Record of Death

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

Name: WAYMER, TROY

SCDC#: 153769

Sex: M

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

Date of birth: 3/4/1968

Date of commitment: 7/13/2001

Date of death: 6/1/2020

Cause of death: Natural Cause

Assigned institution: BROAD RIVER

Death location: OUTSIDE MEDICAL

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DEATH OF ANY INMATE IN JAIL OR PRISION

(Section 24-9-35 and 17-7-10)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Caroline)

1. Facility: [redacted] Division of Security
2. Name of Deceased: Waymer, Troy SCDC: 153769
3. Home Address:

4. Description: Height: Weight: Hair:
   Eyes: Sex: Male Race: Black SSN:
5. Arresting Offense(s):
6. Date and time of commitment:
7. Name and address of relative(s) notified:
8. Record of deceased inmate's physical condition upon admission:
9. Cause of Death: **Intracranial Hemorrhage**
10. Time and date of death: **5:30pm 06/01/2020**
11. Name of Doctor who pronounced the death: **Nurse Practitioner Matthew Haigh**
12. Name of Coroner: **TBA**
13. Autopsy performed by:
14. Name of person(s) discovering deceased, time of discovery and location within facility: **Ofc. Huggins, Ofc. Stanley, Nurse Silvia Skoko, Nurse Practitioner Matthew Haigh**
    5:30Pm Rm#905
15. At the time of death (Actual Inmate Count): **19** (Number of Officers on Duty): **38**
16. When was inmate last seen alive: **5:29pm**

NOTIFY BY TELEPHONE: Cpt. Vela(BRCI)@5:45pm: EAC Lt. Rowe @542pm ; Chaplain Drayton @ 6:07pm

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF DETENTION AND CORRECTIONAL INSPECTIONS
Post Office Box 21787
Columbia SC 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Christopher Rabon
TYPED OR PRINTED TITLE OF OFFICIAL

06/01/2020
DATE OF REPORT

SCDC I-2 (REVISED MAY, 1997)