

The State Of South Carolina
For The State Supreme Court
Appeal From Sumter County
Court Of Common Pleas
Grace G. Knier, Circuit Court Judge

RECEIVED

DEC 18 2025

SC Court of Appeals

Malik Singleton,

Appellant,

vs.

The State Of South Carolina,

Appellees.

2025 - 000502

Appellant's Pro Se Brief

Malik Singleton # 378882
Lee Correction Institution
990 Wisacky H. Highway / FIA-
Bishopville, South Carolina 29010

Question(s) Presented

Is South Carolina Sentencing Reform Act, which authorizes a court to increase Punishment above an otherwise mandatory statutory limit only if it finds a Particular kind of aggravating fact, and which Provides an illustrative lists of such facts, subject to the holding of Ring v. Arizona, that the rule of Appendi, i. e., that other than the fact of a Prior conviction, any fact that increases the Penalty for a crime beyond the Prescribed statutory maximum must be submitted to a Jury, and Proved beyond a reasonable doubt, applies to any aggravating fact necessary to expose a defendant to Punishment beyond an otherwise mandatory statutory limit?

- A) Sentencing Court Arbitrarily based the sentence on impermissible facts
- B) Court should deem applicant sentence is substantively unreasonable under United States Constitution Eighth Amendment.

2. Argument

Question One:

Factual Analysis

Singleton was found guilty on lesser included offense of Attempted Murder, i.e., Assault and Battery of High and Aggravated Nature, and one count of Possession of a Firearm during commission of violent offense. Court sentenced Applicant to 15 Years for ABHAN, and five Years for Weapon Possession. (Applicant does not challenge the weapon conviction) The 15 Year sentence imposed by court, is longer than maximum sentence authorized for his crime.

The Omnibus Crime Reduction and Sentencing Reform Act of 2010 was signed into law on June 2nd, 2010; it states in relevant part that:

"Section 7"

- A) Sections 16-3-612, 16-3-620, 16-3-630, and 16-3-635, of the 1976 codes are repealed.
- B) The common law offenses of assault and battery with intent to kill, assault with intent to kill, assault and battery of a high and aggravated nature, aggravated assault, simple assault are abolished for offenses occurring on or after the effective date of this act.
- C) Wherever in the 1976 Code of Laws reference is made to the common law offense of assault and battery of a high and aggravated nature, it means assault and battery with intent to kill, as contained in repealed section 16-3-620, and, except for references in Section 16-1-60 and Section 17-25-45, wherever in the 1976 code reference is made to assault and battery with intent to kill, it means attempted murder as defined in section 16-3-29.

Omnibus Crime Reduction and Sentencing Reform Act of 2010
Act No. 273; S. 1154 (Emphasis Added)

Under South Carolina Sentencing Reform Act of 2010 (the "Act") the legislature established a "Standard" sentencing range for a conviction under section 16-3-600 (A-E). The standard sentencing range reflects the legislature's judgment regarding the seriousness of this offense, inter alia, it also reflects legislature's acknowledgement and recognizing different degrees of assault and battery.

Singleton avers that, the act provides, a sentencing court "shall impose" a sentence within enumerated subsections, unless the court finds substantial and compelling reasons justifying this sentence. Whereas herein, the statute contains an illustrative lists of aggravating factors, it can thus be said, it supplies the sentencing court with guidelines for sentencing.

Pec court ruled in relevant part that:

"A Person convicted of assault and battery of a high and aggravated nature must be imprisoned for not more than twenty years. S.C. code Ann. Sec. 16-3-600"

"Applicant was convicted of a felony offense at trial and was sentenced within statutory range for both offenses."

App. PG 396

First, Singleton does not challenge weapon possession charge.

Second, Pec court findings can not be supported by the record. Applicant concedes he was convicted of ABHAN which carries a maximum penalty of 20 years. this is the red herring.

Statute provided trial court, with enumerated sentencing guidelines for upward or downward departure of sentence. Which court did not adhere too. (App. PG 332; lines 9-21)

For this reason, it can be inferred, Act and statute require sentencing court tailor sentence based on injuries victim suffered, not the nature of the offense itself. The victim, did not sustain any "Serious Bodily" injury, however, trial court sentenced applicant as if victim was shot. This is simply not the case, in fact, Mr. Dow testified on direct and cross examination that:

".... it grazed me and hit the screen door..."

App. PG. 114; lines 25; PG 115; line 1

"... Grazed my head and hit the screen door."

App. PG 132; lines 20

State in closing argument told Jury that:

"And the law does not require that, For intent to murder, You be hurt to any extent, You be hurt to any extent. It doesn't matter what Your injuries are, if any, You don't have to be hurt at all..."

App. PG 270; lines 11-13

State told trial court that:

"Judge under the law there don't have to be injuries (PH) for attempted murder."

App. PG 259; lines 7-8

Per court found trial counsel credible, and the facts do not support this. Counsel allowed the State, to misinform Jury and court about this law. Clearly, Mr. Dow's injuries do not meet section 16-3-600(B)(1)(a), (b) definition of "Serious Bodily" injury to impose this 15 year sentence. Statute reads in part that:

(B)(1) A Person commits the offense of assault and battery of a high and aggravated nature if the Person unlawfully injures another Person, and:

(a) Great bodily injury to another results; or

(b) the act is accomplished by means likely to produce death or Great bodily injury.

Section 16-3-600(B)(1)(a)(b)

Therefore, State's interpretation of statute is unreasonable. By the plain language of statute, it is clear, legislature did not intend on imposing a 15 year sentence, for "No Injuries let alone for the "Minor Injuries" of Mr. Dow. Section 16-3-600(B)(1)(a)(b) make it a prerequisite under this section and subsections, for "Serious Bodily" injury to result. Similarly, in (a)(b) the legislature stated twice "Great Bodily" injury is an element of ABHIAN. Applicant invokes the statutory rule of "lenity" Penal statutes must be construed in favor of defendant and against the state.

As a fortiori, the language expresses legislative intent, hence how is it reasonable to exclude this statute's language from King / Apprendi constitutional safeguards, as well as Eighth Amendment protections.

(A) Sentencing Court arbitrarily based the sentence on impermissible facts

The state comments to Jury and Judge, suggest that South Carolina legislature "has left the Judgment about which facts justify a more serious punishment to the sentencing judge" and that the sentencing reform act permits judges to impose sentences based on "virtually unlimited" sets of facts. These statements, however, mischaracterize South Carolina law. Far from granting sentencing courts open-ended discretion to decide which facts may justify imposing this sentence, the very premise of Sentencing Reform Act is to shift from a system in which a sentencing court has "absolute discretion to do whatever it pleases" to one in which such discretion is significantly limited by legislative directives.

The act's basic requirement that aggravating facts convince a "substantial and compelling reason" to impose an exceptional sentence under S.C. Code Ann. Sec. 16-3-600(B)(1)(a)(b), operates just like any other component of a criminal statute. Had the legislature saw, fitting, to include "moderate bodily injury" in (B)(1)(a)(b) subsection and paragraphs it could have done so. As noted, legislative intent can be seen in language of (a)(b) subsection paragraphs.

Despite fact, Singleton was convicted of ABHIAN, the language in said section, requires "serious bodily" injury, and to suggest or otherwise misinform, others, that no injuries need be inflicted. Simply does not, reflect legislative intent under (B)(1)(a)(b). Still further, it establishes a legal standard and then requires the fact finder (here, the sentencing court) to find facts that meet that standard. The Act sets forth numerous aggravating factors, many with numerous subparts.

A sentencing court's findings, of aggravating factors, therefore, is much more than an exercise in "transparency"; It is a legislatively mandated prerequisite that the court find a particular kind of additional fact before imposing a sentence longer than the top of the standard range. Just as in Ring, of course, no specific fact need be found. But it is misleading for the state to suggest that "the judge find not find any injuries to impose this sentence" when court, sentenced applicant to 15 years in prison, it's "articulated reason" was not a legitimate aggravating fact beyond the elements of crime, Singleton

sentence is illegal.

Deviating to any extent from this bright-line rule would exponentially complicate the Apprendi doctrine, both in terms of theory and application. Legislatures often can not foresee every permutation of a particular type of conduct. Thus, statute uses "General Words" to indicate a covered class and follow these words with "specific words in statutory enumeration" thereby restricting application of the general term to things that are similar to those enumerated.

B) Court should deem applicant sentence is substantively unreasonable under United States Constitution Eighth Amendment

Mr. Singleton trial counsel did not research whether, the injuries sustained by Mr. Dow, qualified to enhance the maximum statutory sentence to 20 years under section 16-3-600 (B)(1)(a)(b), nor did counsel inform applicant or the state that legal uncertainty existed as to whether, a person(s) can be guilty of ABHAB/Attempt Murder with no or minor injuries. Nor did counsel object to the court's sentence.

The Per court erred in finding that trial counsel had no basis to challenge this sentence, since Singleton was sentence in accordance with statute. Trial counsel failed to research whether the sentence was proper, and if he had done so, he would have found legal uncertainty in this court's precedents, which amounts to ineffective assistance of counsel regardless of the ultimate resolution of the legal uncertainty.

Likewise, the Per court erred in finding that trial counsel properly reviewed all discovery, and consulted with him. (App. PG 391) Thus, Singleton accepts Per court's credibility determination of counsel. Herein, if counsel told applicant what state told trial court and jury, then counsel was ineffective. Counsel ignorance of the law, amount to ineffective assistance of counsel because counsel

has a duty to advise, research, and raise legal issues "under prevailing professional norms" and "there is a reasonable probability that, but for counsel's unprofessional errors, the result of the proceeding would have been different" because Singleton was not eligible for this sentence.

The prejudice to Mr. Singleton is undeniable, counsel was absent at a critical stage of adversarial proceedings. Accordingly, this court should review per court order. (App. PG 391-92; PG 396)

Trial counsel testified at hearing that:

"... They told him the victim was going to die and they were going to charge him with murder when, in fact, he had kind of a superficial injury and they - You know, he was fully conscious."

App. PG 378; lines 9-12

At the time of applicant's trial, South Carolina courts had not clearly addressed whether Apprendi is applicable to section 16-3-600, and whether victim did or did not sustain "Great or Moderate bodily" injury to convict of ABITAN. State precedents hold that such uncertainty "may well provide a defendant a catalyst in negotiations with state. That is, even when legal issues are not clearly defined, trial counsel has a duty to research, inform the client, and raise the legal ambiguity on applicant's behalf because the ambiguity in itself impacted the sentence.

Moreover, trial counsel's failure to research and raise this legal uncertainty regarding sentencing is particularly problematic because the error resulted in a 20 year sentence, which is facially unjust considering the minor injuries at issue for this case. Singleton was sentenced to 20 years for shooting at the victim, and sustaining minor injuries. (App. PG 378; lines 9-12; PG 259; lines 7-8; PG 270; lines 7-13; PG 132; line 20)

Therefore, the injustice of Mr. Singleton resulting sentence should weigh

heavily in considering the ineffectiveness of his counsel at critical stages of the adversarial process. (1) Pre-trial investigation; (2) Sentencing, raise the legal uncertainty in the law with Singleton, the State, and the trial court.

Although the South Carolina Appellate courts have not squarely addressed Apprendi/Ring as they relate to section 16-3-600 (B)(1)(a)(b), and ensuring defendant understands the severity of his sentence constitutes ineffective assistance of counsel, the Guiding Principle of Per that trial produce a just result, strongly suggest that such failure constitutes ineffective assistance of counsel.

Legal Analysis

The due process clause of the fourteenth amendment requires state to prove "beyond a reasonable doubt . . . every fact necessary to constitute the crime . . . charged." In *Re Winship*, 397 U.S. 358 (1970). This obligation may not be circumvented by characterizing facts not as elements but "as factors that bear solely on the extent of punishment." *Mullaney v. Wilbur*, 421 U.S. 684 (1975). The South Carolina Supreme Court should not depart from these principles in reversing the decision below.

In broad terms, the constitutionally imposed duty applies to any facts relating to the defendant's culpability. Clearly, any fact the legislature includes in the description of the offense is such but so is any fact left out of the description that increased the statutory sentencing range, at least if that fact is part of the conduct or circumstances surrounding the offense, including the accused state of mind. Our State Supreme Court recognized the power of this proposition in *Derwin State*, 386 S.C. 164 (2009).

The reason for this due process principle is twofold. First, the sentence authorized by the legislature for a crime is "a gauge of its social and ethical judgments of the crime in question." See, *Duncan v. Louisiana*, 391 U.S. 145 (1968) The statutory maximum penalty is therefore a measure of the seriousness of the crime. See, *Baldwin v. New York*, 399 U.S. 66 (1971) The greater the authorized sentence, the greater the condemnation associated with conviction and the greater the

the stigma and other collateral consequences to be expected from conviction. Thus, whenever, the maximum sentence authorized for a crime is increased, so are the penal consequences, regardless of the sentence actually imposed.

Second, other than execution of an offender, imprisonment is the most severe deprivation a society can inflict. A term of imprisonment carries with it daily degradation which often includes inadequate medical care, assault and rape, many lives are wrecked by the experience.

A decision that a person can receive a lengthy period of imprisonment should occur only in the most careful, guarded and error-free process society can provide.

Traditionally, that has included a criminal trial, before a jury, with the prosecution required to allege and prove every essential fact beyond a reasonable doubt. It would make no sense to require these procedures to adjudicate a garden-variety charge of felony theft but to permit the addition of an enhanced sentence, or more, based upon even less exacting standards than are required to prevail in a routine civil dispute.

American judges have long held great power to determine the appropriate criminal sentence and to find many facts relatively informally. See, *Williams v. New York*, 337 U.S. 241 (1949); *United States v. Roberts*, 445 U.S. 552 (1980) But in most cases, at least in the twentieth century, judicial sentencing has been ameliorative; judges have determined facts in informal settings as grounds for mitigating a sentence, for imposing a sentence not only well short of the allowable maximum but even less harsh than the typical or normal sentence imposed for the offense. Judges can not be lenient unless they are free to find such facts that justify their leniency. They can not be free to find those facts unless they are also free to find that leniency is not warranted, that the entire factual landscape not only fails to justify mitigation or leniency, but that it is aggravating and warrants a higher than normal sentence (within the statutory range). In the traditional sentencing process, moreover, an almost boundless range of facts is examined for the purpose of gaining a global impression both of the offender and of the offense. Never is any single fact in that range determinative by itself of the ultimate sentencing judgment.

If the state of South Carolina can double petitioner's prison sentence because it determines, without adversarial testing of a trial, without a jury, and without meeting the burden of proof required

in a criminal trial, that he committed the crime with one of the specified purposes. there is no limited principle that would prohibit it from increasing the sentence tenfold or from converting a felony carrying a normal prison sentence of one year into a life sentence. And if it can double the sentence because of a particular purpose, it can do so because of virtually any other circumstance, either of the defender or the offense, that it specifies.

Conclusion

The decision below of Per court should be reversed as inconsistent with the constitution.

Date: Dec day of 12, 2025.

Respectfully Submitted:
s/Malik Singleton
Malik Singleton / Pro Se

The State of South Carolina
For The State Supreme Court

Appeal From Sumter County
Court of Common Pleas

Grace G. Knie, Circuit Court Judge

Malik Singleton,
Appellant.

vs.

State of South Carolina,
Appellees,

Designation of Matter To Be Included In The Record On Appeal

Exhibit A - Medical Report of Victim

Exhibit B - Verdict form

I certify that this designation contains no matter which is irrelevant to this appeal.

Date: 12 day of 12, 2025.

Respectfully Submitted:

s/ Malik Singleton

Malik Singleton/Pro Se

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Exhibit A

Victim Medical Report

COPY

COURT

DIAGNOSIS (04:02 CWM)

FINAL: PRIMARY: GSW R forehead.

PRESENTING PROBLEM (03:53 LNS)

Presenting problems: Puncture Wound, Head Injury (minor) without LOC.
DISPOSITION

PATIENT: Disposition: Home, Disposition Transport: Ambulatory,
Condition: Stable. (04:12 CWM)

Pain Scale: 0, O2 used while in ED?: No, Psych related visit: No,
Patient left the department. (06:07 LNS)

LACERATION-SINGLE REPAIR (04:01 CWM)

LACERATION REPAIR: No contamination, no edema, Capillary refill
less than 2 seconds, Local infiltration with, 1% LIDOCAINE without
epinephrine, 3mL, Patient prepped and draped in usual sterile
fashion, Wound irrigated with normal saline, Laceration repair with
steri-strips, using 3 staples, to R forehead, After procedure, wound
well approximated, antibiotic ointment applied, Tetanus status up to
date, Patient tolerated the procedure well.

CURRENT MEDICATIONS

No recorded medications

MEDICATION ADMINISTRATION SUMMARY

Drug Name: Ancef, Dose Ordered: 1 gm, Route: IM, Status: Given, Time:
05:03 12/14/2016,

Drug Name: Norco, Dose Ordered: 5/325 mg, Route: PO, Status: Given,
Time: 04:28 12/14/2016,

Drug Name: Adacel (Tdap), Dose Ordered: 0.5 ml, Route: IM, Status:
Given, Time: 04:27 12/14/2016, Detailed record available in
Medication Service section.

PRESCRIPTION (04:02 CWM)

Norco: Tablet : 325 Mg-5 Mg : Oral : Quantity: *** 1-2 *** Unit:
tab(s) Route: Oral Schedule: every 4 hours as needed Dispense: *** 20

May substitute. Refills: *** No Refills ***.

NOTES: as needed for pain.

RADIOLOGY INTERPRETATION (04:12 CWM)

HEAD: Head CT, Other findings: soft tissue defect. no fracture.
no intracranial abnormality.

INSTRUCTION (04:02 CWM)

DISCHARGE: LACERATION, SCALP - STAPLES, REMOVAL 10 DAYS.

FOLLOWUP: Follow up with Primary Care Physician In 1-2 days.

TRIAGE (Wed Dec 14, 2016 03:53 LNS).

TRIAGE NOTES: pt presents to ED via EMS s/p GSW to the head.
(Wed Dec 14, 2016 03:53 LNS)

PATIENT: NAME: Dow, Travis, AGE: 32, DOB: Mon Jan 30, 1984,
PREFERRED LANGUAGE: Pref. Lang. for Rec.Health info: English, RACE:
African American, ETHNICITY: Non-Hispanic or Non-Latin, Fall related
visit?: No, New onset weakness: No, Pt abuse/neglect?: No, SI/HI
Thoughts?: NO, KG WEIGHT: 79.38. (Wed Dec 14, 2016 03:53 LNS)

ADMISSION: URGENCY: ESI Level 2, TRANSPORT: EMS- no I.V. started,
BED: LOBBY. (Wed Dec 14, 2016 03:53 LNS)

VITAL SIGNS: BP 152/86, Pulse 127, Resp 18, Temp 98.4, Pain utr,
O2 Sat 99, on RA, Time 12/14/2016 03:51. (03:51 LNS)

COMPLAINT: GSW. (Wed Dec 14, 2016 03:53 LNS)

ASSESSMENT: . (Wed Dec 14, 2016 03:53 LNS)

HPI HEAD INJURY (03:57 CWM)

HISTORY OF PRESENT ILLNESS: pt was shot in the head during a

home invasion. 3cm laceration to R upper forehead. pt A, OX3 on arrival to ED with EMS.

CHIEF COMPLAINT: Patient presents for evaluation of head injury.
HISTORIAN: History provided by patient, Additional history obtained from EMS.

LOCATION: No localizing symptoms.

SEVERITY: Maximum severity of symptoms mild, Currently symptoms are mild.

TIME COURSE: Sudden onset of symptoms, There has been no change in the patient's symptoms over time.

EXACERBATED BY: Patient's condition exacerbated by nothing.

RELIEVED BY: Patient's condition relieved by nothing.

PAST MEDICAL HISTORY (03:58 CWM)

NOTES: Nursing records reviewed, Agree with nursing records.

ROS (03:58 CWM)

CONSTITUTIONAL: Historian denies night sweats, denies weakness.

EYES: Historian denies strabismus, denies tearing.

ENT: Historian denies sinus pain, denies sore throat.

CARDIOVASCULAR: no jugular venous distention, Historian denies orthopnea.

RESPIRATORY: Historian denies sputum, denies stridor.

GI: Historian denies hematemesis, denies hematochezia.

GENITOURINARY MALE: Historian denies urinary frequency, denies urine output changes.

MUSCULOSKELETAL: Historian denies joint swelling.

SKIN: Historian denies pigmentation changes, denies rash.

NEUROLOGIC: Historian denies seizures, denies speech changes.

ENDOCRINE: Historian denies polydipsia, denies polyuria.

HEMO/LYMPHATIC: Historian denies easy bruising, denies gum bleeding.

ALLERGIC/IMMUNOLOGIC: Historian denies hives.

PSYCHIATRIC: Historian denies homicidal ideation, denies memory loss.

PHYSICAL EXAM

HEAD: no Battle's sign, No racoon sign, Lacerations, to right frontal, 3cm laceration R upper forehead with mild swelling. (03:59 CWM)

ENT: Atraumatic, Ear exam normal, Nose exam normal, Pharynx exam normal, Uvula exam normal, Tonsil exam normal. (03:59 CWM)

NECK: Neck exam included findings of normal range of motion, Trachea midline. (03:59 CWM)

RESPIRATORY CHEST: Respiratory exam included findings of no respiratory distress, Breath sounds clear, Chest exam included findings of chest movement symmetrical. (03:59 CWM)

CARDIOVASCULAR: Cardiovascular exam included findings of, rate tachycardic, Heart sounds normal. (04:02 CWM)

ABDOMEN MALE: Abdominal exam included findings of abdomen nontender, Bowel sounds normal. (03:59 CWM)

GENITOURINARY MALE: Genitourinary exam included findings of penis normal, Epididymis normal, Testicles normal, Cremasteric reflex normal. (03:59 CWM)

BACK: Back exam included findings of normal inspection, range of motion normal. (03:59 CWM)

UPPER EXTREMITY: Upper extremity exam included findings of inspection normal, Range of motion normal. (03:59 CWM)

LOWER EXTREMITY: Lower extremity exam included findings of inspection normal, Range of motion normal. (03:59 CWM)

NEURO: Neuro exam findings include patient oriented to person, place and time, Speech normal, Memory normal, Cranial nerves intact, no focal motor deficits, no focal sensory deficits, no cerebellar deficits. (03:59 CWM)

SKIN: Skin exam included findings of skin warm, dry, and normal in color. (03:59 CWM)

PSYCHIATRIC: Psychiatric exam included findings of patient oriented to person place and time, Normal affect, Judgment normal, Insight normal, Remote memory normal, Recent memory normal, Concentration normal. (03:59 CWM)

~~PH~~ NURSING PROCEDURE: DISCHARGE NOTE (06:07 LNS)

DISCHARGE: Patient discharged to home, ambulating without assistance, family driving, accompanied by parent, Discharge instructions given to patient, Simple or moderate discharge teaching performed, Prescriptions given and instructions on side effects given, Above person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician.

ORDERS (03:56 CWM)

CT Head W/O Contrast: Ordered for: Munger, MD, Christopher
Status: Active.

Vital Signs Every 2 Hours: Ordered for: Munger, MD, Christopher
Status: Done by: Durant, RN, Delta - Wed Dec 14, 2016 04:32.

VITAL SIGNS

VITAL SIGNS: BP: 152/86, Pulse: 127, Resp: 18, Temp: 98.4, Pain: utr, O2 sat: 99 on RA, Time: 12/14/2016 03:51. (03:51 LNS)

BP: 144/74, Pulse: 108, Resp: 20, O2 sat: 99 on RA, Time: 12/14/2016 05:06. (05:06 LNS)

NURSING ASSESSMENT: FOCUSED

NURSING DIAGNOSIS: Notes: GSW lac to R side of forehead. (06:06 LNS)

~~PH~~ CONSTITUTIONAL: Patient arrives, via Emergency Medical Services, Gait steady, Patient appears comfortable, Patient cooperative, alert. Oriented to person, place and time, Skin warm, Skin dry, Skin normal in color, Mucous membranes pink, moist. Patient is well-groomed. (04:32 DD)

PAIN: Patient is unable to relate pain to scale. (04:32 DD)

GCS: Eye opening: (4) - Spontaneous, Verbal: (5) - Oriented/conversive, Motor: (6) - Obeys commands/Spontaneous, GCS Total: 15. (04:32 DD)

RESPIRATORY: Focused respiratory assessment findings include breath sounds clear. (04:32 DD)

ABDOMEN: Focused abdominal assessment findings include abdomen soft, non tender, no constipation, no diarrhea, no complaint of nausea, no vomiting, Bowel sounds present. (04:32 DD)

GENITOURINARY: Focused genitourinary assessment not applicable. (04:32 DD)

MUSCULOSKELETAL: Focused musculoskeletal assessment findings include normal range of motion. (04:32 DD)

NOTES: Emotional support needed and given, Patient tolerated procedure well. (04:32 DD)

SAFETY: Side rails up, Cart/Stretcher in lowest position, Family at bedside, Call light within reach, Hospital ID band on. (04:32 DD)

EVENTS

ATTENDING: Munger, MD, Christopher saw patient at Wed Dec 14, 2016 03:56. (03:56 CWM)

TRANSFER: Triage to Emergency Lobby. (Wed Dec 14, 2016 03:53 LNS)

Emergency Lobby to 1)Trauma 3. (03:54 LNS)
Emergency Lobby to 1)Trauma 2. (03:54 LNS)
Removed from Emergency 1)Trauma 2. (06:07 LNS)

MEDICATION SERVICE

Adacel (Tdap): Order: Adacel (Tdap) (pertussis, acellular/diphtheria toxoid/tetanus toxoid) - Dose: 0.5 ml : IM

Ordered by: Christopher Munger, MD
Entered by: Christopher Munger, MD Wed Dec 14, 2016 04:00 ,
Acknowledged by: Durant, RN Delta Wed Dec 14, 2016 04:20
Documented as given by: Delta Durant, RN Wed Dec 14, 2016 04:27
Patient, Medication, Dose, Route and Time verified prior to administration.
IM immunization, Amount given: 0.5ml, Medication administered to left deltoid, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Emotional support needed and given, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

Ancef: Order: Ancef (cefazolin sodium) - Dose: 1 gm : IM

Ordered by: Christopher Munger, MD
Entered by: Christopher Munger, MD Wed Dec 14, 2016 04:00 ,
Acknowledged by: Durant, RN Delta Wed Dec 14, 2016 04:20
Documented as given by: Lauren Smith, RN Wed Dec 14, 2016 05:03
Patient, Medication, Dose, Route and Time verified prior to administration.
Amount given: 1g, Medication administered to left thigh, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Emotional support needed and given, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

Norco: Order: Norco (acetaminophen/hydrocodone bitartrate) - Dose: 5/325 mg : PO

Ordered by: Christopher Munger, MD
Entered by: Christopher Munger, MD Wed Dec 14, 2016 04:00 ,
Acknowledged by: Durant, RN Delta Wed Dec 14, 2016 04:20
Documented as given by: Delta Durant, RN Wed Dec 14, 2016 04:28
Patient, Medication, Dose, Route and Time verified prior to administration.
Amount given: 5/325, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Emotional support needed and given, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

ADMIN

CHART VIEW: XML view. (03:55 MDC)

XML view. (03:56 MDC)

(03:56 CWM)

(03:56 CWM)

(04:01 CWM)

(04:02 CWM)

(04:03 CWM)

(04:12 CWM)

XML view. (04:14 MDC)

(04:15 TML0)

(04:23 GAP)

(04:27 FFG)

(04:27 FFG)

(04:32 DD)

(04:35 AYS)

(04:37 AYS)

XML view. (04:53 MDC)

(05:07 FFG)

XML view. (05:25 MDC)

(06:04 LNS)

(06:04 LNS)

(06:06 LNS)

(06:07 LNS)

XML view. (06:08 MDC)

XML view. (06:28 MDC)

(14:26 SRK)

(14:27 SLR)

(Fri Dec 16, 2016 11:08 BHK)

(Fri Dec 16, 2016 11:17 BHK)

(Fri Dec 16, 2016 11:18 BHK)

(Fri Dec 16, 2016 12:24 BHK)

XML view. (Sat Dec 17, 2016 06:57 MDC)

CHART PRINT (03:53 LNS)

Chart sent by text interface. (04:53)

Chart sent by text interface. (04:53)

Chart sent by text interface. (04:55)

Chart sent by text interface. (05:24)

Chart sent by text interface. (05:25)

Chart sent by text interface. (05:26)

Chart sent by text interface. (06:28)

Chart sent by text interface. (06:29)

PATIENT DATA CHANGE: Primary Nurse changed from (none) to Lauren

Smith, RN. (03:54 LNS)

Gender: male. (03:54 LNS)

A00041692328 by Interface, SSN: [REDACTED] 15, Zip Code: 29150, Phone:

803-494-6124, Medical record number: M000270524, Account number:

A00041692328, Payment: Liability Insurance, Attending Doctor: Doctor

No, ADT Timestamp: Wed Dec 14, 2016 03:51. (03:54 SRM2)

Attending changed from (none) to Christopher Munger, MD. (03:56 CWM)

A08 209465389 by Interface, Attending Doctor: Doctor, No. (04:25)

DIGITAL SIGNATURE: Munger, MD, Christopher. (Sat Dec 17, 2016

06:55 CWM)

Key:

AYS=Scarborough, Adrienne BHK=Keels, Brenda H. CWM=Munger, MD, Christopher

DD=Durant, RN, Delta FFG=Frazier-Gee, Fanta GAP=Pendergrass, Gloria
LNS=Smith, RN, Lauren MDC=Interface, Ed SLR=Roark, Sandra
SRK=Kirven, RN, Stacy SRM2=Morales, Sanchez R, TM10=Morris, RN, Tiffany

INSTRUCTIONS

- * The examination and treatment you received in the emergency department has been rendered on an emergency basis only and is not meant to replace complete care from a personal physician or clinic. *

FINAL DIAGNOSIS GSW R forehead FOLLOWUP CONTACTS NO, nFamily Health Center, SFHC1278 N. LAFAYETTE DR. SUMTER SC 29150 Phone:

803-774-4500 Follow up with Primary Care Physician In 1-2 days MEDICAL

INSTRUCTIONS LACERATION, SCALP - STAPLES, REMOVAL 10 DAYS Laceration, ~~Scalp~~

You have been seen today and treated for a scalp laceration (cut). The wound has been repaired with surgical staples. Follow up with your doctor OR

come back here or go to the nearest Emergency Department for staple/suture

removal in:- 10 days. Use the following wound care instructions:- Keep the

wound clean and dry for the next 24 hours. Avoid excessive moisture. You

can wash the wound gently with soap and water and Then keep the area as

clean and dry as possible.- DO NOT let your wound to soak in water (bathing

in a bathtub, using a hot tub or going swimming, for example).- You can

shower. However, be careful not to rub your staples/stitches too hard (do

not be too abrasive).- Let the wound dry before putting another bandage on

(if using a bandage).- To help take off a scab, cleanse the area with a

half hydrogen peroxide/half water mix. This will also help us to take out

the staples/sutures when they are ready to be taken out.- Unless you were

told not to, you can put a thin layer of antibiotic ointment over the

wound. You can buy Polysporin®, Bacitracin®, or Neosporin® over the

counter (without a prescription). Neosporin® can sometimes irritate the

skin. If this happens, stop using it and switch to another topical

antibiotic. Keep the affected area elevated for the next 24 hours to lower

swelling and pain. You may also want to put ice on the area. Put some ice

cubes in a re-sealable (Ziploc®) bag and add some water. Put a thin

washcloth between the bag and the skin. Apply the ice bag to the area for

at least 20 minutes. Do this at least 4 times per day. Longer times and

more often are OK. NEVER APPLY ICE DIRECTLY TO THE SKIN. If you had a local

anesthetic, it will wear off in about 2 hours. Until then, be careful not

to hurt yourself because of less feeling in the area. YOU SHOULD SEEK

MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY

DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:- Unusual redness or swelling.-

Red streaks or red patches around the wound.- The wound smells bad or has a

lot of drainage.- Fever (temperature higher than 100.4°F / 38°C), chills,

increasing pain or swelling. PRESCRIPTIONS (1) Printed (1) Norco : Tablet

325 Mg-5 Mg : Oral Quantity: 1-2, Unit: tab(s), Route: Oral,

Schedule: every 4 hours as needed, Dispense:

20 _____ * X-rays.

X-rays are read initially by the emergency physician. The X-ray will be

read by a radiology physician specialist within 24 hours. If the

radiologist notes any differences, you will be contacted by the emergency

department. ** Lab Work. Results of lab testing done in the Emergency

Department are available to your private physician. Lab results cannot be

given over the Emergency Department phone. * IMPORTANT: If your condition

gets worse or you have any concerns and you cannot contact your physician,

return promptly to Tuomey Healthcare Systems Emergency Department.

(803)774-9111**Disclaimer: Home medications and allergies listed on

Patient Medication History Record are as reported by patient/family to

Tuomey ED staff.**

DISCHARGE INSTRUCTIONS RECEIPT FINAL

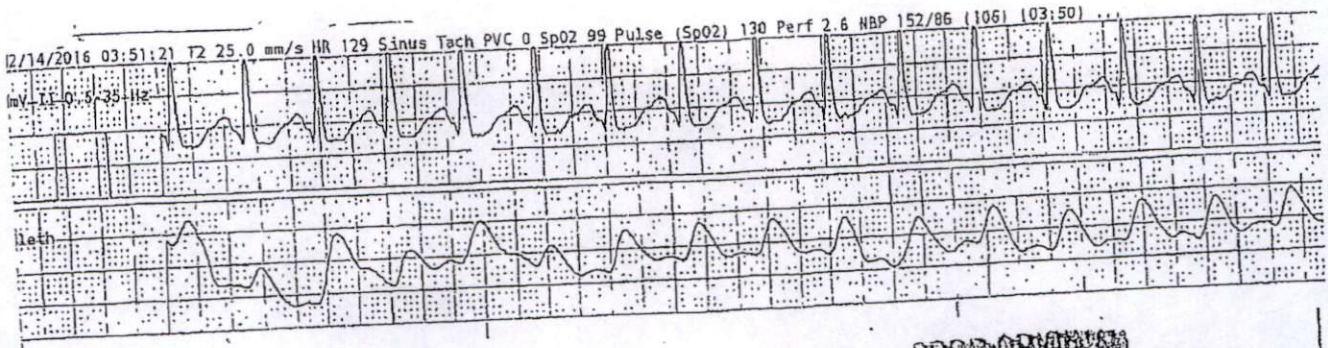
DIAGNOSIS GSW R forehead FOLLOWUP CONTACTS NO, nFamily Health Center,
SFHC1278 N. LAFAYETTE DR.SUMTER SC 29150 Phone: 803-774-4500 Follow up with
Primary Care Physician In 1-2 days THE FOLLOWING MEDICAL INSTRUCTIONS WERE
GIVEN LACERATION, SCALP - STAPLES, REMOVAL 10 DAYS A Summary of the
Procedures and Tests was given THE FOLLOWING PRESCRIPTIONS WERE GIVEN
Printed (1) Norco : Tablet : 325 Mg-5 Mg : Oral Quantity: 1-2, Unit:
tab(s), Route: Oral, Schedule: every 4 hours as needed, Dispense:
20

Patient Signature

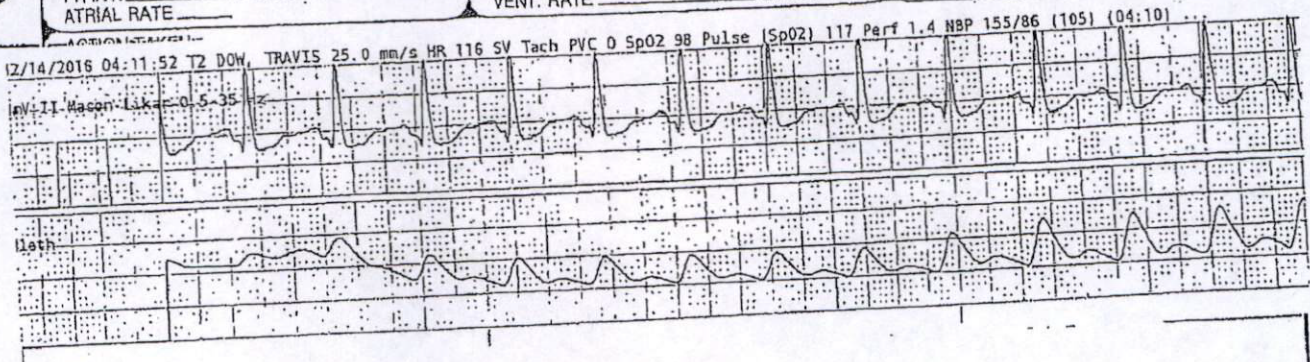
Date/Time _____

_____:____Rn/LPN Ini.

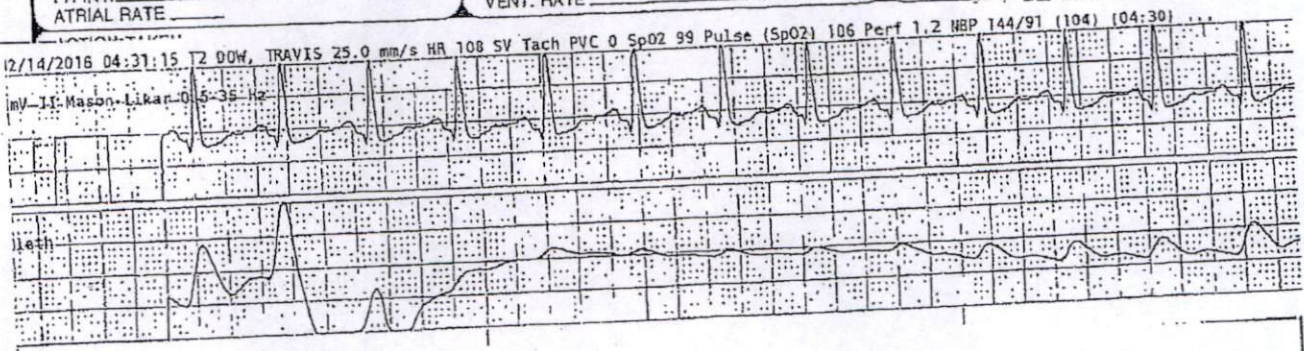
TIME



P: REG IRREG VARI R: REG IRREG INTERPRETATION: _____
 PR INT: CONSTANT QRS INTERVAL: _____ VENT. RATE: _____ QT INT. _____
 ATRIAL RATE _____



P: REG IRREG VARI R: REG IRREG INTERPRETATION: _____
 PR INT: CONSTANT QRS INTERVAL: _____ VENT. RATE: _____ QT INT. _____
 ATRIAL RATE _____



P: REG IRREG VARI R: REG IRREG INTERPRETATION: _____
 PR INT: CONSTANT QRS INTERVAL: _____ VENT. RATE: _____ QT INT. _____
 ATRIAL RATE _____ SIGNATURE: _____ DATE: _____

ACTION TAKEN: _____

REMARKS: _____

#7

DOW, TRAVIS
 Acct: A00041692328 Unit: M000270524
 ED M B Age: 32 DOS: 12/14/16
 DOB: [REDACTED]

RHYTHM STRIP RECORD

12-14-16

Exhibit B

Verdict Form

STATE OF SOUTH CAROLINA)	IN THE COURT OF GENERAL SESSIONS
)	
COUNTY OF SUMTER)	THIRD JUDICIAL CIRCUIT
)	
)	NO.: 2017-GS-43-1075
)	
THE STATE OF SOUTH CAROLINA,)	VERDICT FORM
)	
vs.)	
)	
MALIK L. SINGLETON,)	
)	
DEFENDANT.)	

1. As to the charge of **attempted murder**, we, the jury, unanimously find the Defendant

_____ Guilty (Stop Deliberations)

 ✓ Not Guilty (Go to Question 2)

2. As to the lesser included offense of **assault and battery of a high and aggravated nature**, we, the jury, unanimously find the Defendant

 ✓ Guilty (Stop Deliberations)

_____ Not Guilty (Go to Question 3)

3. As to the lesser included offense of **assault and battery in the first degree**, we, the jury, unanimously find the Defendant

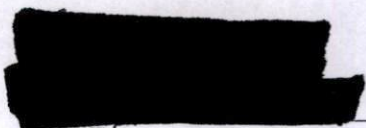
_____ Guilty (Stop Deliberations)

_____ Not Guilty (Go to Question 4)

4. As to the lesser included offense of **assault and battery in the second degree**, we, the jury, unanimously find the Defendant

_____ Guilty

_____ Not Guilty



Jury Foreperson

11/17/2019
Date

STATE OF SOUTH CAROLINA)
)
COUNTY OF SUMTER)
)
)
THE STATE OF SOUTH CAROLINA,)
)
)
vs.)
)
MALIK L. SINGLETON,)
)
)
DEFENDANT.)

IN THE COURT OF GENERAL SESSIONS

THIRD JUDICIAL CIRCUIT


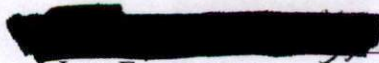
CASE NO.: 2017-GS-43-1075

VERDICT FORM

1. As to the charge of **possession of a weapon during the commission of a violent crime**, we, the jury, unanimously find the Defendant

Guilty

Not Guilty

Jury Foreperson

1/17/2019
Date

The State of South Carolina
For The State Supreme Court

Appeal From Sumter County
Court Of Common Pleas

Hon. Grace B. Knie, Circuit Court Judge

Malik Singleton,
Appellant,

vs.

The State of South Carolina,
Appellees,

RECEIVED

DEC 18 2025

SC Court of Appeals

Proof of Service

I, Malik Singleton, being duly sworn says that:

A copy of the within (Pro Se Brief and Designation of Matter To Be Included In The Record On Appeal) has been served on appellee's on this _____ day of _____, 20____, by first class mail.

To: South Carolina Attorney General
Per Division
Post office Box 11549
Columbia, South Carolina 29211

Date: DEC day of 12, 2025.

s/ Malik Singleton
Malik Singleton / Pro Se

Malik Singleton #378882
Lee Correction Institution
990 Wisacht Highway 1F1B 1246
Bishopville, South Carolina 29010

LEE CI INMATE



US POSTAGE ANYTIME ANYWHERE
ZIP 29010 \$004.44⁰
02.4W
0000373846 DEC 16 2025

Honorable Chief Clerk Of Court
South Carolina Court Of Appeals
1220 Senate Street
Columbia, South Carolina 29201

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DEC 18 2025
SC Court of Appeals

RECEIVED
DEC 14 2025
LEE CI MAIL ROOM

