Record of Death

Provided by South Carolina Department of Corrections, February 1, 2022

Name: BRIDGES, JOHATHAN CHARLES

SCDC#: 269899

Sex: M

Race/ethnicity: White, not of Hispanic origin

Date of birth: 12/10/1975

Date of commitment: 3/6/2017

Date of death: 9/26/2017

Cause of death: Suicide

Assigned institution: LEE

Death location: OUTSIDE MEDICAL

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Detention and Correctional Inspections

DEATH OF ANY INMATE IN JAIL OR PRISON

(Section 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)

1. Facility: Lee C I
   Address: 990 Wisacky Hwy Bishopville, S.C. 29010
2. Name of deceased: Johnathon Rivers SCDC #: 269899
3. Home Address: [redacted]
4. Description: DOB [redacted] Height 6 7+ Weight 201 Hair Krown
   Eyes Blue Sex Male Race White SOC SEC # [redacted]
5. Arresting Offense(s): Carjacking
6. Date and time of commitment: 3-6-17 Tried [redacted] Untried
7. Name and address of relative(s) of the deceased contacted: [redacted]
8. Record of deceased inmate's physical condition upon admission: _____
9. Cause of death: Seucide
10. Time and date of death: 9-22-17 a.m. 3:00 (p.m.) 9-22-1917
11. Name of doctor who pronounced death: _____
12. Name of coroner who ordered autopsy: _____
13. Autopsy performed by: _____
14. Name of person discovering deceased, time discovered, and location within facility: _____
15. At the time of death: 1,332 (Actual Count) _____ (# of Officers on Duty)
16. When inmate was last seen alive: _____

NOTIFY BY TELEPHONE: 896-8506

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF DETENTION AND CORRECTIONAL INSPECTIONS
Post Office Box 21787
Columbia, South Carolina 29221

_____
SIGNATURE OF OFFICIAL MAKING REPORT

_____
TYPED OR PRINTED TITLE OF OFFICIAL

_____
DATE OF REPORT