Record of Death

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

Name: RISER, JR., BENNIE JAMES

SCDC#: 218912

Sex: M

Race/ethnicity: Black or African American, not of Hispanic origin

Date of birth: 12/24/1972

Date of commitment: 5/8/2002

Date of death: 4/13/2016

Cause of death: Alcohol/Drug

Assigned institution: TYGER RIVER

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: Tyger River Correctional Institution
   Address: 200 Prison Road-Enoree, South Carolina 29335
2. Name of deceased: Bennie James Riser, Jr. SCDC #: 218912
3. Home Address: [redacted]
4. Description: DOB [redacted] Height 5 ft. 0.7 in. Weight 160 lbs. Hair black
   Eyes brown Sex male Race black SOC SEC # [redacted]
5. Arresting Offense(s): criminal sexual conduct w. a minor, kidnapping, car jacking, armed robbery, poss. of a weapon
6. Date and time of commitment: 2/23/2005 Tried yes Untried
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: I/M was declared brain dead-taken off life support at mother's direction on 4/12/16-time of death-7:32 pm
10. Time and date of death: 4/12/2016 a.m. p.m. 7:32 pm 19
11. Name of doctor who pronounced death: Dr. Joseph Okeye
12. Name of coroner who ordered autopsy: Spartanburg County Coroner Kristy Cooper
13. Autopsy performed by: Newberry Pathology-Janice Ross
14. Name of person discovering deceased, time discovered, and location within facility: Lt. Sharon Sims at approximately 1843 hours in Unit 7, B side, cell #128
15. At the time of death: 1243 (Actual Count) 29 (# of Officers on Duty)
16. When inmate was last seen alive: 1843 hours in Unit 7

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]
SIGNATURE OF OFFICIAL MAKING REPORT

[signature]
TYPED OR PRINTED TITLE OF OFFICIAL

4/12/16
DATE OF REPORT