DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT FOR LOCAL DETENTION FACILITIES

1. NAME & ADDRESS OF FACILITY: W. GLENN CAMPBELL DETENTION CENTER 2349 ROGERS RD DARLINGTON SC 29532

2. NAME & HOME ADDRESS OF INMATE: ARMAND JERMEL MUNGO [redacted] 7 EASLEY SC 29640

3. DESCRIPTION: SS# , DOB 01/22/90 HEIGHT 5'05 WEIGHT 140 SEX MALE RACE BLACK

4. ARRESTING OFFENSE(S): CARJACKING,KIDNAPPING,ASSAULT BATTERY, MALICIOUS DAMAGE TO PROPERTY, POINTING AND PRESENTING Firearm.

5. DATE & TIME OF ADMISSION: 03/18/2019 15:05

6. NAME OF EMPLOYEE(S) INVOLVED: NYA HEIDT, JACQUELINE PRESCOTT, JOYCE DURANT, JANAY BISHOP, PAULA MCMILLIAN, Quatasia Bruce, Dawn Prescott, Timeshea Dandy.

7. DATE & TIME OF INCIDENT: 12/2/2019 12:58AM

8. TYPE OF INCIDENT: INMATE DEATH

- ☐ Escape
- ☐ Attempted escape
- ☐ Riot/Disturbance
- ☐ Sexual assault
- ☐ Battery on staff member
- ☐ Battery on an inmate requiring medical attention
- ☐ Fire (if property damage in excess of $50.00; or evacuation of a cell or any portion of the facility; or medical attention for staff member or inmate)
- ☐ Serious infectious disease within facility for which medical protocol indicates or requires special procedures
- ☒ Other (describe type or nature of incident)

9. DETAILS OF INCIDENT: INMATE DIED WHILE IN OBSERVATION ROOM. SLED IS STILL INVESTIGATING THIS INCIDENT.

10. ACTIONS TAKEN: OFFICERS CALLED 911 AND TRIED TO DO CPR ON INMATE UNTIL HELP ARRIVED.

11. OTHER COMMENTS: PENDING INVESTIGATION

12. AT THE TIME OF INCIDENT: 190 (Actual Count) 9 (# of Officers on Duty)

NOTE: All such incidents should be reported by telephone ((803) 896-8502) to the Division of Compliance, Standards, and Inspections on the day that they occur; or, when they occur after business hours, they must be reported on the next business day. All deaths must be reported in writing within three (3) days, and other incidents must be reported in writing within five (5) days. Relevant facility/police reports(s) should be attached.

S/ [signature] (Signature of Official Making Report)

S/ Patricia Ray, Director (Typed or Printed Title of Official)

2/17/2020 Date of Report

ATTACH ADDITIONAL SHEETS IF NECESSARY

MAIL REPORT TO: SOUTH CAROLINA DEPARTMENT OF CORRECTIONS