LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Glenn	James	D

2. On what date did the inmate die?

MONTH	DAY	YEAR
12	23	2015

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

MONTH	DAY	YEAR
07	16	

4. What was the inmate's sex?

- ⊘ Male
- ○ Female

5. What was the inmate's race/ethnic origin?

- ○ White *(not of Hispanic origin)*
- ⊘ Black or African American *(not of Hispanic origin)*
- ○ Hispanic or Latino
- ○ American Indian/Alaska Native *(not of Hispanic origin)*
- ○ Asian *(not of Hispanic origin)*
- ○ Native Hawaiian or Other Pacific Islander *(not of Hispanic origin)*
- ○ Two or more races
- ○ Additional categories in your information system
  - → *Please Specify:*
- ○ Race/Ethnicity Not Known

6. On what date had the inmate been admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
12	10	2015

7. For what offense(s) was the inmate being held?

a. General Sessions Bench warrant
b. General Sessions Bench warrant
c. General Sessions Bench warrant
d.
e.

ID: 10958152

8. What was the inmate's legal status at time of death? *(For persons 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:*

9. 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

10. Where did the inmate die?

- ○ In a general housing within the jail facility or on jail grounds
- ○ In a segregation unit
- ○ In a special medical unit/infirmary within jail facility
- ○ In a special mental health services unit within jail facility
- ○ In a medical center outside jail facility
- ○ In a mental health center outside jail facility
- ⊘ While in transit
- ⊘ Elsewhere
  - → *Please Specify:* Booking & Processing

11. 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
  - → [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, etc.)
    - ○ In a segregation unit
    - ○ In a special medical unit/infirmary
    - ○ In a special mental health services unit
    - ⊘ Elsewhere within the jail facility
      - → *Please Specify:* Booking & Processing
- ○ Outside the jail facility (e.g., while on work release or on work detail, etc.)
- ○ Elsewhere
  - → *Please Specify:*

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

○ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	⊘	○	○
b. Had diagnostic tests (e.g., X-rays, MRI)	⊘	○	○
c. Received medications	⊘	○	○
d. Received treatment/care other than medications	⊘	○	○
e. Had surgery	○	⊘	○
f. Confined in special medical unit.	○	⊘	○

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).

13. 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)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

○ YES ⟶ ***CONTINUE TO Q15***

⊘ Evaluation complete—results are pending

↳ ***SKIP REMAINING QUESTIONS—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 as it is critical information*** ***

○ Illness—Exclude AIDS-related deaths [*Specify*] ⟶
○ Acquired Immune Deficiency Syndrome (AIDS)
○ Accidental alcohol/drug intoxication [*Specify*] ⟶
○ 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 [*Please provide description*] ⟶
○ Other cause(s) [*Specify*] ⟶

16. 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, select "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 here:

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

Form CJ-9

DEATHS IN CUSTODY—2015
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 2015:
- 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 2015:
- 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: 0213149.001.400.402.100
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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
GLENN	JAMES	D

2. On what date did the inmate die?

MONTH	DAY	YEAR
12	23	2015

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

Facility Name: Spartanburg Co. Det. Fac.

Facility City: Spartanburg

Facility State: SC

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

MONTH	DAY	YEAR
07	16	

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
12	10	2015

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. GENERAL SESSION BENCH WARRANT

b. GENERAL SESSION BENCH WARRANT

c. GENERAL SESSION BENCH WARRANT

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 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 bi
- ☐ 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 Sheriff's Detention Facility

2. NAME OF DECEASED: James Douglas Glenn Jr. SCDC# 108196

3. HOME ADDRESS: _____

4. DESCRIPTION: DOB 07/16/ HEIGHT 6' 5" WEIGHT 290 HAIR Black

   EYES Brown SEX Male RACE Black SOC SEC # _____

5. ARRESTING OFFENSE(S): General Sessions Bench Warrant x's 3 for previous charges of: (Shoplifting, Receiving Stolen Goods, and Resisting Arrest) SENTENCED ☐ PRETRIAL ☒

6. DATE AND TIME OF COMMITMENT: 12/10/15 at 20:31:01

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Kimberly Glenn (wife)

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: High Blood Pressure, Arthritus and Diabetes were the inmate's reported medical conditions.

9. CAUSE OF DEATH: Pending upon investigation

10. TIME AND DATE OF DEATH: _____ a.m. 2124 p.m. 23 day December month 2015 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Christian Stephen Montagano

12. NAME OF CORONER WHO ORDERED AUTOPSY: Coroner Rusty Clevenger / Invest. Steve Pettit

13. AUTOPSY PERFORMED BY: Dr. David Wren

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Deputy Douglas Hoops transported inmate to main facility to be seen by medical and collapsed in the booking area while officer was removing handcuffs and was later pronounced dead at the hospitial.

15. AT THE TIME OF DEATH: 689 (Actual Count) 29-Delta Shift (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: 12/23/2015 at 2042 hours

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



SIGNATURE OF OFFICIAL MAKING REPORT

Victim Advocate / Administration
TYPED OR PRINTED TITLE OF OFFICIAL

December 29, 2015
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Investigation underway after Spartanburg County inmate dies

by AP | Friday, December 25th 2015



jail.jpg

SPARTANBURG, S.C. (AP) -- Authorities are investigating after an inmate was found unresponsive at the Spartanburg County Detention Center and later died.

Randy Bogan of the Spartanburg County Coroner's Office says that 54-year-old James Douglas Glenn died at the Spartanburg Medical Center after being transported from the jail on Wednesday.

An autopsy was performed although the results are not yet in.