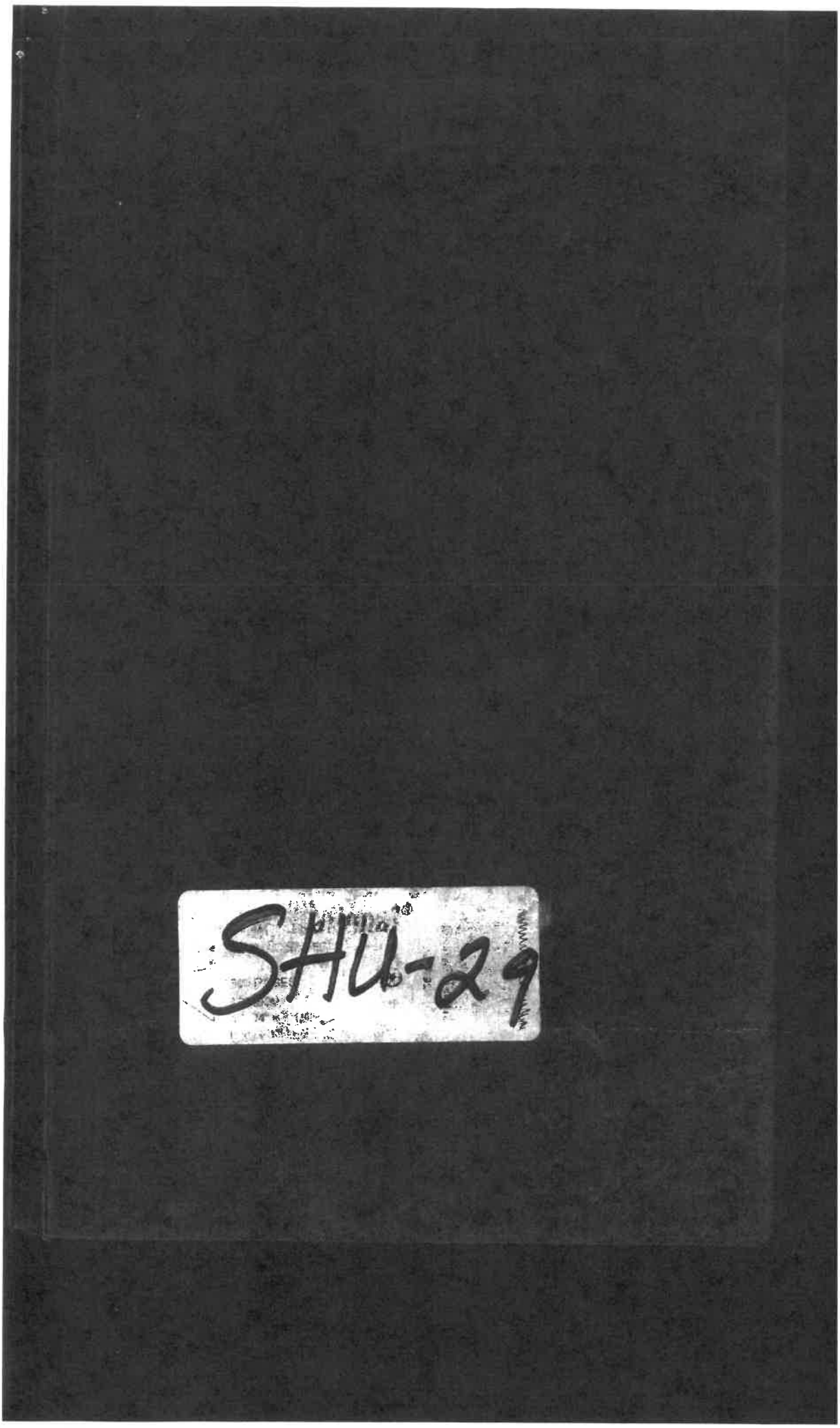
0058 hold CPR deliver Pulse check and Time of Death is called by Dr. Day and no further care is administered. Medical staff begin asking for personal family information on Detainee Minder Sr, Kelvin #74203 as Dr. Joyce calls the Coroner

0110 Cruz-Rivera, William (Nurse) gives I officer Burns and Officer Chapman Coroners name George Rice and states him to call back the AOD to Counter with estimated ETA to VA. Hospital 45 minutes

0140 Coroner George Rice Enters VA. hospital and asked for Detainee Minder, Sr. Kelvin next of Kin information, Sgt. Frazier was notified over phone to speak with coroner George Rice. Coroner George Rice contact # is (803) 576-1790 or 576-1709

0151 Coroner George Rice begins his assessment on Detainee Minder Sr, Kelvin #74203 body in room 5 behind closed curtains and stated to us, "I go off time of Death that physicians call out."

0153 I, Officer Burns and Officer Chapman exit VA Hospital 10-17 back to facility in Van. End of Report


SHU-29

246

Lt Seward — SHU — Taylor Noble Greene

Medication Pass Roster R-Refused

| | |
|---|---|
| Beach, John #612973 | Bennett, Donnell #42654 |
| (R) Black, Samuel #635475 | Braddick, Dakin #110593 |
| (R) Brown, Kerwin #84198 | Burns, Isaiah #626346 |
| Douglas Cromer, Devon #596380 | Fair, Tony #75532 |
| Felder, Ronald #625401 | Garrett, Ryan #85289 (R) |
| Gomez Contreras, Jose #630681 | Hamen, Ibrahim #47733 |
| Haywood, Michael #43793 | Hemingway, Timothy #61724 |
| (R) Lamb, Charles #42036 | Mearite, Keven #97826 |
| (R) Michael, Andre #41372 | Minder Sr., Kelvin #74203 |
| Patterson, Keevin #632906 | Portlock, John #41012 (R) |
| (R) Ramey, Colby #637116 | Scott, Daquan #637941 |
| Seabrooks Jr., Roger #588875 | Thompson, Shareef #6374 |
| (R) Young, Michael #72878 | |

0545 Watch Tour Complete
0546 Nurse S. Shannon enter to See
- Mearite, Keven #97826
- Haywood, Michael #43793
0605 Chow enter Unit
0621 Shift Change

Pass ON
Final Count 43-41 2 2 GS

Out to GS
#19 Beach, John #612973
#46 Smith, Chris #637315

Gains
#3 Waden, Jordan
#14 Jordan, Nathan

Suicides
#3 Waden, Jordan #635892
#5 Taylor, Joseph #597801
#7 Bennett, Donnell #42654
#14 Jordan, Nathan #36555

Batteries Changed
Unit Cleaned
Chow Served missing Dre
- Tray Patterson, Keevin #37
- Minder, Kelvin refused Chow

Breakfast

Lt. Williams
Sgt. Sorkin
Pinckney
Monroe

8/24/17 0700

BTAs

Enemy Forces
S. Burns
Myers

Pass on
8 - 8 — 0

4 Squads #3 Wrenn, Jordan #5 Taylor, Joseph
#7 Burnett, Durell #14 Jordan, Nathan

1 Constant #4 Murder, Kelvin

Gain: Deaths, Michael #18 (per Sgt. Pinckney)

Loss: Gadson, Ken - x-ray Burns, Isaiah - x-ray
Maynard, Michael - x-ray Felder, Ronald - Hotel
Patterson, Kelvin - Hotel Gilmore, Anthony - Hotel
Thompson, Shareef - Golf Gadson, Ulishone - Golf
Bagley - crew, Owen - Indra Braddock, Dekan - Juliet
Middleton, Joseph - Foxtrot Boyd, Joseph - Echo
Smith, Chris - Alpha

Bottom tire received flowers
Battery was exchanged
#14 Murder, Kelvin rejoined squad

Dinner 24th

260

SSI Ross, Frazier, Walker B-PM ofc Lark, William, Burns 5-25-17

1816 officer Lark, William, Burn enter shu to conducted Head Coun and count is 36-36-0

1827 Call in count to supervisor and Operation Receive two radio with power cord, 0945
three sets of Keys
three flashlight
three restraint chair
two fire extinguisher
one telephone
two shields
one logbook

1858 Day shift count was clear

1915 Roll call and Watch Tour Completed

1952 Watch Tour Completed

2034 Watch Tour Completed

2037 Nurse Mellissa enter shu for Med Pass

2110 Mellissa exit shu and officer Burley

2111 enter shu with detainee # Piucci Richard 50793 from Hotel H/C 37-37-0

2130 Watch Tour Completed

2144 shu lock down code white

2259 Watch Tour Completed

2257 Nurse Charlie enter shu

2300 Nurse charlie exit shu

Med Pass

| | | | |
|---|---|---|---|
| | Bates Collins #599098 | | Michael Andre #41872 |
| | Beach John #612973 | | Minder Melvin #74203 |
| R | Black Samuel #635435 | | Moore Chad #45246 |
| R | Brown Kerwin #84198 | | Portlock John #41012 |
| R | Fair, Tony #35532 | | Qualls Michael #87416 |
| R | Garrett Ryan #528099 | | Ramey Colby #687118 |
| | Comar Contreras Jose #630611 | | Scott Deguan #687948 |
| | Hameen Ibrahim #47133 | | Seabrooks Roger #[illegible] |
| | Hampton Akeem #77195 | | Terril Charen #732274 |
| | Hemingway Timothey #617244 | | Warren George #685707 |
| R | Lamb Charles #42036 | | Young Michael #[illegible] |
| | Mearite Heiven #97826 | | |

[redacted]



ofc Lark William Burns
5-25-17

Ross, Frazier, Walker

2330 code blue until SHC

Sgt. caller and sgt. waites enter units above
dept advised was not breathing & CPR by Sagan
by officer Lark Nurse Melissa

2337 Code Blue unit Shu

2339 – Walker Waites Melisa Adams Owens Clark enter

2342 – Walker exits

2344 – Freeley Walker enters Ems notified
nurse Adams exits

2346 – Adams enters

2349 – Walkers exits

2351 – Bums / Adams exits

2354 – Fire / Rescue enters Columbia Fire Dept.

2357 EMS arrives (owens)
Walker 1 fireman exit

2359 Adams enters
Freeley exits
Walker Firemen enters w/ stretcher & 1 emt

0001 Owens enters

0003 Adams exits unit

0007 EMS Supervisor & Sgt. Frazier enters

0008 Sgt. Frazier exit

0010 Adams enters

0012 Freeley enters

0018 EMS Fire Nurses Supervisors
& owens exits unit w/ detainee
Minder Kelvin #74203 unconscious
and unresponsive with CPR in
progress

SHU JOURNAL

MAX. Control

5-24-17

to

5-25-17



Lt Lippett
Frazier
Sgt Walker 3-Pm H/C 31-31-0 5-24-15 D/O Queens, N

1829 T officer Queens, M entered Max Control to assume all duties and responsibilities. Pass on received.
1832 Watch tour completed, head count conducted.
1833 Headcount called into Operations (Officer McKnight)
1835 Headcount called into Supervisor's office (Sgt Frazier)
1846 Count Clear Code White all B-Am officers, officer's Brown, Fields, Doctor, Myers, and Samuel all exit SHU.
1854 Attorney Mike Duncan enters to see detainee Young, Michael # 72878.
1902 Watch tour completed all appears secure.
1926 Attorney Duncan, Mike exits unit SHU
Detainee Young, Michael # 72878 escorted back to room.
1935 Lt Lippett enters unit SHU to check on operations
1943 Watch tour completed all appears Secure.
2000 ASGDC ERT enters unit to conduct shakedowns
2015 Detainee Easterling, Brooks # 76957 Exiting unit SHU and going to unit Lima
H/C 30-30-0
LIE Detainee Fair, Tony # 75532 is put in the Chair @ 20:30
2059 Ert team Exit unit SHU
LIE Move detainee Jordan, Nathan # 36555 from room #14 to room #2
2107 Watch tour complete
2141 Watch tour completed, all appears secure.
2214 Nurse Clark and Parker enter unit SHU to check on Suicides, and detainee Fair, Tony # in cha
1917 Nurse Melissa enters for medication pass
1918 Nurse Clark and Parker exit unit SHU.
2240 Sgt Walker enters unit SHU.
2245 Nurse Melissa exits unit SHU.
2247 Detainee Lamb, Charles # 42036 escorted back to room 5
2249 Detainee Warren, George # 6035707 escorted back to room
2249 Officer Chapman enters unit SHU to give breaks.
2253 Detainee Grooms, Carlos # 610054 escorted back to room
2256 Detainee Miller, Matthew # 579580 escorted back to rm 85
2258 Detainee Brown, Kerwin # 84198 escorted back to rm 30
2307 Watch tour completed, all appears secure.

32 Lt Lippett Freezer HIC 30-30-0

Sgt Walker 3-Pm Max Control 20 Queens

2313 Officer Williams enters from break.
2318 Sgt Walker exits unit SHU
2319 Officer Wark exits unit SHU for 10-87.
2330 Sgt Walker enters Max Control to sign Segregation sheets.
2338 Unit SHU locked down code white.
2339 Officer Wark enters unit SHU
2341 Sgt Walker exited Max Control.
2341 Officer Chapman exits unit SHU.
0010 Nurse Freeley enters SHU to check on Suicide rooms and detainee Fair, Tony in restraint chair.
0014 Nurse Freeley exits unit SHU.
0015 Code Purple.
0017 Watch tour and head count complete.
0020 Officer Chapman enters unit SHU.
0021 Officer Chapman exits unit SHU.
0026 Code White on the Code purple.
0116 Watch tour completed all appears secure.
0213 Watch tour completed all appears secure.
0246 Officer Tentyon enters unit SHU.
0246 Watch tour completed, all appears secure.
0248 Officer Williams exits unit SHU.
0253 Officer Bartlett enters unit SHU.
/ Officer Bartlett exits unit SHU.
0301 Nurse Freeley entered unit SHU.
0305 Officer Williams enters unit SHU.
0307 Nurse Freeley exits unit SHU.
/ Officer Wark exits unit SHU.
0317 Watch tour completed all appears secure.
0338 Officer Wark enters unit SHU.
0406 Watch tour completed, all appears secure.
0417 Sgt Walker enters unit SHU.
0424 Detainee Fair, Tony # 75532 removed from restraint chair and placed in room 18.
0426 Nurse Freeley enters unit SHU.
0438 Detainee Ramey, Colby # 637116 removed from shower and escorted back to room 49.
0441 Sgt Walker exits unit SHU.
0444 Nurse Freeley exits unit SHU.

Lt Hippett
Frazier
Sgt Walker

HIC 30-30-0

D1 Queens

## Bed/Shower Roster

2. Jordan, Nathan # 30655
3. Waden, Jordan # 1035892
4. Minder, Kelvin # 74203
5. Taylor, Joseph # 597801
7. Bennett, Donnell # 42084
8. Michael, Andre # 41372
9. Young, Michael # 72878
10. Scott, Daquan # 1037941
13. Garrett, Ryan # 85289
16. Qualls, Michael # 113416
17. Johnson, Wilson # 114537
19. Beach, John # ~~41012~~ 1012973
20. Hemingway, Timotheus # 1017244
21. Portlock, John # 41012
22. Gomar Contreras, Jose # 1030681
25. Seabrooks, Roger # 588875

26. Zeigler, Joshua # 1092166
28. Black, Samuel # 1035475
32. Brown, Kerwin # 84198
33. Hameen, Ibrahim # 47733
36. Miller, Matthew # 579580
39. Rodenberger, Timothy # 1037850
42. Nixon, Eric # 102412
45. Grooms, Carlos # 1010054
49. Ramey, Coby # 1037116
50. Greene, Phillip # 1037010
51. Mearle, Keven # 91826
53. Warren, George # 1035707
56. Lamb, Charles # 42036

* restraint chair - Fair, Tony # 75532 (Rm 18)

## Medication Roster

1. R Minder, Kelvin # 74203
2. Bennett, Donnell # 42084
3. Michael, Andre # 41372
4. Scott, Daquan # 1037941
5. R Young, Michael # 72878
6. Garrett, Ryan # 85289
7. Qualls, Michael # 113416
8. Beach, John # 1012973
9. Hemingway, Timotheus # 1017244
10. Portlock, John # 41012
11. Gomar, Contreras, Jose # 1030681
12. Seabrooks, Roger # 588875
13. Black, Samuel # 1035475
14. R Brown, Kerwin # 84198
15. Hameen, Ibrahim # 47733
16. R Ramey, Coby # 1037116
17. Mearle, Keven # 91826
18. R Warren, George # 1035707
19. R Lamb, Charles # 42036
20. R Fair, Tony # 75532

34 Lt Luppetti — Max Control
Frazier
Sgt Walker — B-pm — H/C 30-30-0 — 5-25-17 — Queens

0449 Watch tour completed, all appears secure
0506 SHU workers enter unit from Bravo.
0523 Watch tour completed; all appears secure
0525 Sgt Frazier enters unit SHU with one detainee ~~from~~ Young, Anthony # 85554 from Foxtrot
H/C 31-31-0
0544 Sgt Frazier enters unit SHU escorting detainee Joyner, Raymond # 78773 from Foxtrot. H/C 32-32-0
0607 Sgt Walker and officer Diamond enter unit SHU with property for detainee's Young, Anthony # 85554 and Joyner, Raymond # 78773.
0617 B-Am officer Lowery enters for shift change
0620 Officer Samuel enters unit for shift change, started watch tour.
0632 Officer Brown enters Max Control
0634 Officer Fields enters unit.

PASS ON:

- (5) Suicide rooms
2 Jordan, Nathan # 36555
3 Woden, Jordan # 635892
4 Minder, Melvin # 74203 Constant
5 Taylor, Joseph # 597801
7 Bennett, Donnell
- Received two from Foxtrot Young, Anthony # 85554 Joyner, Raymond # 78773
- No alarms
- Code Purple
- Medication, Bed, Shower roster on page 33
- Batteries were exchanged.
- Chow was not served

Final Head count 32-32-0

MINDER SR, KELVIN

6/22/1972

# Alvin S. Gle[illegible] Detention Center
## Daily Segregation Inspection Report

Attachment A
Seg 3/14 Rev 9/11/15

Name (L) Minder (F) Kelvin (M)

Inmate # 74203 DOB: _____ Race/Sex: B/M Cell Assignment: 3-12-4

Date Segration Imposed: 5/15/17 Number of Days Imposed: _____ Tentative Release Date: _____

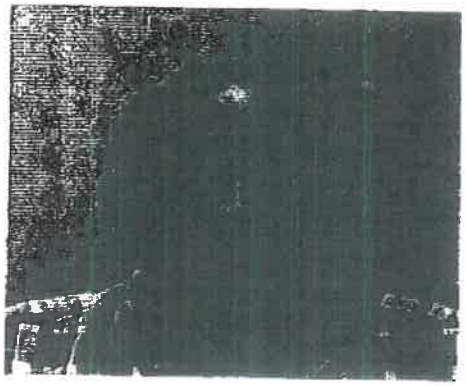
Administrative ☐ Protective Custody ☐ Disciplinary ☐

Restrictions: Visitation ☐ Telephone ☐ Commissary ☐

Reason for Segregation: Contact with it 4 5/24/17

Include appropriate information and abbreviations in each box below as indicated. Please indicate any and all refusals with an R and a ✓ for activities received; indicate times where appropriate and indicated. Shift Supervisor/Admin Staff visits must have first initial, last name.

| Activity | Sunday Date: 5/21 | Monday Date: 5/22/17 | Tuesday Date: 5/23/17 | Wednesday Date: 5.24.17 | Thursday Date: 5/25 | Friday Date: | Saturday Date: |
|---|---|---|---|---|---|---|---|
| Medical Services Visit - Other than Pill Pass 2A-53, 2A-45 | NO | M | NO | NO | NO | | |
| Mental Health Services Visit 2A-52 | NO | NO | NO | Yes | Yes | | |
| Prescribed Medication 2A-56 | AM Refuse / PM Refused | AM Refuse / PM R | AM Refuse / PM R | AM R / PM Refused | AM Refuse / PM R | AM / PM | AM / PM |
| Meals Consumed 1C-05, 4A-06, 4A-18 | B ✓ L ✓ D ✓ | B ✓ L ✓ D ✓ | B ✓ L ✓ D ✓ | B ✓ L ✓ D ✓ | B ✓ L ✓ D ✓ | B L D | B L D |
| Exercise (1 hr, 5 days) 2A-64 | Time Out/In: Refuse | Time Out/In: NO | Time Out/In: NO | Time Out/In: NO | Time Out/In: NO | Time Out/In: | Time Out/In: |
| Telephone 2A-65 | Time: NO | Time: | Time: NO | Time: NO | Time: NO | Time: | Time: |
| Shower (3 per wk.) 2A-57 | NO | yes | NO | NO | NO | | |
| Hygiene Items Issue 2A-56 | NO | NO | NO | NO | NO | | |
| Clothing Exchange 2A-56, 57 | NO | NO | NO | NO | NO | | |
| Linen/Bedding Exchange 2A-57, 4B-02 (Sheets, Blanket, Towel, Facecloth) | NO | yes | NO | NO | NO | | |
| Mattress Sanitized | NO | NO | NO | NO | NO | | |
| Mail Sent/Received 2A-60 | NO | NO | NO | NO | NO | | |
| Legal Visit/Calls 2A-62 | NO | NO | NO | NO | NO | | |
| Religious/Programs Staff Visit 2A-53 | NO | NO | NO | NO | NO | | |
| Shift Supervisor Visit 2A-53, 55 | Pinckney | ROMAIN | Romain | More | More | | |
| Admin Visit 2A-53 | NO | NO | NO | NO | NO | | |
| Officer Print Name: | D/O Dicker | Inmat | J. Brown | Doctor | J. Brown | | |



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

Detainee declared deceased at the VA Hospital TW 27213

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | EH125364. CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | EH125364. CYG 230452 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | DECEASED - 0 | 05/26/2017 | GSTL | BOND REVOKED. CYG 230452 |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | CYG 230452 |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B4010100827510 2P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

RECORDS 8035763298 05/26/2017 01:29

# ALVIN S. GLENN DETENTION CENTER

RICHLAND COUNTY
201 John Mark Dial Drive υ Columbia, South Carolina 29209 υ Telephone (803) 576-3200 υ Fax (803) 576-3292 υ TDD (803) 748-4999

***D. Shane Kitchen, CJM***
***Interim Director***

**Date:** May 31, 2017

**To:** Deputy Coroner Debbie Phillip

**Thru:** D. Shane Kitchen, CJM Interim Director

**From:** Lieutenant Margita Friedley, Professional Standards

**Subject: Kelvin Minder Sr.**

Mr. Minder who was in the custody of the Alvin S. Glenn Detention Center passed away on 05/26/2017. We would like 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. Minder for our files.

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

V/R
Lt. Friedley



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| |
|---|
| **Address** |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Offense Description** | | | | | | | | |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | EH125364. CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | EH125364. CYG 230452 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | DECEASED - 0 | 05/26/2017 | GSTL | BOND REVOKED. CYG 230452 |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | CYG 230452 |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Address** | |
| [redacted] | |
| HOPKINS , SC 29061 | |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5102P0377673 | NONE | CENTRAL | $355.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5102P0377674 | NONE | CENTRAL | $997.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| | |
|---|---|
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Address |
|---|
| [redacted] |
| HOPKINS , SC 29061 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5 102P0377673 | NONE | CENTRAL | $355.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5 102P0377674 | NONE | CENTRAL | $997.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

1:09am spoke with SGT. FRAZIER

Detainer

NOTE:

MAY 26, 2017 12:16AM LEFT ASG DC - REASON: NON RESPONSIVE TO U.A. HOSPITAL.

12:51AM MAY 26, 2017 - DECEASED PHONE CALL TO SUPERVISORS OFFICE PASSON FROM SGT. FRAZIER.



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

**Address**

[redacted]

HOPKINS , SC 29061

FROM SHU UNIT

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | EH125364. CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | EH125364. CYG 230452 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | DECEASED - 0 | 05/26/2017 | GSTL | BOND REVOKED. CYG 230452 |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | DECEASED - 0 | 05/26/2017 | GSSB | CYG 230452 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | DECEASED - 0 | 05/26/2017 | GSTL | CYG 230452 |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

| ALVIN S. GLENN DETENTION CENTER SHIFT ROSTER | | | | | |
|---|---|---|---|---|---|
| Shift Worked | B-PM | Actual Date Worked | 5/25/17 | Julian Date | 1700145 |
| Starting Count | 860 | Ending Count | | | |
| Post Assignment | Staff Member's Name | | Hours. | Remarks | Clock # |
| Watch Commander | Lippett | Timothy | 7.5 | 6-595 Vacation | 595 |
| Asst Watch Com (Sec) | Ross | Jessica | 9 | 12-920 Training (SCDC) | 920 |
| Asst Watch Com (Sec) | Frazier | Jeanette | | | 845 |
| Asst Watch Com (Sec) | Walker | Jeffrey | | | 1040 |
| Asst Watch Com (Juv) | Sumter | Reginald | | | 729 |
| Asst Watch Com (Ops) | Waites | Thomas | | | 738 |
| Post Assignment | Staff Member's Name | | | Remarks | Clock # |
| Unit Alpha | Hickmon | Wanda | 12.5 | OVERTIME | 856 |
| Unit Bravo | Jamison | Mary | | | 875 |
| Unit Charlie | Sanders | Valeria | 12.5 | OVERTIME | 1428 |
| Unit Delta | Fulton | Edison | | | 1429 |
| Unit Echo | Weston | Michael | | | 1415 |
| Unit Foxtrot | Dennis | Dominique | | | 1417 |
| Unit Golf | Davis | Reginald | | | 1433 |
| Unit Hotel | Monroe | Teresa | 12.5 | OVERTIME | 1247 |
| Unit India | Porter | Stephanie | 12.5 | OVERTIME | 134 |
| Unit Juliet | Stackhouse | Joshua | | | 1349 |
| Unit Kilo | Campbell | Olivia | | | 1385 |
| Unit Lima | Goff | Debbie | | | 1385 |
| Unit Mike | Pearson | Hubert | 12.5 | OVERTIME | 617 |
| Unit Papa | Thompson | Saterrica | | | 1413 |
| Papa Suicide | | | | | |
| Unit Uniform | Gregg | Tammy | 12.5 | OVERTIME | 1341 |
| Unit X-Ray | Taylor | Douglas | 12.5 | OVERTIME | 1032 |
| Unit Yankee | Rice | Booker | 12.5 | OVERTIME | 444 |
| | Burns | Kedar | 12.5 | OVERTIME | 1237 |
| | Lark | Kelvin | | | 1102 |
| Unit Shu | Williams | Algerron | | Training | 1431 |
| Max Control | Durant | Joyce | 12.5 | OVERTIME | 1175 |
| Central Control | Govan | Magdelayna | | | 1381 |
| Perimeter | Sgt. Cameron | Daniel | 12.5 | OVERTIME | 1329 |
| Perimeter | | | | | |
| Visitation | | | | | |
| Lobby | Tucker | Kara | 4hrs | OVERTIME | 302 |
| Phase I ( Unit 31) | Springs | Sharman | 4hrs | OVERTIME | 1398 |
| Transportation (Unit 32) | Sgt. Monroe | John | 4hrs | OVERTIME | 863 |
| Phase III (Unit 42) | Brooker-Thomas | Roselyn | 4hrs | OVERTIME | 638 |
| Phase II ( Unit 43) | Rembert | Ashanti | 4hrs | OVERTIME | 813 |
| Phase II (Unit 61) | Burley | Monte' | 12.5 | | 1401 |
| Phase II (Unit 44) | Coker | Willie | 4hrs | OVERTIME | 1250 |
| Phase V ( Unit 64) | Owens | Monica | | | 1370 |
| | McMichael | Laura | 4hrs | OVERTIME | 363 |
| Bond Court | Hunter | Kim | | | 698 |
| Hospital | | | | | |
| Hospital | | | | | |
| Staff Member and Post Assigment For Operation / Juvenile | | | | | |
| PreBooking | Bartlett | Wayne | | | 1101 |
| Intake Counter | Turner | Joyce | | | 621 |
| Intake Security | Brown | Kenneth | | | 1155 |
| Inmate Property | Chapman | Ronald | | | 1011 |
| Discharge | Dupree | Iesha | | | 1340 |
| Records | Green | Cynthia | | | 846 |
| Operations | Mcknight | Earlene | | | 1752 |
| Juvenile Control | Parker | Alfred | 12.5 | OVERTIME | 460 |
| Juvenile Alpha | Washington | Scoti | | | 620 |

| | | | | | |
|---|---|---|---|---|---|
| Juvenile Bravo | Washington | Scoti | | | 620 |
| Juvenile Charlie | Washington | Scoti | | | 620 |
| Title | Last Name | First Name | Hours | Clock Code / Type Of Day Off | Clock |
| Officer | Watkins | Thelma | 12.5 | 4-1399 Sick (Self) | 1399 |
| Officer | Dobey | Costella | 12.5 | 4-147 Sick(Self) | 147 |
| Officer | Nelson | Kenisha | 12.5 | 6-731 Vacation | 731 |
| Officer | McEachern | Robert | 12.5 | 6-128 Vacation | 128 |
| Officer | Sutton | Tiffany | 12.5 | 6-1366 Vacation | 1366 |
| Officer | Tenyton | Dennis | 12.5 | 6-1324 Vacation | 1324 |
| Officer | Alexander | Lyndon | 8.5 | 11-1412 Academy | 1412 |
| Officer | Jones | Cassandra | 8.5 | 11-1380 Academy | 1380 |
| Officer | Combs | Jar'na | 0 | 21-1330 Administration Leave | 1330 |

| Suicide Watch Information | | | Lobby Information | | |
|---|---|---|---|---|---|
| Shu | Room | Papa | Room | Stats | Num |
| Minder,Kelvin | 4 | | | Number of Detainee | 7 |
| Taylor, Joseph | 5 | | | Number of Visitors | 8 |
| Bennett, Darnell | 7 | | | Number of Special Visit/ Out of Town | 0 |
| | | | | Number of Attorney Visit | 0 |
| | | | | Number of Clergy Visit | 0 |
| | | | | Number of Family/ Victims Court | 2 |
| Admitted to Hospital | Zone/ Pod | Phone | | Downtown Shuttle Numbers | 0 |
| | | | | Time | none |
| | | | | Number of Detainees | 0 |

# Alvin S. Glenn Detention Center

## INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Minder, Kelvin Cell # 2-4 Date: 5-25-2017

Inmate #: 74203 Race: BLK Sex: M Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No

Commissary Restriction ☑ Yes ☐ No

Is inmate a danger to officers? ☑ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☑

Start Time 18:25 [Military Time Only] End Time ____:____

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1825 | sitting | KB | 2020 | laying on floor | KB | 2223 | laying | KB | | | |
| 1830 | laying on floor | KB | 2024 | laying on floor | KB | 2227 | laying | KB | | | |
| 1833 | laying on floor | KB | 2026 | toilet | KB | 2230 | laying | KB | | | |
| 1837 | laying on floor | KB | 2031 | standing | KB | 2235 | laying | KB | | | |
| 1840 | laying on floor | KB | 2036 | standing | KB | 2239 | laying | KB | | | |
| 1845 | laying on floor | KB | 2040 | standing | KB | 2243 | laying | KB | | | |
| 1849 | laying on floor | KB | 2045 | standing | KB | 2246 | laying | KB | | | |
| 1854 | laying on floor | KB | 2049 | standing | KB | 2251 | laying | KB | | | |
| 1859 | talking on floor | KB | 2054 | standing | KB | 2256 | laying | KB | | | |
| 1904 | talking on floor | KB | 2059 | laying | KB | 2300 | laying | KB | | | |
| 1909 | talking on floor | KB | 2104 | laying | KB | 2305 | laying | HC | | | |
| 1913 | talking on floor | KB | 2108 | laying | KB | 2310 | laying | HC | | | |
| 1916 | talking on floor | KB | 2114 | laying | KB | 2314 | laying | HC | | | |
| 1920 | talking on floor | KB | 2119 | laying | KB | 2317 | laying | HC | | | |
| 1924 | talking on floor | KB | 2124 | laying | KB | 2321 | laying | HC | | | |
| 1929 | laying on floor | KB | 2127 | toilet | KB | 2325 | laying | HC | | | |
| 1934 | laying on floor | KB | 2132 | toilet | KB | 2330 | laying | HC | | | |
| 1939 | laying on floor | KB | 2136 | laying on floor | KB | 2335 | laying | HC | | | |
| 1943 | laying on floor | KB | 2141 | laying | KB | | | | | | |
| 1947 | laying on floor | KB | 2146 | laying | KB | | | | | | |
| 1950 | laying on floor | KB | 2151 | laying | KB | | | | | | |
| 1953 | laying on floor | KB | 2156 | laying | KB | | | | | | |
| 1958 | laying on floor | KB | 2201 | laying | KB | | | | | | |
| 2003 | laying on floor | KB | 2206 | laying | KB | | | | | | |
| 2008 | laying on floor | KB | 2209 | laying | KB | | | | | | |
| 2012 | laying on floor | KB | 2214 | laying | KB | | | | | | |
| 2016 | laying on floor | KB | 2219 | laying | KB | | | | | | |

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/

# Alvin S. Glenn Detention Center

## INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Minder, Kelvin Cell # 2-4 Date: 5-25-2017

Inmate #: 74203 Race: BLK Sex: M Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No

Commissary Restriction ☑ Yes ☐ No

Is inmate a danger to officers? ☑ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☑

Start Time 18:25 [Military Time Only] End Time _____:_____

| TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY | OFC INIT | TIME | ACTIVITY |
|---|---|---|---|---|---|---|---|---|---|---|
| 1825 | sitting | KB | 2020 | laying on floor | KB | 2223 | laying | KB | | |
| 1830 | laying on floor | KB | 2024 | laying on floor | KB | 2227 | laying | KB | | |
| 1833 | laying on floor | KB | 2026 | toilet | KB | 2230 | laying | KB | | |
| 1837 | laying on floor | KB | 2031 | standing | KB | 2235 | laying | KB | | |
| 1840 | laying on floor | KB | 2036 | standing | KB | 2239 | laying | KB | | |
| 1845 | laying on floor | KB | 2040 | standing | KB | 2243 | laying | KB | | |
| 1849 | laying on floor | KB | 2045 | standing | KB | 2246 | laying | KB | | |
| 1854 | laying on floor | KB | 2049 | standing | KB | 2251 | laying | KB | | |
| 1859 | talking on floor | KB | 2054 | standing | KB | 2256 | laying | KB | | |
| 1904 | talking on floor | KB | 2059 | laying | KB | 2300 | laying | KB | | |
| 1909 | talking on floor | KB | 2104 | laying | KB | 2305 | laying | KL | | |
| 1913 | talking on floor | KB | 2109 | laying | KB | 2310 | laying | KL | | |
| 1916 | talking on floor | KB | 2114 | laying | KB | 2314 | laying | KL | | |
| 1920 | talking on floor | KB | 2119 | laying | KB | 2317 | laying | KL | | |
| 1924 | talking on floor | KB | 2124 | laying | KB | 2321 | laying | KL | | |
| 1929 | laying on floor | KB | 2127 | toilet | KB | 2325 | laying | KL | | |
| 1934 | laying on floor | KB | 2132 | toilet | KB | 2330 | laying | KL | | |
| 1939 | laying on floor | KB | 2136 | laying on floor | KB | 2335 | laying | KL | | |
| 1943 | laying on floor | KB | 2141 | laying | KB | | | | | |
| 1947 | laying on floor | KB | 2146 | laying | KB | | | | | |
| 1950 | laying on floor | KB | 2151 | laying | KB | | | | | |
| 1953 | laying on floor | KB | 2156 | laying | KB | | | | | |
| 1958 | laying on floor | KB | 2201 | laying | KB | | | | | |
| 2003 | laying on floor | KB | 2206 | laying | KB | | | | | |
| 2008 | laying on floor | KB | 2209 | laying | KB | | | | | |
| 2012 | laying on floor | KB | 2214 | laying | KB | | | | | |
| 2016 | laying on floor | KB | 2219 | laying | KB | | | | | |

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21

STATE OF SOUTH CAROLINA )

COUNTY OF RICHLAND )

SUBPOENA DUCES TECUM

IN THE CORONER'S COURT

TO:

NAME Lt. Margita Friendly

DATE **05/30/2017**

ADDRESS RCDC

**MEDICAL RECORDS**
CONTACT PERSON

CITY, STATE, ZIP **Columbia, SC 29209**

OFFICE

FAX:

You and each of you are hereby strictly required and firmly enjoined that, all business being laid aside, and excuses ceasing, you do, in your proper person, appear before the Coroner of Richland County, SC on: SEE INSTRUCTIONS LISTED BELOW: at the Richland County Coroner's Office, 6300 Shakespeare Road; Columbia, SC 29223 to produce certain records, fluids and or documents which are in your possession, control and or care. These records, property or documents are required as a matter of routine investigation to the death of one:

Herein fail not under penalty as the Coroner's Court may direct.

George F. Rice, Jr.

Deputy Coroner / Investigator
Richland County Coroner's Office
Richland County, SC

Columbia, South Carolina

Dated this 30 day of May 2017

Records/Documents Requested: (x ) Medical Records ( ) Blood / Urine ( ) Personal Property ( ) Other

NAME:Minder

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

RCCO Case Number 2017-001562

SPECIAL INSTRUCTIONS FOR THIS SUBPEONA:
( ) Appear as listed above
( ) Deliver requested records to the above address
( ) We will pick up the requested items
(X) Please call 803-576-1799 or _____ when ready
( ) Please fax these records

Thank you in advance

# Emergency Response Worksheet



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

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Date of Birth | Today's Date |
|---|---|---|---|
| MINDER SR, KELVIN A | 74203 | 6/22/1972 | 5/25/2017 |

**Chief Complaint:** ☐ Medical ☐ Trauma ☐ Mental Health — Aff found unresponsive on cell floor

**History/Signs/Symptoms:**

**Allergies:** Haldol

**Medications:** See Attached.

**Past Medical History:** Bipolar Dis.

**Last Meal:** 5/25/17 @1700

**Last Medication taken:** Lithium Carbonate 5/24/17 Time: 0900

**Disposition:**
Date: 5/25/17
Time Health Care Arrived: 2335
Time Code Called: 2333
Location: SHU
☑ Physician Notified
☐ Pt. to Clinic
☐ Ambulance
☑ Hospital V.A.
☐ Assessed/Release to Security

**ABCs** ☑ CPR Required

**Airway:** ☐ Open ☐ Other

**Breathing:** ☐ Spontaneous ☐ Absent ☐ Shallow ☐ Labored ☐ Restriction ☐ Symmetrical ☐ Asymmetrical

**Circulation:** ☐ Carotid L/R ☐ Femoral L/R ☐ Radial L/R ☐ Dorsalis Pedal L/R

**ASSESSMENT**

**Neurological:** A V P U Orientation ☐ Person ☐ Place ☐ Time ☐ Event ☐ Not Done

**Skin:** ☐ Pink ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Mottled ☐ Not Done ☐ Warm ☐ Cool ☐ Hot ☐ Dry ☐ Moist ☐ Diaphoretic

**Pupils:** ☐ PERRLA ☐ Sluggish ☑ Non-Reactive ☐ Un-Equal ☐ Not Done ☐ Constricted ☐ Dilated Size _____ mm

**Trachea:** ☐ Midline ☐ Deviated L/R Neck Veins: ☐ Distended ☐ Flat ☐ Not Done

**Chest:** ☐ BBS ☐ Clear L/R ☐ Wheezing L/R ☐ Decreased L/R ☐ Not Done ☐ Course L/R ☐ Absent L/R ☐ Crepitus L/R

**ABD:** ☐ Soft ☐ Rigid ☐ Flat ☐ Distended ☐ Not Done ☐ Pregnant Last Menstrual Cycle

**Extremities:** ☐ Moves all Extremities Well ☐ Ambulatory ☐ Not Done Lacks ☐ Circulation in _____ ☐ Motor in _____ ☐ Sensory in _____

**Glasgow Coma Scale** ☐ Not Done

| | | |
|---|---|---|
| **Eyes Open** | | |
| Spontaneous | | (4) |
| To Speech | | (3) |
| To Pain | | (2) |
| Absent | | (1) |
| **Verbal** | | |
| Oriented | | (5) |
| Disoriented | | (4) |
| Inappropriate | | (3) |
| Incomprehensible | | (2) |
| Absent | | (1) |
| **Motor** | | |
| Obeys | | (6) |
| Localizes Pain | | (5) |
| Withdraws (flexion) | | (4) |
| Decorticate (flexion) Rigidity | | (3) |
| Decerebrate (extension) | | (2) |
| Absent | | (1) |
| **Total** | (3-15) | 3/15 |

**Baseline Vital Signs:**

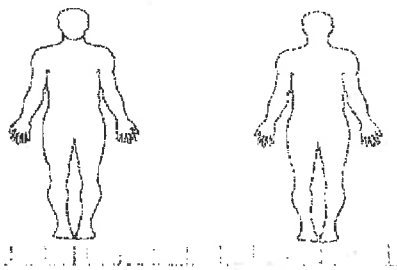
| | |
|---|---|
| Time: | 2340 |
| BP: | 0 1/5 |
| Pulse: | present |
| Resp: | |
| Temp: | °F |
| $O_2$ Sat: | % RA |
| Blood Glucose: | |

☐ Not Done **TRAUMA ASSESSMENT** N/A

☐ Deformities
☐ Contusions
☐ Abrasions
☐ Punctures / Penetrations
☐ Burns
☐ Tenderness
☐ Lacerations
☐ Swelling
Other:

**Pain Index:** 1 2 3 4 5 6 7 8 9 10 ☑ Not Obtainable

AREAS OF INJURY



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Revised 09.24.2013

*D184480I1596676IC5748334CP22244P*

# Emergency Response Worksheet



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

CCS CORRECT CARE SOLUTIONS

| Patient Name | Patient Number | Date of Birth | Today's Date |
|---|---|---|---|
| MINDER SR, KELVIN A | 74203 | 6/22/1972 | 5/25/2017 |

## Treatment

☐None provided

☑O2 @ 8 L/min via ~~☐Nasal Cannula~~ to Ambu-bag ☐NRB ☐Oral Airway ☐Nasal Airway

CPR: ☑AED used ☑Chest Compressions ☐BVM

☐Bandaging Applied Specify:

Medications Administered:

Other Treatments applied:

## Narrative Of Code Event

| Time | Comments: |
|---|---|
| 2333 | Code Blue called to the SHU, medical team arrived @2335. Pt was found unresponsive on the floor of his cell, officers found giving CPR. EMS called by security and are in route. Medical team & officers continued to do CPR on the pt. AED was connected to the pt. Columbia Fire Dept arrived on site @2351, followed by EMS @2353. Upon arrival of the Columbia FD & Columbia EMS, CPR was taken over by EMS/Columbia Fire Dept. Report given to ~~officer~~ CFD & EMS. CFD & EMS continued to work on the pt. Pt placed on gurney by EMS/Columbia FD & secured. Columbia FD & EMS left. ASCFDC @ approx. 0029. |
| Time | ambulance called 2343 ambulance arrived 2353 ambulance left unit 0029 |
| | Phone Number from which the 911 call was placed 803-576-3261 |

Responders

| Medical | Security |
|---|---|
| Freely | Sgt. Walker |
| Westrecheck | Sgt. Waits |
| Adams | Officer Owens |
| Clarke | Sgt. Frazier. |
| | Officer |

Signature L. Griffin RN

Signature

Date 5/25/17.

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Revised 09.24.2013



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

CCS CORRECT CARE SOLUTIONS



# Segregation Rounds Log

Status: ☐ Adult ☐ Juvenile

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date: |
|---|---|---|---|---|
| MINDER SR, KELVIN A | 74203 | 1653114 | 6/22/1972 | 5/17/2017 |

Date Placed in Seg 5/17 Housing Unit Shu Pre-Seg Assessment Date: 5/17 Time: _____

| | | | |
|---|---|---|---|
| Existing medical conditions precluding housing in segregation | ☐ Yes ☑ No | Security notified | ☑ Not indicated ☐ Yes Date: Time: |
| Currently receiving mental health services | ☐ Yes ☑ No | Admission to Segregation | ☑ Not indicated ☐ Yes Date: Time: |

Minimum requirements for Vital Signs: Qmonth Minimum frequency for monitoring: Q day

| Date | Time | Initials | Observation Numbers* | Comments/ Referred to |
|---|---|---|---|---|
| 5/17 | 2100 | W | 13 | |
| 5/18 | 2100 | W | 13 | |
| 5/19 | 2100 | W | 13 | |
| 5/20 | 2100 | W | 13 | |
| 5/21 | 2100 | W | 13 | |
| 5/22 | 2100 | W | 13 | |
| 5/23 | 2100 | AC | 5 | |
| 5/24 | 2100 | W | 13 | |
| 5/25 | 2100 | W | 13 | |

*Use Key Scale below-List appropriate observation numbers

| Date | Time | Initials | Observation Numbers* | Comments/ Referred to |
|---|---|---|---|---|

*Use Key Scale below-List appropriate observation numbers

## Vital Signs

| Date | Time | Initials | Blood Pressure | Pulse | Respirations | Temperature | Pulse Oximetry |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Initials | Nurse Name (Print) | Title | Initials | Nurse Name (Print) | Title |
|---|---|---|---|---|---|
| AC | [illegible] | NP | | | |
| W | Michael Cousins | RN | | | |

| *Key Scale: | Subjective | | Objective | | | | Availability | |
|---|---|---|---|---|---|---|---|---|
| | 1. | No Complaints | 3. | Awake | 5. | No Acute Distress | 6. | Out of Cell |
| | 2. | Request Sick Call | 4. | Agitated | | | | |



*D197280D1159667610C5748334CP56461PNXN*

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

CCS CORRECT CARE SOLUTIONS



# Behavioral Health Weekly Segregation Rounds

Status: ☐ Adult ☐ Juvenile

| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date: |
|---|---|---|---|---|
| MINDER SR, KELVIN A | 74203 | 1653114 | 6/22/1972 | 5/25/2017 |

## Information

| | |
|---|---|
| **Date Entered Segregation** | Date entered segregation |
| | Adherent to psychiatric medications (if prescribed): ☐Yes ☑No ☐N/A |
| **Housing Area** | ☐Administrative ☑Disciplinary ☑Mental Health ☐Medical |

## General Appearance and Living Environment

| | |
|---|---|
| **Current Status** | ☐Clean and Appropriately Groomed ☐Disheveled ☐Poor Hygiene ☑Unkempt |
| | Oriented to: ☐Person ☐Place ☐Time ☐Situation |
| **Housing Area** | ☐Organized and Tidy ☐Messy but Clean ☐Disorganized ☑Unsanitary |

## Manner and Attitude

| | |
|---|---|
| **General** | ☐Calm ☐Engaging ☐Suspicious ☐Argumentative ☐Hostile |
| | ☐Cooperative ☐Uncooperative |
| **Mood/Affect** | ☐Euthymic ☐Depressed ☐Irritable ☐Anxious ☐Angry ☑Labile ☑Manic |
| | ☐Fearful ☐Normal Intensity ☑Increased Intensity |
| **Level of Consciousness** | ☐Alert ☑Impaired |
| **Perceptions** | ☐Reality Based ☐Delusions ☐Hallucinations ☑Responding to Internal Stimuli |

## Safety (By report and/or observation)

| | |
|---|---|
| **Eating** | ☑Yes ☐No (If No, Comment Below) |
| **Drinking** | ☑Yes ☐No (If No, Comment Below) |
| **Evidence of Self-Injury** | ☐Yes ☑No (If Yes, Comment Below) |
| **Report/Evidence of Suicidal Thoughts** | ☐Yes ☑No (If Yes, Comment Below) |
| **Comments:** | See note |

## Follow-up Plan

☐Continue with weekly segregation rounds as scheduled

☑Abnormal findings noted. Complete progress note outlining actions to be taken

☐Referred to psychiatric provider

☐Referred to medical

| Evaluator Signature | Time: |
|---|---|
| | 5:37 |



*D159641DI1596676IC5748334CP42071PNXN*

| Suicide Watch ☐ Daily Follow Up ☐ Discharge | | | Status: ☑ Adult ☐ Juvenile | |
|---|---|---|---|---|
| Patient Name | Patient Number | Booking Number | Date of Birth | Today's Date: |
| minder Sr, Kelvin | 74203 | 1653114 | 6/22/72 | 5/25/17 |

☑ CHECK THIS BOX IF FORM NOT REQUIRED

## COLUMBIA-SUICIDE SEVERITY RATING SCALE *Screen Version – since Last Visit*

**COMPLETE THIS FORM ONLY IF YOU ARE DOWNGRADING OR DISCONTINUING WATCH**

| SUICIDE IDEATION DEFINITIONS AND PROMPTS | Since Last Visit | |
|---|---|---|
| **Ask questions that are bolded and underlined.** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | |
| **1) Wish to be Dead:** Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| **2) Suicidal Thoughts:** General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" *without general thoughts of ways to kill oneself/associated methods, intent, or plan.* ***Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | |
| **3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*" ***Have you been thinking about how you might kill yourself?*** | | |
| **4) Suicidal Intent (without Specific Plan):** Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?*** | | |
| **5) Suicide Intent with Specific Plan:** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | |
| **6) Suicide Behavior Question:** ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***How long ago did you do any of these?*** ☐ Over a year ago? ☐ Between three months and a year ago? ☐ Within the last three months? | | |



*D155701DP28865PN1N*

2016A4021602427

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Columbia

THE STATE 160032960

against

Kelvin Alonzo Minder

Address: [redacted]

Hopkins, SC 29061-

Phone: [redacted] SSN [redacted]

Sex: M Race: B Height: 5 11 Weight: 180

DL State: SC DL #: [redacted]

DOB: 6/22/1972 Agency ORI #: SC0400100

Prosecuting Agency: Columbia Police Department

Prosecuting Officer: Christopher P Holland - 22556

Offense: Larceny / Petit or Simple Larceny - $2,000 or less (Enhancement per 16-1-57)

Offense Code: 3596

Code/Ordinance Sec: 16-13-0030(A)

This warrant is CERTIFIED FOR SERVICE in the

☐ County/ ☐ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant on 10-13-2016

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL

☐ County/ ☒ Municipality of

City of Columbia

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant Christopher P Holland who being duly sworn deposes and says that defendant Kelvin Alonzo Minder did within this county and state on or about 10/12/2016 violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia) in the following particulars:

DESCRIPTION OF OFFENSE: Larceny / Petit or Simple Larceny - $2,000 or less (Enhancement per 16-1-57)

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

On 10/12/2019 at approx. 2348 hrs, while at 2016 Harden St (Save-a-lot), city of Columbia/county of Richland. The def did unlawfully enter the location by forcing entry through a loading dock door. Once inside the def did commit the crime of larceny by removing two 18 packs of Bud light beer, valued at $16.99 each, from the store without paying. The incident was captured on surveillance video. The def has at least two prior convictions of qualifying property offenses. The def has a conviction for grand larceny on 02/18/2016 and for shoplifting on 01/20/2016.

Signature of Affiant

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Columbia

Affiant's Address: Columbia Police Department
Columbia, SC 29201-

Affiant's Telephone: (803)545-3500

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on or about 10/12/2016 defendant Kelvin Alonzo Minder did violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia) as set forth below

DESCRIPTION OF OFFENSE: Larceny / Petit or Simple Larceny - $2,000 or less (Enhancement per 16-1-57)

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable.

Sworn to and subscribed before me on 10/13/2016

(L.S.)

Signature of Issuing Judge

Brian A. Kelly

Judge Code: 8191

Judge's Address: P.O. Box 644
Columbia, SC 29202-

Judge's Telephone: (803)545-3041

Issuing Court: ☐ Magistrate ☒ Municipal ☐ Circuit

ORIGINAL ORIGINAL ORIGINAL

# BOOKING REPORT

COLUMBIA POLICE SC0400100 | DATE/TIME OF ARREST: 10-13-16 0213 | PLACE OF ARREST: 2400 Two Notch | CASE NUMBER: 16032960

## PERSONAL DATA

| DEFENDANT NAME (LAST, FIRST, MIDDLE) | RACE | SEX | DATE OF BIRTH | DOCKET NUMBER |
|---|---|---|---|---|
| Minder Kelvin A. | B | M | 6-22-1972 | GSC |

| AGE | ETH | HEIGHT | WEIGHT | HAIR | EYES | SOCIAL SECURITY NUMBER | VISIBLE SCARS AND MARKS | NCIC | ID NUMBER |
|---|---|---|---|---|---|---|---|---|---|
| 44 | NH | 71 | 190 | BLK | BRN | [redacted] | | | |

| ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE | RESIDENT | PHONE NUMBER |
|---|---|---|---|---|---|
| [redacted] | Hopkins | SC | 29061 | S O U | |

| ALIAS | PLACE OF BIRTH | DRIVERS LICENSE NUMBER | STATE |
|---|---|---|---|
| | | [redacted] | SC |

| EMPLOYER OR OCCUPATION | NEXT OF KIN | ADDRESS (CITY AND ST |
|---|---|---|
| | | |

| BOOKING OFFICER'S NAME | NUMBER | ARRESTING OFFICER | AGENCY | NUMBER |
|---|---|---|---|---|
| Wise, K | 21750 | Wise, K / Holland | SC0400100 | 21750 |

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

| CHARGE ID | A | B | C |
|---|---|---|---|
| STATUTE | Burglary 2nd 16-11-312 | Poss 3 oz or less 16-1-57 | |
| BOND AMOUNT | | | |
| RET/ DATE | | | |
| | DAYS / AMOUNT | DAYS / AMOUNT | DAYS / AMOUNT |
| TIME SERVED | | | |
| BALANCE | | | |
| RECEIPT NUMBER | | | |

| CHARGE ID | D | E | F |
|---|---|---|---|
| STATUTE | | | |
| BOND AMOUNT | | | |
| RET/ DATE | | | |
| | DAYS / AMOUNT | DAYS / AMOUNT | DAYS / AMOUNT |
| TIME SERVED | | | |
| BALANCE | | | |
| RECEIPT NUMBER | | | |

| RELEASE DATE | TIME | RELEASING OFFICER | NUMBER | AGENCY RELEASED TO |
|---|---|---|---|---|
| | | | | |

SIGNATURE OF RECEIVING OFFICIAL X Hannah

LIST ANY REMARKS BELOW

VICTIM Love-A-Lott
Robert Nunnally
(803) 651-8053

Inv. K Wise
803 917-2557

☐ RICHLAND COUNTY JAIL

☐ LEXINGTON COUNTY JAIL

RECORDS

FORM 4:03 REV

# Richland County Detention Center
# Victim Notification Documentation

**This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.**

**Inmate's Name:** Minder, Kelvin **Charges:** Burglary 2nd / Larceny

**Arresting Agency:** CPD **Warrant/Ticket:** _____

[redacted]



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| |
|---|
| **Address** |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Offense Description** | | | | | | | | |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

SHU/SH-11/B-601



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Offense Description** | | | | | | | | |
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5102P0377673 | NONE | CENTRAL | $355.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5102P0377674 | NONE | CENTRAL | $997.00 | CB | TIME SERVED - 0 | 05/04/2017 | MGST | NLS200416 |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

**Address**

[redacted]
HOPKINS , SC 29061

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |
| **DUS / Driving under suspension, license not suspended for DUI - 2nd offense** | | | | | | | | |
| 2016B401010082751 02P0377672 | NONE | CENTRAL | $1,275.00 | CB | 30 - Day(s) | | MGST | |



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

**Address**

[redacted]
HOPKINS , SC 29061

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Traffic / Uninsured motor vehicle fee violation, 1st offense** | | | | | | | | |
| 2016B4010100828/5 102P0377673 | NONE | CENTRAL | $355.00 | CB | 30 - Day(s) | | MGST | |
| **DUI / Driving under the influence, .08, 1st offense** | | | | | | | | |
| 2016B4010100829/5 102P0377674 | NONE | CENTRAL | $997.00 | CB | 30 - Day(s) | | MGST | |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |

Detainer



# MINDER SR, KELVIN ALONZO

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| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

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| **Address** |
| [redacted] |
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| **Offender ID** | 74203 |
| **Booking ID** | 1653114 |
| **Booking Date** | 10/13/2016 |

| | |
|---|---|
| **Address** | |
| [redacted] | |
| HOPKINS , SC 29061 | |

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|---|---|
| **Race** | Black |
| **Sex** | Male |
| **Eyes** | Brown |
| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $0.00 | | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | | | | GSTL | |

Detainer



# MINDER SR, KELVIN ALONZO

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| **Offender ID** | 74203 |
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# MINDER SR, KELVIN ALONZO

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| **Booking Date** | 10/13/2016 |

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| **BirthDate** | 06/22/1972 |
| **Social Security** | [redacted] |
| **Race** | Black |
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| **Hair** | Other |
| **Height** | 71 |
| **Weight** | 190 |

**Address**

[redacted]
HOPKINS , SC 29061

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| |
|---|
| Address |
| [redacted] |
| HOPKINS , SC 29061 |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |

Detainer



# MINDER SR, KELVIN ALONZO

| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

Y
SH1
B501

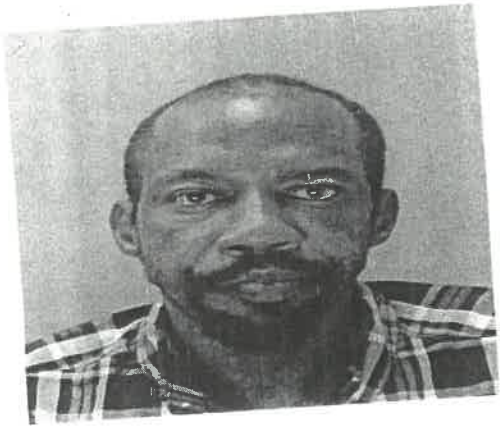
| | |
|---|---|
| Address | |
| [redacted] | |
| HOPKINS , SC 29061 | |

| | |
|---|---|
| BirthDate | 06/22/1972 |
| Social Security | [redacted] |
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Offense Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Warrant Code** | **Bond Court** | **Trial Court** | **Bond Amount** | **Bond Type** | **Sentence** | **Release Date** | **High Code** | **Offense Comments** |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $0.00 | | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | | | | GSTL | |

Detainer

# MINDER SR, KELVIN ALONZO



| | |
|---|---|
| Offender ID | 74203 |
| Booking ID | 1653114 |
| Booking Date | 10/13/2016 |

| | |
|---|---|
| Race | Black |
| Sex | Male |
| Eyes | Brown |
| Hair | Other |
| Height | 71 |
| Weight | 190 |

| Address |
|---|
| [redacted] |
| HOPKINS , SC 29061 |

| Offense Description / Warrant Code | Bond Court | Trial Court | Bond Amount | Bond Type | Sentence | Release Date | High Code | Offense Comments |
|---|---|---|---|---|---|---|---|---|
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4021602426 | CITY | GS | $30,000.00 | SB | | | GSSB | EH125364 |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4021602427 | CITY | GS | $0.00 | SB | | | GSTL | EH125364 |
| **Enhancement / Property offense, 3rd or sub. conviction, enhancement to Felony E** | | | | | | | | |
| 2016A4021602036 | NONE | RCGS | $0.00 | | | | GSTL | BOND REVOKED |
| **Burglary / Burglary (Non - Violent) (After June 20, 1985) - Second degree** | | | | | | | | |
| 2016A4010600654 | COUNTY | RCGS | $20,000.00 | SB | | | GSSB | |
| **Larceny / Petit or Simple Larceny - $2,000 or less** | | | | | | | | |
| 2016A4010600655 | COUNTY | RCGS | $0.00 | SB | | | GSTL | |

Detainer

STATE OF SOUTH CAROLINA )
COUNTY OF RICHLAND )

# BENCH WARRANT

**2016B4010100827**

**Case Number**
**5102P0377672**

**To any Lawful Constable or Officer:**

WHEREAS: One **Kelvin A Minder** on **June 14, 2016** was convicted in this court of: **DUS 2nd offense** with sentence imposed/balance due of **$1,275.00 Fine or Jail Time** in the amount of **30** Days to run consecutively with any and all other sentences.

This order is to command you to take and convey him/her to the common jail. The keeper of said jail is hereby commanded to receive the said defendant and to safely keep until he/she shall be thereof discharged by due course of law; and for so doing, this shall be your good and sufficient warrant.

Witness: The due execution of this warrant on **July 5, 2016.**

**Judge Kirby Darr Shealy Jr.**
**Central Court**
**P O Box 192**
**1400 Huger Street**
**Columbia, SC 29202**

---

This Bench Warrant is CERTIFIED FOR SERVICE in the ☐ County / ☐ Municipality of

_____. The defendant is to be arrested and brought before me to be dealt with according to the law.

_____
Signature of Judge Date

---

## OFFICER'S RETURN

**STATE OF SOUTH CAROLINA**
**COUNTY OF RICHLAND**

I hereby certify that pursuant to the command of the within warrant, I have placed the said **Kelvin A Minder** in the jail this day.

David Brown 5/4/17
Officer's Name Date

Name: Kelvin A Minder
Address: [redacted]
Hopkins, SC 29061
DL#: [redacted]
State: SC
Height: 5'11"
Weight: 180
SSN: [redacted]
DOB: June 27, 1972
Sex: M
Race: B
Agency: S C Highway Patrol

IN: 5-4-2017
T/S: 5-24-2017
NCS 200416

IN: 10-13-2016
T/S: 11-2-2016
NCS 200416



MC2

STATE OF SOUTH CAROLINA )
COUNTY OF RICHLAND )

# BENCH WARRANT

**2016B4010100828**

**Case Number**
**5102P0377673**

**To any Lawful Constable or Officer:**

WHEREAS: One **Kelvin A Minder** on **June 14, 2016** was convicted in this court of: **Operating Uninsured Vehicle** with sentence imposed/balance due of **$355.00 Fine or Jail Time** in the amount of **30** Days to run consecutively with any and all other sentences.

This order is to command you to take and convey him/her to the common jail. The keeper of said jail is hereby commanded to receive the said defendant and to safely keep until he/she shall be thereof discharged by due course of law; and for so doing, this shall be your good and sufficient warrant.

Witness: The due execution of this warrant on **July 5, 2016.**

**Judge Kirby Darr Shealy Jr.**
**Central Court**
**P O Box 192**
**1400 Huger Street**
**Columbia, SC 29202**

This Bench Warrant is CERTIFIED FOR SERVICE in the ☐ County / ☐ Municipality of

_____. The defendant is to be arrested and brought before me to be dealt with according to the law.

Signature of Judge Date

## OFFICER'S RETURN

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

I hereby certify that pursuant to the command of the within warrant, I have placed the said **Kelvin A Minder** in the jail this day.

Dan B 5/4/17
Officer's Name Date

Name: Kelvin A Minder
Address: [redacted]
Hopkins, SC 29061
DL#: [redacted]
State: SC
Height: 5'11"
Weight: 180
SSN: [redacted]
DOB: June 27, 1972
Sex: M
Race: B
Agency: S C Highway Patrol

IN: 11-2-2016
T/S: 11-22-2016
NJ5200414



MC2

STATE OF SOUTH CAROLINA )
COUNTY OF RICHLAND )

# BENCH WARRANT

2016B4010100829

Case Number
5102P0377674

**To any Lawful Constable or Officer:**

WHEREAS: One **Kelvin A Minder** on **June 14, 2016** was convicted in this court of: **DUI 1st** with sentence imposed/balance due of **$997.00 Fine or Jail Time** in the amount of **30** Days to run consecutively with any and all other sentences.

This order is to command you to take and convey him/her to the common jail. The keeper of said jail is hereby commanded to receive the said defendant and to safely keep until he/she shall be thereof discharged by due course of law; and for so doing, this shall be your good and sufficient warrant.

Witness: The due execution of this warrant on **July 5, 2016.**

**Judge Kirby Darr Shealy Jr.**
**Central Court**
**P O Box 192**
**1400 Huger Street**
**Columbia, SC 29202**

---

This Bench Warrant is CERTIFIED FOR SERVICE in the ☐ County / ☐ Municipality of

_____. The defendant is to be arrested and brought before me to be dealt with according to the law.

_____
Signature of Judge Date

---

## OFFICER'S RETURN

**STATE OF SOUTH CAROLINA**
**COUNTY OF RICHLAND**

I hereby certify that pursuant to the command of the within warrant, I have placed the said **Kelvin A Minder** in the jail this day.

Dan B 5/4/17
Officer's Name Date

Name: Kelvin A Minder
Address: [redacted]
Hopkins, SC 29061
DL#: [redacted]
State: SC
Height: 5'11"
Weight: 180
SSN: [redacted]
DOB: June 27, 1972
Sex: M
Race: B
Agency: S C Highway Patrol

IN: 11-22-2016
T/S: 12-12-2016
NCS



MC2

| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA<br>COUNTY OF RICHLAND<br>The State of South Carolina<br>-v-<br>KELVIN A. MINDER, SR.<br>Defendant | ) | IN THE COURT OF GENERAL SESSIONS<br>**NOTICE OF MOTION AND MOTION TO REVOKE BOND**<br>WARRANT NUMBER(S): **2016A4021602036, 2015A4010204098 - 4099** |

2016 OCT 18 PM 3:56

**TO: KELVIN A. MINDER, SR.**
[redacted]
**HOPKINS, SOUTH CAROLINA 29061**

**ALVIN S. GLENN DETENTION CENTER**
**201 JOHN MARK DIAL DRIVE**
**COLUMBIA, SC 29209**

2016 OCT 18 PM 5

PLEASE TAKE NOTICE that on October 24, 2016, at 9:30 a.m., or as soon thereafter as this matter can be heard, the State, in the above-entitled matter, will move before the Presiding Judge of the Court of General Sessions, located at the Richland County Judicial Center, 1701 Main St., Columbia, South Carolina, for an Order revoking the above named defendant's bond due to his re-arrest on new charges.

It appears that the defendant was arrested on or about August 25, 2016, and was charged with Shoplifting (2 counts) and Trespassing on warrant number 2016A4021602036, 2015A4010204098 and 2015A4010204099. For these charges, the defendant was given a $27,677.20 Surety Bond(s).

It further appears that the defendant was re-arrested on or about October 13, 2016, and was charged with Burglary 2nd Degree and Larceny on warrant number(s) 2016A4021602426 and 2016A4021602427 and was given a $30,000.00 Surety Bond(s).

IT IS NOW THEREFORE REQUESTED THAT, due to the defendant's violation of the conditions of bond by being re-arrested on October 13, 2016, the Court issue an

*The State of South Carolina*

Dan Johnson
Solicitor

Paulette Edwards
Deputy Solicitor

SOLICITOR'S OFFICE
Fifth Judicial Circuit
1701 Main Street
Post Office Box 192
Columbia, South Carolina 29201

Phone: (803) 576-1800
Fax: (803) 576-1718

Daniel R. Goldberg
Deputy Solicitor

Brett Perry
Deputy Solicitor

2016 OCT 18 PM 3:55

## *Facsimile Transmittal Sheet*

**DATE:** 10/18/16

**ATTENTION:**
**BUSINESS #:**
**FAX #:** 576-3298 / 576-3293

**TRANSMITTED FROM:** RC Solicitor's Office
**ATTENTION:** Hans Darling
**RE:** Kelvin A. Minder, Sr.

**TOTAL NUMBER OF PAGES (INCLUDING THIS PAGE):** 3

**COMMENTS:** Please hand deliver to inmate Kelvin A. Minder, Sr.

**OFFICE NUMBER:** (803) 576-1800 **FAX NUMBER:** (803) 576-1718

**The information contained in this facsimile is confidential and is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, do not use or disclose this facsimile. If you have received this facsimile in error, please immediately notify us by telephone. Thank you.**

**SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS FAX, PLEASE CONTACT** Arlene **AT THE ABOVE LISTED TELEPHONE NUMBER** 576-1522

# ALVIN S. GLENN DETENTION CENTER

## INTIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking)

Date: 10-13-16 Inmate #: 74203

Name: Minder, Kelvin A. DOB: 6-22-72

Pending Charges: Burglary; Larceny

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: _____

Staff Remarks: _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☑ No ☐

Suggested transfer to Segregation Yes ☐ No ☑

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

Inmate Signature: X _____

Interviewer's Signature: _____ Emp. No. 23646

# ALVIN S. GLENN DETENTION CENTER

## INTIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking)

Date: 10-13-16 Inmate #: 74203

Name: Minder, Kelvin A. DOB: 6-22-72

Pending Charges: Burglary; Larceny

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: _____

Staff Remarks: _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☑ No ☐

Suggested transfer to Segregation Yes ☐ No ☑

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

Inmate Signature: X _____

Interviewer's Signature: _____ Emp. No. 231646

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:** _____

**Incident Time:** 0335 **Incident Date:** 3/7/17 **Incident Location:** Delta

**Staff Member Reporting Incident:** Officer Thompson, Salernica

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Sr., Icelvin **Inmate #:** 74203 **Charge:** _____

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

On the above date and approximate time while sitting at the podium in unit Delta I, officer Thompson, Salernica witnessed detainee minder Sr., Icelvin # 74203 hand moving in a up and down motion masterbating. I, officer Thompson, Salernica walked over towards the detainee's bunk area giving him three directives to stop the detainee began laughing while also apologizing. Report generated.

**Reporting Staff Member's Signature:** Officer Thompson Salernica **Report Completion Date:** 3/7/17

## 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**

Detainee Minder Sr Kelvin Alonzo 74203 is being charged with B4 Sexual Misconduct. Detainee Minder Sr Kelvin 74203 is placed on Prehearing detention in the Unit until seen by the hearing officers.

**Supervisor's Signature:** Jeanette Frazier **Date:** 3/7/17

**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:** J Irma Ron **Date:** 3/7/17

**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
## INMATE NOTICE OF DISCIPLINARY CHARGES AND DETENTION

**Inmate's Name:** Minder Sr. Kelvin Alonzo **Inmate #:** 74203

**Time of Incident:** 0335 **Date of Incident:** 3/7/17 **Location of Incident:** Delta

**Staff Member Reporting Incident (Print):** Officer Thompson Saterrica

**Rules Violation(s):** B4 Sexual Misconduct

### Inmate's Advisement of Charges and Rights

Inmate's signature indicates that the inmate has been informed of the disciplinary charges against them and their initials in the following 6 lines indicates preferences regarding the 6 rights listed below. Refusal to complete and sign this form constitutes a waiver of the particular right. With the exception of lines 5 and 6 for Minor Violations being heard by the Shift Watch Commander, completion and signing of this form does not admit guilt of the violations indicated.

1. **I do:** _____ **I do not:** KM **wish to have a Staff or Inmate Advisor. I understand that the Advisor will be chosen by the Hearing Officer. I understand that the Advisor is under no obligation to attend the formal disciplinary hearing and will schedule a meeting prior to the hearing. I understand that an Advisor will ONLY assist me in understanding the disciplinary process, the charges against me and the appropriate way(s) to make a presentation at a formal disciplinary hearing. I understand that an Advisor WILL NOT prepare nor present a defense on my behalf during the formal disciplinary hearing.**

2. **I have the right to present witnesses to testify on my behalf. Print witnesses names:** _____

3. **I do:** KM **I do not:** _____ **wish to appear before the Disciplinary Hearing Officer, understanding that failure to appear before the Disciplinary Hearing Officer may have a bearing on the finding.**

4. **I do:** _____ **I do not:** _____ **wish to receive a 24 hour notification of the scheduled disciplinary hearing.**

### FOR MINOR VIOLATIONS ONLY

5. **I do not:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby request to appear before the Disciplinary Hearing Officer.**

6. **I do:** _____ **wish to have the above violation(s) adjudicated (heard) by the Shift Watch Commander and hereby waive my right to appear before the Disciplinary Hearing Officer. I understand that by accepting the penalty (sanction) set by the Shift Watch Commander constitutes a guilty plea which I can not appeal.**

**Penalty:** _____ **Shift Watch Commander:** _____

**Inmate's Signature:** _____ **Date:** 3-7-17

**Serving Officer's PRINT Name:** Sgt Jeanette Frazier **Date:** 3/7/17

**On-Duty Housing Unit Officer's PRINT Name:** _____ **Date:** _____
(If Inmate Refuses To Sign)

### Pre-Hearing Detention Authorization

**Pre-Hearing Detention in Assigned Unit:** ✓ **Date:** 3/7/17 **Time:** 0335

**Pre-Hearing Detention in another General Population Unit:** _____ **Date:** _____ **Time:** _____

**Pre-Hearing Detention in Disciplinary Unit (SHU):** _____ **Date:** _____ **Time:** _____

**Shift Watch Commander's Signature:** Jelmia Ross **Date:** 3/07/17

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

Reference ACA Standards: 4-ALDF-6C-01 thru 6C-15 Due Process

Revised 8/12/15

# ALVIN S. GLENN DETENTION CENTER
# INCIDENT REPORT

**Incident Category:**

**Incident Time:** 8:42 **Incident Date:** 5-17-2017 **Incident Location:** Shu - 2-41

**Staff Member Reporting Incident:** Ernest Starling

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On 5-17-2017, I Dlo Ernest Starling heard a loud Scraping Sound and water coming Room 41. I along with Dlo Micheal Slater Observed Detainee Kelvin Minder 74203 Scratching the table with a large Silver Bolt. He was instructed Three times To come to the door with the bolt, he then Stood up on the Table as if to Jump. I Dlo Ernest Starling, Called Unit 9, Lt. Kevin Mcwilloughy. He was instructed then by Lt. Kevin Mccullough, and continued To Refuse. He Continued Standing on the table and began to urinate on the Floor.

**Reporting Staff Member's Signature:** Ernest Starling **Report Completion Date:** 5-17-2017

## 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**

A five man cell extraction team was form to remove detainee Kelvin Minder from his cell. He was placed in the restraint chair for four hours. Detainee will be housed in close proximity of the officer. After speak with Tasha Williams detainee will be place on medical watch. He was seen by Nurse Jinal Carol. The incident was recorded an a copy will be forward to investigation

Supervisor's Signature: [signature] Date: 5/17/17

**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: [signature] Date: 5/17/17

**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:** 0835 **Incident Date:** 05-17-2017 **Incident Location:** SHU

**Staff Member Reporting Incident:** Reginald Faulks

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

ON THE ABOVE DATE AND APPROXIMATE TIME I OFFICER FAULKS Reginald participated in 5 MAN Cell EXTRACTION on detainee Minder Kelvin 74203 I OFFICER FAULKS Reginald Secured detainee RIGHT ARM and assisting with Restraing detainee Minder, Kelvin #74203 Left leg followed by RIGHT leg with leg irons. Detainee Minder Kelvin #74203 was escorted from his Room to the Restraint Chair I OFFICER Faulks, Reginald Assisted with placing detainee left wrist in the restraint chair and left ankle in the restraint chair straps were secured and checked for tightness 2 fingers was placed in straps. Lt MCCollough Kevin notified of incident.

**Reporting Staff Member's Signature:** Reginald Faulks **Report Completion Date:** 05/17/2017

**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:** 0902 **Incident Date:** 5-17-2017 **Incident Location:** Shu 2-41

**Staff Member Reporting Incident:** Ernest Starling

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Ernest Starling **Inmate #:** 74203 **Charge:**

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

I DID Ernest Starling in assisting with a Cell extraction (5 man). Held the Shield. once the Command was given by Lt. Kevin mcculloch to enter Cell 41. Occupied by Detainee Kelvin Minder 74203, I used the Shield to Secure the Detainee Kelvin minder, while the proper Restraints was Secured, was the All Clear was given. Detainee Kelvin minder was escorted from the Cell to the Restraint Chair, (Log Started.

**Reporting Staff Member's Signature:** Ernest Starling **Report Completion Date:** 5-17-2017

## 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:** 0842 **Incident Date:** 05-17-2017 **Incident Location:** SHU - CELL # 41

**Staff Member Reporting Incident:** D/O Jimmy White

## Reporting Staff Member's Narrative and Inmates Involved

**1st Inmate Involved:** Minder, Kelvin **Inmate #:** 74203 **Charge:** _____

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

ON THE ABOVE date and approximate TIME stated, THE ABOVE Listed Inmate WAS REMOVE FROM CELL # 41, by A FIVE MAN Extraction TEAM. I D/O Jimmy White ASSIST by SECURITY Inmate Minder, KELVIN LEFT ARM, PLACING handcuffs on his Left Wrist And Then his Right wrist without Injury. AFTER Inmate Minder Kelvin WAS PLACE Into LEG Iron, HE WAS Remove From CELL # 41 to the bottom TIER Under The Supervison of the watch Commander, PLACE Into restrained Chair without Injury

**Reporting Staff Member's Signature:** Jimmy White **Report Completion Date:** 05-17-2017

## Other Staff Members Involved

Falk, Reginald, Starling Ernest, Slater Michael, McCullough Kedrin

## 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:** 0842 **Incident Date:** 5-17-17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Michael Slater

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minder Kelvin **Inmate #:** 74203 **Charge:**

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

On the above date and approximate Time I officer Michael Slater was one of the five men Extra team, I officer Michael Slater restraint detainee Minder Kelvin #74203 right Leg and help escorted him out of the cell, to the restraint Chair.

**Reporting Staff Member's Signature:** Michael Slater **Report Completion Date:** 5-17-17

**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:** 0905 **Incident Date:** 5/17/17 **Incident Location:** Shu

**Staff Member Reporting Incident:** Kevin McCullough

**Reporting Staff Member's Narrative and Inmates Involved**

**1st Inmate Involved:** Minter, Kelvin **Inmate #:** 7H203 **Charge:**

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

On the above date and approximate time After entering unit Shu I observe detainee Kelvin Minder #7H203 standing on table urinating on the floor. After refusing multiple directive to get down a five man CGI extraction team was form. I, Lt Kevin McCullough was ~~assign~~ Lan assign to secure his right leg

**Reporting Staff Member's Signature:** K. McCullough **Report Completion Date:** 5/17/17

**Other Staff Members Involved**

**Medical and/or Use of Force Narrative**

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

# Housing Activity by Inmate

Run Date/Time 5/26/2017 12:29:15 PM

Offender Id: **74203**

Offender Name: **KELVIN ALONZO MINDER SR**

Booking Date: **10/13/2016 5:42:00 AM** Release Date: **05/26/2017**

| Activity Time | Placement | Housing Dormitory | Activity |
|---|---|---|---|
| 10/13/2016 5:41:32 AM | PREBOOKING | INTAKE | Initiated Booking |
| 10/13/2016 5:43:28 AM | PREBOOKING | INTAKE | Confiscated Contraband |
| 10/13/2016 7:22:51 AM | INTAKE | INTAKE | Assigned Placement |
| 10/13/2016 7:49:05 AM | LARGE PROPERTY | INTAKE | Assigned Placement |
| 10/13/2016 7:50:01 AM | LARGE PROPERTY | INTAKE | Observation |
| 10/13/2016 8:01:00 AM | LARGE PROPERTY | INTAKE | Confiscated Contraband |
| 10/13/2016 11:34:34 AM | PREHOUSING | INTAKE | Assigned Placement |
| 10/13/2016 12:22:05 PM | PREHOUSING | YANKEE | Assigned Housing |
| 10/13/2016 12:22:05 PM | HOUSED | YANKEE | Assigned Placement |
| 10/17/2016 3:12:26 PM | UNIT TRANSER | YANKEE | Assigned Placement |
| 10/17/2016 3:31:09 PM | UNIT TRANSER | YANKEE | Assigned Classification |
| 10/17/2016 3:40:26 PM | UNIT TRANSER | DELTA | Assigned Housing |
| 10/17/2016 3:40:26 PM | HOUSED | DELTA | Assigned Placement |
| 1/21/2017 3:52:30 PM | HOUSED | DELTA | Assigned Classification |
| 4/28/2017 7:19:02 AM | HOUSED | SHU | Assigned Housing |
| 4/28/2017 8:44:16 AM | HOUSED | SHU | Assigned Alert |
| 4/28/2017 3:29:10 PM | HOUSED | SHU | Assigned Classification |
| 4/28/2017 5:44:08 PM | HOUSED | DELTA | Assigned Housing |

## Housing Activity by Inmate

Run Date/Time 5/26/2017 12:29:15 PM

| Activity Time | Placement | Housing Dormitory | Activity |
|---|---|---|---|
| 5/15/2017 4:38:06 PM | HOUSED | DELTA | Assigned Alert |
| 5/15/2017 5:16:27 PM | UNIT TRANSER | DELTA | Assigned Placement |
| 5/15/2017 5:51:01 PM | UNIT TRANSER | SHU | Assigned Housing |
| 5/15/2017 5:51:08 PM | HOUSED | SHU | Assigned Placement |
| 5/25/2017 8:09:26 AM | HOUSED | SHU | Assigned Alert |

# COMMITMENT

☐ Original Commitment

☐ Additional Charge(s)

TO: Director Richland County Detention Center

Date: 11/10/2016

You are hereby commanded by this Court to hold in your custody,

Kelvin Alonzo Minder Sr (Defendant's name) DOB: 06/22/1972 Race: B Sex:M

[redacted]
Hopkins, SC 29061-8582
(Address)

Bonding Company:

| Case number | Charge | Trial Court | Bond Type | Amount |
|---|---|---|---|---|
| 2016A4010600654 | Burglary (Non-Violent) - Second degree | Richland County General Sessions | Cash Bond<br>Surety Bond | $20,000.00<br>$20,000.00 |
| 2016A4010600655 | Larceny / Petit or Simple Larceny - $2,000 or less | Richland County General Sessions | | |

2016 NOV 10 PM 4:32

10231

**un concurrent with 2016A4010600654, 655**

That you are commanded by this Court to continue custody of the named person until the person in custody is ordered to be released by a Judicial Officer.

Judge Michelle Howard MBH Richland County, SC

# ARREST WARRANT

**2016A4010600654**

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland / Lykesland Magistrate

THE STATE 1607037114-R1

against

Kelvin Alonzo Minder, Sr

Address: [redacted]

Hopkins, SC 29061-8582

Phone: SSN: [redacted]

Sex: M Race: B Height: 5 11 Weight: 180

State: SC DL #: 0[redacted]

DOB: 6/22/1972 Agency ORI #: SC0400000

Prosecuting Agency: Richland County Sheriff

Prosecuting Officer: John Carwell, JR - 1227

Offense: Burglary / Burglary (Non-Violent) - Second degree

Offense Code: 0080

Code/Ordinance Sec: 16-11-0312

This warrant is CERTIFIED FOR SERVICE in the [ ] County/ [ ] Municipality of . The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

**RETURN**

A copy of this arrest warrant was delivered to defendant Kelvin A. Minder Sr on 11/9/16

Signature of Constable/Law Enforcement Officer

**RETURN WARRANT TO:**

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland / Lykesland Magistrate

# AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant John Carwell, JR who being duly sworn deposes and says that defendant Kelvin Alonzo Minder, Sr did within this county and state on or about 7/14/2016 violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland / Lykesland Magistrate ) in the following particulars:

**DESCRIPTION OF OFFENSE:** Burglary / Burglary (Non-Violent) - Second degree

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That on or about JULY 14, 2016 while at 140 ELIZABETH DARBY LN in the OLYMPIA Magisterial District of Richland County, it is believed that one KELVIN ALONZO MINDER, SR did commit the crime of BURGLARY - 2ND DEGREE in that he did force entry through a back window without consent and with the intent to commit a crime therein. Once inside the defendant did steal a 32 in Samsung TV and the remote valued at $170. The defendant did cut himself during this burglary and the scene was processed by a lab unit. The DNA swabs that were collected where futher processed, which resulted in a CODIS match to the defendant. The victim has stated she doesn't know the defendant and he has never been allowed in her residence.
RCSD Case #1607037114-R1. Affiant and others are witness to prove same.

Signature of Affiant

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland / Lykesland Magistrate

Affiant's Address 5623 Two Notch Rd
Columbia, SC 29223-7218

Affiant's Telephone (803)576-3000

# ARREST WARRANT

**TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:**

It appearing from the above affidavit that there are reasonable grounds to believe that on or about 7/14/2016 defendant Kelvin Alonzo Minder, Sr did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland / Lykesland Magistrate ) as set forth below:

**DESCRIPTION OF OFFENSE:** Burglary / Burglary (Non-Violent) - Second degree

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 11/ 7/2016

(L.S.)

Signature of Issuing Judge

Barbara Jo Wofford-Kanwat

Judge Code: 7271

Judge's Address 1403 Caroline Road
Columbia, SC 29209-

Judge's Telephone (803)576-2500

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

# ARREST WARRANT

**2016A4010600655**

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland / Lykesland Magistrate

THE STATE 1607037114-R1

against

Kelvin Alonzo Minder, Sr

Address: [redacted]

Hopkins, SC 29061-8582

Phone: SSN: [redacted]

Sex: M Race: B Height: 5 11 Weight: 180

State: SC DL #: [redacted]

DOB: 6/22/1972 Agency ORI #: SC0400000

Executing Agency: Richland County Sheriff

Executing Officer: John Carwell, JR - 1227

Offense: Larceny / Petit or Simple Larceny - $2,000 or less

Offense Code: 3419

Code/Ordinance Sec: 16-13-0030(A)

This warrant is CERTIFIED FOR SERVICE in the [ ] County/ [ ] Municipality of _____. The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

## RETURN

A copy of this arrest warrant was delivered to defendant Kelvin A. Minder Sr. on 11/9/16

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL

# AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

STATE OF SOUTH CAROLINA )

[X] County/ [ ] Municipality of )

Richland / Lykesland Magistrate )

Personally appeared before me the affiant John Carwell, JR who being duly sworn deposes and says that defendant Kelvin Alonzo Minder, Sr did within this county and state on or about 7/14/2016 violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland / Lykesland Magistrate ) in the following particulars:

DESCRIPTION OF OFFENSE: Larceny / Petit or Simple Larceny - $2,000 or less

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That on or about JULY 14, 2016 while at 140 ELIZABETH DARBY LN in the OLYMPIA Magisterial District of Richland County, it is believed that one KELVIN ALONZO MINDER, SR did commit the crime of PETIT LARCENY - $2,000. OR LESS in that he did force entry through a back window without consent and with the intent to commit a crime therein. Once inside the defendant did steal a 32 in Samsung TV and the remote valued at $170. The defendant did cut himself during this burglary and the scene was processed by a lab unit. The DNA swabs that were collected where futher processed, which resulted in a CODIS match to the defendant. The victim has stated she doesn't know the defendant and he has never been allowed in her residence. RCSD Case #1607037114-R1. Affiant and others are witness to prove same.

Signature of Affiant

STATE OF SOUTH CAROLINA )

[X] County/ [ ] Municipality of )

Richland / Lykesland Magistrate )

Affiant's Address 5623 Two Notch Rd
Columbia, SC 29223-7218

Affiant's Telephone (803)576-3000

# ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on or about 7/14/2016 defendant Kelvin Alonzo Minder, Sr did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland / Lykesland Magistrate ) as set forth below:

DESCRIPTION OF OFFENSE: Larceny / Petit or Simple Larceny - $2,000 or less

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me )

on 11/ 7/2016 )

(L.S.) )

Signature of Issuing Judge

Barbara Jo Wofford-Kanwat )

Judge Code: 7271 )

Judge's Address 1403 Caroline Road
Columbia, SC 29209-

Judge's Telephone (803)576-2500

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

AGENCY I.D.
SCO 400000

DATE/TIME ARRESTED
11/9/16/1630

# RICHLAND COUNTY SHERIFF'S DEPARTMENT

## ARREST REPORT

CASE NUMBER
16070317111

| DEFENDANT NAME (LAST, FIRST, MIDDLE) | RACE | SEX | DATE OF BIRTH | PHOTO NUMBER |
|---|---|---|---|---|
| Minder, Kelvin Alonzo SR. | B | M | 6/22/72 | |

| AGE | ETH. | HEIGHT | WEIGHT | HAIR | EYES | SOCIAL SECURITY NUMBER | VISIBLE SCARS AND MARKS | NCIC | I.D. NUMBER |
|---|---|---|---|---|---|---|---|---|---|
| 44 | N | 511 | 180 | Blk | Brn | [redacted] | | | |

| ADDRESS (NUMBER & STREET) | | STATE | ZIP CODE | RESIDENT | PHONE NUMBER |
|---|---|---|---|---|---|
| [redacted] | Hopkins | SC | 29061 | J | |

| | PLACE OF BIRTH | DRIVERS LICENSE NUMBER | STATE |
|---|---|---|---|
| | | [redacted] | SC |

| EMPLOYER OR OCCUPATION OR SCHOOL | PARENT / GUARDIAN | ADDRESS (CITY AND STATE) |
|---|---|---|
| | | |

| BOOKING OFFICER'S NAME | ARRESTING OFFICER | AGENCY | DEPT. NUMBER | |
|---|---|---|---|---|
| RICHLAND COUNTY DETENTION CTR. | Carwell, J | RCSO | 1227 | |

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 * This Jurisdiction S - State O - Out of State U - Unknown

| ARREST LOCATION | ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | 201 John Mark Dial | Columbia | SC | 29209 |

| | | | |
|---|---|---|---|
| CHARGE | Burglary 2nd | Petit Larceny | |
| STATUTE | 16-11-0312 | 16-13-0030(A) | |
| WARRANT NUMBER | 2016A4010100654 | 2016A4010100655 | |
| ENTERED DATE | | | |
| PRESIDING MAGISTRATE | Wilford-Kennet | Wilford-Kennet | |
| BOND AMOUNT | | | |
| BOND TYPE / MAGISTRATE | | | |
| COMPLAINANT | Carwell/RCSO | Carwell/RCSO | |
| DATE OF INCIDENT | 7/1/16 | 7/14/16 | |
| ADDITIONAL CASE NUMBER | | | |
| CHARGE | | | |
| STATUTE | | | |
| WARRANT NUMBER | | | |
| ENTERED DATE | | | |
| PRESIDING MAGISTRATE | | | |
| BOND AMOUNT | | | |
| BOND TYPE / MAGISTRATE | | | |
| COMPLAINANT | | | |
| DATE OF INCIDENT | | | |
| ADDITIONAL CASE NUMBER | | | |
| CHARGE | | | |
| STATUTE | | | |
| WARRANT NUMBER | | | |
| ENTERED DATE | | | |
| PRESIDING MAGISTRATE | | | |
| BOND AMOUNT | | | |
| BOND TYPE / MAGISTRATE | | | |
| COMPLAINANT | | | |
| DATE OF INCIDENT | | | |
| ADDITIONAL CASE NUMBER | | | |

| VICTIM NAME OR NEXT OF KIN (LAST, FIRST, MIDDLE) | ADDRESS (NUMBER AND STREET NAME) | | | |
|---|---|---|---|---|
| Grant, Breanna | 140 Elizabeth Darby Lane | | | |
| Columbia | STATE SC | ZIP CODE 29205 | HOME PHONE NUMBER 803-534-8648 | WORK PHONE NUMBER ( ) - |

VICTIM NOTIFIED OF ARREST YES ✓ DATE 11/9/16 NO ____ TIME 1650

VICTIM OR NEXT OF KIN WISHES TO BE PRESENT AT BOND HEARING YES ✓ NO ____

| REPORTING OFFICER | DATE | DEPT. NO. | APPROVING OFFICER | DATE | DEPT. NO. |
|---|---|---|---|---|---|
| Carwell, J | 11/9/16 | 1227 | | | |
| | | | FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER Carwell | 11/9/16 | 1227 |

Fingerprint

| AGENCY I.D. | DATE/TIME OF ARREST |
|---|---|
| SCO 400000 | 11/9/16/1630 |

# RICHLAND COUNTY SHERIFF'S DEPARTMENT

## ARREST REPORT

| CASE NUMBER |
|---|
| 16107012711149 |

| DEFENDENT NAME (LAST, FIRST, MIDDLE) | RACE | SEX | DATE OF BIRTH | PHOTO NUMBER |
|---|---|---|---|---|
| Minder, Kelvin Alonzo Sr. | B | M | 6/22/72 | |

| AGE | ETH. | HEIGHT | WEIGHT | HAIR | EYES | SOCIAL SECURITY NUMBER | VISIBLE SCARS AND MARKS | NCIC | I.D. NUMBER |
|---|---|---|---|---|---|---|---|---|---|
| 44 | N | 511 | 130 | Blk | Brn | [redacted] | | | |

| ADDRESS (NUMBER & STREET) | CITY | STATE | ZIP CODE | RESIDENT | PHONE NUMBER |
|---|---|---|---|---|---|
| [redacted] | Hopkins | SC | 29061 | J | |

| AKAS | PLACE OF BIRTH | DRIVERS LICENSE NUMBER | STATE |
|---|---|---|---|
| | | [redacted] | SC |

| EMPLOYER OR OCCUPATION OR SCHOOL | PARENT / GUARDIAN | ADDRESS (CITY AND STATE) |
|---|---|---|
| | | |

| BOOKING OFFICER'S NAME | ARRESTING OFFICER | AGENCY | DEPT. NUMBER | |
|---|---|---|---|---|
| RICHLAND COUNTY DETENTION CTR. | Carwell, J | RCSO | 1227 | |

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 * This Jurisdiction S - State O - Out of State U - Unknown

| ARREST LOCATION: ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 201 John Mark Dial | Columbia | SC | 29209 |

| | | |
|---|---|---|
| CHARGE | Burglary 2nd | Petit Larceny |
| STATUTE | 16-11-0312 | 16-13-0030(A) |
| WARRANT NUMBER | 2016A4010101000654 | 2016A4010101000655 |
| ENTERED DATE | | |
| JUDGING MAGISTRATE | Lifford-Kanwat | Lifford-Kanwat |
| BOND AMOUNT | | |
| BOND TYPE / MAGISTRATE | | |
| COMPLAINANT | Carwell/RCSO | Carwell/RCSO |
| DATE OF INCIDENT | 7-1-16 | 7-1-16 |
| ADDITIONAL CASE NUMBER | | |
| CHARGE | | |
| STATUTE | | |
| WARRANT NUMBER | | |
| ENTERED DATE | | |
| JUDGING MAGISTRATE | | |
| BOND AMOUNT | | |
| BOND TYPE / MAGISTRATE | | |
| COMPLAINANT | | |
| DATE OF INCIDENT | | |
| ADDITIONAL CASE NUMBER | | |
| CHARGE | | |
| STATUTE | | |
| WARRANT NUMBER | | |
| ENTERED DATE | | |
| JUDGING MAGISTRATE | | |
| BOND AMOUNT | | |
| BOND TYPE / MAGISTRATE | | |
| COMPLAINANT | | |
| DATE OF INCIDENT | | |
| ADDITIONAL CASE NUMBER | | |

| NAME OR NEXT OF KIN (LAST, FIRST, MIDDLE) | ADDRESS (NUMBER AND STREET NAME) | | | |
|---|---|---|---|---|
| Grant, Breanna | 140 Elizabeth Derby Lane | | | |
| CITY | STATE | ZIP CODE | HOME PHONE NUMBER | WORK PHONE NUMBER |
| Columbia | SC | 29205 | 803-534-8648 | ( ) - |

VICTIM NOTIFIED OF ARREST YES ☑ NO ☐ DATE 11/9/16 TIME 1630

VICTIM OR NEXT OF KIN WISHES TO BE PRESENT AT BOND HEARING YES ☑ NO ☐

| REPORTING OFFICER | DATE | DEPT. NO. | APPROVING OFFICER | DATE | DEPT. NO. |
|---|---|---|---|---|---|
| Carwell, J | 11/9/16 | 1227 | | | |
| | | | FOLLOW-UP INVESTIGATION ☐ YES NO ☐ OFFICER Carwell | 11/9/16 | 1227 |

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

The State of South Carolina,

v.

Kelvin A. Minder
Defendant

**ORDER**

Indictment No.: _____

Warrant No.: 20160A4021600203 6

This matter came before the Court on November 1st 2016. Present at the hearing were Robert Forney, representing the Defendant; and Mary W Pauling, representing the State.

The following motions were presented: State motion to Revoke bond

☐ Attached pertinent documents were submitted by the State/Defendant and were made a part of the record.

The Court determined: State motion granted

IT IS SO ORDERED.

2016 NOV -1 AM 11:33

1 November 2016
Date

Presiding Judge for Fifth Judicial Circuit

61 :21 PM 1- 130 9102

# Richland County Detention Center
# Victim Notification Documentation

**This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.**

**Inmate's Name:** Mosley, SR DeVon A. **Charges:** Burg 2nd, Petit Larceny

**Arresting Agency:** RCSD **Warrant/Ticket:** 2016A4010600654, 655

---

**Victim's Name:** [redacted] **Home Phone #:** [redacted]

**Address** [redacted]

Cola, SC. 29205

**Business Phone #:**

**Other Phone #:**

**Next of Kin**

**YES** **NO**

☐ ☑ **The victim in this case would like to be present for the bond hearing.**

☑ ☐ **The victim would like to be notified when the Detainee is being Released / Transferred / Escapes.**

**The Bond hearing has been scheduled for: Date** 11-10-16 **Time** 2:00 **a.m. / p.m.**

**Held Over until Date** __-__-__ **Time** __:__ **a.m. / p.m.**

**Recommitment Date** __-__-__

| Date | Time | Reason | Employee Signature | Employee # |
|---|---|---|---|---|
| 11-10-16 | 8:26 | Bond ct | D Jordan | |

**Comments:** Voice message was left at 843-534-8648

| Date | Time | Reason | Employee Signature | Employee # |
|---|---|---|---|---|
| 11-10-16 | 8:50 | Bond ct | D Jordan | |

**Comments:** Victim states she does not know the DEF and does not want a No Contact and for DEF not to return to the Incident location

| Date | Time | Reason | Employee Signature | Employee # |
|---|---|---|---|---|
| | | | | |

**Comments:**

RCDC V-1 (2005) ORIGINAL – INMATE FILE COPY – BOND COURT