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

Form CJ-9

DEATHS IN CUSTODY—2016
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	Hope Goldman	Title	Sr. Admin Assistant
Official Address	950 California Ave.	Telephone	864 596-2607
City	Spartanburg	FAX	864 596-3421
State	SC	Zip	29303
E-mail	hgoldman@spartanburgcounty.org		

Instructions for Completion

If no deaths occurred in 2016:
- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:
- 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
WIGINGTON	GEORGE	D

2. On what date did the inmate die?

MONTH	DAY	YEAR
04	04	2016

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

Facility Name: SPARTANBURG REGIONAL HEALTH CAR

Facility City: Spartanburg

Facility State: SC

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

MONTH	DAY	YEAR
08	05	

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	10	2016

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. HOME DETENTION VIOLATION

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 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*] → CARDIO RESPIRATORY ARREST
- ☐ 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 incident (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: Wigington, George Donald SCDC#

3. HOME ADDRESS:

4. DESCRIPTION: DOB 08/05/ HEIGHT 5'8" WEIGHT 124 HAIR gray

   EYES Blue SEX Male RACE White SOC SEC #

5. ARRESTING OFFENSE(S): Home Detention Violation

   SENTENCED ☐ PRETRIAL ☒

6. DATE AND TIME OF COMMITMENT: 03/10/2016 1:18 PM

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Lou Lassen (of same address)

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: inmate noted he has kidney failure and heart failure, high blood pressure.

9. CAUSE OF DEATH: Cardio/ Repratory Arrest -heart failure

10. TIME AND DATE OF DEATH: ____ a.m. 2:23 p.m. 4 day April month 2016 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Raju

12. NAME OF CORONER WHO ORDERED AUTOPSY: Steve Petit

13. AUTOPSY PERFORMED BY: none

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Was hospitalized since 03/29/2016. He was located in hospital at time of death.

15. AT THE TIME OF DEATH: 791 (Actual Count) 28 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: immidately before critical care time.

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

Neal Urch
SIGNATURE OF OFFICIAL MAKING REPORT

Major Neal Urch
TYPED OR PRINTED TITLE OF OFFICIAL

04/14/2016
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

GoUpstate

NEWS

Deputies: Father upset after shooting

JANET S. SPENCER Staff Writer

Published 1:25 a.m. ET June 29, 2005 | **Updated 12:00 a.m. ET June 29, 2005**

Deputies said Tuesday that a 73-year-old man accused of fatally shooting his 45-year-old son in the forehead was crying and upset when they arrived.

George Wigington was outside the residence the two men shared and remained on the telephone to 911, saying he didn't mean to hurt Claude David "Scott" Wigington Monday night.

Wigington said his son kept "getting in his face" and tried to get him to fight, a report by Spartanburg County sheriff's deputies said.

Sgt. John P. Lyles Jr. arrived first at 6 Green Acres Drive, Boiling Springs, after a call to 911 about an argument was upgraded to a shooting at 7:27 p.m.

Lyles said that George Wigington had an odor of alcohol on his breath.

When Lyles asked where the victim was, he said Wigington, who was standing on the carport, pointed inside the house.

Lyles said he entered and found Scott Wigington slumped in a chair.

A small, black semi-automatic weapon believed to be the weapon used in Scott Wigington's death was on a table in front of where he sat.

The deputies said George Wigington volunteered information to them and that he was driven to the Sheriff's Office before he was questioned about what happened.

He was booked into the Spartanburg County jail about 10 p.m.

A warrant charging him with the murder of his son was served early Tuesday morning.

Maj. Dan Johnson said investigators were told that there were ongoing family disputes concerning children who also lived in the house with the two men.

"It was a disagreement between a father and son," Johnson said.

Marcia Stewart, who is a stepdaughter of George Wigington and the half-sister of Scott Wigington, said she agreed with a statement made by Sheriff Chuck Wright shortly after the shooting.

"I think the sheriff is right. It's sad. He said it shouldn't have happened," Stewart said. "I can't give you anything sensational to say about this. I think enough has been said already."

She said George Wigington was retired from Union Camp and had lived in the area for more than 40 years.

Scott Wigington had been employed by Blue Ridge Log Cabins since July 2002. His job was to build the cabin's wooden walls for the Campobello company.

Wanda Wilson, an employee, said he had worked his usual shift from 7 a.m. to 4 p.m. the day he died.

"He was a good worker, always had a smile on his face. I just hate this for his daughters," she said.

Scott Wigington had two daughters, ages 12 and 16, who were at home when the shooting occurred, Johnson said.

Janet Spencer can be reached at 562-7222 or janet.spencer@shj.com.