Record of Death

Provided by South Carolina Department of Corrections, March 8, 2023

Name: SHERIDAN, BRIAN E.

SCDC#: 213946

Sex: M

Race/ethnicity: White, not of Hispanic origin

Age at death: 64

Date of commitment: 07/16/2002

Date of death: 09/23/2022

Cause of death: Homicide

Assigned institution: KIRKLAND

Death location: OUTSIDE MEDICAL

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: Kirkland Correctional Institution
2. NAME OF DECEASED: Sheridan, Brian SCDC# 213946
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 6 Ft WEIGHT 189 HAIR Brown
   EYES Hazel SEX Male RACE White SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): Murder
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 7/11/2002
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED:
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION:
9. CAUSE OF DEATH: Septic Shock
10. TIME AND DATE OF DEATH: 1:09 a.m. ____ p.m. 23 day September month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Lewandoski Bryson
12. NAME OF CORONER WHO ORDERED AUTOPSY:
13. AUTOPSY PERFORMED BY:
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    Ofc. Kirk Reed (HST) approx 1:09 am in Room 512
15. AT THE TIME OF DEATH: 8 (Actual Count) 16 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: Approx: 1:08 am

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

Capt. Christopher Minyer
SIGNATURE OF OFFICIAL MAKING REPORT

Christopher Minyer
TYPED OR PRINTED TITLE OF OFFICIAL

9/23/22
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Records for Production FOIA-0023-23 000082

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 Carolina)

1. Facility [redacted]
2. Name of Deceased: **Sheridan, Brian** SCDC: **213946**
3. Home Address:

4. Description: Height: Weight: Hair:
   Eyes: Sex: Race: 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: **Septic Shock**
10. Time and date of death: **1:09am 9/23/2022**
11. Name of Doctor who pronounced the death: ***Dr. Lewandoski Bryson***
12. Name of Coroner: Ashley Gurgaious @ 3:40AM
13. Autopsy performed by: **N/A**
14. Name of person(s) discovering deceased, time of discovery and location within facility : **Ofc. Kirk Reed (HST) Approx; 1:09am in Room 512.**
15. At the time of death **(Actual Inmate Count) 8 (Number of Officers on Duty) 16**
16. When was inmate last seen alive: Approx.: **1:08 am**

NOTIFY BY TELEPHONE: EAC- Sgt. Hurley, Capt. Minger(KREC)
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

Sgt. N. Dos Reis
TYPED OR PRINTED TITLE OF OFFICIAL

9/23/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)

Records for Production FOIA-0023-23 000083