Name of Decedent: **Allen Thibodeau** Autopsy Number: **FA22-529**

Preliminary Death Certificate

Date of Death: **07/23/2022** County of Death: **Bamberg**

CAUSE OF DEATH

32. PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (FINAL) a. Multisystem organ failure of undetermined etiology — N/A

Due to (or as a consequence of):

b. — Due to (or as a consequence of):

c. — Due to (or as a consequence of):

d. — Due to (or as a consequence of):

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably ☐ No ☐ Unknown

36. IF FEMALE:
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to one year before death.
☐ Unknown if pregnant within the past year.

37. MANNER OF DEATH
☐ Natural ☐ Homicide
☐ Accident ☐ Pending
☐ Suicide ☒ Could not be determined

38. DATE OF INJURY (M/Day/XXXX) Click or tap to enter a date.

39. TIME OF INJURY (Approximate)

40. PLACE OF INJURY (e. g., Decedent's home, construction site, wooded area)

41. INJURY AT WORK? ☐ Yes ☐ No

42. LOCATION OF INJURY: State: SC City/Town: County: Street and Number: Apartment Number: Zip Code:

43. DESCRIBE HOW INJURY OCCURRED:

44. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ Other (Specify)

Kelly L. Rose, MD

February 12, 2023
Date

Newberry Pathology Group, LLC
Newberry, SC 29108

South Carolina Law Enforcement Division

Case Status Report

INFORMATION DESCRIPTION **CASE NUMBER** 31-22-0098

OPEN	COMPLETED	CLOSED	
X Active	Date	___ Unfounded	Cross Ref. No
___ Under Pros. Review		___ Declined	Character 19 , ,
___ Suspended		___ Adjudicated	Character Details DEATH INVESTIGATION
___ Awaiting Court		___ Ex. Cleared	

Opening Date 8/2/2022 Closing Date Lab Number

ALTMAN, M L	NONE	HARLEY, S E (LT.)
Case Agent *(last name, initials)*	**Assisting Agent** *(last name, initials)*	**Supervisor** *(last name, initials)*

Requesting Agency LEXINGTON MEDICAL CENTER
Name KATHERINE WATTS, DIRECTOR OF SOCIAL SERVICES
SLED Authority NEILL, RYAN (CAPT.)
Date Received 8/2/2022
Incident Date
Incident Location BAMBERG (05)

Subject *(last name, first name, middle initial)*
THIBODEAU, ALAN RONALD
[redacted] DOB: [redacted]
DALE CITY, VA 22193

Victim *(last name, first name, middle initial)*
N/A

Subject Vehicle(s):

Remarks:

On August 2, 2022, SLED Low Country Region received a written request from Katherine E. Watts, Director of Medical Social Services at the Lexington Medical Center to conduct a death investigation, which involves an inmate from the Bamberg County Detention Center. SLED Captain Ryan Neill assigned S/A Mitch Altman to conduct the investigation.

Approved Supervisor: Date: 8/16/22
Approved Admin. Supervisor: Date: 8/16/22

8 16 22 DC

Form # R0-031 (Rev. 7-24-06)
CALEA 42.1.3, 82.1.5, 82.2.3