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

Form CJ-9

DEATHS IN CUSTODY—2017
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		Title	
Official Address		Telephone	
City		FAX	
State	--	Zip	
E-mail			

Instructions for Completion

If no deaths occurred in 2017:

- You do not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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
Nesbitt	David	

2. On what date did the inmate die?

MONTH	DAY	YEAR
02	24	2017

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

Facility Name: Spartanburg Regional Hospital

Facility City: Spartanburg

Facility State: SC

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

MONTH	DAY	YEAR
09	03	

5. What was the inmate's sex?

- [x] Male
- [ ] Female

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

- [ ] Yes
- [x] No

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

- [ ] White
- [x] 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
08	11	2014

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. CSC 3rd Degree

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
- [x] 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
- [x] Don't Know

«AGENCY ID»

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*] → Natural/ Cardiorespiratory Arrest secondary to c
- ☐ 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:

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: Spartanburg County Detention Facility

2. NAME OF DECEASED: David Nesbitt SCDC# 14-08870

3. HOME ADDRESS:

4. DESCRIPTION: DOB 09/03/ HEIGHT 6'01" WEIGHT 221 HAIR None

   EYES Brown SEX Male RACE Black-Non-Hispan SOC SEC #

5. ARRESTING OFFENSE(S): CSC 3rd Degree

   SENTENCED ☐ PRETRIAL ☒

6. DATE AND TIME OF COMMITMENT: 08/11/2014 at 11:27 AM

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Ernest Nesbitt (brother)

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Alert, Talkative, appeared healthy but previous medical records showed history of medical problems.

9. CAUSE OF DEATH: Pending for natural cause

10. TIME AND DATE OF DEATH: 10:53 a.m. ____ p.m. 24th day February month 2017 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Rachel James

12. NAME OF CORONER WHO ORDERED AUTOPSY: None

13. AUTOPSY PERFORMED BY: None

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Dr. James at 10:53 AM Death occurred at Spartanburg Regional Hospital- Room 621

15. AT THE TIME OF DEATH: 841 (Actual Count) 26 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: Spartanburg Regional Hospital Staff

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

C. Clifford D. Hayes
SIGNATURE OF OFFICIAL MAKING REPORT

Captain
TYPED OR PRINTED TITLE OF OFFICIAL

02/24/2017
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT FOR LOCAL DETENTION FACILITIES

1. NAME & ADDRESS OF FACILITY: Spartanburg County Detention Facility

2. NAME & HOME ADDRESS OF INMATE: [redacted]

3. DESCRIPTION: SS# DOB 09/0[redacted] HEIGHT 6'01" WEIGHT 221 SEX Male RACE Black

4. ARRESTING OFFENSE(S): CSC 3rd Degree

5. DATE & TIME OF ADMISSION: 08/11/2014 at 11:27 AM

6. NAME OF EMPLOYEE(S) INVOLVED: None

7. DATE & TIME OF INCIDENT: 02/24/2017 @ 10:53AM

8. TYPE OF INCIDENT: Death in Custody

- ☐ Escape
- ☐ Attempted escape
- ☐ Riot/Disturbance
- ☐ Sexual assault
- ☐ Battery on staff member
- ☐ Battery on an inmate requiring medical attention
- ☐ Fire (if property damage in excess of $50.00; or evacuation of a cell or any portion of the facility; or medical attention for staff member or inmate)
- ☐ Serious infectious disease within facility for which medical protocol indicates or requires special procedures
- ☒ Other (describe type or nature of incident)

9. DETAILS OF INCIDENT: Death by natural causes/medical condition

10. ACTIONS TAKEN:

11. OTHER COMMENTS:

12. AT THE TIME OF INCIDENT: 841 (Actual Count) 26 (# of Officers on Duty)

NOTE: All such incidents should be reported by telephone ((803) 896-8502) to the Division of Compliance, Standards, and Inspections on the day that they occur; or, when they occur after business hours, they must be reported on the next business day. All deaths must be reported in writing within three (3) days, and other incidents must be reported in writing within five (5) days. Relevant facility/police reports(s) should be attached.

S/ Clifford D. Hays
(Signature of Official Making Report)

S/ Captain
(Typed or Printed Title of Official)

02/24/2017
Date of Report

ATTACH ADDITIONAL SHEETS IF NECESSARY

MAIL REPORT TO: **SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

Provided by The Gilmore Mortuary

David Nesbitt

September 3, 1941 ~ February 24, 2017 (age 75)



Mr. David Nesbitt

Greer, SC: Mr. David Nesbitt 75, of 101 Davis Avenue, husband of Margie Freeman Nesbitt of Greenwood, SC, died Friday, February 24, 2017 in Spartanburg Regional Medical Center.

A native of Spartanburg County SC, he was a son of the late John and Arualue Jones Nesbitt and a former fork lift operator for Lyman Mills.

Also surviving are: sons, David “Buster” Nesbitt Jr. of Greenville, SC and Kenneth Nesbitt of Anderson, SC; 3 daughters, Tammie Jean and Brenda Nesbitt of Anderson, SC and Ann Nesbitt of Greenville; 3 brothers, Rev. Claude Nesbitt of Rock Hill, SC, Alvin Nesbitt of Spartanburg, SC and Ernest Nesbitt of the home; a host of grandchildren, great grandchildren, other relatives and many friends.

Funeral Services will be held at 11:00 am Thursday, March 2, 2017 in the Chapel of The Gilmore Mortuary.