# LOCAL JAIL INMATE DEATH REPORT

**1. What was the inmate's name?**

| LAST | FIRST | MI |
|---|---|---|
| Harris | Bobby | J |

**2. On what date did the inmate die?**

| MONTH | DAY | YEAR |
|---|---|---|
| 06 | 26 | 2015 |

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

Facility Name: Greenville County Detention Center

Facility City: Greenville

Facility State: SC

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

| MONTH | DAY | YEAR |
|---|---|---|
| [redacted] | | 1957 |

**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 | 17 | 2015 |

**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. Violation of Parole

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 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*] →

**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:***