Record of Death

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

Name: BROCKMAN, MICHAEL

SCDC#: 227938

Sex: M

Race/ethnicity: White, not of Hispanic origin

Date of birth: 8/27/1949

Date of commitment: 2/14/1996

Date of death: 4/24/2017

Cause of death: Natural Cause

Assigned institution: KIRKLAND

Death location: OUTSIDE MEDICAL

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: Lee Correctional Institution

2. NAME OF DECEASED: Michael Brockman SCDC# 227938

3. HOME ADDRESS [redacted]

4. DESCRIPTION: DOI [redacted] HEIGHT 5'08" WEIGHT 130 lbs. HAIR Brown

   EYES Hazel SEX Male RACE White SOC SEC # [redacted]

5. ARRESTING OFFENSE(S): Murder

   SENTENCED ☒ PRETRIAL ☐

6. DATE AND TIME OF COMMITMENT: 02 14 1996

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: [redacted]

9. CAUSE OF DEATH: Natural Causes - respiratory failure.

10. TIME AND DATE OF DEATH: ____ a.m. 11:18 p.m. 24 day April month 2017 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Medical Staff at [redacted] Hospital

12. NAME OF CORONER WHO ORDERED AUTOPSY: Lee County Coroner, Larry Logan

13. AUTOPSY PERFORMED BY: Newberry Pathology, 185 Executive Drive, Newberry, SC 29108.

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    Lt. Tina Deas and medical staff at approximately, 11:18 pm, at [redacted] Hospital.

15. AT THE TIME OF DEATH: 1,349 (Actual Count) 15 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: Before 11:18 pm on April 24, 2017

NOTIFY BY TELEPHONE AT: (803) 896-8502

MAIL OR DELIVER REPORT TO:

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

For [signature]
SIGNATURE OF OFFICIAL MAKING REPORT

Kenneth J. Nelsen, Warden
TYPED OR PRINTED TITLE OF OFFICIAL

03 29 2019
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)