Submitted 12/8/16

OMB No. 1121-0094 Approval Expires 01/31/2019

Form CJ-9

DEATHS IN CUSTODY—2016
DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name	Sharon W. Morton	Title	Dep. Administrator
Official Address	2394 Brownsferry Road	Telephone	843 545-3421
City	Georgetown	FAX	843 545-3487
State	SC	Zip	29440
E-mail	smorton@gtcounty.org		

Instructions for Completion

If no deaths occurred in 2016:

- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org
E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

«AGENCY ID»

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Parrish	Patricia	A

2. On what date did the inmate die?

MONTH	DAY	YEAR
03	11	2016

3. What was the name and location of the correctional facility involved?

Facility Name: GeorgetownCounty Detention Center

Facility City: Georgetown

Facility State: SC

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
12	06	1961

5. What was the inmate's sex?

- ☐ Male
- ☑ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☑ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☑ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Some other race

→ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
03	08	2016

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

10. For what offense(s) was the inmate being held?

a. Forgery

b.

c.

d.

e.

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- ☐ Convicted—new court commitment
- ☐ Convicted—returned probation/parole violator
- ☑ Unconvicted
- ☐ Other

→ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
- ☑ No
- ☐ Don't Know

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☑ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☐ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ *Please Specify:*

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☑ YES → ***CONTINUE TO Q15***
- ☐ Evaluation complete—results are pending

  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☐ No evaluation is planned → ***CONTINUE TO Q15***

15. What was the cause of death? * *Please SPECIFY cause of death—it is critical information* *****

☐ Illness—Exclude AIDS-related deaths [*Specify*] →	
☐ Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [*Describe*] →	
☐ Accidental injury to self [*Describe*] →	
☐ Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →	
☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →	
☐ Homicide [*Describe*] →	
☑ Other cause(s) [*Specify*] →	Manner is Natural

16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- ☐ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☑ In the jail facility or on the jail grounds

  [PLEASE SPECIFY] →
  - ☑ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

    → *Please Specify:*
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

  → *Please Specify:*

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☐ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ Morning (6 am to Noon)
- ☑ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☐	☑
c. Medications	☑	☐	☐
d. Treatment/care other than medications	☐	☐	☑
e. Surgery	☐	☑	☐
f. Confinement in special medical unit.	☑	☐	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")*

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- ☑ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Hypertensive & Atherosclerotic
Cardiovascular
Disease Contributing is COPD

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
DETENTION CENTER

MICHAEL A. SCHWARTZ
ADMINISTRATOR
2394 BROWNS FERRY ROAD
GEORGETOWN, SC 29440
(843)-546-3521

OFFICER'S INCIDENT REPORT

TEAM # _____

DATE OF REPORT: 3-11-16 DATE OF INCIDENT: 3-11-16 TIME OF INCIDENT: 1500

TYPE OF REPORT: Administrative TIME OF REPORT: 1730

INCIDENT: Inmate Found Slumped Over

OFFICER REPORTING: (PLEASE PRINT) Deloris A. Wragg

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

On the above date and time I called nurse Todd to please come and check on inmate Kristin Weicht because she's just screaming in Hldg-5. Nurse Todd said, she would like for inmate Weicht to be seen in medical. Before exiting booking she stood at Hldg-1 door for a few minutes and I just grabbed the keys and opened the door. She entered Hldg-7 and began calling out her name and there was no response. She looked up at me and said, grab the AED. I called, Lt. Clarey please let me get the AED and nurse Todd immeadiately began CPR. Nurse Todd asked me to go to her officer and get retrieve her medical red bag because she could not stop the CPR process. I returned with the medical red bag and found Lt. Joanne Clarey and Nurse Todd continuing CPR. I saw Lt. Clarey getting tired so, I took over until EMS arrived.

End of Report.

OFFICER'S SIGNATURE: Wragg

TOUR COMMANDER: _____

PAGE _____ OF _____ PAGES

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
DETENTION CENTER

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ADMINISTRATOR
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(843)-546-3521

OFFICER'S INCIDENT REPORT

TEAM # Medical

DATE OF REPORT: 3/11/2016 DATE OF INCIDENT: 3/11/2016 TIME OF INCIDENT: 1510

TYPE OF REPORT: Operational TIME OF REPORT: 1605

INCIDENT: U/R in cell unresponsive

OFFICER REPORTING: (PLEASE PRINT) Stephanie Todd LPN

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

On the date & time of this report. This writer walked up to inmates cell door to check on inmate. Inmate was in the sitting position & slumped over on her right side away from the window. I watched for respirations. I did not see her chest rising. Sargeant Wragg came to the door with her key to the cell and tapped on the glass with no response, she unlocked the cell door and upon entry I shook her with no response. No pulse felt. Inmate layed down and I immediately started chest compressions. Sgt Wragg got the AED machine & returned with it immediately. AED attached to chest & compressions continued. AED advised to stand clear while analyzing. AED alerted "no shock advised continue chest compressions." Continued compressions. Sgt Wragg went to medical

OFFICER'S SIGNATURE: Stephanie Todd Lpn TOUR COMMANDER: _____

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(843)-546-3521

OFFICER'S INCIDENT REPORT

TEAM # Medical

DATE OF REPORT: 3/11/2016 DATE OF INCIDENT: 3/11/2016 TIME OF INCIDENT: 1510

TYPE OF REPORT: Operational TIME OF REPORT: 1608

INCIDENT: I/M in cell unresponsive

OFFICER REPORTING: (PLEASE PRINT) Stephanie Todd Lpn

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

to obtain Emergency Bag while I continued compressions. She returned with bag & AED again stated stand clear while patient is analyzed. Again shock was not advised. Lt Clarey entered room and took over compressions. I obtained amb bag out of Emergency bag to begin rescue breaths. Once AED again ask to stand clear while patient is analyzed Srgt Wragg took over compressions. I pulled inmates Right sock off and her toes were warm with capillary refill <3 secs. No pedal pulse felt. I again took over compressions untill Emergency Responders entered. They took over compressions placed her on stretcher and rolled her through booking area to the ambulance while continuing compressions. Lt Clarey left with them in the ambulance. End of report

OFFICER'S SIGNATURE: Stephanie Todd Lpn TOUR COMMANDER: _____

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MICHAEL A. SCHWARTZ
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OFFICER'S INCIDENT REPORT

TEAM # Admin

DATE OF REPORT: 3-11-16 DATE OF INCIDENT: 3-11-16 TIME OF INCIDENT: 1500

TYPE OF REPORT: Operational TIME OF REPORT: 1800

INCIDENT: Inmate Unresponsive

OFFICER REPORTING: (PLEASE PRINT) Lt. Joanne Clarey

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

On the above date and time I was in booking talking to nurse Stephanie Todd about a inmate who is housed in Holding 5. Nurse Todd walked out and was looking in the cells at all of the inmates housed up here. When she got to holding one inmate Patricia Parrish, she tapped on the glass. Then I saw 1st Sergeant Delores Wragg who was at the fingerprint machine walk towards the holding cell, so I passed then the keys. They opened the cell and all I could see was Sgt Wragg bending over and inmate Parrish's feet being lifted to lay her down. Sgt Wragg asked for the AED. I gave it to her and asked if they needed me to call 911. I called 911 and reported

OFFICER'S SIGNATURE: _____ TOUR COMMANDER: Lt Joanne Clarey

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
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(843)-546-3521

OFFICER'S INCIDENT REPORT

TEAM # Admin

DATE OF REPORT: 3-11-16 DATE OF INCIDENT: 3-11-16 TIME OF INCIDENT: 1500

TYPE OF REPORT: Operational TIME OF REPORT: 1800

INCIDENT: Inmate unresponsive

OFFICER REPORTING: (PLEASE PRINT) Lt. Joanne Clarey

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

We had a unresponsive female and need EMS. I then went to the cell and took over doing Chest compressions. I did five sets of thirty compression while Nurse Todd gave breaths. Sgt Wragg took over chest compression and I went to get handcuffs. EMS arrived and took over CPR. Inmate Parrish, all emergency staff and myself exited the jail for transport to the ER. CPR never stopped. When we arrived at the hospital inmate Parrish was pronounced dead shortly after our arrival. End of report

OFFICER'S SIGNATURE: _____ TOUR COMMANDER: Lt Joanne Clarey

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
DETENTION CENTER

MICHAEL A. SCHWARTZ
ADMINISTRATOR
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GEORGETOWN, SC 29440
(843)-546-3521

OFFICER'S INCIDENT REPORT

TEAM # 4

DATE OF REPORT: 3/11/16 DATE OF INCIDENT: 3/11/16 TIME OF INCIDENT: 3:43 pm

TYPE OF REPORT: Operations TIME OF REPORT: 1730

INCIDENT: Cardiac arrest

OFFICER REPORTING: (PLEASE PRINT) 1st Lt Shirley Anderson

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED. SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

On the above date and time, I was upstairs in the administrative office making copies. I was off duty and had come to make copies of some memos to pass out. A page came out over my phone about a cardiac arrest at the Detention Center. I called main control and Officer Lloyd McCrea told me that the Inmate was being placed in the ambulance. I called Chief Michael Schwartz to make sure he was aware of what was going on. He said he did, that he had gotten the email. I went down to Booking to check on the Officer that helped do CPR. I asked 1st Sergeant Delores Wraggs if Stee was ok and she said she was. Booking was busy so I helped answer the phones and helped Sgt. Justin Thompson with some bond court paperwork. I spoke to Lt. Joanne Clancy at that

OFFICER'S SIGNATURE: 1st Lt Shirley Anderson TOUR COMMANDER: _____

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
DETENTION CENTER

MICHAEL A. SCHWARTZ
ADMINISTRATOR
1564 BROWNS FERRY ROAD
GEORGETOWN, SC 29440
(843) 546-5251

OFFICER'S INCIDENT REPORT

TEAM # 4

DATE OF REPORT: 3/11/16 DATE OF INCIDENT: 3/11/16 TIME OF INCIDENT: 15:43

TYPE OF REPORT: Operation TIME OF REPORT: 1730

INCIDENT: Cardiac Arrest

OFFICER REPORTING: (PLEASE PRINT) 1st Lt. Shirley Anderson

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED, SET FORTH NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

Georgetown County emergency room. She needed me to email her a copy of Inmate Patricia Parish's booking report. I did this. I told Sgt. Wragg that holding one needed to be secured and for no one to enter it. Sgt. Jamie Poinsette closed the door. I spoke to Lt Clamy again and she asked if the Nurse had Inmate Patricia's Inhaler. I told her I would check. Nurse Pam Ard was in booking and I asked her. She was not sure so we went to holding one cell door and looked in the window. We could not see it so we checked with Nurse Stephanie Todd. She said she had it. I told her to keep it and an Investigator would be getting it. At 1708, Investigator Albut Kohut entered booking. He took pictures inside holding one. He got the booking log book and then

OFFICER'S SIGNATURE: 1st Lt Shirley Anderson TOUR COMMANDER: _____

A. LANE CRIBB, SHERIFF OF GEORGETOWN COUNTY
DETENTION CENTER

MICHAEL A SCHWARTZ
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[illegible] BROWNS FERRY ROAD
GEORGETOWN, SC 29440
(843) 546-5551

OFFICER'S INCIDENT REPORT

TEAM # 4

DATE OF REPORT: 3/11/16 DATE OF INCIDENT: 3/11/16 TIME OF INCIDENT: 1543

TYPE OF REPORT: Operations TIME OF REPORT: 1730

INCIDENT: Cardiac Arrest

OFFICER REPORTING: (PLEASE PRINT) 1st Lt. Shirley Ash

NARRATIVE: EXPLAIN FULLY ANY ACTION TAKEN BY YOU, ANY EVENT OBSERVED, INFORMATION RECEIVED, GET PORTE NAMES, OTHER OFFICERS, INMATES AND A DETAIL OF INFORMATION OF WHAT, WHO, WHEN, WHERE, WHY AND HOW. BE EXPLICIT AND EXACT IN ALL INFORMATION GIVEN.

I escorted him to medical. He spoke to Nurse And aid Todd about report and he took possession of Inmate Parrish's asthma inhaler. Investigator Kohut exited medical.

I exited medical and went to my office to complete my report. All reports are being turned over to Lt. Joanne Casey.

End of Report

OFFICER'S SIGNATURE: 1st Lt. Shirley Ash TOUR COMMANDER: _____

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

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

1. FACILITY: Georgetown County Detention Center

2. NAME OF DECEASED: Patricia Aileen Parrish SCDC#

3. HOME ADDRESS: 1893 Highway 251 Andrews, SC 29510

4. DESCRIPTION: DOB 12/06/1961 HEIGHT 503 WEIGHT 104 HAIR Brown

   EYES Blue SEX Female RACE White SOC SEC # 314-80-5987

5. ARRESTING OFFENSE(S): Forgery

   SENTENCED ☐ PRETRIAL ☒

6. DATE AND TIME OF COMMITMENT: March 8, 2016 2319

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Judith Harris - Sister

   58 Glenda Loop Georgetown, SC 29440 (Cell) 843-359-2890

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

9. CAUSE OF DEATH: Autopsy pending

10. TIME AND DATE OF DEATH: ____ a.m. 1601 p.m. 11th day March month 2016 year ____

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Bryan Gibson

12. NAME OF CORONER WHO ORDERED AUTOPSY: Kenneth M. Johnson

13. AUTOPSY PERFORMED BY: Dr. Nicholas Batalis

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

    1st Sgt. Deloris Wragg, Stephanie Todd, LPN, 1500 Holding 1 cell in the Booking area

15. AT THE TIME OF DEATH: 179 (Actual Count) 12 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: March 11, 2016 1125

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

MAIL OR DELIVER REPORT TO:

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

Sharon K. Morton
SIGNATURE OF OFFICIAL MAKING REPORT

Deputy Administrator
TYPED OR PRINTED TITLE OF OFFICIAL

March 15, 2016
DATE OF REPORT

SCDC 8-2 (Revised July, 2011)

Case Report

Administrative

Case Report Number	16006472-003
Subject	DECEASED INMATE / A KOHUT
NCIC Inquiry	
NCIC Entered	
Subject Identified	Yes
Subject Located	Yes
Disposition	Inactive
Entered On	3/13/2016 8:54:24 PM
Entered By	Kohut, Albert
Reported On	3/11/2016
Reporting Officer	Kohut, Albert
Reporting Agency	GEORGETOWN COUNTY SHERIFF
Report Type	Crime Report
Assisted By	
Occurred On (Date and Time)	Friday 3/11/2016 3:47:00 PM
Or Between (Date and Time)	
Dispatched Date/Time	2016-03-11T15:47:16.633
Arrived Date/Time	2016-03-11T15:47:20.597
Departed Date/Time	2016-03-11T17:24:33.997
Location	2394 BROWNS FERRY RD
CSZ	GEORGETOWN, SC 29440
Location Name	GEORGETOWN DETENTION CENTER
Verification	Verified
Verification Level	
Precinct	
Jurisdiction	4G
Grid	4G
Sector	4G
Map	
Beat	
Census/Geo Code	

Tract/Geo Indicator	
Call Source	Phone
Related Cases	
Means	
Other Means	
Motives	
Other Motives	
Vehicle Activity	
Direction Vehicle Traveling	
Cross Street	
Notified	
Supplemental	Yes
Assignment	
Assignment Date	
Assignment Type	
Assignment Active	
Status	
Decline	
Decline Notes	
Case Management	

For Exceptional Clearances

Clearance Basis	
Exceptional Clearance Date	

Solvability

Solvability Code	Points

Narrative

ON 3-11-2016 AT APPROXIMATELY 1650 HOURS I RESPONDED TO THE GCDC TO DOCUMENT THE DEATH OF AN INMATE.

AT APPROXIMATELY 1547 HOURS EMS WAS DISPATCHED TO THE GCDC ON A REPORT OF A 54 YEAR OLD WHITE FEMALE INMATE, PATRICIA AILEEN PARRISH, WAS IN CARDIAC ARREST AND CPR WAS BEING PREFORMED, THE VICTIM SUFFERS FROM SEVERAL AILMENTS AND WAS RECENTLY TREATED AT THE GEORGETOWN HOSPITAL. THE VICTIM WAS EVENTUALLY TRANSPORTED BY EMS TO THE GEORGETOWN HOSPITAL WERE SHE PASSED AWAY.

AT THIS TIME I ENTERED HOLDING CELL 1 WHERE THE INMATE WAS BEING HOUSED AT THE TIME OF THE MEDICAL INCIDENT. I PHOTOGRAPHED THE CELL AND PLACED THE PHOTOS ON CD AND INTO EVIDENCE. I SEARCHED THE CELL AT APPROXIMATELY 1705 HOURS ON 3-11-2016 AND FOUND NO SUSPICIOUS ITEMS OR CONTRABAND.

AT THIS TIME I WENT BACK TO THE NURSES OFFICE. THE NURSE ADVISED ME THAT THE VICTIM SUFFERED FROM COPD, AFIB, AND HYPERTENSION. I WAS ALSO ADVISED THE VICTIM WAS TREATED AT THE GEORGETOWN HOSPITAL ON 3-9-2016 AND GIVEN AN ALBUTEROL INHALER WITH

NOTHING FURTHER.

Offense

Offense	Death/ No Foul Play Suspected (Natural)
Code Section	
IBR Code	
IBR Group	
Crime Against	
UCR Hierarchy	
Location Type	Jail/Prison/Penitentiary/Corrections Facility
Second Location Type	
Completed	Yes
Attempted To Burn Property	
Hate/Bias	None (No Bias)
Specify	
Special Circumstance	
Domestic Violence	No
Premises Entered	
Entry	
Using	Not Applicable
Weapons	
Criminal Activity	
Type Security	

Tools

Offenders

Victims

Name: PARRISH, PATRICIA AILEEN

Victim Type	Individual
Victim of	9904 - Death/ No Foul Play Suspected (Natural)
Rape Completed	
Is Complainant	No

Aliases

Alias	Alias DOB	Alias SSN

Alerts

Addresses

Address Type	Address	CSZ	County	Country
H - Home	58 Glenda Loop	GEORGETOWN, SC 29440	GEORGETOWN	USA - United States of America

Daytime Phones

Phone Type	Phone Number

Evening Phones

Phone Type	Phone Number

Emails

Email Address

Scars, Marks and Tattoos

SMT	Type	Location	Description

Languages Spoken

Fluency	Language

Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
DOB	12/6/1961
Age	54
Eye Color	Blue
Hair Color	Brown
Facial Hair	
Complexion	
Height	5' 3"
Weight	100
Resident	This Jurisdiction
POB	
DLN	
DL State	
DL Country	
SSN	314-80-5987
Attire	
Employer/School	
Employer Address	
Employer CSZ	
Occupation/Grade	
Testify	
Injury	
Visible Injury	
Injury Description	
Complaint of Any Non-Visible Injuries	
Injury Weapons	
Marital Status	
Registered Sex Offender	
EXP Date RSO	
Accent	
Nationality	

Immigration Status	
Hand	

Offender Relationships

Offender	Relationship

Circumstances
Just. Hom. Circ.
Using Unknown
Drug Type

LEOKA Info

Type
Assignment

Activity
ORI-Other Jurisdiction

Notes

Witnesses

Other Entities

Name: CLAREY, JOANNE

Entity Type Information

Aliases

Alias	Alias DOB	Alias SSN

Alerts

Addresses

Address Type	Address	CSZ	County	Country
W - Work	2394 Browns Fry Rd	GEORGETOWN, SC 29440	GEORGETOWN	USA - United States of America

Daytime Phones

Phone Type	Phone Number
W - Work	(843) 546-3521

Evening Phones

Phone Type	Phone Number

Email

Email Address

Scars, Marks and Tattoos

SMT	Type	Location	Description

Languages Spoken

Fluency	Language

Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
DOB	
Age	
Eye Color	
Hair Color	
Facial Hair	
Complexion	
Height	
Weight	
Resident	
POB	
DLN	
DL State	
DL Country	
SSN	
Attire	
Employer/School	
Employer Address	
Employer CSZ	

Occupation/Grade

Marital Status

Registered Sex Offender

EXP Date (RSO)

Accent

Nationality

Immigration Status

Hand

Offender Relationships

Offender	Relationship

Notes

LIEUTENANT AT THE JAIL

Name: WRAGG, DELORIS A

Entity Type Information

Aliases

Alias	Alias DOB	Alias SSN

Alerts

Addresses

Address Type	Address	CSZ	County	Country
W - Work	2394 Browns Fry Rd	GEORGETOWN, SC 29440	GEORGETOWN	USA - United States of America

Daytime Phones

Phone Type	Phone Number
W - Work	(843) 546-3521

Evening Phones

Phone Type	Phone Number

Email

Email Address

Scars, Marks and Tattoos

SMT	Type	Location	Description

Languages Spoken

Fluency	Language

Sex	Female
Race	Black or African American
Ethnicity	Not Hispanic or Latino
DOB	
Age	
Eye Color	
Hair Color	
Facial Hair	
Complexion	
Height	
Weight	
Resident	
POB	
DLN	
DL State	
DL Country	
SSN	
Attire	
Employer/School	
Employer Address	
Employer CSZ	
Occupation/Grade	
Marital Status	
Registered Sex Offender	
EXP Date (RSO)	
Accent	
Nationality	

Immigration Status

Hand

Offender Relationships

Offender	Relationship

Notes

SERGEANT AT THE JAIL

Name: TODD, STEPHANIE

Entity Type Information

Aliases

Alias	Alias DOB	Alias SSN

Alerts

Addresses

Address Type	Address	CSZ	County	Country
W - Work	2394 Browns Fry Rd	GEORGETOWN, SC 29440	GEORGETWON	USA - United States of America

Daytime Phones

Phone Type	Phone Number

Evening Phones

Phone Type	Phone Number

Email

Email Address

Scars, Marks and Tattoos

SMT	Type	Location	Description

Languages Spoken

Fluency	Language

Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
DOB	
Age	
Eye Color	
Hair Color	
Facial Hair	
Complexion	
Height	
Weight	
Resident	
POB	
DLN	
DL State	
DL Country	
SSN	
Attire	
Employer/School	
Employer Address	
Employer CSZ	
Occupation/Grade	
Marital Status	
Registered Sex Offender	
EXP Date (RSO)	
Accent	
Nationality	
Immigration Status	
Hand	

Offender Relationships

Offender	Relationship

Notes
NURSE AT JAIL

Properties

Property Recording - Compact Disk

Photo Date:

IBR Type	27
UCR Type	TV's, Radios, Stereos, Etc...
Description	CD PHOTOS
Status	Evidence (Including Other Seized Property And Tools)
Uninhabited	
Count	1
Value	
Manufacturer	
Model	
Serial Number\VIN	
Owner Applied Number	
Finish	
Condition	
Identifying Marks	
Bicycle Make	
Bicycle Model	
Bicycle Speed	
Bicycle Wheel Size	
Color	
Recovered Date	
Owner	
Disposition	
Evidence Tag	
Alert(s)	

Vehicle Information

Vehicle Type
Vehicle Year
Odometer Reading
Body Style
License Number
License Exp. Date
License State
Boat Name
Boat Type
HIN
Hull Shape
Propulsion
Boat Length

Color Type	Color

Drug Information

Drug Type
Drug Quantity
Drug Measure

Notes
JAIL PHOTOS PLACED ON CD

Property Other

Photo Date:

IBR Type	77
UCR Type	Miscellaneous
Description	ALBUTEROL INHALER
Status	Evidence (Including Other Seized Property And Tools)
Uninhabited	
Count	1
Value	
Manufacturer	
Model	
Serial Number\VIN	
Owner Applied Number	
Finish	
Condition	
Identifying Marks	
Bicycle Make	
Bicycle Model	
Bicycle Speed	
Bicycle Wheel Size	
Color	
Recovered Date	
Owner	
Disposition	
Evidence Tag	
Alert(s)	

Vehicle Information

Vehicle Type	
Vehicle Year	
Odometer Reading	
Body Style	
License Number	
License Exp. Date	
License State	
Boat Name	
Boat Type	
HIN	
Hull Shape	
Propulsion	
Boat Length	